European Monitoring Centre
for Drugs and Drug Addiction

ANNUAL REPORT 2005

STATISTICAL BULLETIN — DATA TABLES AND NOTES

Legal notice

This publication is available in English.

Luxembourg: Office for Official Publications of the European Communities, 2006

ISBN 92-9168-245-4

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Table of contents

Acknowledgements

The EMCDDA would like to thank the following for their help in producing this report:

- the heads of the Reitox national focal points and their staff;
- the services within each Member State that collected the raw data for this report;
- the members of the Management Board and the Scientific Committee of the EMCDDA and the participants in the technical working groups of the EMCDDA/Reitox network;
- the European Parliament, the Council of the European Union — in particular its Horizontal Working Party on Drugs — and the European Commission;
- the Swedish Council for Information on Alcohol and other Drugs (CAN), the Pompidou Group of the Council of Europe, the United Nations Office on Drugs and Crime, the World Health Organisation, Europol, Interpol, and the European Centre for the Epidemiological Monitoring of AIDS.

Reitox national focal points

Reitox is the European information network on drugs and drug addiction. The network is comprised of national focal points in the EU Member States, Norway, the candidate countries and at the European Commission. Under the responsibility of their governments, the focal points are the national authorities providing drug information to the EMCDDA.

The contact details of the national focal points may be found at:

http://www.emcdda.eu.int/?nnodeid=1596

Introductory note

This publication is an abridged version of the second edition of the EMCDDA's statistical bulletin. The complete version of the bulletin is available on the internet at **http://stats05.emcdda.eu.int**.

The statistical bulletin is a companion publication to the EMCDDA annual report and provides a complementary information source. It supplies the user with the data tables collated by the EMCDDA from the information submitted by the national focal points Reitox network. These tables constitute the epidemiological basis on which the annual report is written and are frequently referenced by it. In addition to the tables of data and the accompanying graphics, the bulletin gives detailed technical commentaries, notes and descriptions.

This year, reporting covers in most cases, where data are available, the enlarged EU, Norway and the candidate countries. The bulletin has expanded the range of information presented in the epidemiological tables, both in detail on the previously reported topics, particularly in the reporting of drug treatment, and notably now including information on programmes for needle and syringe provision and exchange facilities in the EU. Each topic this year has an added gloss, summarising the main points as an aid to interpreting the relevant tables. The graphical presentation section is also greatly expanded in the full version of the bulletin, but is absent from this volume.

The commentary section in this 2005 edition of the bulletin draws attention to the comparison of the expanding EU with the US on a number of selected drug prevalence measures. Future issues of the bulletin are planned to comment on recent trends in more technical detail than can be presented in the annual report.

This version of the bulletin is organised by topic, with each chapter containing in addition to the data tables a summary section and a section on methods and definitions, along with a list of graphics and supplementary material available only in the full online version.

The expansion of the EU unavoidably means that many tables of data are incomplete, some with a large number of missing items of information, and they necessarily show only a partial picture of the European drug situation for both older and newer countries. Progress in this respect has been made since 2004 and the table structures in the 2005 bulletin have changed and may change again in the future as the data continues to develop towards providing a fuller European picture.

Chapter 1
Commentary

Data coverage and comparability

Sampling and coverage in the collection of the data are important issues in the interpretation of national data. For example, treatment report data are derived from systems that may only have partial coverage of the national treatment capacity or only cover particular sectors of the drug treatments available in Member States. For treatment demand data and first treatment demand data, double-counting of the same individual in registers is also an issue, although most systems attempt to control for this.

Overall data availability for the new Member States of the EU is more limited, with some notable exceptions. The EMCDDA has been working for several years (supported by the PHARE programme) to establish drug information systems. This is reflected in the fact that some of the new Member States have an impressive visibility in the data tables for the more recent years of reporting (2000 onwards).

For many of the tables, the reporting units used or methodological considerations mean that it is difficult to compare prevalence levels and other drug indicator information directly across different countries. The considerable heterogeneity of countries in population size and the differences in the nature of national drug situations are reflected in considerable heterogeneity in the scale of the national absolute figures. The reader should therefore be very cautious in drawing conclusions from overall European trends about the trend for an individual country, or vice versa, because European trends often are heavily influenced by the data from a few large countries. Similarly, the failure of a large country to report in for a particular year can markedly influence the overall European trend for that year and the overall pattern of the trend could be distorted.

From the data in the bulletin the EMCDDA seeks to present a unified picture for the EU Member States and also to highlight important differences. Due to the inherent difficulties in collecting data on illicit drug use, especially with respect to sampling issues, the reader is advised to use caution in drawing conclusions based on small differences. Assessing the significance of differences between countries and changes over time in a more technical fashion is usually impossible with the information currently reported to the EMCDDA. In analysing the data from these tables it is therefore always important to consider the more general picture, to note the overall influence of each particular country and to bear in mind the differences in national trends from overall European trends. Specific caveats on interpretation and comparison are important when looking at these data sets, and the footnotes to each table highlight where there are obvious discrepancies in method and non-comparability of information across different countries. These issues are described more generally in the Commentary section of the 2004 bulletin.

General population surveys are one data source that directly aims to reflect a common phenomenon in each country. Although the detail of the survey methods may be different in each country – as they should be to take account of varying national and local patterns of use and social structures – the estimated general prevalence levels of drug use are a basic marker for all countries. The principal caveat in using such data is to remember that for the most part these are self-reported use levels, not usually backed by pharmacological testing. The following section uses general population survey data from the EU countries in comparison with survey data from the USA.

Contrasting the US experience

Whilst the data in the bulletin are obviously concerned with the European phenomenon, the US has long been a reference point for countries comparing their position on drug use prevalence with external long-standing drug use patterns. In this section, some general comments on the contrasts between the overall EU and the US experience are made. The European data presented below are taken from the general population survey data presented in the bulletin tables GPS-9, GPS-11 and GPS-13, relating to the younger adult

population; the European average presented is a prevalence figure weighted by the population size in each country, representing the total European-wide population of younger adults.

For purposes of making contrasts the US prevalence figures are obtained from the 2003 United States national survey on health and drug use (SAMHSA, 2003), and age-specific data have been collated to give prevalence figures for the population aged 16 to 34. This should be a close comparison point for the EMCDDA's European population data with a standardised younger adults age band of 15 to 34.

Levels of drug use in the USA have historically been considerably higher than those in European countries. In many of these countries, widespread drug use occurred later than in the USA, and this may be reflected in the higher USA lifetime (ever-use) prevalence estimates. To a large extent, this remains true today, and overall, the European population average remains lower than the US average on all measures. But prevalence estimates from general population surveys are closer in some areas, and in particular the comparison of data on recent use (last year prevalence) suggests that in a few European countries levels of cannabis, ecstasy and cocaine use among young adults are now similar to those in the USA (see graphics below).

Cannabis

Among young adults in the US and in Europe, there is little evidence from these prevalence measures that the relative patterns of use are changing. Cannabis prevalence levels, traditionally high in the US, show that ever-use of cannabis in the US is indeed higher than any of the reporting EU countries and approaches around 1.5 times the EU average level of ever-use (Figure 1).

Looking at more recent use of cannabis, the relative position of the US is hardly changed in relation either to the overall EU picture or to the general levels of the individual countries, maintaining a high rate of use. Among the ever-users of cannabis in the US young adults population, about half have used recently (last year prevalence), a figure broadly comparable with the general EU experience.

Ecstasy

In terms of ever using ecstasy, apart from the UK, where a strong connection with the drug has prevailed and has led to a present lifetime (ever-use) prevalence rate that is higher even than that in the US, the proportion of people who have ever used ecstasy in EU countries is below American levels and the average prevalence across Europe is about half the US level (Figure 2).

In the case of the recent use of ecstasy by young adults, US prevalence falls close to the EU average and is below the estimated prevalence levels in several European countries. This is a possible consequence of the strong connection of many European countries with the recent development of the use of this drug. In particular it should be seen in conjunction with the proportion of ever-users whose use has persisted into the last year, which is much lower in the US than in the EU generally (see Figure 2), suggesting a decline in the US relative to the EU experience of the use of the drug in very recent years.

Cocaine

Overall, the lifetime prevalence of cocaine use (ever use) is greater among the general population in the USA than in even the higher prevalence countries in Europe, and only the UK (England and Wales) has levels exceeding even half the US level. Figure 3 shows this for the younger part of the population, but data for the whole population show an even greater difference in life-time prevalence compared with the US - the 2003 United States national survey on health and drug use (SAMHSA, 2003) showed 14.7 % of all adults (12 years or older) reported lifetime experience of cocaine use, equalling that of young adults.

However, this difference is based on a cumulative lifetime experience of any use of cocaine and to some extent represents use in the past that may not have persisted to the present. The difference is not as apparent for recent use measures (use in last year), with at least two European countries now reporting estimates approaching the American figures, and a general tendency among the EU countries to shift upwards relative to the US, narrowing the gap in recent use.

Figure 1 (part i): Lifetime prevalence of cannabis among young adults (15 to 34 years) in Europe and the USA

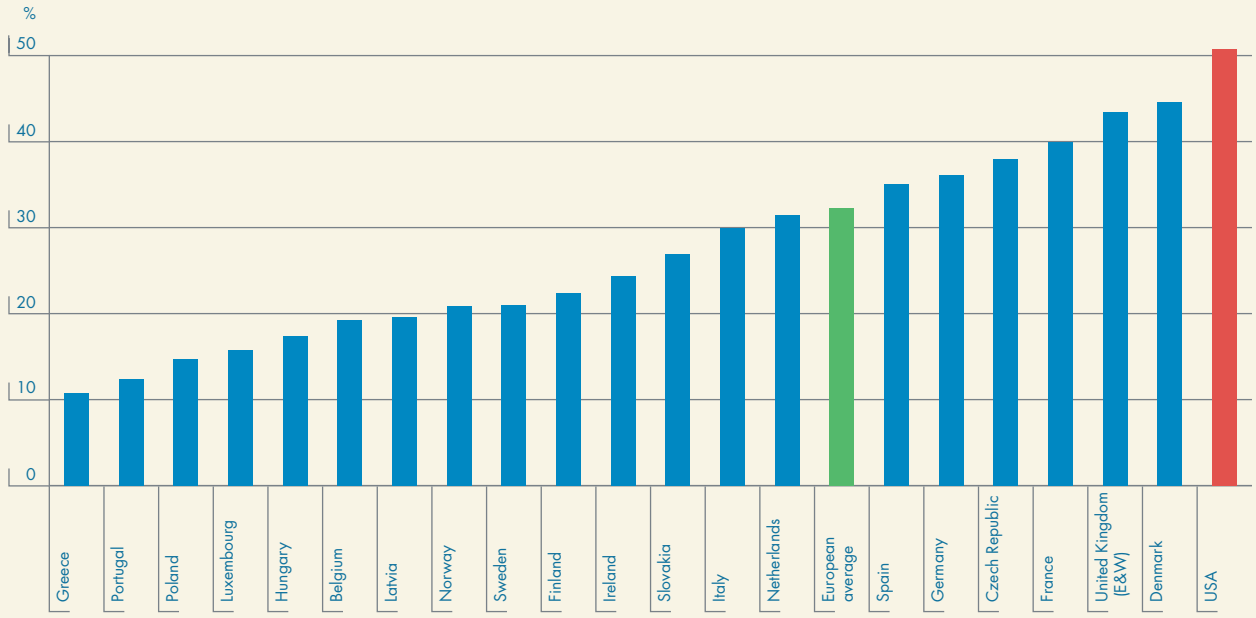
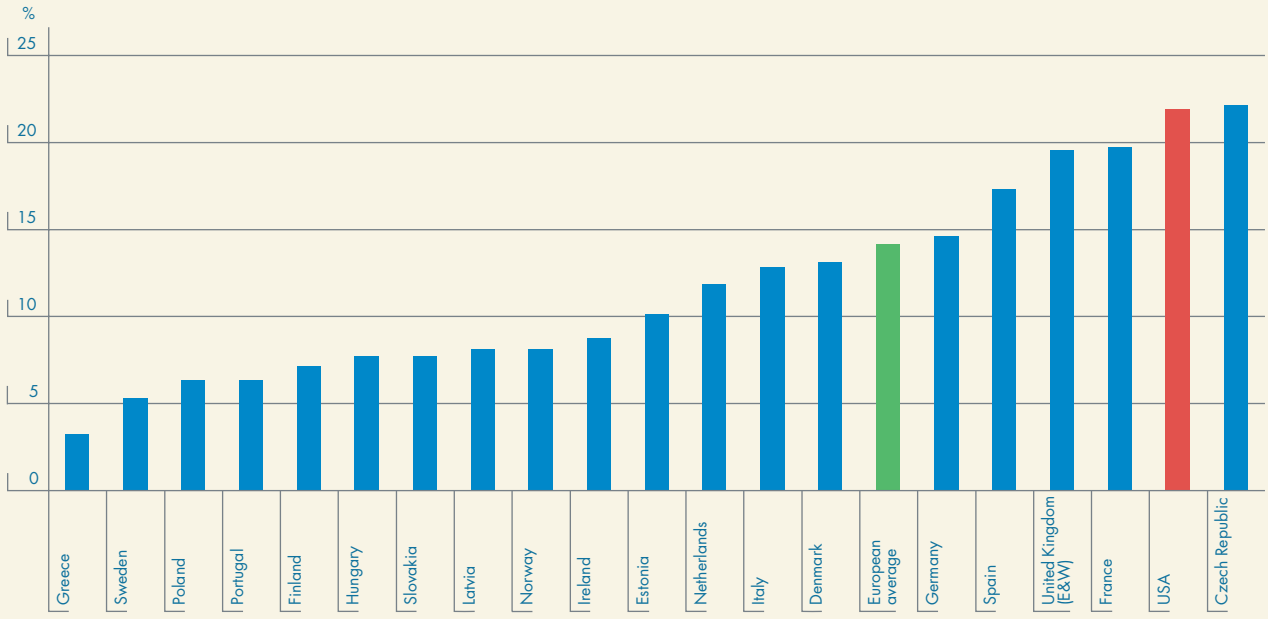


Figure 1 (part ii): Recent (last year) use of cannabis among young adults (15 to 34 years) in Europe and the USA



Notes:

In the USA, the survey was conducted in 2003, and the age range is 16 to 34 (recalculated from original data).

In the European countries, most surveys (17 out of 19) were conducted between 2001 and 2004, and the standard age range is 15 to 34 (in some countries the lower end may be 16 or 18 years).

The European average prevalence rate was calculated as the average of the national prevalence rates weighted by national population of 15- to 34-year-olds (2001, taken from Eurostat).

Sources:

USA: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2003 (www.samhsa.gov) and (http://oas.samhsa.gov/nhsda.htm#NHSDAinfo).

Europe: Table GPS-11 in the 2005 EMCDDA statistical bulletin (see page 2.28). Based on Reitox national reports (2004).

Figure 2 (part i): Lifetime prevalence of ecstasy among young adults (15 to 34 years) in Europe and the USA

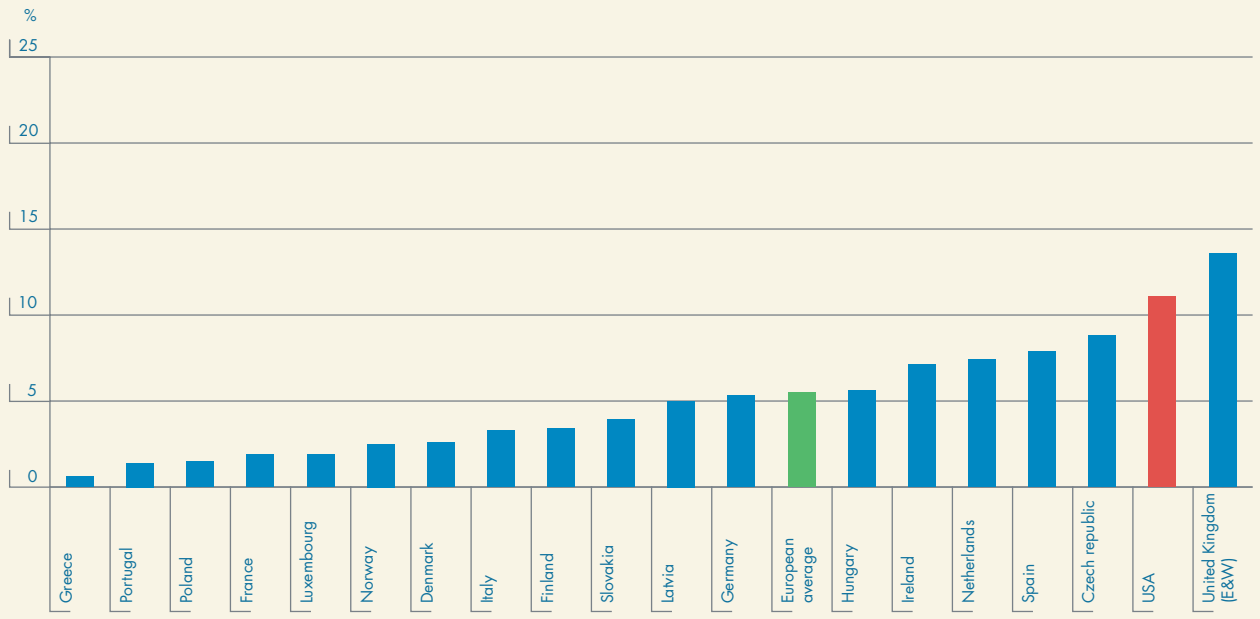
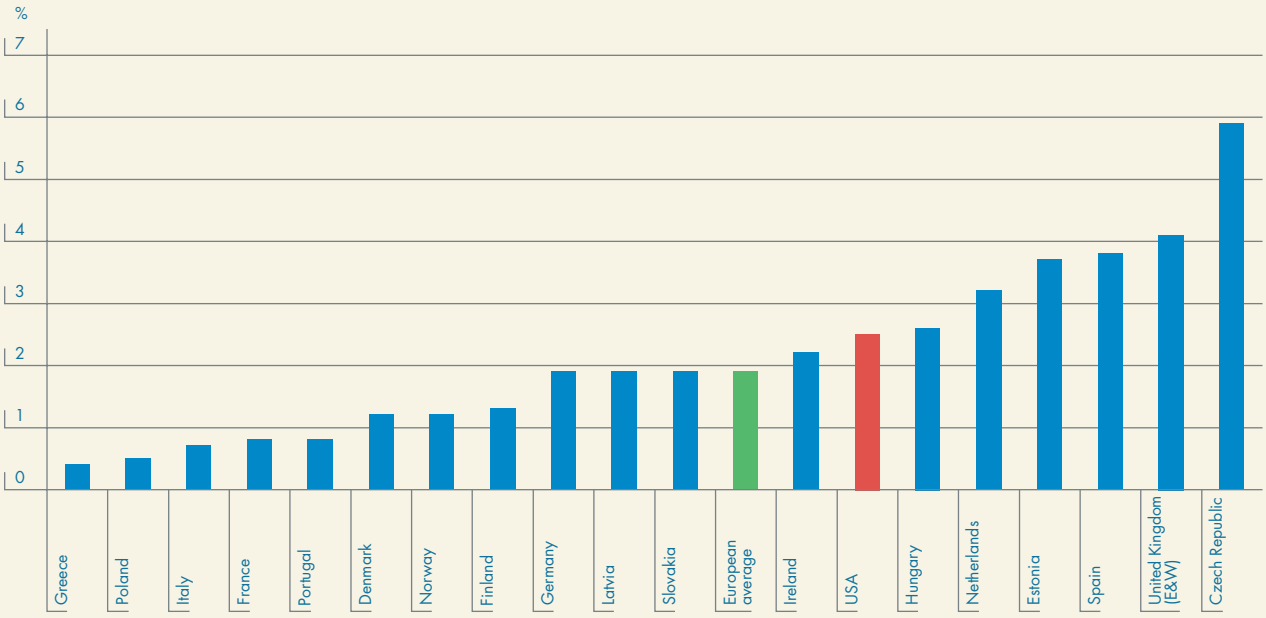


Figure 2 (part ii): Recent (last year) use of ecstasy among young adults (15 to 34 years) in Europe and the USA



Notes:

In the USA, the survey was conducted in 2003, and the age range is 16 to 34 (recalculated from original data).

In the European countries, most surveys (17 out of 19) were conducted between 2001 and 2004, and the standard age range is 15 to 34 (in some countries the lower end may be 16 or 18 years).

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Sources:

USA: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2003 (www.samhsa.gov) and (http://oas.samhsa.gov/nhsda.htm#NHSDAinfo).

Europe: Table GPS-11 in the 2005 EMCDDA statistical bulletin (see page 2.28). Based on Reitox national reports (2004).

Figure 3 (part i): Lifetime prevalence of cocaine among young adults (15 to 34 years) in Europe and the USA

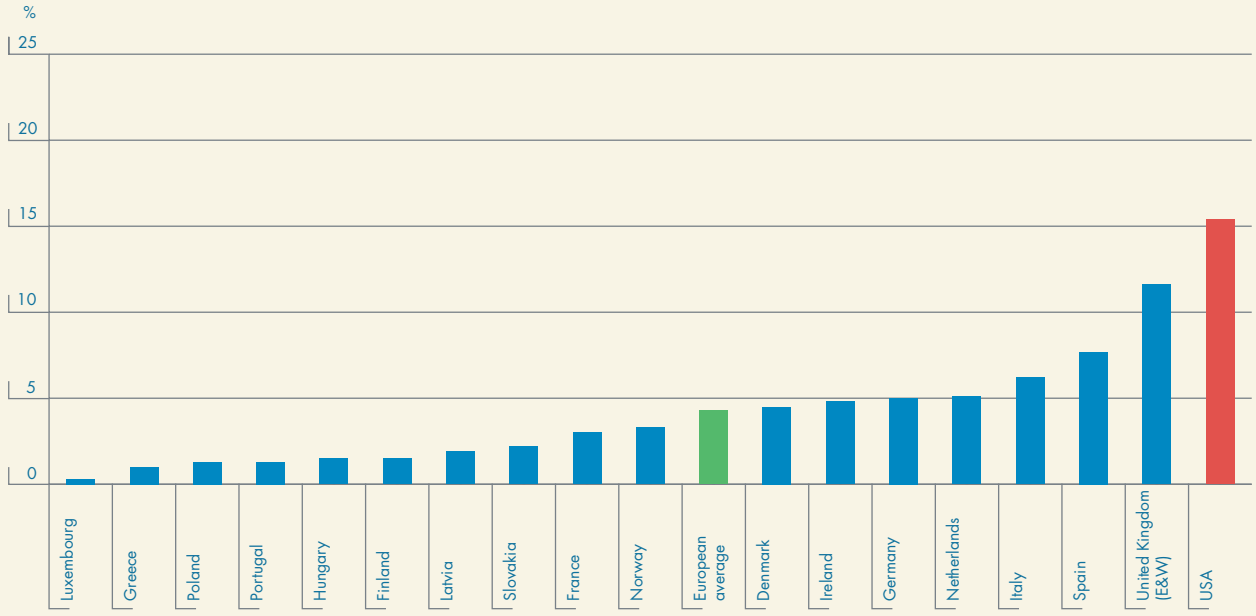
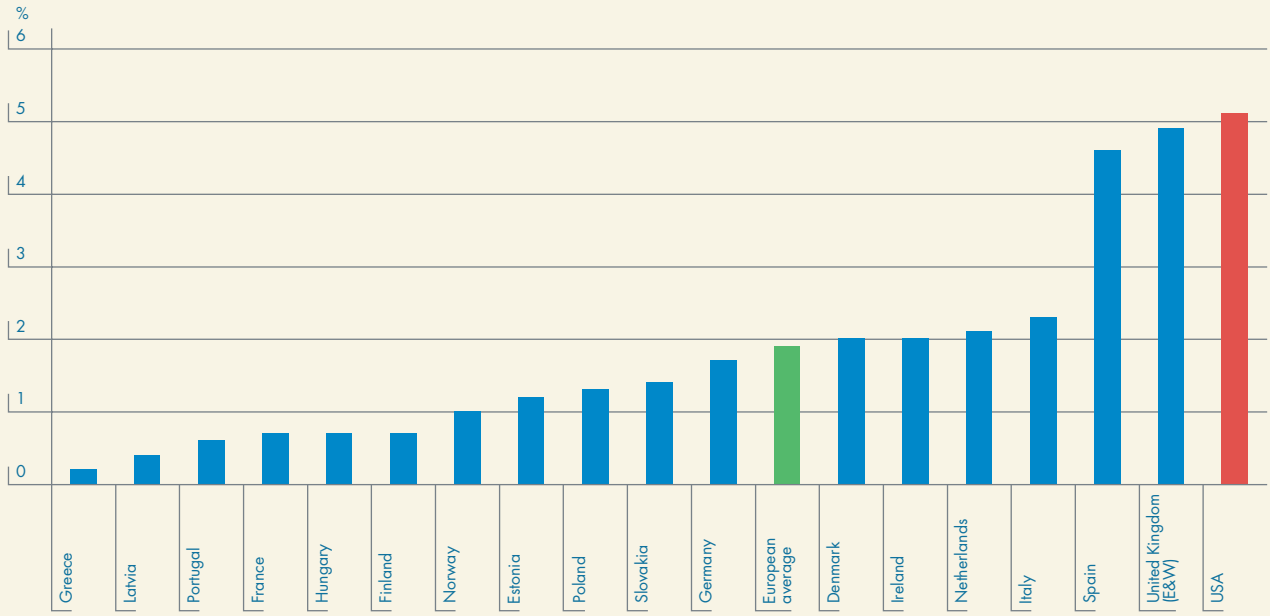


Figure 3 (part ii): Recent (last year) use of cocaine among young adults (15 to 34 years) in Europe and the USA



Notes:

In the USA, the survey was conducted in 2003, and the age range is 16 to 34 (recalculated from original data).

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Europe: Table GPS-11 in the 2005 EMCDDA statistical bulletin (see page 2.28). Based on Reitox national reports (2004).

Chapter 2
General population surveys of drug use

Methods and definitions

Drug use in the general population is estimated through population surveys, based on representative probabilistic samples of the whole population under study.

This methodology allows to measure directly drug use, patterns of use, and related factors (both potential determinants and consequences of use of drugs) for each individual under study. A number of factors can be investigated retrospectively, although with the limitations that self-report and memory biases have on recall of past events.

When necessary, precision of estimates can be improved by increasing sample sizes, for instance when policy evaluation requires reliable estimations broken down by gender, age groups or regions, or when it is necessary to increase the reliability of estimates for substances with low prevalence rates. On the other hand, it should be considered the limitations of surveys in estimating the more marginalised forms of drug use (e.g. heroin injection) due to non-probabilistic errors (exclusion from the sampling frame, absence, non-response).

In addition to the increase of sample size, certain sampling strategies may help to improve estimations among groups of particular interest; for instance oversampling of young people, ethnic minorities, or inner city areas.

The EMCDDA has developed guidelines to improve comparability of population surveys in the EU. These guidelines include a set of common core items (European model questionnaire: EMQ) and basic methodological recommendations. The set of items can be used to report data from existing surveys, or can be inserted into broader questionnaires. The set includes basic prevalence measures and use patterns of certain illegal and legal substances, basic socio-demographic characteristics and opinion and risk perception questions. The questions about drug policies are considered optional. The guidelines have been compiled in an EMCDDA Handbook (see: http://www.emcdda.eu.int/?nnodeid=1380).

The EMCDDA has also developed a EU Databank on Population Surveys on Drugs. This databank collates, on a voluntary basis, databases from existing national surveys already analysed and exploited at national level, in order to obtain an added value by further methodological and content understanding of drug patterns. The databases have been harmonised following the EMQ (ex-post harmonisation) (see: http://www.emcdda.eu.int/?nnodeid=1380).

Surveys provide estimates of the proportion of the population who have used different drugs during certain periods of time. For illegal drugs, the more usual measures are:

- any use during the person's life (lifetime prevalence), often called 'lifetime experience' with drugs,
- any use during the previous year (last-12-months prevalence), often called 'recent use' of drugs,
- any use during the previous month (last-30-days prevalence), often called 'current use' of drugs.

Obviously, 'lifetime experience' always produces higher figures, and it is often used in policy debates. Lifetime experience alone may not capture well the current drug situation, as it also includes all those who have ever tried drugs. On the other hand, it can give a rough estimation of the extent of drug experience in the population, which is valuable for those drugs of lower prevalence. In addition, its analysis by age group (or birth cohort) can give insight into the generational dynamics of drug use; when a particular drug became popular. It is necessary for estimation of incidence (year of first use among ever users), and for computation of continuation and discontinuation rates (and eventual related factors) among those who have used drugs.

'Recent use' produces lower figures, but reflects better the present situation, giving an indication of recent but probably also some occasional use. The combination of lifetime experience

and recent use can give basic information on drug use patterns (e.g. continuation rates).

'Current use' gives some indication of more regular use (sometimes last 30 days users are also considered as 'regular users'), and will include the more intensive forms of use. The figures are generally low when the whole adult population (15 to 64 years old) is considered, except for cannabis.

However, estimates of 'recent' or 'current' use could be substantially higher if analysis is focused on young people (15 to 24 or 15 to 34 years old) particularly among males, and even more on urban areas. This focused analysis could be valuable for policy formulation and evaluation.

Many countries collect information on 'age of first use' of drugs, which allows analysis of incidence. Also intensity of use can be assessed, which allows identifying higher risk groups. Age of first use and frequency of use are included in the EMCDDA guidelines (EMQ).

Intensity of use can be estimated through frequency scales; for instance, number of days of use in a given period of time (last 12 months or last 30 days). In the EMQ, measuring the number of days of use in the last 30 days assesses the intensity of use.

The concept of 'intensive users' has been often used, although using different scales of what 'intensive use' means. Many experts use this term as equivalent of 'daily or almost daily users' (use more than 20 times in the last 30 days), at least in the case of cannabis. This concept of 'intensive use' was used in the selected issue on cannabis of the 2004 Annual Report, and proved it was feasible and useful.

The age ranges used to report results might have an influence in the results of prevalence estimates. Comparisons should be based on the same age groups. The EMCDDA recommends the range 15 to 64 years for the whole adult population and 15 to 34 years for young adults. If wider age groups are used (e.g. 12 to 75 years) prevalence estimates will tend to be lower because illegal drug use is quite low at higher ages. If narrower groups are used (e.g. 18 to 49) estimates will tend to be higher because drug use concentrates among young adults.

Information provided by surveys is particularly useful when they are repeated at regular intervals, using the same questionnaires and methodology (a survey series), which allow tracking of trends over time that cannot be identified by a single survey or two consecutive surveys without further continuation. This requires a long-term commitment from public institutions and research institutions.

Most Member States have conducted representative national surveys during recent years, although in some cases sample sizes are too small or the compatibility with the EMQ limited. On the other hand, several countries have conducted recently their first national surveys, in all cases with high compatibility with the EMQ.

Most of the new Member States or candidate countries have conducted recently national population surveys, with high compatibility with the EMQ.

Several countries have established series of national surveys or are starting them (Germany, Greece, Spain, France, Netherlands, Slovakia, Sweden, the United Kingdom and Norway). Finland has several consecutive surveys with relatively comparable methodology. But only few countries have consolidated series, with enough sample sizes, and in general only for a limited number of years.

There are differences across countries in survey context, data collection methods and sampling procedures. In addition to methodological questions, several factors can contribute to differences in overall national figures. Relative proportions of urban and rural population in each country may explain in part some overall national figures. Also national figures may be explained in part by generational factors, including the different rates of convergence between the lifestyles of young males and females. Social context can influence also self-reporting of drug use. Comparative analysis across countries should be made with caution, in particular where differences are small, and formulation and evaluation of drugs policy should take carefully into consideration concrete age groups, birth cohorts, gender and urbanisation, among other criteria.

Overview of the data

Listed below are the tables in the bulletin, the supplementary downloadable tables and the associated graphics dealing with general population surveys, along with a brief overview. Please note that the associated graphics and the supplementary tables are available only on the statistical bulletin website (http://stats05.emcdda.eu.int).

Drug use in the general population is assessed through surveys, which provide estimates of the proportion of the population that has used different drugs over standard

periods of time; lifetime use (or 'ever-use'), last twelve months use ('recent use') or last 30 days use ('current use'). The general population survey data give information by Member States, by geographic region within states and by year of survey, according to availability. The information covers self-reported use of cannabis, cocaine, amphetamines, ecstasy, hallucinogens and specifically LSD. A summary of the survey structure is given (Table GPS-14) and also a bibliographic reference to the published source (Table GPS-0).

Tables GPS-1 to GPS-6 give prevalence estimates of individual drug types for reported lifetime (ever-) use, use in the past year and use in the past month, each for the general population aged 15 to 64 and for the younger part of the population, aged 15 to 34. In Table GPS-1 part (ii) some survey structure details are given that are the same for each of Tables GPS-1 to GPS-6.

Similarly, Tables GPS-8 to GPS-13 give parallel information on prevalence for the *last survey available* for each Member State, and Table GPS-8 part (ii) gives some survey structure details that are the same for each of tables GPS-8 to GPS-13.

Summary points

- Cannabis is by far the illegal substance most commonly used in Europe. Recent population surveys indicate that between 3 % to 31 % of adults (aged 15 to 64 years) have tried the substance at least once. A rough European average would be around 20 % of adults having ever tried cannabis (Table GPS-1 part (i), Table GPS-8 part (i)).
- Cannabis use is concentrated among young adults, as other illegal drugs. Between 11 % and 44 % of young Europeans aged 15 to 34 years declared that they had tried cannabis. Among 15 to 24 year old Europeans, 9 % to 45 % declared having tried cannabis, with most countries falling in the range 20 to 35 % (Table GPS-2, Table GPS-9).
- The fact that recent or current use in substantially lower than lifetime experience indicates that cannabis use may tend to be occasional, or to be discontinued after some time (Table GPS-3, Table GPS-4, Table GPS-5, Table GPS-10, Table GPS-11, Table GPS-12, Table GPS-13. Figure GPS-2, Figure GPS-3, Figure GPS-4).
- As with other illegal drugs, rates of cannabis use are notably higher among males than among females (Table GPS-7 part (i), Table GPS-7 part (ii)).
- Data on frequency of cannabis use in the last 30 days showing that approximately a quarter (19 to 33 %) of those who had used cannabis in the last month were doing so on a daily or almost daily basis, most of them young males (Table GPS-7 part (i), Table GPS-7 part (ii)). Table GPS-7 gives where available, for cannabis only, the self-reported prevalence of use in the last 30 days (i) in the population aged 15 to 64 and the population aged 15 to 34 separately by gender, and (ii) by frequency of use in the past 30 days among all users.
- Despite methodological differences, different types of surveys (national or local household surveys, conscript and school surveys) have shown that cannabis use increased markedly during the 1990s in almost all EU countries, particularly among young people (Figure GPS-4).
- Traditionally, population surveys showed that after cannabis, amphetamines were the illegal substance most commonly used, albeit their overall prevalence is clearly lower than that of cannabis. But this pattern seems to be now changing with ecstasy taking second place after cannabis (Figure GPS-6, Figure GPS-8, Figure GPS-20).
- According to recent surveys, among all adults (15 to 64 years), lifetime experience with amphetamine ranged from 0.1 % to 6 % in EU Member States, except in the United Kingdom, where it was 12.2 % (Table GPS-1 part (i), Table GPS-8 part (i)). Among young adults (15 to 34 years), lifetime experience with amphetamines ranges from 0.1 to 10 %, with the United Kingdom reporting 18.4 % (Table GPS-2, Table GPS-9).
- Ecstasy has been tried by about 0.2 to 6.5 % of the adult population, with most countries in the range 1 to 4 % (Table GPS-1 part (i), Table GPS-8 part (i)). Among young adults (15 to 34 years), 0.6 % to 13 % reported experience with ecstasy (Table GPS-2, Table GPS-9).
- Ecstasy use is a predominantly youth phenomenon, it is worth focussing on prevalence in the 15 to 24 years age group. Here, lifetime experience ranges from 0.4 to 13 %, while recent use (last year) ranges from 0.3 to 11 % (Figure GPS-7). Furthermore, among males of this age group, most countries reported prevalences of any experience in the range of 4 to 16 % and recent use (last year) in the range of 2 to 8 % (Figure GPS-18).
- There have been frequent reports indicating an increase in ecstasy use during the 1990s in many EU countries, in

particular in recreational setting. This is confirmed by surveys, which show an increase of recent use (last year) among young adults in most countries with consecutive surveys (Figure GPS-8, Figure GPS-19, Figure GPS-20).

- National population surveys show that between 0.5 % and 6 % of the general adult population report have tried cocaine at least once (Table GPS-1 part (i), Table GPS-8 part (i)).
- As with other drugs, younger adults present higher rates of cocaine use, with lifetime experience reported by between 1 % and 10 % of young people, and recent use (last year) by between 0.2 % and 4.9 % (Table GPS-2, Table GPS-9).
- There has been warning about increases in cocaine use in Europe, prompted by local reports, focused studies conducted in dance settings, increases in seizures indicators and some increases in indicators related to problems. Identification of clear-cut European trends based on population studies is still difficult due to few consistent series of surveys (Figure GPS-10).

Data tables

Table GPS-0. Nationwide surveys among the general population: bibliographic references

Country	Ref.	Sources
Belgium	1	Quataert P, Van Oyen H. Gegeveninzamzeling in verband met middelengebruik door middel van CATI, IHE/Episeries n 6, CCOV, IHE, Brussel, 1995
	2	Piette D, De Smet P. Rapport SANOMETRE: Comportement de santé des adultes en Communauté française, PROMES-ULB, Bruxelles, 2000.
	3	Piette D, De Smet P. Rapport SANOMETRE: Comportement de santé des adultes en Communauté française, PROMES-ULB, Bruxelles, 2000.
	4	Piette D, De Smet P. Rapport SANOMETRE: Comportement de santé des adultes en Communauté française, PROMES-ULB, Bruxelles, 2000.
	5	Buziarsist, J, Demarest, S, Gisle, L et al. Health Interview Survey 2001, Lifestyles 3, Use of Illicit drugs (2, 5).
Czech Republic	1	Highlights of GENACIS project in the Czech Republic (unpublished research report).
Denmark	1	Use of Intoxicants in Denmark, The National Board of Health, published 1991.
	2	Health and morbidity in Denmark 1994. DIKE (now SIF), published 1995.
	3	Kjøller M, Rasmussen NK (eds). Danish Health and Morbidity Survey 2000 & trends since 1987. Copenhagen, National Institute of Public Health, 2002. (In Danish with an English summary.)
Germany	1	n.a.
	2	n.a.
	3	Herbst K, Kraus L and Scherer K. Representative survey on the use and abuse of alcohol, medicines, tobacco products and illegal drugs (BUND) 1995. ITF. Munich, 1995. Representative survey on the use and abuse of alcohol, pharmaceuticals, tobacco and illicit drugs.
	4	Kraus L, Bauernfeind R. Representative survey on the use and abuse of alcohol, medicines, tobacco products and illegal drugs (BUND) 1997. IFT. Munich, 1998.
	5	Kraus, L. & Augustin R. (2001) Repräsentativerhebung zum Gebrauch psychoaktiver Substanzen bei Erwachsenen in Deutschland 2000.(Population Survey on the Consumption of Psychoactive Substances in the German Adult Population 2000). München : IFT Institut für Thearapieforschung.
	6	Kraus, L, & Augustin, R. (in print). Epidemiologischer Suchtsurvey 2003: Konzeption und Methodik.
Estonia	1	Narusk A. (toim.) Argielu Eestis 1999-ndatel aastatel. Tallinn: TPÜ RASKI, kl 114.
	2	Estonian Population Survey 2003.
Greece	1	University Mental Health Research Institute, 1998.
	2	Kokkevi, A., Loukadakis, M., Plagianakou, S., Politikou, K., Stefanis, C.: Sharp increase in illicit drug use in Greece: Trends from a general population survey on licit and illicit drug use. European Addiction Research, 2000, Vol.6, 42-49.
	3	University Mental Health Research Institute, Greek National Population Survey on Licit and Illicit Substance Use, 2004.
Spain	1	Household Survey on Drugs 1995. National plan on drugs.
	2	Household Survey on Drugs 1997. National plan on drugs.
	3	Household Survey on Drugs 1999. National plan on drugs.
	4	Household Survey on Drugs 2001. National plan on drugs.
France	1	Baudier F., Dressen C., Alias F. (1994). Baromètre Santé 92, CFES, Paris.
	2	Baudier F and Arenes J. Barométre Santé adultes 1995. CFES, 1997.
	3	Beck F. and Peretti-Watel P. Survey EROPP 1999, OFDT 2000.
	4	Beck F., Legleye S., Peretti-Watel P. 2001. Illicit drugs: uses and attitudes. In Guilbert P., Baudier F., Gautier A. (dir.). Baromètre Santé 2000 CFES-OFDT.
	5	Beck F., legleye S. and Peretti-Watel P. Survey EROPP 2002, OFDT 2003.
Ireland	1	SLAN (Survey of Lifestyle, Attitudes and Nutrition). Dept. Health Promotion, NUI, Galway. Drug section of survey not published.
	2	Bryan, A., Moran., Farrell, E. and O'Brien, M. (2000) Drug-Related Knowledge, Attitudes and Beliefs in Ireland. Dublin: Health Research Board.
	3	Unpublished data from Irish Social Omnibus Survey -KAB2.
	4	National Advisory Committee on Drugs (NACD) & Drugs and Alcohol Information and Research Unit (DAIRU). Bulletin 1: First results from the 2002/2003 Drug Prevalence Survey. Dublin: NACD & DAIRU, 2003.
Italy	1	Relazione Annuale al Parlamento sullo Stato delle Tossicodipendenze in Italia 2002. Ministero del Lavoro e delle Politiche Sociali, Dipartimento per le Politiche Sociali e Prevedenziali. Roma 2003.
	2	Relazione Annuale al Parlamento sullo Stato delle Tossicodipendenze in Italia 2003. Ministero del Lavoro e delle Politiche Sociali, Roma, 2004.
Cyprus	1	Open Therapeutic Community for Drug Addicted Persons (TOLMI), 2003: Steps to Prevent Drug Abuse.
Latvia	1	Drug abuse prevalence in Latvia. Population Survey Report 2003. 2003: Institute of Philosophy and Sociology. University of Latvia.
Luxembourg	1	Fischer U. CH. Krieger, W, Suchtpräventioun an der Gemeng - Entwicklung, Durchführung und Evaluation eines Modells zur gemeindeorientierten Suchtprävention, CePT, Luxembourg, 1998.

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Table GPS-0 – *continued from previous page*

Country	Ref.	Sources
Hungary	1	Paksi Borbála: Drogok és felnöttek. A tizennyolc év feletti lakosság drogfogyasztása és droggal kapcsolatos gondolkodása az ezredfordulón, Magyarországon. Szakmai forrás sorozat. 4. L'Harmattan. Budapest, 2003.
	2	Elekes Zsuzsanna, Paksi Borbála: A 18-54 éves feln extquestiondownttek alkohol- és egyéb drogfogyasztási szokásai - Kutatási beszámoló, megjelenés alatt.
Malta	1	Licit and Illicit Drug Use in Malta 2001. ISBN 99932-19-04-5.
Netherlands	1	Abraham M, Cohen P, Van Til RJ, De Winter M. Licit and illicit drug use in the Netherlands. UvA/CBS, CEDRO, Amsterdam, 1999.
	2	Abraham M, Kaal H, Cohen P (2002). Licit and illicit drug use in the Netherlands 2001. CEDRO/Mets en Schilt. Amsterdam.
Portugal	1	Balsa C, Farinha T, Nunes JP, Chaves M. Inquérito nacional ao consumo de substâncias psico-activas na população portuguesa, 2001, CEOS, FCSH-UNL, Lisboa 2002.
Slovakia	1	n.a.
Finland	1	Kontula O and Kostela, K. Drug use and opinions on drugs. Ministry of Social Affairs and Health. Julkaisuja 8. 1992.
	2	Kontula O. Drugs in Finland in the 1990s. Monisteita 27. 1997.
	3	Partanen J. and Metso L. (1999): Suomen toinen huumeaalto (The second drug wave in Finland) Yhteiskuntapolitiikka 64, (2), 143-149. Preliminary results (extra information) of the 1998 survey. STAKES.
	4	Hakkarainen Pekka & Metso Leena (2001): Onko huumeiden käytön yleistyminen taittumassa? Vuoden 2000 huumekyselyn tulokset [Is the increase in drug use levelling off? Results of the drug survey in 2000]. Yhteiskuntapolitiikka, 66, (3), 277-283. & Metso Leena (2001): Preliminary results (extra information) of the Population survey on drugs in 2000 by the STAKES.
	5	Hakkarainen, Pekka & Metso, Leena: Huumeiden käytön uusi sukupolvi (Drug use: the new generation). Yhteiskuntapolitiikka (vol. 68) 3/2003. (In Finnish, English Summary.)
Sweden	1	Swedish Council for Information on Alcohol and other Drugs (CAN) 1994.
	2	Swedish Council for Information on Alcohol and other Drugs (CAN) 1996.
	3	Drogutvecklingen i Sverige. Rapport 99. National Institute of Public Health and Swedish Council for Information on Alcohol and Other Drugs (CAN). Stockholm 1999.
	4	Allmänhetens alkoholvanor. TEMO 2000.
	5	Not yet published.
United Kingdom	1	Ramsay M and Percy A. Drug Misuse Declared: results of the 1994 British Crime Survey. Research Study 151. Home Office, 1996.
	2	Ramsay M and Percy A. Drug Misuse Declared: results of the 1996 British Crime Survey. Research Study 172. Home Office, 1997.
	3	Ramsay M and Partridge S. Drug Misuse Declared in 1998: results from the British Crime Survey. Research Study 197. Home Office, 1999.
	4	Ramsay M, et al. Drug Misuse Declared in 2000: results from the British Crime Survey. Research Study 224. Home Office, 2001.
	5	Rebecca Aust et al (2002) 'Prevalence of drug use: key findings from the 2001/02 British Crime Survey', Home Office Research Findings 182, London: Home Office.
	6	2002/03 British Crime Survey.
	7	Drug Use in Ireland and Northern Ireland - Bulletin 1. Department of Health, Social Services and Public Safety, Belfast & National Advisory Committee on Drugs, Dublin.
	8	2003/2004 British Crime Survey: Core and Youth data.
Norway	1	National Institute for Alcohol and Drug Research. Unpublished material.

Notes:

For more details on methodological features for each survey, see Table GPS-14.

Table GPS-1 part (i). Lifetime prevalence of drug use among all adults (15 to 64 years old) in nationwide surveys among the general population. Lifetime prevalence all adults (percentage)

Country - geographical area	Ref.	Year	Age range	Sample size	Cannabis (%)	Cocaine (%) (1)	Amphetamines (%) (2)	Ecstasy (%) (3)	LSD (%)
Belgium									
Vlanderen (Brussels excluded)	1	1994	18-65	2259	5.8	0.5	0.9	0.5	
French Community	2	1996-97	18-49	976	12.8				
French Community	3	1998-99	18-49	1008	20.3				
French Community	4	2000	18-49	694	22.2				
National	5	2001	15-64	7347	10.6		2.1		
Czech Republic									
National	1	2002	18-64	2526	21.1		2.3	4.0	2.2
Denmark									
National	1	1990	>=16	2000	22.0	1.0	3.0		
National	2	1994							
National	3	2000	16-64	11825	31.3	2.5	5.9	1.0	1.4
Germany									
East Germany	1	1990							
West Germany	2	1990							
Old and New Länder	3	1995	18-59	7833	11.9	1.9	2.4	1.4	
Old and New Länder	4	1997	18-59	8019	11.5	1.4	1.5	1.5	
National	5	2000	18-59	8139	19.3	2.3	2.3	1.6	1.8
National	6	2003	18-59	8061	24.5	3.2	3.4	2.4	2.5
Estonia									
National	1	1998	18-64	2317	5.0	1.0	1.0	1.0	
National	2	2003							
Greece									
Athens	1	1993	12-64	2103	9.4	0.8	1.0		
National (except Aegean and Ionian Islands)	2	1998	15-64	3398	13.1	1.3	0.6	0.3	
National (except Aegean and Ionian Islands)	3	2004	15-64	4351	8.9	0.7	0.1	0.4	0.3
Spain									
National	1	1995	15-64	8888	14.2	3.7	2.5	2.0	
National	2	1997	15-65	12515	21.7	3.2	2.6	2.5	
National	3	1999	15-64	12234	19.8	3.2	2.2	2.4	
National	4	2001	15-64	14113	24.5	4.9	3.0	4.2	
France									
National	1	1992	15-64	2099	11.3	0.7			
Metropolitan France	2	1995	18-75	1787	16.0	1.2	0.7		
National	3	1999	18-69	1742	21.9	1.5	0.2	0.9	1.2
National	4	2000	15-64	11317	22.5	1.6	1.5	0.9	1.7
Metropolitan France	5	2002	15-64	1744	26.2	2.2	0.4	0.9	1.2
Ireland									
National	1	1998	18-64	826	14.3				
National	2	1998	18-64		19.9				
National	3	2000	18-64	907	11.3				
National	4	2002-03	15-64	4925	17.6	3.1	3.0	3.8	3.0
Italy									
National	1	2001	15-44	6032	21.9	3.4	1.5	1.8	0.0
National	2	2003	15-54	11869	22.4	4.6	1.9	1.8	2.1
Cyprus									
National	1 (4)	2003	15-65	1000	19.8	1.1	1.4	4.3	0.2
Latvia									
National	1	2003	15-64		10.6	1.2	2.6	2.4	1.1
Luxembourg									
National	1	1998	15-64		12.9	0.2		1.2	1.4
Hungary									
National	1	2001	18-65	2359	5.7	0.8	1.6	2.0	1.6
National	2	2003	18-54		9.8	1.0	2.5	3.1	1.7
Malta									
National	1	2001	18-64		3.5	0.4	0.4	0.7	0.5

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Table GPS-1 part (i) – *continued from previous page*

Country - geographical area	Ref.	Year	Age range	Sample size	Cannabis (%)	Cocaine (%) (1)	Amphetamines (%) (2)	Ecstasy (%) (3)	LSD (%)
Netherlands									
National	1	1997-98	15-64	17590	19.1	2.6	2.2	2.3	1.5
National	2	2001	15-64	14045	21.0	3.6	3.1	3.6	1.3
Poland									
National	1	2002	16-64		7.7	0.8	1.9	0.7	1.2
Portugal									
National	1	2001	15-64	14186	7.6	0.9	0.5	0.7	0.4
Slovakia									
National	1	2002	18-64	1405	14.9	1.0	0.8	1.8	
Finland									
National	1	1992	18-74	3457	4.9		0.2		
National	2	1996	16-74	3009	7.3		0.7		
National	3	1998	15-69	2568	9.7	0.6	1.0	0.5	
National	4	2000	15-64	1677	9.9	0.6	1.0	0.6	0.4
National	5	2002	15-64	2377	12.8	0.7	2.2	1.4	0.8
Sweden									
National	1	1994	16-64	806	7.1	0.4	1.4	0.0	0.4
National	2	1996	16-64	1136	9.8	1.0	2.1	0.3	0.2
National	3	1998	16-64	1359	13.9	0.6	2.0	0.3	
National	4	2000	16-64	1750	12.5	0.7	1.9	0.2	0.3
National	5	2004	18-64	9514	13.8				
United Kingdom									
England and Wales	1	1994	16-59	9645	21.0	2.4	8.2	2.4	4.4
England and Wales	2	1996	16-59	10935	23.5	3.1	9.3	3.8	5.4
England and Wales	3	1998	16-59	9984	26.8	3.8	10.8	4.2	5.6
England and Wales	4	2000	16-59	13018	29.5	5.6	12.3	5.3	6.2
England and Wales	5	2001-02	16-59	20165	28.9	5.2	11.6	5.9	5.4
Northern Ireland	6	2002-03	15-64	3517	16.8	1.7	3.9	5.9	4.5
England and Wales	7	2002-03	16-59	23586	30.6	6.2	12.3	6.6	5.9
England and Wales	8	2003-04	16-59	24422	30.8	6.8	12.2	6.9	6.1
Norway									
National	1	1999	15-64	1803	15.3	2.2	3.8	1.3	

Notes:

(1) Cocaine any form.

(2) For Belgium National 2001 and for Metropolitan France 1995: amphetamine+ecstasy.

(3) For Spain: ecstasy and other designer drugs.

(4) Results of this survey should be viewed with caution due to important discrepancies with previous surveys and school surveys results. A new survey with a bigger sample is being conducted in 2005.

This table aims to present national surveys. Exceptionally some relevant regional surveys are presented. Some city surveys reported by countries were not included as they tend to produce higher prevalence estimates, which are not comparable with estimates for whole countries (or big regions with urban and rural areas). Athens was included as reference point for 1993 survey.

In surveys with small sample sizes results should be interpreted with caution.

Countries were asked to report results using, as far as possible, EMCDDA standard age groups (all adults: 15-64, young adults: 15-34). In countries where age ranges are more restrictive prevalence estimates may tend to be slightly higher. Some countries have recalculated their prevalence figures using the EMCDDA standard age groups.

For methods and definitions on population surveys in general, see Methods and definitions.

For methods of each survey presented in this table, see Table GPS-1 part (ii) (page 2.10).

Sources:

See Table GPS-0 (page 2.6).

Table GPS-1 part (ii). Lifetime prevalence of drug use among all adults (15 to 64 years old) in nationwide surveys among the general population. Survey methods

Country - geographical area	Ref.	Year	Data collection method	Original age range	Original sample size	Age range all adults	Sample size all adults	Age range young adults	Sample size young adults
Belgium									
Vlanderen (Brussels excluded)	1	1994	Phone	18-65	2259	18-65	2259	18-34	
French Community	2	1996-97	Phone	18-49	976	18-49	976	18-34	508
French Community	3	1998-99	Phone	18-49	1008	18-49	1008	18-34	461
French Community	4	2000	Phone	18-49	694	18-49	694	18-34	282
National	5	2001	Interview	15-64	9470	15-64	7347	15-34	2758
Czech Republic									
National	1	2002	Interview	18-64	2526	18-64	2526	18-34	1002
Denmark									
National	1	1990	Phone	>=16	2000	>=16	2000	16-44	
National	2	1994	Interview	16-44	2521				2521
National	3	2000	Interview	16+	14278	16-64	11825	16-34	4141
Germany									
East Germany	1	1990	Mail	12-39				12-39	
West Germany	2	1990	Mail	12-39	19207			12-39	19207
Old and New Länder	3	1995	Mail	18-59	7833	18-59	7833	18-34	3157
Old and New Länder	4	1997	Mail	18-59	8019	18-59	8019	18-34	3058
National	5	2000	Mail	18-59	8139	18-59	8139	18-34	3107
National	6	2003	Mail	18-59	8061	18-59	8061	18-34	3775
Estonia									
National	1	1998	Mail	18-70	2317	18-64	2317	18-34	804
National	2	2003	Mail	15-69	1891				646
Greece									
Athens	1	1993	Interview	12-64	2103	12-64	2103	18-35	
National (except Aegean and Ionian Islands)	2	1998	Interview	12-64	3752	15-64	3398	15-34	2014
National (except Aegean and Ionian Islands)	3	2004	Interview	12-64	4781	15-64	4351	15-34	2620
Spain									
National	1	1995	Interview	15+	9984	15-64	8888	15-34	5813
National	2	1997	Interview	15-65	12515	15-65	12515	15-34	6898
National	3	1999	Interview	15-65	12488	15-64	12234	15-34	6293
National	4	2001	Interview	15-64	14113	15-64	14113	15-34	6915
France									
National	1	1992	Phone	18-75	2099	15-64	2099	15-34	373
Metropolitan France	2	1995	Phone	18-75	1993	18-75	1787		756
National	3	1999	Phone	15-75	2002	18-69	1742	18-34	753
National	4	2000	Phone	12-75	13685	15-64	11317	15-34	4749
Metropolitan France	5	2002	Phone	15-75	2009	15-64	1744	15-34	724
Ireland									
National	1	1998	Interview	18+	1000	18-64	826	18-34	318
National	2	1998	Mail	18+	6539	18-64		18-34	
National	3	2000	Interview	18+	1000	18-64	907	18-34	404
National	4	2002-03	Interview	15-64	4925	15-64	4925	15-34	
Italy									
National	1	2001	Mail	15-44	6032	15-44	6032	15-34	3698
National	2	2003	Mail	15-54	34489	15-54	11869	15-34	5231
Cyprus									
National	1	2003	Interview	15-65	90.9	15-65	1000	15-34	580
Latvia									
National	1	2003	Interview	15-64	4534	15-64		15-34	
Luxembourg									
National	1	1998	Interview	12-64	667	15-64		15-34	
Hungary									
National	1	2001	Interview	18-65	2359	18-65	2359	18-34	790
National	2	2003	Interview	18-54	3675	18-54		18-34	2319
Malta									
National	1	2001	Interview	18-64		18-64			

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Table GPS-1 part (ii) – *continued from previous page*

Country - geographical area	Ref.	Year	Data collection method	Original age range	Original sample size	Age range all adults	Sample size all adults	Age range young adults	Sample size young adults
Netherlands									
National	1	1997-98	Interview	12+	22000	15-64	17590	15-34	9090
National	2	2001	Multimethod	12+	17655	15-64	14045	15-34	6687
Poland									
National	1	2002	Interview	16+	3148	16-64		16-34	
Portugal									
National	1	2001	Interview	15-64	14186	15-64	14186	15-34	6406
Slovakia									
National	1	2002	Interview	18+		18-64	1405	18-34	
Finland									
National	1	1992	Mail	18-74	3457	18-74	3457	18-34	
National	2	1996	Mail	16-74	3009	16-74	3009	16-34	
National	3	1998	Mail	15-69	2568	15-69	2568	15-34	974
National	4	2000	Interview	15-69	1789	15-64	1677	15-34	615
National	5	2002	Mail	15-69	2541	15-64	2377	15-34	1240
Sweden									
National	1	1994	Interview	16-75	933	16-64	806	16-34	310
National	2	1996	Interview	16-75	1351	16-64	1136	16-34	476
National	3	1998	Interview	16-75	1557	16-64	1359	16-34	542
National	4	2000	Interview	16-75	2027	16-64	1750	16-34	575
National	5	2004	Mail	18-84	12166	18-64	9514	18-34	2985
United Kingdom									
England and Wales	1	1994	Interview	16-59	9645	16-59	9645	16-34	4329
England and Wales	2	1996	Interview	16-59	10935	16-59	10935	16-34	4720
England and Wales	3	1998	Interview	16-59	9984	16-59	9984	16-34	4112
England and Wales	4	2000	Interview	16-59	13018	16-59	13018	16-34	4910
England and Wales	5	2001-02	Interview	16-59	20165	16-59	20165	16-34	9006
Northern Ireland	6	2002-03	Interview	15-64	3517	15-64	3517	15-34	
England and Wales	7	2002-03	Interview	16-59	23586	16-59	23586	16-34	8520
England and Wales	8	2003-04	Interview	16-59	24422	16-59	24422	16-34	8590
Norway									
National	1	1999	Interview	15+	2170	15-64	1803	15-34	794

Notes:

This table aims to present national surveys. Exceptionally some relevant regional surveys are presented. Some city surveys reported by countries were not included as they tend to produce higher prevalence estimates, which are not comparable with estimates for whole countries (or big regions with urban and rural areas). Athens was included as reference point for 1993 survey.

'Data collection' means 'data collection method used in the survey': 'interview' (face to face interview, which may include self-completed sections for the more sensitive questions, also it may include CAPI -computer assisted interviews), 'phone' (telephone interview), 'mail' (mailed questionnaire), 'Multimethod' (Multi-Method - simultaneous use of interview, mail or internet in the same survey).

'Survey sample' refers to number of actual respondents to survey (Net sample). In some cases, national surveys cover originally a broader age range ('original age range') than that presented here for the standard groups 'All adults'(15-64) and 'Young adults' (15-34). Sample sizes are presented respectively for the 'original age range', the 'all adults' and 'young adults' groups.

In surveys with small sample sizes results should be interpreted with caution.

Countries were asked to report results using, as far as possible, EMCDDA standard age groups (all adults: 15-64, young adults: 15-34). In countries where age ranges are more restrictive prevalence estimates may tend to be slightly higher. Some countries have recalculated their prevalence figures using the EMCDDA standard age groups.

For methods and definitions on population surveys in general, see Methods and definitions.

Sources:

See Table GPS-0 (page 2.6).

For more details on methodological features for each survey, see Table GPS-14.

Table GPS-2. Lifetime prevalence of drug use among young adults (15 to 34 years old) in nationwide surveys among the general population

Country - geographical area	Ref.	Year	Age range	Sample size	Cannabis (%)	Cocaine (%) (1)	Amphetamines (%) (2)	Ecstasy (3) (%) (3)	LSD (%)
Belgium									
Vlanderen (Brussels excluded)	1	1994	18-34		9.2	1.2	2.0	1.3	
French Community	2	1996-97	18-34	508	17.8				
French Community	3	1998-99	18-34	461	26.5				
French Community	4	2000	18-34	282	30.9				
National	5	2001	15-34	2758	19.2		4.0		
Czech Republic									
National	1	2002	18-34	1002	38.0		4.3	8.8	4.7
Denmark									
National	1	1990	16-44		36.0				
National	2	1994		2521			4.0		
National	3	2000	16-34	4141	44.6	4.5	9.6	2.6	1.3
Germany									
East Germany	1	1990	12-39		1.0	0.1	0.1		
West Germany	2	1990	12-39	19207	14.5	1.3	2.7		
Old and New Länder	3	1995	18-34	3157	19.7	3.6	4.3	3.2	
Old and New Länder	4	1997	18-34	3058	19.5	2.2	2.4	3.6	
National	5	2000	18-34	3107	30.8	4.0	3.4	3.7	2.4
National	6	2003	18-34	3775	36.1	5.0	5.4	5.3	3.4
Estonia									
National	1	1998	18-34	804	9.0	2.0	3.0	2.0	1.0
National	2	2003		646					
Greece									
Athens	1	1993	18-35		15.5	1.5	1.7		
National (except Aegean and Ionian Islands)	2	1998	15-34	2014	19.7	2.2	0.7	0.6	
National (except Aegean and Ionian Islands)	3	2004	15-34	2620	10.8	1.0	0.2	0.6	0.4
Spain									
National	1	1995	15-34	5813	22.9	5.9	4.0	3.5	
National	2	1997	15-34	6898	31.8	5.2	4.0	4.7	
National	3	1999	15-34	6293	28.5	4.8	3.2	4.4	
National	4	2001	15-34	6915	35.0	7.7	4.8	7.9	
France									
National	1	1992	15-34	373					
Metropolitan France	2	1995		756	27.7	1.8	1.6		
National	3	1999	18-34	753	32.9	1.9	0.1	1.7	1.5
National	4	2000	15-34	4749	35.7	1.9	1.4	1.8	2.0
Metropolitan France	5	2002	15-34	724	39.9	3.0	0.1	1.9	1.5
Ireland									
National	1	1998	18-34	318	26.2				
National	2	1998	18-34		30.0				
National	3	2000	18-34	404	19.7				
National	4	2002-03	15-34		24.4	4.8	4.9	7.1	4.6
Italy									
National	1	2001	15-34	3698	24.5	4.0	1.4	2.6	0.0
National	2	2003	15-34	5231	29.9	6.2	2.0	3.3	3.0
Cyprus									
National	1 (4)	2003	15-34	580	24.5	1.4	0.3	5.9	0.3
Latvia									
National	1	2003	15-34		19.6	1.9	5.3	5.0	2.2
Luxembourg									
National	1	1998	15-34		15.8	0.3		1.9	1.3
Hungary									
National	1	2001	18-34	790	13.0	1.3	3.6	4.5	3.1
National	2	2003	18-34	2319	17.4	1.5	4.5	5.6	3.1
Malta									
National	1	2001							

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Table GPS-2 – *continued from previous page*

Country - geographical area	Ref.	Year	Age range	Sample size	Cannabis (%)	Cocaine (%) (1)	Amphetamines (%) (2)	Ecstasy (3) (%) (3)	LSD (%)
Netherlands									
National	1	1997-98	15-34	9090	27.3	3.7	3.0	4.4	1.5
National	2	2001	15-34	6687	31.5	5.1	5.1	7.4	1.6
Poland									
National	1	2002	16-34		14.7	1.3	4.1	1.5	2.5
Portugal									
National	1	2001	15-34	6406	12.4	1.3	0.6	1.4	0.6
Slovakia									
National	1	2002	18-34		26.9	2.2	1.7	3.9	
Finland									
National	1	1992	18-34		10.1				
National	2	1996	16-34		15.0				
National	3	1998	15-34	974	17.5	1.2	2.0	1.3	
National	4	2000	15-34	615	16.6	1.2	2.5	1.4	1.0
National	5	2002	15-34	1240	22.4	1.5	4.1	3.4	1.7
Sweden									
National	1	1994	16-34	310	9.1	0.3	2.9	0.0	0.8
National	2	1996	16-34	476	11.7	1.2	3.5	0.7	0.0
National	3	1998	16-34	542	15.5	0.9	2.6	0.5	
National	4	2000	16-34	575	13.8	0.8	2.1	0.6	0.0
National	5	2004	18-34	2985	21.0				
United Kingdom									
England and Wales	1	1994	16-34	4329	31.6	3.4	12.4	4.7	7.4
England and Wales	2	1996	16-34	4720	34.5	4.4	14.5	7.5	8.9
England and Wales	3	1998	16-34	4112	39.5	5.8	17.2	8.2	9.1
England and Wales	4	2000	16-34	4910	43.0	9.8	20.3	11.2	10.5
England and Wales	5	2001-02	16-34	9006	42.2	8.7	18.0	11.8	8.3
Northern Ireland	6	2002-03	15-34		25.0	2.9	7.0	11.5	7.7
England and Wales	7	2002-03	16-34	8520	43.4	10.0	18.6	13.0	9.1
England and Wales	8	2003-04	16-34	8590	43.4	11.6	18.4	13.6	9.2
Norway									
National	1	1999	15-34	794	20.9	3.3	5.4	2.5	

Notes:

(1) Cocaine any form.

(2) For Belgium National 2001 and for Metropolitan France 1995: amphetamine+ecstasy, for Denmark National 1994: hard drugs.

(3) For Spain: ecstasy and other designer drugs.

(4) Results of this survey should be viewed with caution due to important discrepancies with previous surveys and school surveys results. A new survey with a bigger sample is being conducted in 2005.

This table aims to present national surveys. Exceptionally some relevant regional surveys are presented. Some city surveys reported by countries were not included as they tend to produce higher prevalence estimates, which are not comparable with estimates for whole countries (or big regions with urban and rural areas). Athens was included as reference point for 1993 survey.

In surveys with small sample sizes results should be interpreted with caution.

Countries were asked to report results using, as far as possible, EMCDDA standard age groups (all adults: 15-64, young adults: 15-34). In countries where age ranges are more restrictive prevalence estimates may tend to be slightly higher. Some countries have recalculated their prevalence figures using the EMCDDA standard age groups.

For methods and definitions on population surveys in general, see Methods and definitions.

For methods of each survey presented in this table, see Table GPS-1 part (ii) (page 2.10).

Sources:

See Table GPS-0 (page 2.6).

Table GPS-3. Last year prevalence of drug use among all adults (15 to 64 years old) in nationwide surveys among the general population

Country - geographical area	Ref.	Year	Age range all adults	Sample size all adults	Cannabis (%)	Cocaine (%) (1)	Amphetamines (%) (2)	Ecstasy (%) (3)	LSD (%)
Belgium									
Vlanderen (Brussels excluded)	1	1994	18-65	2259	1.5	0.2	0.3	0.1	
French Community	2	1996-97	18-49	976					
French Community	3	1998-99	18-49	1008					
French Community	4	2000	18-49	694					
National	5	2001	15-64	7347					
Czech Republic									
National	1	2002	18-64	2526	10.9		1.1	2.5	1.0
Denmark									
National	1	1990	>=16	2000	5.0	0.2	0.7		
National	2	1994							
National	3	2000	16-64	11825	6.2	0.8	1.3	0.5	0.2
Germany									
East Germany	1	1990							
West Germany	2	1990							
Old and New Länder	3	1995	18-59	7833	4.4	0.8	0.7	0.8	
Old and New Länder	4	1997	18-59	8019	4.0	0.6	0.4	0.8	
National	5	2000	18-59	8139	6.0	0.9	0.6	0.7	0.2
National	6	2003	18-59	8061	6.9	1.0	0.9	0.8	0.3
Estonia									
National	1	1998	18-64	2317	2.0		1.0		
National	2	2003			4.6	0.6	1.3	1.7	0.3
Greece									
Athens	1	1993	12-64	2103	2.5	0.2	0.1		
National (except Aegean and Ionian Islands)	2	1998	15-64	3398	4.4	0.5	0.0	0.1	
National (except Aegean and Ionian Islands)	3	2004	15-64	4351	1.7	0.1	0.0	0.2	0.1
Spain									
National	1	1995	15-64	8888	7.3	1.9	1.1	1.3	
National	2	1997	15-65	12515	7.6	1.7	0.9	0.9	
National	3	1999	15-64	12234	7.0	1.6	0.7	0.8	
National	4	2001	15-64	14113	9.7	2.6	1.2	1.9	
France									
National	1	1992	15-64	2099	3.9	0.3			
Metropolitan France	2	1995	18-75	1787	4.7	0.2	0.3		
National	3	1999	18-69	1742	7.4	0.2	0.1	0.2	0.1
National	4	2000	15-64	11317	8.4	0.2	0.2	0.2	0.2
Metropolitan France	5	2002	15-64	1744	9.8	0.3	0.0	0.3	0.1
Ireland									
National	1	1998	18-64	826					
National	2	1998	18-64		9.4	1.3	2.6	2.4	1.4
National	3	2000	18-64	907					
National	4	2002-03	15-64	4925	5.1	1.1	0.4	1.1	0.1
Italy									
National	1	2001	15-44	6032	6.2	1.1	0.1	0.2	0.0
National	2	2003	15-54	11869	7.1	1.2	0.2	0.4	0.2
Cyprus									
National	1 (4)	2003	15-65	1000	14.1	0.7	0.2	2.5	
Latvia									
National	1	2003	15-64		3.8	0.2	1.1	0.8	0.5
Luxembourg									
National	1	1998	15-64		4.0	0.2		0.0	
Hungary									
National	1	2001	18-65	2359	2.4	0.7	0.7	0.8	0.7
National	2	2003	18-54		3.9	0.4	1.0	1.4	0.5
Malta									
National	1	2001	18-64		0.8	0.3	0.0	0.2	0.1

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Table GPS-3 – *continued from previous page*

Country - geographical area	Ref.	Year	Age range all adults	Sample size all adults	Cannabis (%)	Cocaine (%) (1)	Amphetamines (%) (2)	Ecstasy (%) (3)	LSD (%)
Netherlands									
National	1	1997-98	15-64	17590	5.5	0.7	0.4	0.8	
National	2	2001	15-64	14045	6.1	1.1	0.6	1.5	0.0
Poland									
National	1	2002	16-64		2.8	0.5	0.7	0.2	0.4
Portugal									
National	1	2001	15-64	14186	3.3	0.3	0.1	0.4	0.1
Slovakia									
National	1	2002	18-64	1405	3.6	0.6	0.2	0.8	
Finland									
National	1	1992	18-74	3457	1.2				
National	2	1996	16-74	3009	1.9				
National	3	1998	15-69	2568	2.5	0.2	0.2	0.2	
National	4	2000	15-64	1677	2.2	0.2	0.4	0.3	0.2
National	5	2002	15-64	2377	2.9	0.3	0.5	0.5	0.1
Sweden									
National	1	1994	16-64	806					
National	2	1996	16-64	1136					
National	3	1998	16-64	1359	0.9	0.1	0.1	0.0	
National	4	2000	16-64	1750	0.7	0.0	0.2	0.2	0.0
National	5	2004	18-64	9514	2.2				
United Kingdom									
England and Wales	1	1994	16-59	9645	8.4	0.5	2.4	1.0	1.3
England and Wales	2	1996	16-59	10935	9.5	0.6	3.2	1.7	1.0
England and Wales	3	1998	16-59	9984	10.3	1.3	3.0	1.5	0.8
England and Wales	4	2000	16-59	13018	10.5	2.0	2.1	1.8	0.7
England and Wales	5	2001-02	16-59	20165	10.6	2.0	1.6	2.2	0.3
Northern Ireland	6	2002-03	15-64	3517	5.3	0.4	0.8	1.7	0.0
England and Wales	7	2002-03	16-59	23586	10.9	2.1	1.6	2.0	0.3
England and Wales	8	2003-04	16-59	24422	10.8	2.5	1.5	2.0	0.2
Norway									
National	1	1999	15-64	1803	4.5	0.6	1.2	0.7	

Notes:

(1) Cocaine any form.

(2) For Belgium National 2001 and for Metropolitan France 1995: amphetamine+ecstasy.

(3) For Spain: ecstasy and other designer drugs.

(4) Results of this survey should be viewed with caution due to important discrepancies with previous surveys and school surveys results. A new survey with a bigger sample is being conducted in 2005.

This table aims to present national surveys. Exceptionally some relevant regional surveys are presented. Some city surveys reported by countries were not included as they tend to produce higher prevalence estimates, which are not comparable with estimates for whole countries (or big regions with urban and rural areas). Athens was included as reference point for 1993 survey.

In surveys with small sample sizes results should be interpreted with caution

Countries were asked to report results using, as far as possible, EMCDDA standard age groups (all adults: 15-64, young adults: 15-34). In countries where age ranges are more restrictive prevalence estimates may tend to be slightly higher. Some countries have recalculated their prevalence figures using the EMCDDA standard age groups.

For methods and definitions see Methods and definitions.

For survey methods see Table GPS-1 part (ii) (page 2.10).

Sources:

See Table GPS-0 (page 2.6).

Table GPS-4. Last year prevalence of drug use among young adults (15 to 34 years old) in nationwide surveys among the general population

Country - geographical area	Ref.	Year	Age range young adults	Sample size young adults	Cannabis (%)	Cocaine (%) (1)	Amphetamines (%) (2)	Ecstasy (%) (3)	LSD (%)
Belgium									
Vlanderen (Brussels excluded)	1	1994	18-34						
French Community	2	1996-97	18-34	461					
French Community	3	1998-99	18-34	504					
French Community	4	2000	18-34	282					
National	5	2001	15-34	2758					
Czech Republic									
National	1	2002	18-34	1002	22.1		2.3	5.9	2.5
Denmark									
National	1	1990	16-44						
National	2	1994		2521	7.0		0.5		
National	3	2000	16-34	4141	13.1	2.0	3.1	1.2	0.3
Germany									
East Germany	1	1990	12-39		0.7	0.0	0.0		
West Germany	2	1990	12-39	19207	4.6	0.4	0.5		
Old and New Länder	3	1995	18-34	3157	9.6	1.8	1.7	2.1	
Old and New Länder	4	1997	18-34	3058	9.0	1.3	1.1	1.9	
National	5	2000	18-34	3107	13.0	1.9	1.3	1.6	0.4
National	6	2003	18-34	3775	14.6	1.7	2.2	1.9	0.5
Estonia									
National	1	1998	18-34	804	4.0	1.0	2.0	1.0	
National	2	2003		646	10.1	1.2	2.9	3.7	0.8
Greece									
Athens	1	1993	18-35		5.2	0.4	0.2		
National (except Aegean and Ionian Islands)	2	1998	15-34	2014	8.8	1.0	0.1	0.3	
National (except Aegean and Ionian Islands)	3	2004	15-34	2620	3.2	0.2	0.1	0.4	0.2
Spain									
National	1	1995	15-34	5813	12.8	3.4	1.9	2.5	
National	2	1997	15-34	6898	6.7	2.8	1.7	1.6	
National	3	1999	15-34	6293	12.7	2.7	1.4	1.7	
National	4	2001	15-34	6915	17.3	4.6	2.3	3.8	
France									
National	1	1992	15-34	373					
Metropolitan France	2	1995		756	10.8	0.4	0.7		
National	3	1999	18-34	753	15.1	0.5	0.1	0.4	0.1
National	4	2000	15-34	4749	17.0	0.5	0.4	0.5	0.5
Metropolitan France	5	2002	15-34	724	19.7	0.7	0.0	0.8	0.3
Ireland									
National	1	1998	18-34	318					
National	2	1998	18-34		17.7	2.6	5.4	4.9	2.9
National	3	2000	18-34	404					
National	4	2002-03	15-34		8.7	2.0	0.8	2.2	0.2
Italy									
National	1	2001	15-34	3698	9.2	1.7	0.1	0.3	0.0
National	2	2003	15-34	5231	12.8	2.3	0.4	0.7	0.6
Cyprus									
National	1 (4)	2003	15-34	580	18.6	1.0	0.3	3.1	
Latvia									
National	1	2003	15-34		8.1	0.4	2.4	1.9	1.0
Luxembourg									
National	1	1998	15-34						
Hungary									
National	1	2001	18-34	790	5.4	0.1	1.4	1.4	1.3
National	2	2003	18-34	2319	7.7	0.7	1.9	2.6	0.8

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Table GPS-4 – *continued from previous page*

Country - geographical area	Ref.	Year	Age range young adults	Sample size young adults	Cannabis (%)	Cocaine (%) (1)	Amphetamines (%) (2)	Ecstasy (%) (3)	LSD (%)
Malta									
National	1	2001							
Netherlands									
National	1	1997-98	15-34	9090	9.8	1.4	0.8	1.8	
National	2	2001	15-34	6687	11.8	2.1	1.2	3.2	0.1
Poland									
National	1	2002	16-34		6.3	1.3	1.6	0.5	1.0
Portugal									
National	1	2001	15-34	6406	6.3	0.6	0.1	0.8	0.2
Slovakia									
National	1	2002	18-34		7.7	1.4	0.4	1.9	
Finland									
National	1	1992	18-34		3.0				
National	2	1996	16-34		5.2				
National	3	1998	15-34	974	6.3	0.4	0.4	0.4	
National	4	2000	15-34	615	4.9	0.5	1.2	0.8	0.4
National	5	2002	15-34	1240	7.1	0.7	1.3	1.3	0.2
Sweden									
National	1	1994	16-34	310					
National	2	1996	16-34	476					
National	3	1998	16-34	542	1.8	0.0	0.0	0.0	
National	4	2000	16-34	575	1.3	0.0	0.0	0.4	0.0
National	5	2004	18-34	2985	5.3				
United Kingdom									
England and Wales	1	1994	16-34	4329	16.3	0.9	5.1	2.1	2.8
England and Wales	2	1996	16-34	4720	17.6	1.3	6.5	3.5	2.2
England and Wales	3	1998	16-34	4112	19.3	2.4	6.2	3.1	1.7
England and Wales	4	2000	16-34	4910	19.6	4.5	4.4	4.1	1.5
England and Wales	5	2001-02	16-34	9006	19.2	4.0	3.1	4.5	0.8
Northern Ireland	6	2002-03	15-34		9.6	0.9	1.5	3.3	0.1
England and Wales	7	2002-03	16-34	8520	20.0	4.3	3.1	4.3	0.6
England and Wales	8	2003-04	16-34	8590	19.5	4.9	3.0	4.1	0.5
Norway									
National	1	1999	15-34	794	8.1	1.0	1.5	1.2	

Notes:

(1) Cocaine any form.

(2) For Belgium National 2001 and for Metropolitan France 1995: amphetamine+ecstasy, for Denmark National 1994: hard drugs.

(3) For Spain: ecstasy and other designer drugs.

(4) Results of this survey should be viewed with caution due to important discrepancies with previous surveys and school surveys results. A new survey with a bigger sample is being conducted in 2005.

This table aims to present national surveys. Exceptionally some relevant regional surveys are presented. Some city surveys reported by countries were not included as they tend to produce higher prevalence estimates, which are not comparable with estimates for whole countries (or big regions with urban and rural areas). Athens was included as reference point for 1993 survey.

In surveys with small sample sizes results should be interpreted with caution.

Countries were asked to report results using, as far as possible, EMCDDA standard age groups (all adults: 15-64, young adults: 15-34). In countries where age ranges are more restrictive prevalence estimates may tend to be slightly higher. Some countries have recalculated their prevalence figures using the EMCDDA standard age groups.

For methods and definitions on population surveys in general, see Methods and definitions.

For methods of each survey presented in this table, see Table GPS-1 part (ii) (page 2.10).

Sources:

See Table GPS-0 (page 2.6).

Table GPS-5. Last month prevalence of drug use among all adults (15 to 64 years old) in nationwide surveys among the general population

Country - geographical area	Ref.	Year	Age range all adults	Sample size all adults	Cannabis (%)	Cocaine (%) (1)	Amphetamines (%) (2)	Ecstasy (%) (3)	LSD (%)
Belgium									
Vlanderen (Brussels excluded)	1	1994	18-65	2259					
French Community	2	1996-97	18-49	975	1.3				
French Community	3	1998-99	18-49	1008	3.4				
French Community	4	2000	18-49	694	3.8				
National	5	2001	15-64	7347	2.7		0.3		
Czech Republic									
National	1	2002	18-64	2526					
Denmark									
National	1	1990	>=16	2000					
National	2	1994							
National	3	2000	16-64	11825	2.8	0.3	0.3	0.2	0.1
Germany									
East Germany	1	1990							
West Germany	2	1990							
Old and New Länder	3	1995	18-59	7833	2.8	0.4	0.3	0.5	
Old and New Länder	4	1997	18-59	8019	2.8	0.3	0.2	0.3	
National	5	2000	18-59	8139	3.3	0.2	0.2	0.3	0.1
National	6	2003	18-59	8061	3.4	0.4	0.4	0.2	0.1
Estonia									
National	1	1998	18-64	2317	2.0				
National	2	2003			1.4	0.0	0.3	0.4	0.0
Greece									
Athens	1	1993	12-64	2103					
National (except Aegean and Ionian Islands)	2	1998	15-64	3398	2.3	0.2	0.0	0.0	
National (except Aegean and Ionian Islands)	3	2004	15-64	4351	0.9	0.0	0.0	0.0	0.0
Spain									
National	1	1995	15-64	8888					
National	2	1997	15-65	12515	4.0	0.8	0.3	0.2	
National	3	1999	15-64	12234	4.5	0.8	0.2	0.5	
National	4	2001	15-64	14113	6.8	1.4	0.6	0.8	
France									
National	1	1992	15-64	2099					
Metropolitan France	2	1995	18-75	1787					
National	3	1999	18-69	1742					
National	4	2000	15-64	11317	4.3	0.1	0.1	0.1	0.1
Metropolitan France	5	2002	15-64	1744					
Ireland									
National	1	1998	18-64	826					
National	2	1998	18-64		5.1				
National	3	2000	18-64	907					
National	4	2002-03	15-64	4925	2.6	0.3	0.2	0.3	0.0
Italy									
National	1	2001	15-44	6032	4.4	0.7	0.0	0.2	0.0
National	2	2003	15-54	11869	4.6	0.6	0.1	0.1	0.1
Cyprus									
National	1 (4)	2003	15-65	1000	9.0	0.7		1.6	
Latvia									
National	1	2003	15-64		1.8	0.1	0.5	0.3	0.3
Luxembourg									
National	1	1998	15-64		4.0	0.2		0.0	0.0
Hungary									
National	1	2001	18-65	2359	1.1	0.1	0.3	0.3	0.1
National	2	2003	18-54		1.4	0.2	0.4	0.4	0.2
Malta									
National	1	2001	18-64		0.5	0.1	0.0	0.2	0.0

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Table GPS-5 – *continued from previous page*

Country - geographical area	Ref.	Year	Age range all adults	Sample size all adults	Cannabis (%)	Cocaine (%) (1)	Amphetamines (%) (2)	Ecstasy (%) (3)	LSD (%)
Netherlands									
National	1	1997-98	15-64	17590	3.0	0.3	0.1	0.3	
National	2	2001	15-64	14045	3.7	0.5	0.3	0.6	0.0
Poland									
National	1	2002	16-64		1.3	0.1	0.2	0.2	0.0
Portugal									
National	1	2001	15-64	14186	2.4	0.1	0.1	0.2	0.0
Slovakia									
National	1	2002	18-64	1405	2.7	0.0	0.1	0.1	
Finland									
National	1	1992	18-74	3457					
National	2	1996	16-74	3009					
National	3	1998	15-69	2568					
National	4	2000	15-64	1677	0.7	0.1	0.1	0.1	0.1
National	5	2002	15-64	2377	1.1	0.0	0.2	0.1	0.0
Sweden									
National	1	1994	16-64	806					
National	2	1996	16-64	1136					
National	3	1998	16-64	1359	0.2	0.0	0.1	0.0	
National	4	2000	16-64	1750	0.2	0.0	0.1	0.0	0.0
National	5	2004	18-64	9514	0.8				
United Kingdom									
England and Wales	1	1994	16-59	9645	4.9	0.2	1.0	0.4	0.5
England and Wales	2	1996	16-59	10935	5.5	0.3	1.6	0.7	0.3
England and Wales	3	1998	16-59	9984	6.1	0.5	1.4	0.5	0.1
England and Wales	4	2000	16-59	13018	6.4	0.8	0.9	0.9	0.1
England and Wales	5	2001-02	16-59	20165	6.6	0.9	0.7	1.1	0.1
Northern Ireland	6	2002-03	15-64	3517	2.9	0.1	0.2	0.5	0.0
England and Wales	7	2002-03	16-59	23586	6.7	0.9	0.6	0.9	0.1
England and Wales	8	2003-04	16-59	24422	6.5	1.1	0.6	0.9	0.1
Norway									
National	1	1999	15-64	1803	2.4	0.0	0.4	0.2	

Notes:

(1) Cocaine any form.

(2) For Belgium National 2001 and for Metropolitan France 1995: amphetamine+ecstasy, for Denmark National 1994: hard drugs.

(3) For Spain: ecstasy and other designer drugs.

(4) Results of this survey should be viewed with caution due to important discrepancies with previous surveys and school surveys results. A new survey with a bigger sample is being conducted in 2005.

This table aims to present national surveys. Exceptionally some relevant regional surveys are presented. Some city surveys reported by countries were not included as they tend to produce higher prevalence estimates, which are not comparable with estimates for whole countries (or big regions with urban and rural areas). Athens was included as reference point for 1993 survey.

In surveys with small sample sizes results should be interpreted with caution.

Countries were asked to report results using, as far as possible, EMCDDA standard age groups (all adults: 15-64, young adults: 15-34). In countries where age ranges are more restrictive prevalence estimates may tend to be slightly higher. Some countries have recalculated their prevalence figures using the EMCDDA standard age groups.

For methods and definitions on population surveys in general, see Methods and definitions.

For methods of each survey presented in this table, see Table GPS-1 part (ii) (page 2.10).

Sources:

See Table GPS-0 (page 2.6).

Table GPS-6. Last month prevalence of drug use among young adults (15 to 34 years old) in nationwide surveys among the general population

Country - geographical area	Ref.	Year	Age range young adults	Sample size young adults	Cannabis (%)	Cocaine (%) (1)	Amphetamines (%) (2)	Ecstasy (%) (3)	LSD (%)
Belgium									
Vlanderen (Brussels excluded)	1	1994	18-34						
French Community	2	1996-97	18-34	508	2.6				
French Community	3	1998-99	18-34	461	5.5				
French Community	4	2000	18-34	282	7.3				
National	5	2001	15-34	2758	5.9		0.6		
Czech Republic									
National	1	2002	18-34	1002					
Denmark									
National	1	1990	16-44						
National	2	1994		2521					
National	3	2000	16-34	4141	5.6	0.6	0.9	0.4	0.1
Germany									
East Germany	1	1990	12-39						
West Germany	2	1990	12-39	19207					
Old and New Länder	3	1995	18-34	3157	6.1	0.9	0.7	1.2	
Old and New Länder	4	1997	18-34	3058	6.0	0.5	0.4	0.7	
National	5	2000	18-34	3107	7.2	0.5	0.5	0.7	0.2
National	6	2003	18-34	3775	7.6	0.7	1.1	0.7	0.2
Estonia									
National	1	1998	18-34	804	1.0				
National	2	2003		646	3.3	0.0	0.8	0.9	0.0
Greece									
Athens	1	1993	18-35						
National (except Aegean and Ionian Islands)	2	1998	15-34	2014	4.6	0.4	0.0	0.1	
National (except Aegean and Ionian Islands)	3	2004	15-34	2620	1.5	0.1	0.1	0.0	0.0
Spain									
National	1	1995	15-34	5813					
National	2	1997	15-34	6898	7.3	1.5	0.5	0.4	
National	3	1999	15-34	6293	7.9	1.4	0.4	0.8	
National	4	2001	15-34	6915	11.9	2.4	1.1	1.5	
France									
National	1	1992	15-34	373					
Metropolitan France	2	1995		756					
National	3	1999	18-34	753					
National	4	2000	15-34	4749	9.0	0.2	0.1	0.2	0.1
Metropolitan France	5	2002	15-34	724					
Ireland									
National	1	1998	18-34	318					
National	2	1998	18-34		9.7				
National	3	2000	18-34	404					
National	4	2002-03	15-34		4.4	0.7	0.3	0.6	0.0
Italy									
National	1	2001	15-34	3698	6.6	1.1	0.0	0.2	0.0
National	2	2003	15-34	5231	8.6	1.2	0.2	0.2	0.3
Cyprus									
National	1(4)	2003	15-34	580	12.8	1.0		2.4	
Latvia									
National	1	2003	15-34		3.7	0.1	1.1	0.6	0.6
Luxembourg									
National	1	1998	15-34		5.6	0.3		0.0	0.0
Hungary									
National	1	2001	18-34	790	2.6	0.1	0.5	0.4	0.1
National	2	2003	18-34	2319	2.8	0.4	0.8	0.8	0.3
Malta									
National	1	2001							

continued on next page

Table GPS-6 – *continued from previous page*

Country - geographical area	Ref.	Year	Age range young adults	Sample size young adults	Cannabis (%)	Cocaine (%) (1)	Amphetamines (%) (2)	Ecstasy (%) (3)	LSD (%)
Netherlands									
National	1	1997-98	15-34	9090	5.1	0.5	0.3	0.7	
National	2	2001	15-34	6687	7.0	0.9	0.5	1.3	0.0
Poland									
National	1	2002	16-34		2.7	0.1	0.5	0.4	0.1
Portugal									
National	1	2001	15-34	6406	4.4	0.3	0.1	0.4	0.1
Slovakia									
National	1	2002	18-34		5.9	0.0	0.2	0.2	
Finland									
National	1	1992	18-34						
National	2	1996	16-34						
National	3	1998	15-34	974					
National	4	2000	15-34	615	1.4	0.2	0.2	0.4	0.2
National	5	2002	15-34	1240	2.9	0.1	0.5	0.2	0.0
Sweden									
National	1	1994	16-34	310					
National	2	1996	16-34	476					
National	3	1998	16-34	542	0.4	0.0	0.0	0.0	
National	4	2000	16-34	575	0.1	0.0	0.0	0.0	0.0
National	5	2004	18-34	2985	1.6				
United Kingdom									
England and Wales	1	1994	16-34	4329	9.8	0.3	2.2	0.8	0.9
England and Wales	2	1996	16-34	4720	10.2	0.5	3.2	1.5	0.6
England and Wales	3	1998	16-34	4112	11.7	0.8	2.9	1.2	0.2
England and Wales	4	2000	16-34	4910	12.3	1.6	1.9	2.1	0.3
England and Wales	5	2001-02	16-34	9006	12.1	1.8	1.3	2.3	0.2
Northern Ireland	6	2002-03	15-34		5.4	0.2	0.4	1.1	0.0
England and Wales	7	2002-03	16-34	8520	12.4	1.9	1.2	1.8	0.2
England and Wales	8	2003-04	16-34	8590	12.0	2.4	1.1	1.9	0.2
Norway									
National	1	1999	15-34	794	4.5	0.1	0.4	0.6	

Notes:

(1) Cocaine any form.

(2) For Belgium National 2001 and for Metropolitan France 1995: amphetamine+ecstasy, for Denmark National 1994: hard drugs.

(3) For Spain: ecstasy and other designer drugs.

(4) Results of this survey should be viewed with caution due to important discrepancies with previous surveys and school surveys results. A new survey with a bigger sample is being conducted in 2005.

This table aims to present national surveys. Exceptionally some relevant regional surveys are presented. Some city surveys reported by countries were not included as they tend to produce higher prevalence estimates, which are not comparable with estimates for whole countries (or big regions with urban and rural areas). Athens was included as reference point for 1993 survey.

In surveys with small sample sizes results should be interpreted with caution.

Countries were asked to report results using, as far as possible, EMCDDA standard age groups (all adults: 15-64, young adults: 15-34). In countries where age ranges are more restrictive prevalence estimates may tend to be slightly higher. Some countries have recalculated their prevalence figures using the EMCDDA standard age groups.

For methods and definitions on population surveys in general, see Methods and definitions.

For methods of each survey presented in this table, see Table GPS-1 part (ii) (page 2.10).

Sources:

See Table GPS-0 (page 2.6).

Table GPS-7 part (i). Last month prevalence and frequency of use of cannabis among all adults (15 to 64 years old) and young adults (15 to 34 years old) in nationwide surveys among the general population. Last month prevalence (percentage)

Country		Year	Age range all adults	Sample size all adults	All males (%)	All females (%)	Total (%)	Age range young adults	Sample size young adults	Young males (%)	Young females (%)	Total (%)
Belgium		2001	15-64	7347	3.6	1.8	2.7	15-34	2758	8.9	3.1	5.9
Denmark		2000	16-64	11825	4.5	1.3	2.8	16-34	4141	9.1	2.6	5.6
Germany		2003	18-59	8061	4.7	2.1	3.4	18-34	3775	9.9	5.2	7.6
Estonia		2003			2.4	0.6	1.4		646	5.6	1.4	3.3
Greece		2004	15-64	4351	1.3	0.4	0.9	15-34	2620	2.1	0.9	1.5
Spain		2001	15-64	14113	9.8	3.7	6.8	15-34	6915	16.4	7.2	11.9
France	(1)	2000	15-64	11317	6.3	2.5	4.4	15-34	4749	13.2	5.3	9.3
Ireland		2002/03	15-64	4925	3.4	1.7	2.6	15-34		5.7	3.0	4.4
Italy		2003	15-64	11869	6.2	3.3	4.6	15-34	5231	10.9	6.7	8.6
Cyprus	(2)	2003	15-65	1000	18.1	0.0	9.0	15-34	580	23.3	0.0	12.8
Latvia		2003	15-64		3.1	0.8	1.8	15-34		5.9	1.7	3.7
Hungary		2003	18-54		1.9	0.8	1.4	18-34	2319	3.8	1.6	2.8
Netherlands		2000/01	15-64	14045	5.1	2.2	3.7	15-34	6687	9.7	4.2	7.0
Poland		2002	16-64		2.0	0.6	1.3	16-34		4.1	1.1	2.7
Portugal		2001	15-64	14184	4.1	0.7	2.4	15-34	6406	7.4	1.4	4.4
Slovakia		2002	18-64	1405	4.0	1.5	2.7	18-34		8.3	3.3	5.9
Finland	(3)	2002	15-64	2377	1.6	0.7	1.1	15-34	1240	3.8	1.9	2.9
Sweden		2004	18-64	9514	1.2	0.3	0.8	18-34	2985	2.5	0.7	1.6
United Kingdom (E & W)		2003/04	16-59	24422	8.7	4.3	6.5	16-34	8590	15.8	8.1	12

Notes:

(1) France: the 2000 surveys was used, instead of the more recent 2002 survey, as this last one did not have information on 'last month prevalence'.

(2) Results of this survey should be viewed with caution due to important discrepancies with previous surveys and school surveys results. A new survey with a bigger sample is being conducted in 2005.

(3) Finland: Further information on frequency of use in last 30 days collected but not reported due to low numbers of users.

For methods and definitions on population surveys in general, see Methods and definitions.

For methods of each survey presented in this table, see Table GPS-1 part (ii) (page 2.10).

Sources:

See Table GPS-0 (page 2.6).

Table GPS-7 part (ii). Last month prevalence and frequency of use of cannabis among all adults (15 to 64 years old) and young adults (15 to 34 years old) in nationwide surveys among the general population. Frequency of use among all users in last month (percentage)

Country		Year	Sample size	% used in 30 days	Number of users	1 to 3 days/30 (%)	4 to 9 days/30 (%)	10 to 19 days/30 (%)	20+ days/30 (%)
Greece		1998	3398	2.3	104	37.7	27.3	15.6	19.5
Spain		2001	14113	6.8	1058	29.5	24.8	12.1	33.6
France	(1)	2000	11317	4.4	497	42.5	15.5	15.5	26.4
Ireland		2002/03	4925	2.6	126	40.9	22.3	14.3	22.5
Italy		2001	6032	4.7	171	38.0	30.4	12.3	19.3
Latvia		2003	4534	1.8	81	57.1	24.2	13.3	5.4
Netherlands		2000/01	14045	3.7	744	41.5	21.1	13.8	23.6
Portugal		2001	14184	2.4	335	33.7	23.8	19.2	23.2
Finland	(2)	2002	2377	1.1					

Notes:

Those that declared having used cannabis in 20 days or more in the 30 days previous to the interview are refered as 'daily or almost daily users' in the texts.

For methods and definitions on population surveys in general, see Methods and definitions.

(1) The 2000 surveys was used, instead of the more recent 2002 survey, as this last one did not have information on 'last month prevalence'.

(2) Further information on frequency of use in last 30 days collected but not reported due to low numbers of users.

Sources:

See Table GPS-0 (page 2.6).

Table GPS-8 part (i). Lifetime prevalence of drug use among all adults (15 to 64 years old) in nationwide surveys among the general population. Lifetime prevalence all adults (percentage): last survey available for each Member State

Country	Geographical area	Ref.	Year	Age range all adults	Sample size all adults	Cannabis (%)	Cocaine (%) (1)	Amphetamines (%) (2)	Ecstasy (%) (3)	LSD (%)
Belgium	National	5	2001	15-64	7347	10.6		2.1		
Czech Republic	National	1	2002	18-64	2526	21.1		2.3	4.0	2.2
Denmark	National	3	2000	16-64	11825	31.3	2.5	5.9	1.0	1.4
Germany	National	6	2003	18-59	8061	24.5	3.2	3.4	2.4	2.5
Estonia	National	2	2003							
Greece	National (except Aegean and Ionian Islands)	3	2004	15-64	4351	8.9	0.7	0.1	0.4	0.3
Spain	National	4	2001	15-64	14113	24.5	4.9	3.0	4.2	
France	Metropolitan France	5	2002	15-64	1744	26.2	2.2	0.4	0.9	1.2
Ireland	National	4	2002-03	15-64	4925	17.6	3.1	3.0	3.8	3.0
Italy	National	2	2003	15-54	11869	22.4	4.6	1.9	1.8	2.1
Cyprus	National	1 (4)	2003	15-65	1000	19.8	1.1	1.4	4.3	0.2
Latvia	National	1	2003	15-64		10.6	1.2	2.6	2.4	1.1
Luxembourg	National	1	1998	15-64		12.9	0.2		1.2	1.4
Hungary	National	2	2003	18-54		9.8	1.0	2.5	3.1	1.7
Netherlands	National	2	2001	15-64	14045	21.0	3.6	3.1	3.6	1.3
Malta	National	1	2001	18-64		3.5	0.4	0.4	0.7	0.5
Poland	National	1	2002	16-64		7.7	0.8	1.9	0.7	1.2
Portugal	National	1	2001	15-64	14186	7.6	0.9	0.5	0.7	0.4
Slovakia	National	1	2002	18-64	1405	14.9	1.0	0.8	1.8	
Finland	National	5	2002	15-64	2377	12.8	0.7	2.2	1.4	0.8
Sweden	National	5	2004	18-64	9514	13.8				
United Kingdom	Northern Ireland	6	2002-03	15-64	3517	16.8	1.7	3.9	5.9	4.5
United Kingdom	England and Wales	8	2003-04	16-59	24422	30.8	6.8	12.2	6.9	6.1
Norway	National	1	1999	15-64	1803	15.3	2.2	3.8	1.3	

Notes:

(1) Cocaine any form.

(2) For Belgium National 2001 and for Metropolitan France 1995: amphetamine+ecstasy.

(3) For Spain: ecstasy and other designer drugs.

(4) Results of this survey should be viewed with caution due to important discrepancies with previous surveys and school surveys results. A new survey with a bigger sample is being conducted in 2005.

This table aims to present national surveys. Exceptionally some relevant regional surveys are presented. Some city surveys reported by countries were not included as they tend to produce higher prevalence estimates, which are not comparable with estimates for whole countries (or big regions with urban and rural areas). Athens was included as reference point for 1993 survey.

In surveys with small sample sizes results should be interpreted with caution.

Countries were asked to report results using, as far as possible, EMCDDA standard age groups (all adults: 15-64, young adults: 15-34). In countries where age ranges are more restrictive prevalence estimates may tend to be slightly higher. Some countries have recalculated their prevalence figures using the EMCDDA standard age groups.

For methods and definitions on population surveys in general, see Methods and definitions.

Sources:

See Table GPS-0 (page 2.6).

Table GPS-8 part (ii). Lifetime prevalence of drug use among all adults (15 to 64 years old) in nationwide surveys among the general population. Survey methods: last survey available for each Member State

Country	Geographical area	Ref.	Year	Data collection method	Original age range	Original sample size	Age range all adults	Sample size all adults	Age range young adults	Sample size young adults
Belgium	National	5	2001	Interview	15-64	9470	15-64	7347	15-34	2758
Czech Republic	National	1	2002	Interview	18-64	2526	18-64	2526	18-34	1002
Denmark	National	3	2000	Interview	16+	14278	16-64	11825	16-34	4141
Germany	National	6	2003	Mail	18-59	8061	18-59	8061	18-34	3775
Estonia	National	2	2003	Mail	15-69	1891				646
Greece	National (except Aegean and Ionian Islands)	3	2004	Interview	12-64	4781	15-64	4351	15-34	2620
Spain	National	4	2001	Interview	15-64	14113	15-64	14113	15-34	6915
France	Metropolitan France	5	2002	Phone	15-75	2009	15-64	1744	15-34	724
Ireland	National	4	2002-03	Interview	15-64	4925	15-64	4925	15-34	
Italy	National	2	2003	Mail	15-54	34489	15-54	11869	15-34	5231
Cyprus	National	1	2003	Interview	15-65	90.9	15-65	1000	15-34	580
Latvia	National	1	2003	Interview	15-64	4534	15-64		15-34	
Luxembourg	National	1	1998	Interview	12-64	667	15-64		15-34	
Hungary	National	2	2003	Interview	18-54	3675	18-54		18-34	2319
Netherlands	National	2	2001	Multimethod	12+	17655	15-64	14045	15-34	6687
Malta	National	1	2001	Interview	18-64		18-64			
Poland	National	1	2002	Interview	16+	3148	16-64		16-34	
Portugal	National	1	2001	Interview	15-64	14186	15-64	14186	15-34	6406
Slovakia	National	1	2002	Interview	18+		18-64	1405	18-34	
Finland	National	5	2002	Mail	15-69	2541	15-64	2377	15-34	1240
Sweden	National	5	2004	Mail	18-84	12166	18-64	9514	18-34	2985
United Kingdom	Northern Ireland	6	2002-03	Interview	15-64	3517	15-64	3517	15-34	
United Kingdom	England and Wales	8	2003-04	Interview	16-59	24422	16-59	24422	16-34	8590
Norway	National	1	1999	Interview	15+	2170	15-64	1803	15-34	794

Notes:

This table aims to present national surveys. Exceptionally some relevant regional surveys are presented. Some city surveys reported by countries were not included as they tend to produce higher prevalence estimates, which are not comparable with estimate

'Data collection' means 'data collection method used in the survey': 'interview.' (face to face interview), 'phone' (telephone interview), 'mail' (mailed questionnaire), 'Multimethod' (Multi-Method - interview, mail or internet). 'Survey sample' refers to number of respondents to the complete national surveys (Net sample). In some cases, national surveys cover originally broader age range than that presented here for 'All adults' (15 to 64) and 'Young adults' (15 to 34), and the original In surveys with small sample sizes results should be interpreted with caution.

Countries were asked to report results using, as far as possible, EMCDDA standard age groups (all adults: 15 to 64, young adults: 15 to 34). In countries where age ranges are more restrictive prevalence estimates may tend to be slightly higher.

For methods and definitions see Methods and definitions.

Sources:

See Table GPS-0 (page 2.6).

Table GPS-9. Lifetime prevalence (percentage) of drug use among young adults (15 to 34 years old) in nationwide surveys among the general population: last survey available for each Member State

Country	Geographical area	Ref.	Year	Age range young adults	Sample size young adults	Cannabis (%)	Cocaine (%) (1)	Amphetamines (%) (2)	Ecstasy (%) (3)	LSD (%)
Belgium	National	5	2001	15-34	2758	19.2		4.0		
Czech Republic	National	1	2002	18-34	1002	38.0		4.3	8.8	4.7
Denmark	National	3	2000	16-34	4141	44.6	4.5	9.6	2.6	1.3
Germany	National	6	2003	18-34	3775	36.1	5.0	5.4	5.3	3.4
Estonia	National	2	2003		646					
Greece	National (except Aegean and Ionian Islands)	3	2004	15-34	2620	10.8	1.0	0.2	0.6	0.4
Spain	National	4	2001	15-34	6915	35.0	7.7	4.8	7.9	
France	Metropolitan France	5	2002	15-34	724	39.9	3.0	0.1	1.9	1.5
Ireland	National	4	2002-03	15-34		24.4	4.8	4.9	7.1	4.6
Italy	National	2	2003	15-34	5231	29.9	6.2	2.0	3.3	3.0
Cyprus	National	1(4)	2003	15-34	580	24.5	1.4	0.3	5.9	0.3
Latvia	National	1	2003	15-34		19.6	1.9	5.3	5.0	2.2
Luxembourg	National	1	1998	15-34		15.8	0.3		1.9	1.3
Hungary	National	2	2003	18-34	2319	17.4	1.5	4.5	5.6	3.1
Netherlands	National	2	2001	15-34	6687	31.5	5.1	5.1	7.4	1.6
Malta	National	1	2001							
Poland	National	1	2002	16-34		14.7	1.3	4.1	1.5	2.5
Portugal	National	1	2001	15-34	6406	12.4	1.3	0.6	1.4	0.6
Slovakia	National	1	2002	18-34		26.9	2.2	1.7	3.9	
Finland	National	5	2002	15-34	1240	22.4	1.5	4.1	3.4	1.7
Sweden	National	5	2004	18-34	2985	21.0				
United Kingdom	Northern Ireland	6	2002-03	15-34		25.0	2.9	7.0	11.5	7.7
United Kingdom	England and Wales	8	2003-04	16-34	8590	43.4	11.6	18.4	13.6	9.2
Norway	National	1	1999	15-34	794	20.9	3.3	5.4	2.5	

Notes:

(1) Cocaine any form.

(2) For Belgium National 2001 and for Metropolitan France 1995: amphetamine+ecstasy.

(3) For Spain: ecstasy and other designer drugs.

(4) Results of this survey should be viewed with caution due to important discrepancies with previous surveys and school surveys results. A new survey with a bigger sample is being conducted in 2005.

This table aims to present national surveys. Exceptionally some relevant regional surveys are presented. Some city surveys reported by countries were not included as they tend to produce higher prevalence estimates, which are not comparable with estimates for whole countries (or big regions with urban and rural areas). Athens was included as reference point for 1993 survey.

In surveys with small sample sizes results should be interpreted with caution.

Countries were asked to report results using, as far as possible, EMCDDA standard age groups (all adults: 15-64, young adults: 15-34). In countries where age ranges are more restrictive prevalence estimates may tend to be slightly higher. Some countries have recalculated their prevalence figures using the EMCDDA standard age groups.

For methods and definitions on population surveys in general, see Methods and definitions.

Sources:

See Table GPS-0 (page 2.6).

Table GPS-10. Last year prevalence (percentage) of drug use among all adults (15 to 64 years old) in nationwide surveys among the general population: last survey available for each Member State

Country	Geographical area	Ref.	Year	Age range all adults	Sample size all adults	Cannabis (%)	Cocaine (%) (1)	Amphetamines (%) (2)	Ecstasy (%) (3)	LSD (%)
Belgium	National	5	2001	15-64	7347					
Czech Republic	National	1	2002	18-64	2526	10.9		1.1	2.5	1.0
Denmark	National	3	2000	16-64	11825	6.2	0.8	1.3	0.5	0.2
Germany	National	6	2003	18-59	8061	6.9	1.0	0.9	0.8	0.3
Estonia	National	2	2003			4.6	0.6	1.3	1.7	0.3
Greece	National (except Aegean and Ionian Islands)	3	2004	15-64	4351	1.7	0.1	0.0	0.2	0.1
Spain	National	4	2001	15-64	14113	9.7	2.6	1.2	1.9	
France	Metropolitan France	5	2002	15-64	1744	9.8	0.3	0.0	0.3	0.1
Ireland	National	4	2002-03	15-64	4925	5.1	1.1	0.4	1.1	0.1
Italy	National	2	2003	15-54	11869	7.1	1.2	0.2	0.4	0.2
Cyprus	National	1 (4)	2003	15-65	1000	14.1	0.7	0.2	2.5	
Latvia	National	1	2003	15-64		3.8	0.2	1.1	0.8	0.5
Luxembourg	National	1	1998	15-64		4.0	0.2		0.0	
Hungary	National	2	2003	18-54		3.9	0.4	1.0	1.4	0.5
Netherlands	National	2	2001	15-64	14045	6.1	1.1	0.6	1.5	0.0
Malta	National	1	2001	18-64		0.8	0.3	0.0	0.2	0.1
Poland	National	1	2002	16-64		2.8	0.5	0.7	0.2	0.4
Portugal	National	1	2001	15-64	14186	3.3	0.3	0.1	0.4	0.1
Slovakia	National	1	2002	18-64	1405	3.6	0.6	0.2	0.8	
Finland	National	5	2002	15-64	2377	2.9	0.3	0.5	0.5	0.1
Sweden	National	5	2004	18-64	9514	2.2				
United Kingdom	Northern Ireland	6	2002-03	15-64	3517	5.3	0.4	0.8	1.7	0.0
United Kingdom	England and Wales	8	2003-04	16-59	24422	10.8	2.5	1.5	2.0	0.2
Norway	National	1	1999	15-64	1803	4.5	0.6	1.2	0.7	

Notes:

This table presents the methods and results for the last surveys available in each country. The number indicated in this column is the reference to the corresponding survey in the table presenting all surveys available for each country in Table GPS-0 (page 2.6).

(1) Cocaine any form.

(2) For Belgium National 2001 and for Metropolitan France 1995: amphetamine+ecstasy.

(3) For Spain: ecstasy and other synthetic drugs.

(4) Results of this survey should be viewed with caution due to important discrepancies with previous surveys and school surveys results. A new survey with a bigger sample is being conducted in 2005.

This table aims to present national surveys. Exceptionally some relevant regional surveys are presented. Some city surveys reported by countries were not included as they tend to produce higher prevalence estimates, which are not comparable with estimates for whole countries (or big regions with urban and rural areas). Athens was included as reference point for 1993 survey.

In surveys with small sample sizes results should be interpreted with caution.

Countries were asked to report results using, as far as possible, EMCDDA standard age groups (all adults: 15-64, young adults: 15-34). In countries where age ranges are more restrictive prevalence estimates may tend to be slightly higher. Some countries have recalculated their prevalence figures using the EMCDDA standard age groups.

For methods and definitions on population surveys in general, see Methods and definitions.

Sources:

See Table GPS-0 (page 2.6).

Table GPS-11. Last year prevalence (percentage) of drug use among young adults (15 to 34 years old) in nationwide surveys among the general population: last survey available for each Member State

Country	Geographical area	Ref.	Year	Age range young adults	Sample size young adults	Cannabis (%)	Cocaine (%) (1)	Amphetamines (%) (2)	Ecstasy (%) (3)	LSD (%)
Belgium	National	5	2001	15-34	2758					
Czech Republic	National	1	2002	18-34	1002	22.1		2.3	5.9	2.5
Denmark	National	3	2000	16-34	4141	13.1	2.0	3.1	1.2	0.3
Germany	National	6	2003	18-34	3775	14.6	1.7	2.2	1.9	0.5
Estonia	National	2	2003		646	10.1	1.2	2.9	3.7	0.8
Greece	National (except Aegean and Ionian Islands)	3	2004	15-34	2620	3.2	0.2	0.1	0.4	0.2
Spain	National	4	2001	15-34	6915	17.3	4.6	2.3	3.8	
France	Metropolitan France	5	2002	15-34	724	19.7	0.7	0.0	0.8	0.3
Ireland	National	4	2002-03	15-34		8.7	2.0	0.8	2.2	0.2
Italy	National	2	2003	15-34	5231	12.8	2.3	0.4	0.7	0.6
Cyprus	National	1 (4)	2003	15-34	580	18.6	1.0	0.3	3.1	
Latvia	National	1	2003	15-34		8.1	0.4	2.4	1.9	1.0
Luxembourg	National	1	1998	15-34						
Hungary	National	2	2003	18-34	2319	7.7	0.7	1.9	2.6	0.8
Netherlands	National	2	2001	15-34	6687	11.8	2.1	1.2	3.2	0.1
Malta	National	1	2001							
Poland	National	1	2002	16-34		6.3	1.3	1.6	0.5	1.0
Portugal	National	1	2001	15-34	6406	6.3	0.6	0.1	0.8	0.2
Slovakia	National	1	2002	18-34		7.7	1.4	0.4	1.9	
Finland	National	5	2002	15-34	1240	7.1	0.7	1.3	1.3	0.2
Sweden	National	5	2004	18-34	2985	5.3				
United Kingdom	Northern Ireland	6	2002-03	15-34		9.6	0.9	1.5	3.3	0.1
United Kingdom	England and Wales	8	2003-04	16-34	8590	19.5	4.9	3.0	4.1	0.5
Norway	National	1	1999	15-34	794	8.1	1.0	1.5	1.2	

Notes:

This table presents the methods and results for the last surveys available in each country. The number indicated in this column is the reference to the corresponding survey in the table presenting all surveys available for each country in Table GPS-1 (page 2.8). For sources of each survey see Table GPS-0 (page 2.6)].

(1) Cocaine any form.

(2) For Belgium National 2001 and for Metropolitan France 1995: amphetamine+ecstasy.

(3) For Spain: ecstasy and other synthetic drugs.

(4) Results of this survey should be viewed with caution due to important discrepancies with previous surveys and school surveys results. A new survey with a bigger sample is being conducted in 2005.

This table aims to present national surveys. Exceptionally some relevant regional surveys are presented. Some city surveys reported by countries were not included as they tend to produce higher prevalence estimates, which are not comparable with estimates for whole countries (or big regions with urban and rural areas). Athens was included as reference point for 1993 survey.

In surveys with small sample sizes results should be interpreted with caution.

Countries were asked to report results using, as far as possible, EMCDDA standard age groups (all adults: 15-64, young adults: 15-34). In countries where age ranges are more restrictive prevalence estimates may tend to be slightly higher. Some countries have recalculated their prevalence figures using the EMCDDA standard age groups.

For methods and definitions on population surveys in general, see Methods and definitions.

Sources:

See Table GPS-0 (page 2.6).

Table GPS-12. Last month prevalence (percentage) of drug use among all adults (15 to 64 years old) in nationwide surveys among the general population: last survey available for each Member State

Country	Geographical area	Ref.	Year	Age range	Sample size	Cannabis (%)	Cocaine (%) (1)	Amphetamines (%) (2)	Ecstasy (%) (3)	LSD (%)
Belgium	National	5	2001	15-64	7347	2.7		0.3		
Czech Republic	National	1	2002	18-64	2526					
Denmark	National	3	2000	16-64	11825	2.8	0.3	0.3	0.2	0.1
Germany	National	6	2003	18-59	8061	3.4	0.4	0.4	0.2	0.1
Estonia	National	2	2003			1.4	0.0	0.3	0.4	0.0
Greece	National (except Aegean and Ionian Islands)	3	2004	15-64	4351	0.9	0.0	0.0	0.0	0.0
Spain	National	4	2001	15-64	14113	6.8	1.4	0.6	0.8	
France	Metropolitan France	5	2002	15-64	1744					
Ireland	National	4	2002-03	15-64	4925	2.6	0.3	0.2	0.3	0.0
Italy	National	2	2003	15-54	11869	4.6	0.6	0.1	0.1	0.1
Cyprus	National	1 (4)	2003	15-65	1000	9.0	0.7		1.6	
Latvia	National	1	2003	15-64		1.8	0.1	0.5	0.3	0.3
Luxembourg	National	1	1998	15-64		4.0	0.2		0.0	0.0
Hungary	National	2	2003	18-54		1.4	0.2	0.4	0.4	0.2
Netherlands	National	2	2001	15-64	14045	3.7	0.5	0.3	0.6	0.0
Malta	National	1	2001	18-64		0.5	0.1	0.0	0.2	0.0
Poland	National	1	2002	16-64		1.3	0.1	0.2	0.2	0.0
Portugal	National	1	2001	15-64	14186	2.4	0.1	0.1	0.2	0.0
Slovakia	National	1	2002	18-64	1405	2.7	0.0	0.1	0.1	
Finland	National	5	2002	15-64	2377	1.1	0.0	0.2	0.1	0.0
Sweden	National	5	2004	18-64	9514	0.8				
United Kingdom	Northern Ireland	6	2002-03	15-64	3517	2.9	0.1	0.2	0.5	0.0
United Kingdom	England and Wales	8	2003-04	16-59	24422	6.5	1.1	0.6	0.9	0.1
Norway	National	1	1999	15-64	1803	2.4	0.0	0.4	0.2	

Notes:

(1) Cocaine any form.

(2) For Belgium National 2001 and for Metropolitan France 1995: amphetamine+ecstasy.

(3) For Spain: ecstasy and other synthetic drugs.

(4) Results of this survey should be viewed with caution due to important discrepancies with previous surveys and school surveys results. A new survey with a bigger sample is being conducted in 2005.

This table aims to present national surveys. Exceptionally some relevant regional surveys are presented. Some city surveys reported by countries were not included as they tend to produce higher prevalence estimates, which are not comparable with estimates for whole countries (or big regions with urban and rural areas). Athens was included as reference point for 1993 survey.

In surveys with small sample sizes results should be interpreted with caution.

Countries were asked to report results using, as far as possible, EMCDDA standard age groups (all adults: 15 to 64, young adults: 15 to 34). In countries where age ranges are more restrictive prevalence estimates may tend to be slightly higher. Some countries have recalculated their prevalence figures using the EMCDDA standard age groups.

For methods and definitions on population surveys in general, see Methods and definitions.

Sources:

See Table GPS-0 (page 2.6).

Table GPS-13. Last month prevalence (percentage) of drug use among young adults (15 to 34 years old) in nationwide surveys among the general population: last survey available for each Member State

Country	Geographical area	Ref.	Year	Age range	Sample size	Cannabis (%)	Cocaine (%) (1)	Amphetamines (%) (2)	Ecstasy (%) (3)	LSD (%)
Belgium	National	5	2001	15-34	2758	5.9		0.6		
Czech Republic	National	1	2002	18-34	1002					
Denmark	National	3	2000	16-34	4141	5.6	0.6	0.9	0.4	0.1
Germany	National	6	2003	18-34	3775	7.6	0.7	1.1	0.7	0.2
Estonia	National	2	2003		646	3.3	0.0	0.8	0.9	0.0
Greece	National (except Aegean and Ionian Islands)	3	2004	15-34	2620	1.5	0.1	0.1	0.0	0.0
Spain	National	4	2001	15-34	6915	11.9	2.4	1.1	1.5	
France	Metropolitan France	5	2002	15-34	724					
Ireland	National	4	2002-03	15-34		4.4	0.7	0.3	0.6	0.0
Italy	National	2	2003	15-34	5231	8.6	1.2	0.2	0.2	0.3
Cyprus	National	1 (4)	2003	15-34	580	12.8	1.0		2.4	
Latvia	National	1	2003	15-34		3.7	0.1	1.1	0.6	0.6
Luxembourg	National	1	1998	15-34		5.6	0.3		0.0	0.0
Hungary	National	2	2003	18-34	2319	2.8	0.4	0.8	0.8	0.3
Netherlands	National	2	2001	15-34	6687	7.0	0.9	0.5	1.3	0.0
Malta	National	1	2001							
Poland	National	1	2002	16-34		2.7	0.1	0.5	0.4	0.1
Portugal	National	1	2001	15-34	6406	4.4	0.3	0.1	0.4	0.1
Slovakia	National	1	2002	18-34		5.9	0.0	0.2	0.2	
Finland	National	5	2002	15-34	1240	2.9	0.1	0.5	0.2	0.0
Sweden	National	5	2004	18-34	2985	1.6				
United Kingdom	Northern Ireland	6	2002-03	15-34		5.4	0.2	0.4	1.1	0.0
United Kingdom	England and Wales	8	2003-04	16-34	8590	12.0	2.4	1.1	1.9	0.2
Norway	National	1	1999	15-34	794	4.5	0.1	0.4	0.6	

Notes:

(1) Cocaine any form.

(2) For Belgium National 2001 and for Metropolitan France 1995: amphetamine+ecstasy.

(3) For Spain: ecstasy and other designer drugs.

(4) Results of this survey should be viewed with caution due to important discrepancies with previous surveys and school surveys results. A new survey with a bigger sample is being conducted in 2005.

This table aims to present national surveys. Exceptionally some relevant regional surveys are presented. Some city surveys reported by countries were not included as they tend to produce higher prevalence estimates, which are not comparable with estimates for whole countries (or big regions with urban and rural areas). Athens was included as reference point for 1993 survey.

In surveys with small sample sizes results should be interpreted with caution.

Countries were asked to report results using, as far as possible, EMCDDA standard age groups (all adults: 15 to 64, young adults: 15 to 34). In countries where age ranges are more restrictive prevalence estimates may tend to be slightly higher. Some countries have recalculated their prevalence figures using the EMCDDA standard age groups.

For methods and definitions on population surveys in general, see Methods and definitions.

Sources:

See Table GPS-0 (page 2.6).

List of supplementary material

The figures and supplementary tables listed here are available on the statistical bulletin website (http://stats05.emcdda.eu.int).

Figures

Figure GPS-1. Proportion of all adults (15 to 64 years old) using cannabis daily or almost daily among current users (used in the last 30 days)

Figure GPS-2. Recent use (last year) of cannabis among young adults, 15 to 34 and 15 to 24 years old age group, measured by population surveys

Figure GPS-3. Current use (last month) of cannabis among young adults (aged 15 to 24), measured by national surveys

Figure GPS-4. Trends in recent use (last year) of cannabis among young adults (aged 15 to 34), measured by national surveys

Figure GPS-5. Recent use (last year) of amphetamines among young adults, 15 to 34 and 15 to 24, measured by population surveys

Figure GPS-6. Trends in recent use (last year) of amphetamines among young adults (aged 15 to 34), measured by population surveys

Figure GPS-7. Lifetime prevalence and recent (last year) use of ecstasy among young adults at selected ages, 15 to 34 and 15 to 24, measured by population surveys

Figure GPS-8. Trends in recent use (last year) of ecstasy among young adults (aged 15 to 34), measured by population surveys

Figure GPS-9. Recent use (last year) of cocaine among all young adults and young males, measured by national surveys

Figure GPS-10. Trends in recent use (last year) of cocaine among young adults (aged 15 to 34), measured by population surveys

Figure GPS-11. Lifetime prevalence of cannabis among all adults (15 to 64 years old), young adults (15 to 34 years old) and for the 15 to 24 years old age group

Figure GPS-12. Last year prevalence of cannabis among all adults (15 to 64 years old), young adults (15 to 34 years old) and for the 15 to 24 years old age group

Figure GPS-13. Current use (last 30 days) prevalence of cannabis among all adults (15 to 64 years old), young adults (15 to 34 years old) and for the 15 to 24 years old age group

Figure GPS-14. Trends in recent use (last year) of cannabis among young adults (aged 15 to 24), measured by national surveys

Figure GPS-15. Lifetime prevalence of amphetamine use among all adults (15 to 64 years old), young adults (15 to 34 years old) and for the 15 to 24 years old age group

Figure GPS-16. Last year prevalence of amphetamines among all adults (15 to 64 years old), young adults (15 to 34 years old) and for the 15 to 24 years old age group

Figure GPS-17. Trends in recent use (last year) of amphetamines among young adults (aged 15 to 24) by national surveys

Figure GPS-18. Lifetime prevalence of ecstasy among all adults (15 to 64 years old), young adults (15 to 34 years old) and for the 15 to 24 years old age group

Figure GPS-19. Last year prevalence of ecstasy among all adults (15 to 64 years old), young adults (15 to 34 years old) and for the 15 to 24 years old age group

Figure GPS-20. Trends in recent use (12 month) of ecstasy among young adults (aged 15 to 24)

Figure GPS-21. Lifetime prevalence of cocaine use among all adults (15 to 64 years old), young adults (15 to 34 years old) and for the 15 to 24 years old age group, in some EU countries

Figure GPS-22. Last year prevalence of cocaine use among all adults (15 to 64 years old), young adults (15 to 34 years old) and for the 15 to 24 years old age group

Figure GPS-23. Recent use (last year) of amphetamines, ecstasy and cocaine among young adults

- Figure GPS-23 part (i). Recent use (last year) of amphetamines, ecstasy and cocaine among young adults (aged 15 to 34)
- Figure GPS-23 part (ii). Recent use (last year) of amphetamines, ecstasy and cocaine among young adults (aged 15 to 24)

Figure GPS-24. Continuation rates of cannabis, cocaine and ecstasy

- Figure GPS-24 part (i). Continuation rate of cannabis (last year prevalence as a proportion of lifetime prevalence)
- Figure GPS-24 part (ii). Continuation rate of cocaine (last year prevalence as a proportion of lifetime prevalence)
- Figure GPS-24 part (iii). Continuation rate of ecstasy (last year prevalence as a proportion of lifetime prevalence)

Tables

Table GPS-14. Methodological information from nationwide surveys among the general population

Chapter 3
Studies of youth and the schools population

Methods and definitions

Data presented in the schools survey tables are derived mainly from the ESPAD schools survey project and the HBSC (WHO) Schools Survey: Health behaviour in school-aged children. Participation in both surveys, each conducted every four years, has grown in each round and includes both EU and non-EU Member States with over 20 EU Member States participating in the most recent surveys together with Norway and three candidate countries (Bulgaria, Romania and Turkey) in the ESPAD survey. In addition, annual, or biannual, national schools surveys are conducted in Spain, Italy, Portugal and Sweden and regional surveys are conducted in the UK and Belgium.

The international comparability of the ESPAD schools survey is based on nationally representative samples of school classes with the goal of having at least 2400 participating students from the target group, and by standardising the target age group (between 15 and 16 years), the questionnaire, data collection in schools, assurance of anonymity and the time of year that data collection takes place. Cautions are recommended regarding some data in specific countries: comments on these are found in the methodological information sections found on http://www.espad.org and in published reports – ESPAD (The European School Survey Project on Alcohol and Other Drugs) 1995, 1999 and 2003 The Swedish Council for Information on Alcohol and Other Drugs (CAN) and Council of Europe (Pompidou Group).

The HBSC (WHO) Health behaviour in school-aged children included for the first time in the 2001/2002 surveys core questions about cannabis use. International comparability is based on standardisation by target age group (mean age 15.5), cluster sampling methods with the goal of more than 1500 participating students from the target group, questions about cannabis based on the ESPAD survey questionnaire, data collection in the schools, and assurance of anonymity. As with ESPAD, cautions are recommended regarding some data in specific countries. Descriptions of the study are found on http://www.hbsc.org and in 'Young people's health in context. Health Behaviour in School-aged Children (HBSC) study: international report from the 2001/2002 survey' Edited by: Candace Currie, Chris Roberts, Antony Morgan, Rebecca Smith, Wolfgang Settertobulte, Oddrun Samdal and Vivian Barnekow Rasmussen, eds. (2004) Health Policy for Children and Adolescents, No. 4, 2004, ISBN 92 890 1372 9.

National schools survey conducted in Belgium, Spain, Italy, Portugal, Sweden and UK are largely comparable with ESPAD and HBSC surveys in terms of sampling, 15/16-year-old age groups, the questionnaire, data collection in schools, and assurance of anonymity. Overall the comparisons made between ESPAD data and other school surveys (in three countries, Norway, Sweden and the Netherlands, as well as comparisons between ESPAD and the HBSC surveys) show very similar figures. However in other countries, differences in methods for achieving prevalence estimates means that caution is necessary with regard to making direct comparisons between some of these surveys.

Overview of the data

Listed below are the tables in the bulletin, the supplementary downloadable tables and the associated graphics dealing with epidemiological studies among youth, along with a brief overview. Please note that the associated graphics and the supplementary tables are available only on the statistical bulletin website (http://stats05.emcdda.eu.int).

Summary points

Cannabis

- When viewing prevalence estimates through the three different observational time windows (LTP, LYP and LMP) there are considerable country variations between these prevalence patterns (Figure EYE-1 part (i), Table EYE-5 part (i)).
- Since 1995 there has been a consistent increase in

number of school students across the EU that have ever tried cannabis (Figure EYE-1 part (ii), Figure EYE-1 part (ix), Table EYE-5 part (i)).

- In 2003 more male school students than female students report having used cannabis 40 or more times in their lifetimes. This gender difference is not as marked but still observable for lifetime prevalence (Figure EYE-1 part (iii), Table EYE-2 part (i) and (ii)).
- Eleven Member States and Bulgaria surveyed older age students (17 to 18 year old) in their national school surveys and, with only one exception, prevalence estimates for ever in lifetime prevalence (LTP) and current use (LMP) of cannabis among these older students are consistently higher than those for 15 to 16 year olds (Figure EYE-1 part (iv), Table EYE-3).
- LTP cannabis is associated with perceptions of risk at the general school student population level. The relationship is an inverse one where, when perception of risk is high, prevalence is low (Figure EYE-1 part (v)).
- LTP for cannabis is associated with perceptions about availability. Although perceptions about easy availability of cannabis reach considerably higher levels than estimates of use (Figure EYE-1 part (vi), Table EYE-2 part (i) and (ii), Table EYE-5 part (i) and (ii)).
- Since 1995, in 12 EU countries there has been an increase (between 1 % and 5 %) in school students who reported having tried cannabis when they were aged 13 years or under. Only in the Netherlands and the UK has there been a small decrease (of 1 %) (Figure EYE-1 part (vii), Table EYE-5 part (ii)).
- Most countries that report above average estimates for ever in lifetime use of cannabis also report above average estimates for 'binge' drinking (measured by drinking 5 or more drinks in a row during the last 30 days). France and Italy are exceptions where above average cannabis use is associated with lower than average binge drinking measures (Figure EYE-1 part (viii)).

Other drugs

- Prevalence estimates for ecstasy exceed those for amphetamine in 14 of the EU and candidate countries that participated in the 2003 ESPAD surveys of 15 to 16 year old school students (Figure EYE-2 part (vi), Table EYE-1).
- Since 1995 the greater increases in LTP for ecstasy occurred mostly in the new Central and Eastern European Member States. Decreases took place in Ireland and the UK before1999 and LTP has remained more stable since then (Figure EYE-2 part (i), Table EYE-4).
- Perceptions of risk for ecstasy and cocaine show no clear correlation with lifetime prevalence rates. This is likely to be due to relatively low figures reporting use (Figure EYE-2 part (ii), Figure EYE-2 part (iv)).
- Prevalence estimates for lifetime use of 'magic mushrooms' among 15 to 16 year old school students exceeded or equalled those for LSD or other hallucinogenic drugs in more than half of the countries that participated in the 2003 ESPAD survey (Figure EYE-2 part (v)).
- In 2003 prevalence of estimates for lifetime use of 'magic mushrooms' among 15/16 year old school students was greater than or equalled that for ecstasy in several Member States (Figure EYE-2 part (v)).
- Prevalence of drinking 5+ alcoholic drinks in a row is associated with perceptions of risk at the general school student population level. The relationship is an inverted one where, when perception of risk is high, prevalence is low (Figure EYE-2 part (iii)).

Data tables

Table EYE-0. School surveys: sources

Country	Ref.	Sources
International		ESPAD figures are taken directly from the 1995, 1999 and 2003 ESPAD reports: The European school survey project on alcohol and other drugs The Swedish Council for Information on Alcohol and Other Drugs (CAN) and Council of Europe Pompidou Group. HBSC (WHO) figures for 2001/2 are taken directly from the international coordinator: Currie C. et al HBSC International Report from 2001/2002 WHO survey.
Belgium (Flemish)	1	Maes L and Vereecken C. Database 'Jongeren en gezondheid 1998' part of a WHO cross national study, University of Ghent, Department of Public Health. Ghent, 1999.
	2	VAD 1999 Kinable H. Bevraging van Vlaamse leerlingen in het Kader van een drugbeleid op school. Syntheserapport januari-juni 1999.
	3	Maes L and Vereecken C. Database 'Jongeren en gezondheid 1990-2000' part of a WHO cross national study, University of Ghent, Department of Public Health. Ghent, 2000.
	4	VAD 2000 Vereniging voor alcohol en ander drug problemen annual study in Flemish Community.
	5	VAD 2002 Leerlingenbevraging Schooljaar 2000-2001 Brussels, VAD.
	7	VAD 2003 Bevraging van Vlaamse leerlingen in het kader van een drugbeleid op school. Syntheserapport schooljaar 2002-2003. Brussel: VAD.
Belgium (French)	8	Piette D, Prevost M, Boutsen M et coll. Vers la santé des jeunes en l'an 2000, HBSC, WHO, ULB-Promes, 1997.
Greece	1	Kokkevi A, Stefanis C- University Mental Health Research Institute, 1994.
	2	Kokkevi, A., et al:Substance Use among High School Students in Greece: Outburst of illicit Drug Use in a Society Under Change. Drug and Alcohol Dependence, Vol.58 (2000), 181-188.
Spain	1, 2, 3, 4	School Survey on Drugs Plan Nacional Sobre Drogas.
France	1	Choquet M., Ledoux S., 1994, Adolescents, enquête nationale, Paris, Les éditions INSERM.
	2	Ballion R. Enquête sur les conduites déviantes des lycéens 1997. Resultats preliminaires. CADIS - OFDT, 1998.
	3	Not available.
Ireland	2	Not available.
Italy	3, 4	F. Mariani National Research Council - The Espad Project in Italy.
	5	Not available
Luxembourg	1	Fischer U. CH., Cannabis - eine Analyse der aktuellen Situation, CePT, Luxembourg, 2000.
	2	Das Wohlbefinden der Jugend - Health Behaviour in School-aged Children (HBSC), Ministry of Health, Luxembourg.
Hungary	3	Not available.
Netherlands	1	De Zwart W et al. Key data; smoking, drinking, drug use and gambling among pupils aged 10 years and older. Trimbos Institute, 1997.
	2	Jeugd en Riskant Gedrag; Kerngegevens uit het peilstationsonderzoek 2003, Utrecht Trimbos Institute.
Austria	1	Springer A, Uhl A and Widensky K. Schüler und Drogen in Österreich: Wissen, Erfahrungen, Einstellungen. Wiener Zeitschrift für Suchtforschung, Nr. 1/2 1996; 3-21.
Portugal	3	Not available.
Sweden	2, 4, 5, 6, 7, 8	Annual School Survey CAN. Sweden.
United Kingdom	2	Balding J. Young people in 1997: the Health Related behaviour Questionnaire results for 37.538 pupils between the ages 9 and 16. Schools Health Education Unit. Exeter Univ. Exeter, 1998.
United Kingdom (England)	1, 2, 3, 4	Smoking, drinking and drug use among young people in England. Office of National Statistics (ONS).
United Kingdom (Northern Ireland)	1	Not available.
United Kingdom (Scotland)	1, 2, 3	Smoking, drinking and drug use among young people in Scotland. Scottish Executive.
United Kingdom (Wales)	1	Welsh Youth Health Survey 1998. Part of WHO co-ordinated HBSC study.

Table EYE-1. Recent school surveys: lifetime prevalence (percentage) of psychoactive substance use among students 15 to 16 years old

Country		Year	Ref.	Project	Sample 15/16 y.o.	Cannabis	Inhalants/volatile substances	Amphetamines	Ecstasy	LSD & other hallucinogens	Cocaine	Heroin
Belgium (Flemish)		2002-2003	7	VAD	512	24	7	3	3	3	3	2
Belgium		2003		ESPAD	2320	32	7	2	4	3	3	1
Czech Republic		2003		ESPAD	3195	44	9	4	8	6	1	1
Denmark		2003		ESPAD	2978	23	8	4	2	1	2	1
Germany	(e)	2003		ESPAD	5110	27	11	5	3	3	2	1
Estonia		2003		ESPAD	2463	23	8	7	5	2	1	1
Greece		2003		ESPAD	1906	6	15	0	2	1	1	1
Spain	(c) (f)	2002	4	PNSD	25770	36	3	4	5	4	6	1
France	(a)	2003		ESPAD	2199	38	11	2	3	1	3	2
Ireland		2003		ESPAD	2407	39	18	1	5	2	3	1
Italy		2003		ESPAD	4871	27	6	3	3	3	4	4
Cyprus		2003		ESPAD	2152	4	18	0	0	0	0	0
Latvia		2003		ESPAD	2841	16	7	3	3	1	1	1
Lithuania		2003		ESPAD	5036	13	5	5	2	2	1	1
Hungary		2003		ESPAD	2677	16	5	3	3	2	1	1
Netherlands		2003		ESPAD	2095	28	6	1	5	2	3	1
Malta		2003		ESPAD	3500	10	16	1	1	1	1	1
Austria		2003		ESPAD	2402	21	14	4	3	2	2	1
Poland		2003		ESPAD	5964	18	9	5	3	2	2	2
Portugal		2003		ESPAD	2946	15	8	3	4	2	3	2
Slovenia		2003		ESPAD	2785	28	15	1	3	1	1	1
Slovakia		2003		ESPAD	2276	27	9	2	3	2	1	0
Finland		2003		ESPAD	3543	11	8	1	1	1	0	1
Sweden	(d)	2003	8	CAN	approx. 5000	6	7	1	1	0	0	1
Sweden		2003		ESPAD	3232	7	8	1	2	1	1	1
United Kingdom		2003		ESPAD	2068	38	12	3	5	2	4	1
Bulgaria		2003		ESPAD	2740	21	3	2	3	2	2	1
Romania		2003		ESPAD	4371	3	1	0	1	0	1	0
Turkey	(e)	2003		ESPAD	4177	4	4	2	2	2	2	2
Norway		2003		ESPAD	3833	9	5	2	2	1	1	1

Notes:

This table aims to present data on 15- to 16-year-old school students obtained from national surveys. The surveys for Belgium (Flemish) is the Flemish region only, and the German and Turkish ESPAD surveys are limited to the regions specified in note (e). In all of the school surveys, the method for data collection was classroom based, anonymous, self-completion questionnaires in written test conditions.

Caution is required comparing figures due to methodological limitations. For methods and definitions see page 3.1.

ESPAD

ESPAD (the European School Survey Project on Alcohol and Other Drugs) is co-ordinated by The Swedish Council for Information on Alcohol and Other Drugs (CAN) and Council of Europe (Pompidou Group). ESPAD prevalence figures are reported rounded to the nearest whole percentage point (other sources supply percentages up to one decimal place, which have been rounded off for use in this table). The sample sizes refer to the number of participating students who filled in the questionnaire. For further details see www.espad.org.

(a) LSD & other hallucinogens: includes LSD only.

(c) Ecstasy: includes other synthetic drugs. LSD & other hallucinogens: includes poppers/amyl nitrate.

(d) ESPAD methods are adopted to varying degrees.

(e) ESPAD 2003 Germany figures are based in six regions only (Bavaria, Brandenburg, Berlin, Hesse, Mecklenburg-Western Pomerania and Thuringia). Turkey figures are based on one major city in each of 6 different regions (Adana, Ankara, Diyarbakir, Istanbul, Izmir and Samsun).

(f) The sample size given for this survey is for a wider age range than 15 to 16 years.

Sources:

See Table EYE-0 (page 3.4).

Table EYE-2 part (i). Recent school surveys: prevalence of cannabis use among students 15 to 16 years old. Percent lifetime prevalence (LTP), last year prevalence (LYP), and last month prevalence (LMP)

Country		Year	Ref.	Project	Sample 15/16 y.o.	LTP all	LTP male	LTP female	LYP	LMP
Belgium (Flemish)		2002-2003	7	VAD	512	24	27	21	15	
Belgium		2003		ESPAD	2320	32	37	28	27	17
Czech Republic		2003		ESPAD	3195	44	48	40	36	19
Denmark		2003		ESPAD	2978	23	27	18	17	8
Germany	(b)	2003		ESPAD	5110	27	31	24	21	12
Estonia		2003		ESPAD	2463	23	28	18	14	6
Greece		2003		ESPAD	1906	6	7	5	5	2
France		2003		ESPAD	2199	38	42	35	31	22
Ireland		2003		ESPAD	2407	39	38	39	31	17
Italy		2003		ESPAD	4871	27	31	23	22	15
Cyprus		2003		ESPAD	2152	4	7	2	3	2
Latvia		2003		ESPAD	2841	16	20	12	9	4
Lithuania		2003		ESPAD	5036	13	18	9	11	6
Hungary		2003		ESPAD	2677	16	18	13	11	6
Netherlands		2003		ESPAD	2095	28	32	24	23	13
Malta		2003		ESPAD	3500	10	13	8	9	4
Austria		2003		ESPAD	2402	21	23	18	17	10
Poland		2003		ESPAD	5964	18	23	13	14	8
Portugal		2003		ESPAD	2946	15	18	12	13	8
Slovenia		2003		ESPAD	2785	28	31	26	23	14
Slovakia		2003		ESPAD	2276	27	32	22	20	10
Finland		2003		ESPAD	3543	11	11	11	8	3
Sweden	(c)	2003	8	CAN	approx. 5000	6	6	6		2
Sweden		2003		ESPAD	3232	7	9	6	5	1
United Kingdom		2003		ESPAD	2068	38	41	35	31	20
Bulgaria		2003		ESPAD	2740	21	23	19	16	8
Romania		2003		ESPAD	4371	3	4	2	2	0
Turkey	(b)	2003		ESPAD	4177	4	6	2	5	3
Norway		2003		ESPAD	3833	9	9	9	6	3

Notes:

This table aims to present data on 15- to 16-year-old school students obtained from national surveys. The surveys for Belgium (Flemish) is the Flemish region only and the Germany ESPAD is limited to the regions specified in note (b). In all of the school surveys the method for data collection was classroom based, anonymous, self-completion questionnaires in written test conditions.

Caution is required comparing figures due to methodological limitations. For methods and definitions see page 3.1

ESPAD

ESPAD (The European School Survey Project on Alcohol and Other Drugs) 1995 and 1999 is co-ordinated by The Swedish Council for Information on Alcohol and Other Drugs. (CAN) and Council of Europe (Pompidou Group). ESPAD prevalence figures are reported rounded to the nearest whole percentage point (other sources supply percentages up to one decimal place, which have been rounded off for use in this table). The sample sizes given for 15/16 y.o. refer to the number of participating students who filled in the questionnaire.

For further details see http://www.espad.org.

(b) ESPAD 2003 Germany figures are based in six regions only (Bavaria, Brandenburg, Berlin, Hesse, Mecklenburg-Western Pomerania and Thuringia). Turkey figures are based on one major city in each of 6 different regions (Adana, Ankariyarbakir, Istanbul, Izmir and Samsun).

(c) ESPAD methods are adopted to varying degrees.

Sources:

See Table EYE-0 (page 3.4).

Table EYE-2 part (ii). Recent school surveys: prevalence of cannabis use among students 15 to 16 years old. Use patterns (percentages)

Country		Year	Ref.	Project	Sample 15/16 y.o.	First use age 13 or before	Perceived availability	Use 40+ times	Use 40+ times males	Use 40+ times females
Belgium		2003		ESPAD	2320	7	49	7	11	4
Czech Republic		2003		ESPAD	3195	6	58	9	12	6
Denmark		2003		ESPAD	2978	6	52	2	3	2
Germany	(b)	2003		ESPAD	5110	9	41	5	6	3
Estonia		2003		ESPAD	2463	4	23	3	5	0
Greece		2003		ESPAD	1906	1	20	1	1	1
France		2003		ESPAD	2199		47	9	14	5
Ireland		2003		ESPAD	2407	8	60	7	6	7
Italy		2003		ESPAD	4871	4	44	6	8	4
Cyprus		2003		ESPAD	2152	1	12	1	1	0
Latvia		2003		ESPAD	2841	3	22	1	2	0
Lithuania		2003		ESPAD	5036	1	20	1	2	0
Hungary		2003		HBSC(WHO)	1330			1	2	0
Hungary		2003		ESPAD	2677	2	20	1	2	1
Netherlands		2003		ESPAD	2095	8	42	6	9	3
Malta		2003		ESPAD	3500	2	20	1	2	1
Austria		2003		ESPAD	2402	5	33	4	4	2
Poland		2003		ESPAD	5964	1	37	2	4	1
Portugal		2003		ESPAD	2946	4	29	3	5	2
Slovenia		2003		ESPAD	2785	7	55	6	7	5
Slovakia		2003		ESPAD	2276	5	49	3	5	2
Finland		2003		ESPAD	3543	2	19	0	1	0
Sweden	(c)	2003	8	CAN	approx. 5000					
Sweden		2003		ESPAD	3232	1	23	0	1	0
United Kingdom		2003		ESPAD	2068	13	58	10	13	6
Bulgaria		2003		ESPAD	2740	3	36	3	4	2
Romania		2003		ESPAD	4371	0	10	0	0	0
Turkey	(b)	2003		ESPAD	4177	1	7	1	1	0
Norway		2003		ESPAD	3833	3	26	1	2	1

Notes:

Perceived availability: Perceived availability of cannabis is the percentage of students answering 'very easy' or 'fairly easy' (in the 6 point scale) to the question 'How difficult do you think is would be for you to get cannabis, if you wanted?'

Use 40+ times: in ESPAD surveys during lifetime.

Comparison between males and females for Use 40+ times is limited, because numbers are often too small to be statistically significant.

(b) ESPAD 2003 Germany figures are based in six regions only (Bavaria, Brandenburg, Berlin, Hesse, Mecklenburg-Western Pomerania and Thuringia). Turkey figures are based on one major city in each of 6 different regions (Adana, Ankara, Diyarbakir, Istanbul, Izmir and Samsun).

(c) This school surveys make use of the ESPAD questionnaire. ESPAD methods are adopted to varying degrees.

Sources:

See Table EYE-0 (page 3.4).

Table EYE-3. Recent school surveys: lifetime prevalence of psychoactive substance use and last month prevalence (LMP) of cannabis (percentages), among students 17 to 18 years old

Country		Year	Ref.	Project	Age range (years)/cohort	Sample size for age range	Cannabis	LMP Cannabis	Inhalants/volatile substances	Amphetamines	Ecstasy	LSD & other hallucinogens	Cocaine	Heroin
Belgium (Flemish)		2003	7	VAD	11 to 22	357	47.0		9.7	5.5	8.9	8.3	4.0	1.4
Czech Republic	(c) (d)	2003		ESPAD	born in 1985	4830	56.2	22.3	6.4	8.4	11.4	11.7	1.6	2.7
Greece		2003		ESPAD	11 to 18	6408	10.3	3.7	12.9	0.9	1.7	1.6	1.3	0.6
France	(b) (c)	2003	3	ESPAD	12 to 18	16833	54.2	29.9	12.2	2.4	4.5	1.4	2.3	1.6
Italy	(a)	2003		ESPAD	15 to 19	28395	39.0	21.9	7.4	3.1	3.6	3.5	6.3	1.5
Cyprus	(d)	2003		ESPAD	14 to 17	2811	1.6	0.7	3.7	0.2	0.5	0.1	1.2	0.2
Latvia (Riga)		2003		ESPAD	13 to 20	3680	30.1	6.9		6.4	5.2	2.7	2.2	1.0
Hungary		2003		ESPAD	14 to 22	2453	36.8	16.5	4.1	12.1	12.4	7.5	3.6	2.7
Netherlands		2003	2	JRG	11 to 18	7883	43.8	17.6		5.2	7.5	8.6	4.6	1.2
Austria	(c)	2003		ESPAD	17 to 18	686	36.9	18.0	14.6	4.7	6.9	5.0	5.3	2.1
Portugal	(a)	2003		ESPAD	13 to 18	18000	25.9	10.7			4.3	3.7	1.4	
Slovakia		2003		ESPAD	15 to 19	11287	35.6	11.9	9.5	3.4	6.0	6.6	1.5	0.8
Bulgaria		2003		ESPAD	15 to 18		30.6	9.3	3.6	3.0	3.3	1.1	3.3	2.0

Notes:

This table aims to present data on 17- to 18-year-old school students obtained from national surveys. Surveys marked ESPAD were carried out using ESPAD methods to varying degrees. The surveys for Belgium (Flemish) is the Flemish region only. In all of the school surveys the method for data collection was classroom based, anonymous, self-completion questionnaires in written test conditions.

Caution is required comparing figures due to methodological limitations. For methods and definitions see page 3.1.

(a) Figures for Italy and Portugal are based on combined average prevalence for 17 and 18 year old students which does not allow for possible difference in sample size between the 2 ages groups.

(b) LSD & other hallucinogens: includes LSD only.

(c) Cocaine: cocaine powder only.

(d) Heroin: opiates.

List of supplementary material

The figures and supplementary tables listed here are available on the statistical bulletin website (http://stats05.emcdda.eu.int).

Figures

Figure EYE-1. Cannabis prevalence rates

- Figure EYE-1 part (i). Lifetime, last year and last month prevalence of cannabis use among 15 to 16 year old school students in 2003
- Figure EYE-1 part (ii). Lifetime prevalence of cannabis use among 15 to 16 year-old school students reported in the 1995, 1999 and 2003 rounds of the ESPAD survey
- Figure EYE-1 part (iii). Comparison of male and female school students' lifetime prevalence (percentage) of cannabis use 40 or more times among 15 to 16 year old school students in 2003
- Figure EYE-1 part (iv). Comparison of 15 to 16 and 17 to 18 year old school students' current (last month) prevalence of cannabis use in 2003
- Figure EYE-1 part (v). Comparison of lifetime prevalence of cannabis use with perceived great risk (percentages), among 15 to 16 year old school students in 2003
- Figure EYE-1 part (vi). Comparison of lifetime prevalence for cannabis and ecstasy use with easy availability (percentages) among 15 to 16 year old school students in 2003
- Figure EYE-1 part (vii). Comparison of 1999 and 2003 (percentage) of 15 to 16 year old school students who reported that they first used cannabis 13 years or younger
- Figure EYE-1 part (viii). Comparison of lifetime prevalence (percentage) of cannabis use and drinking 5 or more drinks in a row during past month among 15 to 16 year old school students in 2003
- Figure EYE-1 part (ix). Changes 1995 to 2003 in percentage lifetime prevalence of cannabis use among 15 to 16 year old school students

Figure EYE-2. Lifetime prevalence for drugs other than cannabis among school students

- Figure EYE-2 part (i). Changes 1995 to 2003 in lifetime prevalence (percentage) of ecstasy use among 15 to 16 year old school students
- Figure EYE-2 part (ii). Comparison of lifetime prevalence of ecstasy use with perceived great risk (percentages) among 15 to 16 year old school students
- Figure EYE-2 part (iii). Comparison of last month prevalence of drinking 5 or more alcoholic drinks in a row with perceived great risk (percentages) among 15 to 16 year old school students in 2003
- Figure EYE-2 part (iv). Comparison of lifetime prevalence of cocaine use with perceived great risk (percentages) among 15 to 16 year old school students in 2003
- Figure EYE-2 part (v). Lifetime prevalence for use of ecstasy, LSD and other hallucinogens and magic mushrooms (percentages) among 15 to 16 year old school students in 2003
- Figure EYE-2 part (vi). Lifetime prevalence for use of ecstasy and amphetamines (percentages) among 15 to 16 year old school students in 2003

Tables

Table EYE-4. School surveys: Lifetime prevalence of psychoactive substance use among 15 to 16 year old students

Table EYE-5. School surveys: Prevalence of cannabis use among students 15 to 16 years

- Table EYE-5 part (i). Lifetime prevalence (LTP), last year prevalence (LYP), and last month prevalence (LMP)
- Table EYE-5 part (ii). Use patterns

Chapter 4
Studies of the problematic drug use population

Methods and definitions

'Problem drug use' is defined for EMCDDA purposes as 'injecting drug use or long duration or regular use of opiates, cocaine and/or amphetamines'. This definition specifically includes regular or long-term use of prescribed opiates such as methadone but does not include their rare or irregular use or the use of ecstasy or cannabis. Existing estimates of problem drug use are often centred on opiate and poly-drug use, and so the definition is currently being reviewed to better take account of new phenomena such as potential problems with cannabis or cocaine use.

The methods used to produce prevalence estimates are based mainly on statistical models using drug use or related indicators and include:

- a simple multiplier method using police, treatment, mortality or HIV/HCV data;
- capture–recapture methods;
- extrapolation via multivariate indicator methods.

The EMCDDA has produced guidelines both for prevalence estimation at local and at national level. At local level the preferred method is a three-(or more)-sample capture-recapture study (though other methods can be used) and detailed guidelines have been produced: Methodological guidelines to estimate the prevalence of problem drug use on the local level. At national level estimates are more difficult to obtain with capture-recapture methods due to spatial heterogeneity of data sets, data availability and quality problems. Draft guidelines have been developed, however, that are currently being updated on the basis of the experience of national experts. Given the methodological improvements over the last few years, it seems possible to distinguish between injecting drug users (estimates from mortality or HIV multipliers, these may be mainly current injectors) and the wider group of problem drug users, which includes both injectors and non-injectors. In addition to local and national prevalence estimation, several countries have been able to explore incidence estimation (time trends in numbers of new cases rather than static estimates of all existing cases) and draft guidelines have been prepared based on two different methods for estimating incidence.

Available estimates are rapidly improving in number and quality, but there are still many problems to be solved that are being addressed in current research reports (see reference list below). There is not yet one method that can be applied in all the countries to give truly comparable results and even if a standard method such as capture-recapture can be used at local level, available datasets often differ so much that it would be difficult to compare results across countries. Comparability problems also stem from differences in the exact definition of the estimated target group, due to differences in drug use patterns between countries.

By 2003, all EU countries were able to produce national estimates of problem drug use using the agreed definition of problem drug use. Many of these estimates were based on results from more than one estimation method, thereby adding to their reliability. A project report with full methodological detail by country is available at http://www.emcdda.eu.int/?nnodeid=1372.

References to research reports

Kraus L, Augustin R, Frischer M, Kümmler P, Uhl A, Wiessing L. Estimating prevalence of problem drug use at national level in countries of the European Union and Norway. Addiction 2003; 98: 471-85.

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.

Frischer M, Hickman M, Kraus L, Mariani M, Wiessing L. A comparison of different methods for estimating the prevalence of problematic drug misuse in Great Britain. Addiction 2001; 96: 1465-1476.

Overview of the data

Listed below are the tables in the bulletin, the supplementary downloadable tables and the associated graphics dealing with problem drug use, along with a brief overview. Please note that the associated graphics and the supplementary tables are available only on the statistical bulletin website (http://stats05.emcdda.eu.int).

Tables and graphics present summary information on the estimated numbers of problem drug users and injecting drug users, along with the corresponding prevalence rates in the adult population (aged 15 to 64). Estimates are made by a variety of methods in each country, and data are presented for the most recent years available. Estimates at the national or regional level are likely to show lower variability than local estimates.

Time trend analysis is restricted by the fact that few countries are able to provide regular estimates of PDU prevalence and even fewer can provide regular estimates of IDU prevalence. This suggests the need for strengthening surveillance capacity is this area. The full information on which the summaries are based can be found in the supplementary downloadable tables.

Summary points

- For estimates of PDU, the midpoints of the prevalence ranges all lie between 2 and 10 cases per 1000 of the adult population (aged 15 to 64).
- Prevalence appears to differ strongly between countries. In cases where different estimation methods have been used for the same country the results are largely consistent.
- Most new Member States have not yet been able to produce national estimates of problem drug use, but the few estimates that are available (Czech Republic, Slovenia, Poland) do not suggest higher prevalence rates than in the old Member States (Figure PDU-1).
- Few countries are able to provide national estimates for injecting drug use. Where available they are likely to relate mostly to recent injecting.
- All estimates of IDU are between 1 and 6 cases per 1000 of the population aged 15 to 64.
- Data available suggest important differences between countries in prevalence of IDU (Figure PDU-2).
- The proportion of current injectors among clients in drug treatment shows wide variation in levels and trends
- In some countries strong decreases have occurred during the 1990s, but this is not a general picture. Several countries show proportions injecting steadily maintained or somewhat decreasing in recent years. In several other countries, though, most heroin users entering treatment are injectors. This is observed both among all heroin users entering treatment as well as among the new clients entering treatment for the first time).
- Trends in the proportion of treated heroin users who are injectors must in most countries be seen in the context of declining numbers of heroin users entering treatment for the fist time (Figure PDU-3. part (i), Figure PDU-3 part (ii)).
- Trends in problem drug use estimates suggest a general increase since the mid 1990s.
- However, in recent years trends seem to be more divergent, with some countries showing clear signs of a decline, whilst elsewhere estimates are rising or a more stable picture is reported (Figure PDU-4 part (i), Figure PDU-4 part (ii), Figure PDU-4 part (v), Figure PDU-5).
- Local or regional estimates suggest that prevalence of PDU can vary strongly between cities and regions. The reported pattern of estimates within a country can depend heavily on the availability of estimates and choice of geographic areas studied (Figure PDU-6, Figure PDU-7).

Data tables

Table PDU-0. Prevalence of problem drug use at national and local level: bibliographic references

Country	Ref.	Source
All countries	99	EMCDDA project (2003). National Prevalence Estimates of Problem Drug Use in the European Union, 1995-2000. CT.00.RTX.23, emcdda, Lisbon, coordinated by the Institut fur Therapieforschung, Munich (http://www.emcdda.eu.int/?nnodeid=1372)
Belgium	1	Walckiers D., Sartor F., Sasse A. (2001). Country Report: Belgium. National estimates of problem drug use prevalence IPH, 2001.
	2	Driesen G., De Maere W., Kinable H., Todts S. (1997). Risicogedrag bij injecterende druggebruikers in Vlaanderen. Rapport van het GIG-project.
	3	Ledoux Y, Preumont C, Bils L. Prevalence of opiate use in the French Community of Belgium. CCAD - Brussels, September 1999.
Czech Republic	1	Mravčik, V., Korčišová, B., Lejčková, P., Miovská, L., Škrdlantová, E., Petroš, O., Radimecký, J., Sklenář, V., Gajdošíková, H., Vopravil, J. (2004). Výroční zpráva o stavu ve věcech drog v České republice v roce 2003 [Annual Report on Drug Situation 2003 – Czech Republic]. Praha: Úřad vlády ČR.
	2	National Focal Point (unpublished data)
	3	Mravčík, V., Zábranský, T., Korčišová, B., Lejčková, P., Škrdlantová, E., Šťastná, L., Macek, V., Petroš, O., Gajdošíková, H., Miovský, M., Kalina, K., Vopravil, J. (2003). Výroční zpráva o stavu ve věcech v České republice v r. 2002 (Annual Report on Drug Situation 2002 – Czech Republic). Praha: Úřad vlády ČR. ISBN 80-86734-06-4
Denmark	1	Eva Hammerby, Nye Tal fra Sundhedsstyrelsen nr.16 2003
	2	Lene Haastrup: Estimates of the number of deaths among drug users and the number of drug useres in Denmark, Nye tal fra Sundhedsstyrelsen, aargang 3, no 3, 1999
	3	Mortality and causes of death among drug users received in Treatment in 1996 in 'nye tal fra National Board of Health' 1999, number 3, year 3 pages 18
	4	National Focal Point (unpublished data)
	5	"Hvor mange stofmisbrugere er der i København", published by Forebyggelsesudvalget vedrørende stofmisbrug og Hiv-smitte, Københavns kommune, "Stadslaegen" July 1999.
Germany	1	Kraus L, Augustin R, Frischer M, Kümmler P, Uhl A, Wiessing L. Estimating prevalence of problem drug use at national level in countries of the European Union and Norway. Addiction 2003; 98: 471-85.
	2	Augustin, R. & Kraus, L. Changes in prevalence of problem opiate use in Germany between 1990 and 2000. European Addiction Research, in press
	3	Bundeskriminalamt OA 21(1996). Rauschgiftjahresbericht 1995 Bundesrepublik Deutschland.Wiesbaden: Bundeskriminalamt
	4	Bundeskriminalamt OA 21(2000). Rauschgiftjahresbericht 2000 Bundesrepublik Deutschland.Wiesbaden: Bundeskriminalamt
	5	Robert Koch Institut (Hrsg.) (2001). Aktuelle epidemiologische Daten (http://www.rki.de). Berlin: RKI.
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	10	BKA 2004
	11	Kraus et al 2004
	12	National Focal Point (unpublished data)
	13	Kraus, L., Beloch, E., Quammou-Engel, M. & Müller-Kalthoff, Th. (in press). Verbesserung der therapeutischen Situation für Drogenkonsumenten in Augsburg unter besonderer Berücksichtigung von Maßnahmen zur Reduzierung der Zahl der Todesfälle.(Improving Health Care Conditions of Drug Addicts in Augsburg with Special Attention to Reducing the Number of DRD.) IFT - Bericht Bd. 119: München (Improving Health Care Conditions of Drug Addicts in Augsburg with Special Attention to Reducing the Number of DRD.) IFT - Bericht Bd. 119: München.
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Greece	1	2004 National Report to the EMCDDA
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Spain	1	Domingo-Salvany A, Barrio G, Royuela L. Country report: Spain
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Table PDU-0 – *continued from previous page*

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France	1	Costes J.M., Country report : France in 'Prevalence and patterns of problem drug use for all European Union member states, Final report', EMCDDA
	2	National Focal Point (unpublished data)
	3	Chevallier, E. (2001) Estimations locales de la prévalence de l'usage d'opiacés et cocaïne en France: une étude multicentrique à Lens, Lille, Marseille, Nice et Toulouse, OFDT, Paris.
	4	Bello P. Y., Chené G. Methodological pilot study of local level of prevalence estimates. Lisbon: EMCDDA, December 1997.
	5	Bello P. Y., Chéne G. In: EMCDDA/Pompidou Group Scientific Monograph 1 (in press) Lisbon, 1997.
Ireland	1	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
	2	National Focal Point (unpublished data)
	3	C. M. Comiskey, Mathematics Department, National University of Ireland, Maynooth, Co. Kildare, Ireland.
Italy	1	Epidemiological Section of the Italian Observatory on Drugs and Drug Addiction, 2003. (unpublished data).
	2	Relazione Annuale al Parlamento sullo Stato delle Tossicodipendenze in Italia 2003. Ministero del Lavoro e delle Politiche Sociali. Roma, 2004. Epidemiological Section of the Italian Observatory on Drugs and Drug Addiction
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	4	Epidemiological Section of National Observatory on Drug and Drug Abuse.
	5	D'Ippoliti D. Methodological pilot study of local level prevalence estimates. Lisbon: EMCDDA, December 1997.
	6	Bello PY, Chéne G. In: EMCDDA/Pompidou Group Scientific Monograph 1 (in press) Lisbon, 1997.
	7	Perucci CA, Forastiere F, Rapiti E, et al. British Journal of Addiction 1992; 87:1637-1641.
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Latvia	1	Trapencieris M., Lace I. (2003) 'Survey of Drug Users', in 'Drug Abuse Prevalence in Latvia: Population Survey Report', Riga, 105-112.
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Luxembourg	1	Origer, A. (1998). Annual report on the state of the drugs problem in the Grand Duchy of Luxembourg. RELIS 2000. Ministry of Health. AST. NFP. Luxembourg
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	3	National Focal Point (unpublished data)
Hungary	1	Hungarian National Report 2004
Netherlands	1	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.
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Table PDU-0 – *continued from previous page*

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	18	Buster MC, van Brussel GH, van den Brink W. Estimating the number of opiate users in Amsterdam by capture-recapture: the importance of case definition. Eur J Epidemiol. 2001;17(10):935-42.
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	20	Korf DJ, Reijneveld SA, Toet J. The International Journal of the Addictions 1994; 29: 1393-1417.
Austria	1	National Focal Point (unpublished data)
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Poland	1	National Focal Point (unpublished data)
Portugal	1	Negreiros, J. (2002): Estimativa da prevalência e padrões de consumo problemático de drogas em Portugal, CIPCDS/Faculdade de Psicologia e Ciências da Educação da Universidade do Porto, Porto
	2	National Focal Point (unpublished data)
	3	Freire S., Moreira M., in: Methodological pilot study of local prevalence estimates. Lisbon: EMCDDA, 1997.
	4	Godinho, J., Costa, H., Padre-Santo, D. (1998). Estimativa da prevalência de consumidores de heroína no Concelho de Setúbal.
Slovenia	1	National Focal Point (unpublished data)
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Finland	1	Partanen P., Hakkarainen P., Holmström P., Kinnunen A., Lammi R., Leinikki P., Partanen A., Seppälä T., Välkki J., Virtanen A: Amfetamiinien ja opiaattien ongelmakäytön yleisyys Suomessa 2002. Yhteiskuntapolitiikka 3/2004.
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	4	Partanen Päivi, Kinnunen Aarne, Leinikki Pauli, Nylander Olli, Seppälä Timo, Simpura Jussi, Virtanen Ari & Välkki Jouni: Selvitys amfetamiinin ja opiaattiene käyttäjien määrästä pääkaupunkiseudulla ja koko maassa vuonna 1997. STAKES, Aiheita 19/1999
	5	Partanen P., Hakkarainen P., Holmström P., Kinnunen A., Lammi R., Leinikki P., Partanen A., Seppälä T., Simpura J. & Virtanen A. (2000): Amfetamiinien ja opiaattien käytön yleisyys Suomessa 1998. Yhteiskuntapolitiikka 65 (2000):6
	6	Partanen P. Report on the number of amphetamine and opiates users in the Greater Helsinki area in 1995. Helsinki: Stakes, Aiheita 40/1994.
Sweden	1	B. Olsson, C.A. Wahren, S. Byqvist, Det tunga narkotikamissbrukets, omfattning i Sverige 1998, CAN, Stockholm 2001.
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	3	Social Services Research and Development Stockholm City, R & D Report 1996/12. Stockholm, 1996.
	4	Finne, E. Statistik över missbrukare, hemlösa och psykiskt störda i Stockholm ar 2001. FoU-rapport. Socialtjänstförvaltningen, Forsknings- och utvecklingsenheten, Stockholm 2002.
	5	Finne, E. Statistik över missbrukare, hemlösa och psykiskst störda i stockholm ar 1999. FoU -rapport.
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	8	'Finne, E. Statistik över missbrukare, hemlösa och psykiskst störda i stockholm ar 2000. FoU -rapport.
	9	National Focal Point (unpublished data)
United Kingdom	1	Frischer M, Hickman M, Kraus L, Mariani M, Wiessing L. A comparison of different methods for estimating the prevalence of problematic drug misuse in Great Britain. Addiction 2001; 96: 1465-1476

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Table PDU-0 – *continued from previous page*

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	3	McElrath, K. (2002) Prevalence of Problem Drug Use in Northern Ireland. Belfast, Department of Health, Social Services and Public Safety.
	4	M Frischer, H Heatlie and M Hickman. Estimating the prevalence of problem and injecting drug use for drug action team areas in England: A feasibility study using the multiple indicator method. London: Home Office Drug and Alcohol Research Unit.
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	7	Hay G, McKeganey N. Journal of Epidemiology & Community Health 1996; 50: 469-472.
	8	G Hay, N McKeganey, S Hutchinson (November 2001) Estimating the National and Local Prevalence of Problem Drug Misuse in Scotland.
	9	Hickman, M, Higgins, V, Hope, V, Bellis, M. (2004) Estimating prevalence of problem drug use: multiple methods in Brighton, Liverpool and London. Home Office Online Report 36/04
	11	Bloor M, Wood F, Palmer S. Cardiff: University of Wales, 1997.
	12	Brugha, R.F., Swan, A V., Hayhurst, G.K., Fallon, M.P. (1998) 'A drug misuser prevalence study in a rural English district'. European Journal of Public Health, 8: 1101-1262.
	13	Hickman et al. Problem drug use prevalence in Inner London.
	14	Squires NF, Beeching NJ, Schlecht BJM, et al. Journal of Public Health Medicine 1995; 17: 103-109.
	15	Frischer M, Leyland A, Cormack R, et al. American Journal of Epidemiology 1993; 138: 170-181.
	16	DMRU (University of Manchester) & CDMR (University of Glasgow) The Dynamics of Drug Misuse: Assessing Changes in Prevalence. London, Home Office Drugs and Alcohol Research Unit
Norway	1	Bretteville-Jensen, A.L., personal communication, 2002.
	2	National Focal Point (unpublished data)

Table PDU-1 part (i). Prevalence of problem drug use at national level and range in local estimates, 1999 to 2003: summary table (rate per 1000 aged 15 to 64). Problem drug use

Country	Year	Method	Rate per 1000 (95% CI (1) or SI)	Numbers	Data sources/comments	Reference	Range in local estimates rate per 1000 (midpoints)	
							Lowest estimate (year/method/region)	Highest estimate (year/method/region)
Czech Republic	2003	TM	3.60 (3.46-3.89)	26500 (25000-28100)	Problem methamphetamine and opiate users. HCV national study - low-threshold facilities	1	13.3 (2002/TM/Prague)	13.3 (2002/TM/Prague)
Denmark	2001	CR	7.17 (6.67-7.67)*	25544 (23757-27331)	Nationally register of patients. National register of drug abusers undergoing treatment	1		
Germany	2003	TM	(2.00-3.20)	(109000-177000)	Treatment monitoring system: outpatient and inpatient	9, 10, 11	7.9 (2) (1999/CR/Greater Augsburg)	7.9 (2) (1999/CR/Greater Augsburg)
Germany	2003	PM	(2.70-3.40)	(144000-182000)	Police: Heroin users and drug related deaths	9, 10, 11		
Germany	2003	PM	(1.70-2.20)	(92000-123000)	Police: Heroin users and drug related deaths	9, 10, 11		
Greece	2003	CR	2.38 (2.07-2.76)*	17767 (15419-20563)	Treatment demands at other services	1	2.54 (2) (2002/CR/Greater Thessaloniki)	4.97 (2003/CR/Greater Athens)
Spain	2000	TM	5.31	144198	Problematic opiate users. Demographic multiplier method	99, 3		
Spain	2000	other	(6.72-7.89)	(182498-214152)	Treatment admissions data. Demographic multiplier method	99, 3		
France	1999	TM	4.72	180000		2	6.0 (2000/CR/Toulouse)	14.2 (1999/CR/Nice)
France	1999	PM	(3.88-4.79)	(147900-182600)		2		
France	1999	MI	4.67	178000		2		
France	1999	other	3.84	146400	Demographic multiplier method	2		
Ireland	2001	CR	5.60 (5.20-6.10)	14452 (13405-15819)	Problem opiate users. Methadone treatment clients; hospital; police	1	15.9 (2000/CR/Dublin City and county)	15.9 (2001/CR/Dublin City and county)
Italy	2003	TM	7.47 (7.22-7.72)*	285838 (276462-295464)	Ministry of Health data on IDUs attending public drug treatment services	2	5.10 (2000/CR/Venice City)	10.8 (2000/CR/Genova City)
Italy	2003	MI	7.81 (7.55-8.07)*	298892 (289010-308977)	Ministry of Health data on IDUs attending public drug treatment services. Ministry of the Interior data on arrests for drug offences. HIV/AIDS register data	2		
Italy	2003	CR	7.20 (6.98-7.44)*	275698 (267048-284590)	Ministry of Health data on IDUs attending public drug treatment services	2		
Latvia	na						2.6 (2002/MM/Riga)	9.1 (2003/(3)/Riga)
Luxembourg	2000	CR	(6.19-13.57)	(1801-3948)	Truncated Poisson model, combined results of Chao and Zelterman estimators	2, 99		
Luxembourg	2000	other	(7.33-10.05)	(2132-2924)	Truncated Poisson model, combined results of Chao and Zelterman estimators	2, 99		
Hungary	na						3.5 (2003/TM/Budapest)	3.5 (2003/TM/Budapest)
Netherlands	2001	TM	3.00 (2.38-3.62)	32418 (25718-39118)	Problem opiate and/or crack cocaine users. Police; Health Care Services for drug-related problems; Methadone Treatment	1, 2	4.9 (1999/CR/Parkstad Limburg)	9.5 (2001/CR/Amsterdam)

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Table PDU-1 part (i) – *continued from previous page*

Country	Year	Method	Rate per 1000 (95% CI (1) or SI)	Numbers	Data sources/comments	Reference	Range in local estimates rate per 1000 (midpoints)	
							Lowest estimate (year/method/region)	Highest estimate (year/method/region)
Netherlands	2001	MI	2.94 (2.01-3.87)	31720 (21720-41819)	Problem opiate and/or crack cocaine users. Police; Health Care Services for drug-related problems; Methadone Treatment	1		
Netherlands	2001	other	3.07 (2.28-3.85)	33174 (24638-41603)	Problem opiate and/or crack cocaine users. Police; Health Care Services for drug-related problems; Methadone Treatment	1		
Austria	2002	CR	5.76 (5.38-6.14)	31466 (29397-33535)	Problem opiate users. Police, Substitution Treatment	5		
Poland	2002	other	1.94 (1.23-2.65)	52000 (33000-71000)	Problem drug users. Population survey of 2002. Residential Drug Treatment; Drug treatment: outpatient; HIV cases	1, 99		
Portugal	2000	TM	(6.03-7.03)	(41720-48673)	Ministry of Health data on clients attending public outpatient drug treatment services. Problem users of opiates, cocaine and amphetamines	1, 99	11.0 (2000/CR/Oeiras)	24 (2000/CR/Aveiro)
Portugal	2000	PM	(6.82-8.52)	(47184-58980)	Problem opiate, cocaine and amphetamine users. Police	1, 99		
Slovenia	2001	CR	5.30	7399	Problem drug users. Police, Drug treatment data	1	13 (2003/(4)/Ljubljana)	13 (2003/(4)/Ljubljana)
Finland	2002	CR	5.30 (4.60-6.10)*	18400 (16100-21100)	Register of infectious diseases (National Public Health Institute). Hospital Patient Discharge Register. Driving under the influence of drugs -register (National Public Health Institute and Ministry of Interior). Criminal Report File (Ministry of Interior and National Bureau of Investigation)	1	0.3 (2002/CR/East and North Finland)	7.05 (1999/CR/Greater Helsinki)
Sweden	2001	CR	4.80	27640	The Hospital Discharge Register.	2	3.5 (2000/CR/Stockholm)	4.3 (1999/CR/Stockholm)
United Kingdom	2001	CM	9.35 (8.99-9.79)	360811	Treatment, Police, Hospital	1, 2, 3, 4, 5	0.55 (2003/CR/Moray)	33.6 (2000/CR/Glasgow City)

Notes

(1) 95 % confidence interval (CI); intervals from sensitivity analysis (SI) are not marked with asterisk.

For further details on methods and data sources/comments see Table PDU-3 and Table PDU-4.

(2) Midpoints have been calculated in cases where no central estimate was provided to facilitate interpretation and comparisons; these are presented with an asterisk.

(3) Other method: two-source capture-recapture method.

(4) Other method: report delay adjustment.

Sources:

See Table PDU-0 (page 4.4).

Table PDU-1 part (ii). Prevalence of problem drug use at national level and range in local estimates, 1999 to 2003: summary table (rate per 1000 aged 15 to 64). Injecting drug use

Country	Year	Method	Rate per 1000 (95 % CI (1) or SI)	Numbers	Data sources/comments	Reference	Range in local estimates rate per 1000 (midpoints)	
							Lowest estimate (year/method/region)	Highest estimate (year/method/region)
Germany	2000	MM	(2.27-3.03)	(126875-169167)	Police.	2, 4, 6, 99		
	2000	HM	(1.61-2.83)	(90000-158000)	Treatment monitoring system: outpatient	2, 5, 6, 99		
Greece	2003	CR	1.29 (1.08-1.56)*	9626 (8044-11607)	Treatment demands at other services.	3	2.15 (2) (2003/CR/Greater Athens)	2.15 (2) (2003/CR/Greater Athens)
France	1999	HM	3.20	122000	Method not based on HIV but on use of syringes and substitution substance.	2		
Italy							6.7 (1999/(3)/South Region)	8.1 (1999/(3)/Center Regions)
Luxembourg	2000	HM	5.89	1715		2, 99		
Austria	2000	MM	(2.19-4.19)	(12000-23000)		1, 99		
Portugal	2000	MM	(2.30-4.60)	(15900-31800)	IDUs or regular/long time users of opiates, cocaine and/or amphetamines. Ministry of Justice/National Forensic Medicine Institute/data from the Special Register on drug-related deaths	1, 99		
	2000	HM	(4.28-6.35)	(29620-43966)	IDUs diagnosed with HIV/AIDS and registered in prisons, therapeutic communities, social services, drop-in centres and health centres	1, 99		
UK	2001	CM	3.2	123498		2, 3, 4, 5	0.07 (2003/CR/Dundee)	13.7 (2001/CR/Brighton)
Norway	2002	MM	(3.71-5.10)	(11000-15000)		1		

Notes

(1) 95 % confidence interval (CI); intervals from sensitivity analysis (SI) are not marked with asterisk.

See Table PDU-0 (page 4.4) for details on bibliographic references.

For further details on methods and data sources/comments see Table PDU-3 and Table PDU-4.

(2) Midpoints have been calculated in cases where no central estimate was provided to facilitate interpretation and comparisons; these are presented with an asterisk.

(3) Mortality multiplier, multivariate indicator and treatment multiplier.

List of supplementary material

The figures and supplementary tables listed here are available on the statistical bulletin website (http://stats05.emcdda.eu.int).

Figures

Figure PDU-1. Estimates of the prevalence of problem drug use, 1999-2003 (rate per 1000 population aged 15 to 64)

Figure PDU-2. Estimated rate of injecting drug use 1999-2003 (rate per 1000 aged 15 to 64)

Figure PDU-3. Trends in injecting drug use: percentage injecting among all heroin clients in treatment

- Figure PDU-3 part (i). Trends in injecting drug use: percentage injecting among all heroin clients in treatment. Percentage IDU among all heroin clients entering treatment
- Figure PDU-3 part (ii). Trends in injecting drug use: percentage injecting among all heroin clients in treatment. Percentage IDU among heroin clients entering treatment for the first time

Figure PDU-4. Estimated prevalence of and trends in problem drug use at the national level (rate per 1000 population aged 15 to 64). Trends per country

- Figure PDU-4 part (i). Estimated prevalence of and trends in problem drug use at the national level (rate per 1000 population aged 15 to 64). Trends per country: average of all estimation methods
- Figure PDU-4 part (ii). Estimated prevalence of and trends in problem drug use at the national level (rate per 1000 population aged 15 to 64). Trends per country: estimated by multiplier method from treatment data
- Figure PDU-4 part (iii). Estimated prevalence of and trends in problem drug use at the national level (rate per 1000 population aged 15 to 64). Trends per country: estimated by multiplier method from police data
- Figure PDU-4 part (iv). Estimated prevalence of and trends in problem drug use at the national level (rate per 1000 population aged 15 to 64). Trends per country: estimated by capture recapture method
- Figure PDU-4 part (v). Estimated prevalence of and trends in problem drug use at the national level (rate per 1000 population aged 15 to 64). Trends per country: extrapolation by multivariate indicator method

Figure PDU-5. Estimated prevalence of and trends in injecting drug use at the national level (rate per 1000 population aged 15 to 64)

Figure PDU-6. National and local estimates of the prevalence of problem drug use, 1999-2003 (rate per 1000 population aged 15 to 64)

Figure PDU-7. National and local estimates of the prevalence of injecting drug use, 1999-2003 (rate per 1000 population aged 15 to 64)

Tables

Table PDU-2. Prevalence of problem drug use at national level: trends

- Table PDU-2 part (i). Trends in rates
- Table PDU-2 part (ii). Trends in numbers

Table PDU-3. Prevalence of problem drug use at national level: full database

Table PDU-4. Prevalence of problem drug use at local level: full database

European Monitoring Centre
for Drugs and Drug Addiction

Chapter 5
Studies of drug users in prison

Methods and definitions

National routine information on drug use and patterns of use among prisoners is rare. Most of the data available in the EU come from ad hoc studies carried out at local level among samples of prisoners that vary considerably in terms of size. This makes extrapolation within a country very difficult, and the prisons examined are often not representative of the whole prison system. The lack of repeated surveys impedes trend analysis in most of the EU countries.

The data presented here come from a range of sources, which are often not comparable in terms of the methods used. Variations across countries and across surveys make comparisons between and within countries difficult and are related to issues such as: sampling strategy; sample size; geographical coverage; population selection (convicted/remanded, male/female, etc.); measure of drug use (self-report, medical assessment, etc.); drug use and prevalence definitions (lifetime or last year or month prevalence; frequency measures, etc.).

Overview of the data

Listed below are the tables and the supplementary downloadable tables in the bulletin dealing with drug users in prisons, along with a brief overview. Please note that the supplementary tables are available only on the statistical bulletin website (http://stats05.emcdda.eu.int).

This section reports on various studies of prison inmates in different EU Member States and Norway over the past decade. Results shown in the studies cover a range of drugs including opiates, cocaine, cannabis and poly-drug use, and prevalence is estimated for a range of inmate sub-populations: injectors, males, females, youth. A further, more complete table is available in the supplementary tables to the bulletin, indexed below.

The first table of the section (Table DUP-0) gives the source bibliographic references for the studies reported in Tables DUP-1 to DUP-5.

Summary points

- Lifetime prevalence of drug use among prisoners is reported in most EU studies to be over 50 %. It varies widely, however, from 22 % to 86 % between prison populations, types of detention centres and countries. Cannabis is the most frequently reported illicit drug.
- The prevalence of regular drug use or dependence prior to imprisonment ranges from 8 % to 73 %. Lifetime prevalence of injecting drug use among prisoners is generally reported to be within a 15 to 50 % range.
- Studies available show that between 8 % and 60 % of inmates report having used drugs while in prison, and 10 to 42 % report regular drug use in prison. In addition, between 0.2 % and 34 % of inmates report having injected drugs while in prison.

Data tables

Table DUP-0. Prevalence of drug use among prisoners: sources and bibliographic references

Country	Ref.	Source
Austria	1	Country report Austria 1999 for the European network on HIV/AIDS and hepatitis in prisons, European centre for social welfare policy and research, Vienna.
	2	Pont J., Auswertung des Fragebogens zu GZ 52201/2-V.4/1996. Bundesministerium für Justiz, 1996 [taken from: European network on HIV/AIDS and hepatitis prevention in prison, Annual report to the EC, Marseille/Bonn: ORS/WIAD, 1998].
	3	Drogenfreie Zone im Strafvollzug. Unofficial Report on one year experience with the drug free zone in the Hirtenberg prison.
Belgium	1	Hariga F., Todts S., Doulou M., Muys M. (2004) Toxicomanie en prison: monitoring des risques sanitaires: une enquête dans 10 prisons belges, SPF Justice Bruxelles.
	2	De Maere W. (Free Clinic), Hariga F. (Modus Vivendi), Bartholeyns F. (Université Libre Bruxelles), Vandeverken M. (Université Catholique Louvain). Druggberuik in de gevangenisomgeving. Ontwikkeling van een epidemiologisch onderzoeksinstrusment. Onderzoek uitgevoerd in opdracht van DWTC/SSTC.
	3	Weilandt C. and Rotily M., European network on HIV/AIDS and hepatitis prevention in prison: Annual report to the EC, Marseille/Bonn: ORS/WIAD, 1998.
	4	Todts S., Fonck K., Colebunders R.,Vercauteren G., Driesen K., Uydebreouck M., Vranckx R., Van Mol F., Tuberculosis, HIV, Hepatitis B and risk behaviour in a Belgian prison, Arch Public Health, 55, 1997, pp 87-98.
Czech Republic	1	Generální ředitelství Vězeňské služby ČR (2003) Přehled údajů o užívání drog ve věznicích (Summary of data prepared for the purposes of the Annual Report), Prague: Generální ředitelství vězeňské služby ČR. Zábranský, T., Radimecký, J., Mravčík, V., Gajdošíková, H., Petroš, O., Korčišová, B., Miovský, M., Vopravil, J., Csémy, L. and Kuda, A.a.N. (2002) Výroční zpráva o stavu ve věcech drog v ČR v r. 2001 (http:/www.drogy-info.cz/filemanager/download/9/ar_2001_Cz_cesky.pdf), Prague: Úřad vlády ČR.
	2	Generální ředitelství Vězeňské služby ČR (2003) Ročenka Vězeňské služby ČR 2002 (Annual Report of the Prison Service of the CR), Prague.
Denmark	1	Kramp P. et Al (2003) Rusmiddelundersogelsen, Misbrug blandt Kriminalforsorgens.
	2	Directorate of the Prison and Probation Service, 2002.
Finland	1	STAKES and Ministry of Justice (Department of Prison Administration).
	2	Ministry of Justice.
	3	National Public Health Institute.
France	1	Mouquet M-C., Dumont M., Bonnevie M-C., La santé à l'entrée en prison: un cumul des facteurs de risque, Études et résultats n°4, Direction de la recherche, des études, de l'évaluation et de la statistique; ministère de l'emploi et de la solidarité, janvier 1999.
	2	Rotily M. and Delorme C., L'usage de drogues en milieu carcéral, Drogues et toxicomanies: indicateurs et tendances, OFDT, 1999.
	3	Weilandt C. and Rotily M., European network on HIV/AIDS and hepatitis prevention in prison: Annual report to the EC, Marseille/Bonn: ORS/WIAD, 1998.
Germany	1	Tielking, K., Becker, S., Stöver, H. (2003). Entwicklung gesundheitsfördernder Angebote im Justizvollzug. (2003). Oldenburg: Bibliotheks- und Informationssystem der Universität Oldenburg.
	2	Weilandt C. and Rotily M., European network on HIV/AIDS and hepatitis prevention in prison: Annual report to the EC, Marseille/Bonn: ORS/WIAD, 1998.
	3	Kern, Johannes (1997): Zum Ausmaß des Drogenmißbrauchs in den Justizvollzugsanstalten und den Möglichkeiten seiner Eindämmung. Zeitschrift für Strafvollzug und Straffälligenhilfe, 1997 (2), 90-92.
Greece	1	Giatroi Choris Sunora. 2001. Katagrafi apotelesmaton diereunisis kai protasi programmatos sti Dikastiki Fulaki Koridallou. Athina: Médecins Sans Frontières.
	2	Fotiadou, M., Livaditis, M., Manou, I., Kaniotou, E., Samakouri, M., Tzavaras, N., Xenitidis, K. (2004). Self-reported Substance Misuse in Greek Male Prisoners. European Addiction Research, 10, 56-60.
	3	Aristoteleio Panepistimio Thessalonikis 2000. Diereunisi anagon kai methodon epaggelmatikis katartisis anilikon paravaton kai anilikon se kindino "Orestis" - Leonardo Da Vinci. Thessaloniki (in Greek).
	4	Koulierakis G., Gnardelis C., Agrafiotis D. and Power K. (2000) HIV risk behaviour correlates among injecting drug users in Greek prisons. Addictions, 1995, (8), 1207-1216.
	5	Malliori M., Sypsa V. Psichogiou M., Touloumi G., Skoutelis A., Tassopoulos N.,Hanzakis A. and Stefanis C. A survey of bloodborne viruses and associate risk behaviours in Greek prisons. Addiction (1998), 93(2), 243-245.
	6	Malliori M., Greece, in European network on HIV/AIDS and hepatitis prevention in prison: Annual report to the EC, Marseille/Bonn: ORS/WIAD, 1998, pp 114-118.
Hungary	1	Elekes Zs. And Paksi B., Exploration of risk groups of drug users in imprisoned population, IM.Bv.Op., Research Library for Penalty Authorities 1997/4 (112).
Ireland	1	Hannon F., Kelleher C., Friel S. (2000) General Healthcare Study of the Irish Prisoner Population, Dublin: Stationery Office.
	2	Long J., Allwright S., Barry J., Reaper-Reynolds S., Thornton L., Bradley F. (2000) Hepatitis B, Hepatitis C and HIV in Irish Prisoners, Part II: Prevalence and risk in committal prisoners 1999. Government Publications: Dublin.
	3	Allwright, S., Barry, J., Bradley, F., Long, J. and Thornton, L., Hepatitis B, hepatitis C and HIV in Irish prisoners: Prevalence and risk, Dublin: The Stationery Office, 1999.
	4	Montjoy Prison Visiting Committee, 1997.

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Table DUP-0 – *continued from previous page*

Country	Ref.	Source
	5	O'Mahony P. (1997) Mountjoy Prisoners: A sociological and criminological profile, Department of Justice, Government Publications: Dublin, June 1997.
Italy	1	Relazione Annual al Parlamento sullo Stato delle Tossicodipendenze in Italia 2003. Ministero del Lavoro e delle Politiche Sociali. Rome 2004.
	2	National survey on drug use and HIV infection amongst prison admissions in 2002, Ministry of Justice, Department for Prison Administration.
	3	National survey on drug use and HIV infection amongst prison admissions in 2001, Ministry of Justice, Department for Prison Administration.
	4	National survey on drug users and HIV+ among prisoners at 31.12.02, Ministry of Justice.
	5	National survey on drug users and HIV+ among prisoners at 31.12.01, Ministry of Justice.
	6	National survey on drug users and HIV+ among prisoners at 31.12.00, Ministry of Justice.
	7	National survey on drug users and HIV+ among prisoners at 31.12.99, Ministry of Justice.
	8	Weilandt C. and Rotily M., European network on HIV/AIDS and hepatitis prevention in prison: Annual report to the EC, Marseille/Bonn: ORS/WIAD, 1998.
Latvia	1	Snikere S., Trapencieris M., Vanaga S. (2003) 'Survey of Prison Inmates', in Drug abuse Prevalence in Latvia: Population Survey Report, Riga, 71-102.
Lithuania	1	Vladas Kasperunas, Prisons Department under the Ministry of Justice (data not published).
Luxembourg	1	Dr Schlink J., Etude épidémiologique des infections par le VIH et l'hépatite virale C dans les prisons luxembourgeoises, CPL, Luxembourg, 2000.
Netherlands	1	Vogelvang B.O., Van Burik A., Van der Knaap L.M., Wartna B.S.J. (2003) Prevalentie van criminogene factoren bij mannelijke gedetineerden in Nederland, Den Haag: Adviesbureau Van Montfoort/WODC.
	2	Van Emmerik, J.L., Brouwers, M. De Terbeschikkingstelling in Maat en Getal; Een beschrijving van de tbs-populatie in de periode 1995-2000, Den Haag: Ministerie van Justitie, 2001.
	3	Schoemaker C & Zessen G van. Psychische stoornissen bij gedetineerden; Een verkennend onderzoek in Penitentiair Complex Scheveningen. Utrecht, The Netherlands: Trimbos Institute, 1997.
	4	Koeter M.W.J. & Luhrman G.C. Verslavingsproblematiek bij justitiabele drugverslaafden, Amsterdam: The Amsterdam Institute for Addiction Research (AIAR), 1998.
	5	Bulten, B.H. Gevangen tussen straf en zorg [Caught between punishment and care]. (Doctoral thesis.), Amsterdam: Vrije Universiteit, 1998.
Portugal	1	Torres A. (coord.) et al., Trajectorias e consumos de drogas nas prisoes: um diagnostico, Lisbon, CIES/ISCTE.
	2	Weilandt C. and Rotily M., European network on HIV/AIDS and hepatitis prevention in prison: Annual report to the EC, Marseille/Bonn: ORS/WIAD, 1998.
Slovenia	1	Prison Administration annual report.
Spain	1	Evolución terapeutica de previa del drogodependiente que ingresa en 1994. Delegación del Gobierno para el Plan Nacional sobre Drogas en colaboración con la Dirreción General de Instituciones Penitenciarias. Estudio transversal de junio de 1998 sobre sanidad penitenciaria. Dirección General de Instituciones Penitenciarias.
	2	Estudio transversal sobre sanidad penitenciaria.
	3	Informe de la Comparecencia del Director, General de Instituciones Penitenciarias en el Parlamento, 1999.
	4	Miranda MJ., Barberet R., Canteras A., Romero E., Analisis de la eficacia y adecuation de la politica penitenciaria a las necesidades y demandas de las mujeres presas, 1998.
	5	Rios JC., Cabrera P., Mil voces Presas, Universidad Pontificia de Comillas, 1998.
	6	Weilandt C. and Rotily M., European network on HIV/AIDS and hepatitis prevention in prison: Annual report to the EC, Marseille/Bonn: ORS/WIAD, 1998.
	7	Delegacion del Gobierno para el Plan Nacional sobre Drogas/Direccion General de Instituciones Penitenciarias, Evolucion Terapeutica previa del drogodependiente que ingresa en prison, 1994.
Sweden	1	Kriminalvårdsstyrelsen (2004). Kriminalvårdens redovisning om drogsituationen. Kriminalvårdsstyrelsen, Norrköping (to be published).
	2	Weilandt C. and Rotily M., European network on HIV/AIDS and hepatitis prevention in prison: Annual report to the EC, Marseille/Bonn: ORS/WIAD, 1998.
United Kingdom	1	The differential substance misuse treatment needs of women, ethnic minorities and young offenders in prison: Survey of women (2001).
	2	The Criminality Survey, Home Office.
	3	Weild A.R., Gill O.N., Bennett D., Livingstone S.J.M., Parry J.V. and Curran L., Prevalence of HIV, hepatitis B, and hepatitis C antibodies in prisoners in England and Wales: a national survey, Communicable Disease and Public Health, vol 3, NO 2, June 2000.
	4	Singleton N., Meltzer H., Gatward R. Psychiatric morbidity among prisoners, ONS, Department of Health, London, 1997.
	5	Singleton N., Farrel, M. & Meltzer H., Substance misuse among prisoners in England and Wales, London: ONS, 1999.
	6	Bellis MA, Weild AR, Beeching NJ, Mutton KJ and Syed Q. Prevalence of HIV and injecting drug use in men entering Liverpool prison. BMJ 1997; 315: 30-31 [taken from: European network on HIV/AIDS and hepatitis prevention in prison, Annual report to the EC, Marseille/Bonn: ORS/WIAD, 1998].

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Table DUP-0 – *continued from previous page*

Country	Ref.	Source
	7	Prevalence of HIV in England and Wales in 1995, Annual report of the Unlinked Anonymous Seroprevalence Monitoring Programme in England and Wales, Department of Health, Public Health Laboratory Service, Institute of Child Health, London, 1996 [taken from: European network on HIV/AIDS and hepatitis prevention in prison, Annual report to the EC, Marseille/Bonn: ORS/WIAD, 1998].
	8	Bridgwood A. and Malbon G. Survey of the physical health of prisoners [taken from: European network on HIV/AIDS and hepatitis prevention in prison, Annual report to the EC, Marseille/Bonn: ORS/WIAD, 1998].
	9	Scottish Prison Service Research Bulletin (2004) Seventh Prison Survey.
	10	SPS Research Bulletin 2003 and other forthcoming publications.
	11	Bird S.M. and Rotily M. Inside methodologies: for counting blood-borne viruses and injector-inmates' behavioural risks - results from European prisons, The Howard Journal, Vol 41, No. 2, May 2002.
Norway	1	Odegard E., Men and women behind the right walls? Drug, alcohol and mental problems among Norwegian inmates (manuscript).
	2	Stortingsmelding no. 16 (1996-1997) Narkotikapolitikken.

Table DUP-1. Prevalence of lifetime use of various drugs among prisoners

Country	Year	Source/ ref. (1)	Definition and methodological comments (2)	Drug used (and if any: restriction on base population)	%
Belgium	2003	1	People reporting having used illicit drugs (prior/within prison). *Comment:* survey in a random sample of 10 prisons (over a total of 38) among on remand, convicted and social defence (psychiatric cases) prisoners (n = 886).	any illicit drug cannabis cocaine heroin amphetamines ecstasy	51 47 36 26 33 31
Belgium	1993	4	People reporting having used illicit drugs. *Comment:* survey in one prison amongst volontary prisoners entering prison (n = 1627).		42
Greece	2000	1	People reporting lifetime drug use prior to imprisonment. *Comment:* survey in 1 prison amongst on remand and convicted prisoners (n = 136)	any illicit drug	48
Greece	1998	3	Adolescents reporting lifetime drug use prior to imprisonment. *Comment:* survey in 2 prisons for adolescents, both on remand and convicted, enrolled in vocational training (n = 100).	cannabis (adolescents) cocaine (adolescents) heroin (adolescents) amphetamines (adolescents) ecstasy (adolescents) other drugs (adolescents)	46 18 19 4 7 11
Greece	1995	5	Lifetime drug use prior to imprisonment (based on self-reports and serum tests). *Comment:* survey in 2 prisons amongst convicted voluntary prisoners (n = 544).	cannabis cocaine heroin	22 6 66
Spain	1998	3	Women reporting lifetime drug use (alcohol included). *Comment:* survey in 18 prisons (n = 356).	any illicit drug - alcohol included (females)	70
Ireland	1996	5	Men reporting lifetime drug use. *Comment:* survey in one male prison (one-fifth systematic sample) (n = 108).	any illicit drug (males) cannabis (males) cocaine (males) heroin (males) amphetamines (males) ecstasy (males)	86 86 56 66 61 60
Latvia	2003	1	People reporting lifetime drug use prior to imprisonment. *Comment:* national survey in 11 (out of 15) prisons with at least 100 convicted persons (n = 2867).	cannabis cocaine heroin amphetamines	51 15 24 22
Hungary	1997	1	Lifetime drug use prior to imprisonment (based on self-reports and serum tests). *Comment:* national survey in a sample of all prisons amongst adult male prisoners of Hungarian citizenship (n = 951).	any illicit drug (adult males) cannabis (adult males) cocaine (adult males) heroin (adult males) amphetamines (adult males) other drugs (adult males)	22 11 5 3 7 1
Netherlands	2003	1	Men reporting lifetime drug use prior to imprisonment. *Comment:* survey in 8 prisons among male detainees (n = 355).	any illicit drug (males)	79
Netherlands	1989-1990	5	Young male offenders reporting lifetime drug use prior to imprisonment (DSM-III). *Comment:* survey among young male convicted detainees in one youth detention centre, aged 18-24 years (n = 200).	any illicit drug (young males)	58
Austria	1994	3	People reporting having used illicit drugs. *Comment:* survey in one prison amongst Narcotic Drug Act convicted people (n = 307).		72
Portugal	2001	1	People reporting lifetime drug use prior to imprisonment. *Comment:* natiowide survey (47 prisons) in a random sample of on remand and convicted prisoners (n = 2057).	any illicit drug cannabis cocaine heroin amphetamines ecstasy	61 54 44 44 18 16

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Table DUP-1 – *continued from previous page*

Country	Year	Source/ ref. (1)	Definition and methodological comments (2)	Drug used (and if any: restriction on base population)	%
Finland	2001	1	People reporting having used illicit drugs. *Comment:* national survey among a sample of voluntary HIV tested convicted prisoners (n = 825).	any illicit drug opiates amphetamines	58 5 29
Finland	1995	3	People reporting having used illicit drugs *Comment:* survey in 4 prisons		31
United Kingdom (England & Wales)	2001	1	Women reporting lifetime drug use. *Comment:* national survey of female prisoners on remand and convicted in 10 prisons (n = 301).	any illicit drug (females) cannabis (females) cocaine/crack (females) heroin/opiates (females) amphetamines (females) ecstasy (females) other tranquilizers (females)	84 78 57 60 58 47 57
United Kingdom (England & Wales)(3)	1997	4	People reporting lifetime drug use prior to imprisonment. *Comment:* nationwide survey in all 131 prisons (n = 3142).	any illicit drugs cannabis cocaine heroin amphetamines crack	69-85 65-82 30-42 34-52 40-53 28-44
Norway	2002	1	People reporting lifetime drug use prior to imprisonment. *Comment:* national survey in all 52 prisons among on remand and convicted prisoners (n = 1074).	any illicit drug cannabis cocaine heroin amphetamines ecstasy	70 65 51 37 59 45

Notes:

(1) For sources and bibliographic references, the numbering refers to Table DUP-0 (page 5.2).

(2) Caution should be applied when considering that a survey is said to be 'national' as this refers to its intended geographical coverage, but does not mean it is necessarily representative of the national situation, which would depend on any sampling procedures adopted. Note that the size of the prison population surveyed is not available for most of the studies displayed in this table, and sample sizes reflect different proportions of the population in different countries.

(3) Results are provided for 4 different sub-groups of population: male remanded, male sentenced, female remanded, female sentenced. Women and men on remand represent a small proportion of the prison population, and thus these groups were over-sampled. Ranges reported here represent the minimum and maximum values obtained across the 4 sub-groups.

Sources:

For access to sources and bibliographic references, refer to Table DUP-0 (page 5.2).

Table DUP-2. Prevalence of lifetime injecting drug use among prisoners

Country	Year	Source/ ref. (1)	Definition and methodological comments (2)	Drug used (and if any: restriction on base population)	%
Belgium	2003		People reporting injecting drug use (prior/within prison). *Comment:* survey in a random sample of 10 prisons (over a total of 38) amongst on remand, convicted and social defence (psychiatric cases) prisoners (n = 886).	any illicit drug	15
	1997	3	People reporting lifetime injecting drug use prior to imprisonment. *Comment:* survey in one prison amongst on remand and convicted prisoners (n = 115).		22
	1993	4	People reporting having ever injected drugs. *Comment:* survey in one prison amongst volontary prisoners entering prison (n = 1627).		15
Germany	1997	2	People reporting injecting drug use (lifetime) prior to imprisonment. *Comment:* survey in one prison among on remand and convicted prisoners (n = 437).		33
Greece	1996	4	People reporting lifetime injecting drug use. *Comment:* survey in 10 prisons (n = 861).		34
	1995	5	Injecting drug use prior to imprisonment (based on self-reports and serum tests). *Comment:* survey in 2 prisons amongst convicted voluntary prisoners (n = 544).		69
Spain	1997	6	People reporting injecting drug use (lifetime) prior to imprisonment. *Comment:* survey in one prison among on remand and convicted prisoners (n = 101).		47
	1995	6	Injecting drug users. *Comment:* survey in one prison (n = 1183).		31
France	1998	2	People reporting lifetime injecting drug use prior to imprisonment. *Comment:* survey in 4 prisons (n = 1212).		12
	1996	2	People reporting lifetime injecting drug use. *Comment:* survey in one prison (n = 574).		23
	1997	3	People reporting injecting drug use (lifetime) prior to imprisonment. *Comment:* survey in 3 prisons among on remand and convicted prisoners (n = 960).		14
Ireland	1999	2	People reporting injecting drug use (injector status known). *Comment:* survey in 5 of the 7 Irish committal prisons (n = 593).	any illicit drug	29
	1998	3	People reporting injecting drug use (injector status known). *Comment:* survey in 9 prisons: all the 5 high risk prisons and a random sample of the medium risk prisons (n = 1205).	any illicit drug	43
	1996	5	Men reporting ever engaged in injecting drug use. *Comment:* survey in one male prison (one-fifth systematic sample) (n = 108).	males	56
Italy	1997	8	People reporting injecting drug use (lifetime) prior to imprisonment. *Comment:* survey in 3 prisons among on remand and convicted prisoners (n = 678).		30
Latvia	2003	1	People reporting lifetime injecting drug use prior to imprisonment. *Comment:* national survey in 11 (out of 15) prisons with at least 100 convicted persons (n = 2867).		20

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Table DUP-2 – *continued from previous page*

Country	Year	Source/ ref. (1)	Definition and methodological comments (2)	Drug used (and if any: restriction on base population)	%
Hungary	1997	1	People reporting injecting drug use prior to imprisonment. *Comment:* national survey in a sample of all prisons amongst adult male prisoners of Hungarian citizenship (n = 951).	any illicit drug (adult males)	1
Austria	1999	1	Injecting drug use prior to imprisonment. *Comment:* national survey in a selection of representative prisons: 4 for male adults (n = 143), 2 for female adults (n = 69) and 5 for male youth (n = 51); convicted and on remand.	(male adults) (female adults) (male youth)	26 32 9
	1996	2	Intravenous drug users. *Comment:* estimated by experts.		15
Portugal	2001	1	People reporting lifetime injecting drug use prior to imprisonment. *Comment:* natiowide survey (47 prisons) in a random sample of on remand and convicted prisoners (n = 2057).	any illicit drug	27
	1997	2	People reporting injecting drug use (lifetime) prior to imprisonment. *Comment:* survey in 3 prisons among on remand and convicted prisoners (n = 535).		52
Finland	2000	2	People reporting injecting drug use (ever used). *Comment:* national survey among a sample of voluntary HIV tested convicted prisoners (n = 1612).	poly-drug users heroin/opiates amphetamines	39 5 56
Sweden	1997	2	People reporting injecting drug use (lifetime) prior to imprisonment. *Comment:* survey in 9 prisons among on remand and convicted prisoners (n = 305).		65
United Kingdom (England & Wales)	2001	1	Women reporting having ever injected drugs prior to imprisonment. *Comment:* national survey of female prisoners on remand and convicted in 10 prisons (n = 301).	any illicit drug (females) cocaine/crack (females) heroin/opiates (females) amphetamines (females) other tranquilizers (females)	38 5 35 7 1
	1997-1998	3	People reporting having ever injected drugs (inside or outside prison). *Comment:* survey in 8 prisons: 6 adult male prisons (n = 2769), 1 female prison (n = 407) and 1 male young (under 21 years) offenders prison (n = 714).	(adult male) (female) (young male)	24 29 4
	1997(3)	5	People reporting having ever injected drugs. *Comment:* nationwide survey in all 131 prisons (n = 3142).		23-40
	1996	6	Men entering prison reporting a history of injecting drug use. *Comment:* survey in one prison.	(males)	29
	1995	7	Men entering prison reporting a history of injecting drug use. *Comment:* survey in 3 prisons.	(males)	15
United Kingdom (Scotland)	2003	10	People reporting having ever injected drugs during the current imprisonment. *Comment:* national survey in 16 prisons among all prisoners available at the time of the survey (n = 4741).	any illicit drug	11
	1991-1996	11	Men reporting a history of injecting drug use. *Comment:* survey in 6 male prisons (n = 2286).	(males)	32
	1991-1996	11	Women reporting a history of injecting drug use. *Comment:* survey in one female prison (n = 132).	(females)	46
	1991-1996	11	Young offenders reporting a history of injecting drug use. *Comment:* survey in 2 young offenders institutions (n = 562).	(young offenders)	18

Notes:

(1) For sources and bibliographic references, the numbering refers to Table DUP-0 (page 5.2).

(2) Caution should be applied when considering that a survey is said to be 'national' as this refers to its intended geographical coverage, but does not mean it is necessarily representative of the national situation, which would depend on any sampling procedures adopted. Note that the size of the prison population surveyed is not available for most of the studies displayed in this table, and sample sizes reflect different proportions of the population in different countries.

(3) Results are provided for 4 different sub-groups of population: male remanded, male sentenced, female remanded, female sentenced. Women and men on remand represent a small proportion of the prison population, and thus these groups were over-sampled. Ranges reported here represent the minimum and maximum values obtained across the 4 sub-groups.

Sources:

For access to sources and bibliographic references, refer to Table DUP-0 (page 5.2).

Table DUP-3. Prevalence of drug use within prison among prisoners

Country	Year	Source/ ref. (1)	Definition and methodological comments (2)	Drug used (and if any: restriction on base population)	%
Belgium	2003	1	People reporting having used illicit drugs during the last incarceration. *Comment:* survey in a random sample of 10 prisons (over a total of 38) among on remand, convicted and social defence (psychiatric cases) prisoners (n = 886).	any illicit drug	33
	1999	2	People reporting regular drug use during previous and current imprisonments. *Comment:* survey in two prisons (1 male prison + 1 woman section in another prison) amongst voluntary prisoners (n = 246).	any illicit drug cannabis cocaine heroin amphetamines ecstasy LSD	42 37 9 13 8 5 2
	1997	3	People reporting lifetime drug use in prison. *Comment:* survey in one prison amongst on remand and convicted prisoners (n = 115).	cannabis cocaine amphetamines ecstasy	38 15 4 8
Germany	1996	3	Drug users in prison (based on information given by key persons). *Comment:* survey in one prison based on reports of pre-selected key prisoners (n = 16), doctor, pastor(s).		60
Greece	2000	1	People reporting lifetime drug use while in prison. *Comment:* survey in 1 prison amongst on remand and convicted prisoners (n = 136).	any illicit drug	46
	1995	5	Lifetime drug use in prison (based on self-reports and serum tests). *Comment:* survey in 2 prisons amongst convicted voluntary prisoners (n = 544).	any illicit drugs cannabis cocaine heroin	54 5 0.4 39
France	1997	3	People reporting drug use within the last year while in prison. *Comment:* survey in 3 prisons among on remand and convicted prisoners (n = 960).	cannabis cocaine amphetamines ecstasy	24 7 2 3
Ireland	1996	5	Men reporting heroin use while in prison (current sentence). *Comment:* survey in one male prison (one-fifth systematic sample) (n = 108).	heroin (males)	42
	1996	5	Men reporting regular (once a week) heroin use while in prison (current sentence). *Comment:* survey in one male prison (one-fifth systematic sample) (n = 108).	heroin (males)	36
Latvia	2003	1	People reporting lifetime drug use in prison. *Comment:* national survey in 11 (out of 15) prisons with at least 100 convicted persons (n = 2867).	cannabis cocaine heroin amphetamines ecstasy	28 4 12 12 7
	2003	1	People reporting drug use within the last year in prison. *Comment:* national survey in 11 (out of 15) prisons with at least 100 convicted persons (n = 2867).	cannabis cocaine heroin amphetamines ecstasy	15 2 5 8 4
	2003	1	People reporting drug use within the last month in prison. *Comment:* national survey in 11 (out of 15) prisons with at least 100 convicted persons (n = 2867).	cannabis cocaine heroin amphetamines ecstasy	6 1 2 2 1
Lituania	2003	1	People reporting drug use within the last year in prison. *Comment:* national survey in all 14 prisons among on remand and convicted prisoners at 31.12.2003 (n = 8063).	any illicit drug cannabis heroin cocaine stimulants several drugs	13 0.1 9.5 0.03 1 3

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Table DUP-3 – *continued from previous page*

Country	Year	Source/ ref. (1)	Definition and methodological comments (2)	Drug used (and if any: restriction on base population)	%
Hungary	1997	1	People reporting drug use at any time during imprisonment. *Comment:* national survey in a sample of all prisons amongst adult male prisoners of Hungarian citizenship (n = 951).	any illicit drug (adult males)	8
				cannabis (adult males)	2
				cocaine (adult males)	1
				heroin (adult males)	0.5
				ecstasy (adult males)	2
				amphetamines (adult males)	2
				other drugs (adult males)	3
Portugal	2001	1	People reporting drug use within the last year in prison. *Comment*: natiowide survey (47 prisons) in a random sample of on remand and convicted prisoners (n = 2057).	any illicit drug	52
				cannabis	44
				cocaine	26
				heroin	33
				amphetamines	10
				ecstasy	10
	2001	1	People reporting drug use within the last month in prison. *Comment:* natiowide survey (47 prisons) in a random sample of on remand and convicted prisoners (n = 2057).	any illicit drug	30
				cannabis	24
				cocaine	7
				heroin	15.5
				amphetamines	1.5
				ecstasy	1
	2001	1	People reporting regular (everyday) drug use within the last month in prison. *Comment:* natiowide survey (47 prisons) in a random sample of on remand and convicted prisoners (n = 2057).	any illicit drug	10
				cannabis	5.5
				cocaine	2
				heroin	5
Finland	2001	1	People reporting illicit drug use while in prison. *Comment:* national survey among a sample of voluntary HIV tested convicted prisoners (n = 825).		16.5
United Kingdom (England & Wales)	2001	1	Women reporting drug use in the current period in prison. *Comment:* national survey among all prisoners (n = 301).	any illicit drug (females)	51
				cannabis (females)	23
				cocaine/crack (females)	9
				heroin/opiates (females)	40
				amphetamines (females)	1
				ecstasy (females)	2
				other tranquilizers (females)	18
	2001	1	Women reporting regular drug use (weekly or more frequent) in prison. *Comment:* national survey of female prisoners on remand and convicted in 10 prisons (n = 301).	any illicit drug (females)	27
				cannabis (females)	4
				cocaine/crack (females)	3
				heroin/opiates (females)	19
				other tranquilizers (females)	9
	1997 (3)	4	People reporting drug use during the last time in prison. *Comment:* nationwide survey in all 131 prisons (n = 3142).	cannabis	19-46
				cocaine	1-4
				heroin	12-20
				amphetamines	0-4
				crack	2-8
United Kingdom (Scotland)	2004	9	People reporting drug use during the current imprisonment. *Comment:* nationwide survey among all prisoners (n = 4792).	any illicit drug	35
				cannabis	27
				cocaine	5
				heroin	24
				amphetamines	2
				ecstasy	4
	2003	10	People reporting drug use during the current imprisonment. *Comment:* national survey in 16 prisons among all prisoners available at the time of the survey (n = 4741).	any illicit drug	32
				cannabis	24
				cocaine/crack	6
				heroin/methadone/other opiates	21
				amphetamines	5
Norway	2002	1	People reporting drug use during the current imprisonment. *Comment:* national survey in all 52 prisons among on remand and convicted prisoners (n = 1074).	any illicit drug	26-38

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Table DUP-3 – *continued from previous page*

Country	Year	Source/ ref. (1)	Definition and methodological comments (2)	Drug used (and if any: restriction on base population)	%
	1997-1996	2	Inmates who used drugs once or several times while serving their sentence. *Comment:* estimated by prison authorities on the basis of previous studies in prison and reports submitted by prison and visitation officials.		40-60

Notes:

(1) For sources and bibliographic references, the numbering refers to Table DUP-0 (page 5.2).

(2) Caution should be applied when considering that a survey is said to be 'national' as this refers to its intended geographical coverage, but does not mean it is necessarily representative of the national situation, which would depend on any sampling procedures adopted. Note that the size of the prison population surveyed is not available for most of the studies displayed in this table, and sample sizes reflect different proportions of the population in different countries.

(3) Results are provided for 4 different sub-groups of population: male remanded, male sentenced, female remanded, female sentenced. Women and men on remand represent a small proportion of the prison population, and thus these groups were over-sampled. Ranges reported here represent the minimum and maximum values obtained across the 4 sub-groups.

Sources:

For access to sources and bibliographic references, refer to Table DUP-0 (page 5.2).

Table DUP-4. Prevalence of injecting drug use within prison among prisoners

Country	Source/ ref. (1)	Year	Definition and methodological comments (2)	Drug used (and if any: restriction on base population)	% IDU
Belgium	1	2003	People reporting injecting drug use during the last incarceration. *Comment:* survey in a random sample of 10 prisons (over a total of 38) among on remand, convicted and social defence (psychiatric cases) prisoners (n = 886).	any illicit drug	2
	2	1999	People reporting injecting drug use in prison from a daily basis to a few times per week or per month. *Comment:* survey in two prisons (1 male prison + 1 woman section in another prison) amongst voluntary prisoners (n = 246).		2
Greece	4	1996	People reporting injecting drug use while in prison. *Comment:* survey in 10 prisons (n = 861).		20
	5	1995	Injecting drug use in prison (based on self-reports and serum tests). *Comment:* survey in 2 prisons amongst convicted voluntary prisoners (n = 544).		28
Ireland	5	1996	Men reporting injecting heroin use while in prison (current sentence). *Comment:* survey in one male prison (one-fifth systematic sample) (n = 108).	heroin (males)	34
Latvia	1	2003	People reporting lifetime injecting drug use in prison *Comment:* national survey in 11 (out of 15) prisons with at least 100 convicted persons (n = 2867)		10
Luxembourg	1	1998	Regular intravenous drug use in prison (based on self-reports and cross-checking in personal files). *Comment:* nationwide cross-sectional survey in 2 state prisons amongst the total population of prisoners (n = 362).		28
	1	1998	First intravenous drug use in prison (based on self-reports and cross-checking in personal files). *Comment:* nationwide cross-sectional survey in 2 state prisons amongst the total population of prisoners (n = 362).		9
Hungary	1	1997	People reporting injecting drug use while in prison. *Comment:* national survey in a sample of all prisons amongst adult male prisoners of Hungarian citizenship (n = 951).	any illicit drug (adult males)	0.2
Austria	1	1999	Injecting drug use within prison. *Comment:* national survey in a selection of representative prisons: 4 for male adults (n = 143), 2 for female adults (n = 69) and 5 for male youth (n = 51); convicted and on remand.	(male adults) (female adults) (male youth)	15 6 8
Portugal	1	2001	People reporting lifetime injecting drug use in prison. *Comment:* nationwide survey (47 prisons) in a random sample of on remand and convicted prisoners (n = 2057).	any illicit drug	11
United Kingdom (England & Wales)	1	2001	Women reporting having ever injected drugs during this term of imprisonment. *Comment:* national survey of female prisoners on remand and convicted in 10 prisons (n = 301).	(females)	3
	3	1997-1998	People reporting having ever injected drugs inside prison. *Comment:* survey in 8 prisons: 6 adult male prisons (n = 2745), 1 female prison (n = 400) and 1 male young (under 21 years) offenders prison (n = 714).	(adult males) (females) (young males)	7 7 1
United Kingdom (Scotland)	9	2004	People reporting drug use during the current imprisonment. *Comment:* nationwide survey among all prisoners (n = 4792).	any illicit drug	5

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Table DUP-4 – *continued from previous page*

Country	Source/ ref. (1)	Year	Definition and methodological comments (2)	Drug used (and if any: restriction on base population)	% IDU
	10	2003	People reporting having ever injected drugs during the current imprisonment. *Comment:* national survey in 16 prisons among all prisoners available at the time of the survey (n = 4741).	any illicit drug	11
	11	1991-1996	Men reporting having ever injected in prison. *Comment:* survey in 6 male prisons (n = 2286).	(males)	18
	11	1991-1996	Women reporting having ever injected in prison. *Comment:* survey in one female prison (n = 132).	(females)	26
	11	1991-1996	Young offenders reporting having ever injected in prison. *Comment:* survey in 2 young offenders institutions (n = 562).	(young offenders)	5

Notes:

(1) For sources and bibliographic references, the numbering refers to Table DUP-0 (page 5.2).

(2) Caution should be applied when considering that a survey is said to be 'national' as this refers to its intended geographical coverage, but does not mean it is necessarily representative of the national situation, which would depend on any sampling procedures adopted. Note that the size of the prison population surveyed is not available for most of the studies displayed in this table, and sample sizes reflect different proportions of the population in different countries.

Sources:

For access to sources and bibliographic references, refer to Table DUP-0 (page 5.2).

List of supplementary material

Tables

The supplementary table listed here is available on the statistical bulletin website (http://stats05.emcdda.eu.int).

Table DUP-5. Overall table showing the prevalence of drug use among prisoners in EU countries and Norway (%)

European Monitoring Centre
for Drugs and Drug Addiction

Chapter 6
Drug-related infectious diseases

Methods and definitions

Drug-related infectious diseases such as HIV and hepatitis B and C are among the most serious health consequences of drug use. They may have the largest economic impact on health care systems of all consequences of drug use, even in countries where HIV prevalence in injecting drug users (IDUs) is low. IDUs are the target group for measuring prevalence of drug-related infections. They are defined as any person who has ever in their lifetime injected a drug for non-medical purposes.

The EMCDDA is systematically monitoring HIV and hepatitis B and C among injecting drug users (prevalence of antibodies, or other specific markers in the case of hepatitis B). This is as a complement to existing notification and case reporting systems that follow trends in counts of cases. National notification data are often unreliable due to under-reporting, biased reporting and large proportions of asymptomatic or chronic cases (hepatitis B/C). In addition, HIV case reporting has not been implemented in some of the countries most affected by AIDS while trends in HIV case reports depend on testing coverage and are not necessarily consistent with trends in measured seroprevalence. Other infections may in the future be added to the EMCDDA monitoring system (e.g. sexually transmitted infections, tuberculosis) while a rapid alert system is being maintained to report outbreaks of serious infections such as tetanus and wound botulism that may be related to infected batches of injectable drugs.

To improve HIV and hepatitis B/C monitoring in IDUs the EMCDDA follows two lines of work:

1. Collecting existing prevalence (HIV and hepatitis B/C) and notification data (hepatitis B/C only, HIV case reports are obtained from EuroHIV in aggregate format using a standard data reporting form) and stimulating increased screening of IDUs and data collection in routine settings such as drug treatment.
2. Stimulating new sero-behavioural studies in injecting drug users, by maintaining an expert network to discuss methods and work towards common protocols.

The EMCDDA has developed draft guidelines for the national focal points to collect the existing prevalence and notification data and it is working on a toolkit or 'framework protocol' for seroprevalence studies. This is based on a draft consensus protocol prepared by an expert network of longitudinal (cohort) studies.

To improve the comparability of prevalence data in IDUs, data are collected and reported on prevalence of HIV and hepatitis in young IDUs (under age 25) and new IDUs (who have injected less than 2 years). These indicators, and especially the data for new IDUs, are more sensitive to changes in incidence than is prevalence in all IDUs. In practice the target group differs slightly between settings: sero-prevalence data from needle exchanges by definition refer to current injectors (defined as having injected in the last 12 months) while data from hepatitis notifications or public health laboratories may be partly based on ex-injectors, so additional methodological data such as service setting are also collected.

The aggregate prevalence data collection through the standard reporting form has been successful. In few years time a general overview could be given of HIV and hepatitis B/C prevalence among IDUs in all EU Member States, going back to 1996 and in part even before. Many countries are able to provide up to date data with national coverage and in many cases there is regional breakdown or data from key regions or cities, often unpublished and recent. For example for HCV, data for 1996 to 2002 have been reported from 63 sources and 111 study sites in 14 countries, including in total 58 time series and 233 prevalence estimates. Similar data are available for HIV and HBV. Several countries are also providing hepatitis B/C notification data for IDUs. These data have proven useful to provide a general overview of the situation, showing regional variation in levels and trends. Although in general they show a stable prevalence of HIV and hepatitis among IDUs, they served to signal some increases in HIV or hepatitis among subgroups of IDUs in some countries.

However, the data are subject to important limitations: the use of varying source-types/settings (drug treatment, low-threshold, prisons etc.) that may result in different biases, in some cases non-adherence to the basic case definition of 'ever-IDUs' that by inclusion of non-IDUs may lead to potentially serious downward bias, small sample sizes and other problems. Improving data quality and comparability proves difficult, as this depends on influencing often well-established data producing systems. Also, to get quality information on trends over time from routine diagnostic data (as opposed to well-defined prevalence studies) it is necessary to understand selection procedures for being tested, and if possible to work towards more standardisation in the criteria for screening IDUs in contact with services.

For more information see http://www.emcdda.eu.int/?nnodeid=1375.

Overview of the data

Listed below are the tables in the bulletin, the supplementary downloadable tables and the associated graphics dealing with drug-related infectious diseases, along with a brief overview. Please note that the associated graphics and the supplementary tables are available only on the statistical bulletin website (http://stats05.emcdda.eu.int).

Tables INF-1 to INF-3 are summary tables by country of the latest results held at EMCDDA, for prevalence of HIV, HCV and HBV infections among injecting drug users, showing the numbers of tests made and the percentage infected, the broader aspects of the study setting, and references to the original reports listed in the section's bibliography, (Tables INF-0 part (i) and INF-0 part (ii)).

In the supplementary tables, Tables INF-4 to INF-6 report information on newly diagnosed or notified HIV, HCV and HBV cases respectively, giving medium-term historical data on the number of reported cases. Table INF-4 gives additionally the rate per million population for HIV infection and Tables INF-5 and INF-6 give the IDU percentage among the cases that have information on the presumed transmission category.

A small number of countries report incidence data for HCV from follow-up studies of IDUs at a city level. Table INF-7 reports the number of IDUs followed, the number of sero-conversions, follow-up time, the incidence rate per 100 person-years and a reference to the source study in the section's bibliography, Table INF-0 part (ii).

Fuller information on which the summaries above are based as well as prevalence rates among younger injectors and new injectors can be found among the supplementary downloadable tables: Table INF-8 to Table INF-10 for HIV; Table INF-11 to Table INF-13 for HCV; and Tables INF-14 and Table INF-15 for HBV current infection prevalence and HBV antibodies prevalence, respectively.

Summary points

AIDS and HIV infection

- AIDS incidence rates among IDUs are available for all EU members and show strong declines in the 'old' EU member countries, although there are increases in some of the 'newer' members.
- The decline in AIDS incidence in the late 1990s is generally thought to be not only the result of reduced transmission, but also due to the introduction in 1996 of highly active antiretroviral treatments (HAART) that delay or prevent the development of AIDS. Estimates of the coverage of highly active antiretroviral treatment made by WHO-Euro suggest that in the EU and most of Central Europe over 75 % of persons in need of treatment have access to HAART. However in most countries of Eastern Europe and in the Baltic states coverage is estimated to be at best 'poor'. Coverage estimates specific to IDUs are not available, but studies show that IDUs are often at higher risk for inadequate access to HAART than people infected by other routes. Reference: WHO Regional Office for Europe Health for all database, www.euro.who.int/hfadb (accessed 8 March 2005) (Figure INF-24, Figure INF-25).
- A lack of decline or a late decline among IDUs can indicate a lack of coverage or late introduction of these treatments for IDUs or continued high transmission of HIV among IDUs.
- AIDS incidence in IDUs in affected countries peaked in the early 1990s: in some countries somewhat later. Few countries have evidence of recently increasing AIDS incidence for IDUs.
- AIDS incidence data show that IDUs have been the most important transmission group for HIV and AIDS until 2002, when AIDS incidence due to heterosexual transmission became the largest category (Figure INF-1, Figure INF-2).
- Rates in the general population of newly diagnosed HIV

cases who are IDUs have strongly increased in the Baltic states, but have remained low in other EU countries.

- Data on newly diagnosed cases of HIV infection shows high peaks of HIV transmission as recently as 2001 in some EU Member States and elsewhere in Eastern Europe, (see Annual report 2005, HIV/AIDS in the EU and Eastern Europe).
- Some of the highest rates of newly diagnosed cases, reaching peak rates of 108 cases per 100 000, were recorded in 2001.
- While in the 'old' EU members rates have stayed constant at about 5 cases per 100 000 per year (although this is likely an underestimation as data are not available from the most affected countries) rates in the five Central Asian Republics have recently increased to a similar level (Figure INF-11).
- Seroprevalence data are an important complementary source of information to HIV case reports. HIV seroprevalence data, mostly from studies of IDUs in drug treatment, suggests that long-term the prevalence of HIV among IDUs has decreased in the most affected countries but has in most cases stabilised since the mid-1990s.
- Since 1997/8 however some new increases are seen in the available national level seroprevalence data.
- In 2002 and 2003, the HIV prevalence among IDUs shows wide variation in regional studies both within and between countries, ranging from 0 % in some of the newer members to a high of over 30 %, with several studies reporting prevalence in excess of 20 %. Recent local data are though not available from some of the most affected countries and areas.
- Some very small-scale local studies among young IDUs (aged <25) and new injectors (injecting less than 2 years) found high prevalence of HIV infection (greater than 20 %), suggesting recent transmission of HIV. Data for young or new injectors also, though, is lacking from several countries and regions which have a high prevalence overall, making it more difficult to evaluate the extent of recent transmission (Figure INF-3, Figure INF-4, Figure INF-5).

Hepatitis B and C infections

- HCV prevalence among IDUs (mostly among IDUs in drug treatment) is in general extremely high but shows wide variation within and between countries, ranging from 10 % in some national data to 97 % in one QQ regional study.
- National data are missing for many countries and in others data relate to problem drug users, not restricted to injectors, and may thus underestimate prevalence among IDUs. Even so, data for 2001 to 2003 show high prevalence in several national samples.
- Data on local/regional HCV prevalence levels are also unavailable for several countries, but high regional or local prevalence levels (exceeding 60 %) among IDUs have been found for 2001 to 2003 in studies in some countries. Lower prevalence (less than 40 %) has also been found in national and local samples in other countries.
- HCV prevalence data from young IDUs (aged <25) are available from few countries only, with levels in excess of 40 % in some studies and less than 20 % in others.
- Availability of data on prevalence in new injectors (injecting <2 years) is very limited, but similar high levels are found, with the lowest levels falling below 10 % in a few countries.
- The sparse trend data that are available suggest stable prevalence over time in those countries that provided data, with some exceptions (Figure INF-6, Figure INF-7, Figure INF-8, Figure INF-17).
- The prevalence of HBsAg, the marker for current infection with HBV, among IDUs (mostly in drug treatment) shows similar wide variation, ranging from 0 % in one country's local sample to 8 % in another's national sample. This may relate to variation in the combined effect of risk behaviours among IDUs (sexual risk and needle sharing) and of (lack of) vaccination against HBV.
- The highest prevalence rates are in excess of 5 % whilst some countries have less than 2 % prevalence. However as few countries are providing data on HBsAg the picture is far from complete.
- Some countries show high values of antibodies for HCV and HBV but relatively low prevalence of HBsAg, which might be attributed to the effect of recently introduced vaccination against HBV.
- The prevalence of specific antibodies against HBV (especially anti-HBc), which indicate a history of infection, also varies strongly within and between countries. Several countries, both old and new, have sample studies showing

relatively low rates of less than 20 %, but at the same time more than 60 % prevalence is found in local samples in some countries. The prevalence of antibodies against HBV appears to vary more than the prevalence of HCV, both within and between countries.

- Some countries show consistently low prevalence of antibodies against both HBV and HIV, two infections that are transmitted sexually. This might suggest that in those countries sexual risk behaviour among IDUs could be relatively low.
- Some countries show consistently high figures across HIV, HCV and HBV, both in the total samples and in young and new IDUs, suggesting current transmission of these infections among injecting drug users.
- Trends data for HBsAg are only available from five countries, and these show mixed results.
- Trends in HBV antibody prevalence show varying changes over time, with some minor increases and falls in recent years. There were declines in the first half of the 1990s in Italy and UK while Portugal shows a decline in the second half of the 1990s (Figure INF-9, Figure INF-10, Figure INF-18, Figure INF-19).
- Data on the notification of hepatitis are not reliably comparable indicators across countries, due to differences in case definitions and high proportions of asymptomatic cases that are not notified. The proportion of IDUs among notification data, however, may give a comparable indication of the relative importance of drug injecting as a transmission category for both HCV and HBV.
- Absolute numbers of IDU related hepatitis C notifications show a variety of trends with no consistent patterns discernable.
- In the countries that provided data, the HCV notifications for 1992 to 2003 suggest that the large majority of new cases of hepatitis C (mostly considering acute cases only) are IDUs.
- Proportions of IDUs among notified cases of hepatitis C vary from about 50 % in some countries to over 75 % in most others. Where trends in numbers are sufficient to permit a percentage interpretation, they do in the main show some slight decrease (Figure INF-12, Figure INF-13, Table INF-5 part (i)).
- Hepatitis B notification data 1992 to 2003 for the countries with data available suggests that the proportion of IDUs has been increasing during the 1990s.
- Absolute numbers of cases of IDU-related hepatitis B show strong variations in trends. Even the countries with past increases tend to show more recently declines in the past three to four years, both in absolute numbers and in percentage terms (Figure INF-14, Figure INF-15, Table INF-6 part (i)).

Data tables

The tables deal with prevalence of infectious diseases (specifically, HIV, HCV and HBV) among injecting drug users and with new notifications of these diseases among drug users. Summary tables by country show estimates of the percentage of IDUs infected. Fuller tables on which the summaries are based can be found in the statistical bulletin annex.

Table INF-0 part (i). Bibliographic references: prevalence data

Country	Ref.	Source
All countries	1a	Rotily M, Weilandt C, Bird SM, Käll K, van Haastrecht HJA, Iandolo E, Rousseau S. Surveillance of HIV infection and related risk behaviour in European prisons – a multicentre pilot study. Eur J Public Health. 2001 Sep;11(3):243-50.
	1b	Weilandt C, Rotily M. European Network on HIV/AIDS and Hepatitis Prevention in Prisons - 2nd Annual Report. Marseille/Bonn, ORS/Wiad, 1998.
	2	EMCDDA. The state of the drugs problem in the acceding and candidate countries to the European Union. EMCDDA 2003.
	3	Data provided by the European Centre for the Epidemiological Monitoring of AIDS (EuroHIV) (2004).
Belgium	1	Eurotox, Brussels (unpublished data).
	2	Raes V., Medische registratie druggerelateerde infectieuze aandoeningen 2002 en 2003. De Sleutel, Merelbeke.
	2a	Raes V. De Sleutel, Dienst Wetenschappelijk Onderzoek. Jaarverslag 1999. Merelbeke, July 2000.
	2b	De Sleutel. Jaarverslag 1999. Merelbeke, July 2000; Jaarverslag 2000; Jaarverslag 2001. Medische registratie, gegevensverwerking 2000; Medische registratie, gegevensverwerking 2001
	3	Vandenbussche, E., (2001), Vlaamse Registratie Middelengebruik (VRM): registratiegegevens 1999, VAD, Brussel.
	6	Data from prison Lantin (French Community), 1999. Service de santé de l'Administration des établissements pénitentiaires, Brussels (unpublished data).
	7	Data from 1 prison in the Flemish Community. Service de santé de l'administration des établissements pénitentaires, Brussels (unpublished data).
	8	Matheï C. Free Clinic, Van Arteveldestraat 64, Antwerp, Belgium, Antwerp (unpublished data).
	10a	Denis B, Hayani A, Jamoulle M et al. Toxicomanie et virus de l'hépatite C, B et HIV. Bulletin de la Société Clinique de l'Hopital Civil de Charleroi, 1993 (44) :209-213.
	10b	Denis B., Dedobbeleer M, Collet T et all. High prevalence of hepatitis C virus infection in Belgian intravenous drug users and potential role of the Cotton-filter in transmission. Acta Gastro-Enterologica Bélgica, Vol LXIII, April-June 2000.
	13	Todts S. Risicogedrag bij injecterende druggebruikers in Vlaanderen. GiG project, VAD and Free Clinic, 1997
Czech Republic	1a	National Institute of Public Health, National Reference laboratory on AIDS, Prague, (unpublished data).
	1b	National Reference Laboratory for AIDS, Bulletin of Centre of Epidemilogy and Microbiology vol. 11 (2002) no. 1-12 (Národní refenční laboratoř pro AIDS, Zprávy Centra Epidemiologie a Mikrobiologie volume 11 (2002), no. 1-12)
	3	General Directory of Prison Service, Prague, unpublished data
	4	National Monitoring Centre for Drugs and Drug Addiction (2004d) Results of the First Part of "HCV Seroprevalence Study Among Injecting Drug Users". Notes: unpublished
	5	Mravčík, V., Zábranský, T., Korčišová, B., Lejčková, P., Škrdlantová, E., Šťastná, L., Macek, V., Petroš, O., Gajdošíková, H., Miovský, M., Kalina, K. and Vopravil, J. (2003) Annual Report: Drug Situation – The Czech Republic 2002. Prague: Office of the Government of the Czech Republic.
	7	Brůčková, M., Malý, M., Vandasová, J. and Rychtařík, J. (2004) Trendy výskytu a šíření HIV/AIDS v ČR v roce 2003. SZÚ Praha Notes: 13, únor 2004 - č.2
Denmark	1a	P.B. Christensen, H.B. Krarup, H.G.M. Niesters, H. Norder and J. Georgsen: Prevalence and incidence of bloodborne viral infections among Danish prisoners. Eur J Epidemiol 2000; 16: 1043-1049.
	1b	P.B. Christensen, H.B. Krarup, H.G.M. Niesters, H. Norder O.B. Schaffalitzky de Muckadell, B. Jeune and J. Georgsen: Outbreak of Hepatitis B among Injecting Drug Users in Denmark. J Clin Virol 2001; 22: 133-141
	1c	P. B. Christensen, R. E. Engle, S.E.H. Jacobsen, H.B. Krarup, G. Georgsen and R.H. Purcell: High Prevalence Of Hepatitis A Antibodies among Danish Prisoners and Drug Users. J Med. Virol 2002; 66: 49 - 55
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Country	Ref.	Source
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Greece	1	Greek REITOX Focal Point (EKTEPN), University Mental Health Research Institute (UMHRI).
	2	Therapy Center for Dependent Individuals (KETHEA)
	3	Hellenic Centre for Infectious Diseases Control (HCIDC - KEEL), Ministry of Health and Welfare.
	5	Organisation Against Drugs (OKANA). Methadone Substitution Programme – Salonica Units
	6	National School of Public Health – Reference Center of AIDS, Epidemiology and Biostatistics Unit, Athens.
	7	Organisation Against Drugs (OKANA) Methadone Substitution Programme – Athens Units.
	8	Diagnostic and Reference Laboratory of STDs and AIDS - "A.Sygros" Hospital.
	9	"18 ANO" Drug and Alcohol Dependence Treatment Unit - Attica State Psychiatric Hospital
	10	Mr. Papadourakis - Ministry of Justice
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Ireland	1	Smyth, B., Keenan, E., O'Connor, JJ. (1998) Bloodborne viral infection in Irish injecting drug users. Addiction, 93 (11), 1649-56.
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Italy	1a	Rilevazione Attività nel Settore Tossicodipendenze - Anno 2000, Ministero della Salute, Sistema Informativo Sanitario, Direzione Generale della Prevenzione, Ufficio Dipendenze da Farmaci e Sostanze d'Abuso e AIDS.
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	1c	Ministero del Lavoro e delle Politiche Sociali, Dipartimento per le Politiche Sociali e Previdenziali. Relazione Annuale al Parlamento sullo Stato delle Tossicodipendenze in Italia 2003.
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Latvia	1	Sarmite S. Narcology Centre, Riga. (unpublished data)
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	6	Selakova L, Upmace I, Dievberna I. Large fall in new HIV diagnoses in Latvia in 2002. Eurosurveillance Weekly 2003, 7/6 [http://www.eurosurveillance.org/ew/2003/030206.asp (accessed 7 May 2004)]
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Lithuania	1	Griškevicius A. Lietuvos AIDS centras, Vilnius, Lithuania. (unpublished data)
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Luxembourg	1a	Origer A., Rapport national sur l'état de la situation du phénomène de la drogue - RELIS 2000, PFN, AST, Direction de la Santé, Luxembourg, 2000
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	1c	Origer A. (in press), Rapport national sur l'état de la situation du phénomène de la drogue - RELIS 2002, PFN, Centre de Recherche Public - Santé, Luxembourg.
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Netherlands	1	Beuker RJ, Berns MPH, Rozendaal CM van, Snijders BM, Ameijden EJC van, Houweling H and Laar MJW van de. Surveillance of HIV-infection among injecting drug users in The Netherlands: results Amsterdam 1998. [in Dutch] Report 441100011. Rijksinstituut voor Volksgezondheid en Milieu (RIVM), Bilthoven, 2000.
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	18	National Institute of Public Health and the Environment (RIVM). (unpublished data from study ref. 12)
	21	National Institute for Public Health and the Environment (RIVM), Bilthoven (unpublished data).
Austria	1	Eigner R. Federal Ministry for Social Security and Generations, Special Register for Drug related Deaths (unpublished data).
	1a	Birgit Langer, Federal Ministry for Health and Women, Special Register for Drug related Death, unpublished data.
	2	Inpatient Treatment Center Lukasfeld, Vorarlberg (unpublished data).
	3	Verein Wiener Sozialprojekte, low threshold facility Ganslwirt, Vienna (unpublished data).
	4	Inpatient Treatment Center Anton Proksch Institut Mödling, Vienna (unpublished data).
	5	Caritas Marienambulanz Graz (unpublished data)
Poland	1	Szata W. (2003) Aids i zakażenia HIV w roku 2001. Przegdąd Epidemiologiczny, nr 1-2/2003.
	1a	Rosinska M. (2004) Aids i zakażenia HIV w roku 2002. Przegląd Epidemiologiczny, nr 1-2/2004 Szata W. (2003) Aids i zakażenia HIV w roku 2001. Przegląd Epidemiologiczny, nr 1-2/2003 Szata W. (2002) Aids i zakażenia HIV w roku 2000. Przegląd Epidemiologiczny, nr 1-2/2002 Szata W. (2001) Aids i zakażenia HIV w roku 1999. Przegląd Epidemiologiczny, nr 1-2/2001 Szata W. (2000) Aids i zakażenia HIV w roku 1998. Przegląd Epidemiologiczny, nr 1-2/2000 Szata W. (1999) Aids i zakażenia HIV w roku 1997. Przegląd Epidemiologiczny, nr 1-2/1999 Szata W. (1998) Aids i zakażenia HIV w roku 1996. Przegląd Epidemiologiczny, nr 1-2/1998 Szata W. (1997) Aids i zakażenia HIV w roku 1995. Przegląd Epidemiologiczny, nr 1-2/1997
	2	Bielak, A. National Institute of Hygiene. Warszawa, Poland (unpublished data).
Portugal	1	Centros de Atendimento a Toxicodependentes (CAT), Serviço de Prevenção e Tratamento da Toxicodependência (SPTT), Xabregas Lisbon, (unpublished data).
	2	Monteiro Carvalho C. - Centros de Atendimento a Toxicodependentes (CAT), Serviço de Prevenção e Tratamento da Toxicodependência (SPTT), DR Centro Coimbra (unpublished data).
	3	Centros de Atendimento a Toxicodependentes (CAT), Serviço de Prevenção e Tratamento da Toxicodependência (SPTT), DRN Norte Porto, (unpublished data).

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Table INF-0 part (i) – *continued from previous page*

Country	Ref.	Source
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	8	Viegas E. - Drug treatment Centre CAT Boavista– SPTT, Porto (unpublished data).
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	10	Maia A. – SPTT, Lisboa (unpublished data).
	10a	IDT (2004). A Situação do País em Matéria de Droga e de Toxicodependência. Relatório Anual - 2003 (Vol. I). Lisboa: IDT.E2
	11	Direcção Regional do Algarve do SPTT. Pina, António P.B. - Toxicodependentes em tratamento no Algarve - Revista Toxicodependências, Edição SPTT, Vol. 6, N extordmasculine 1, Ano 2000, pp.37-48.
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	15b	See all countries 1b
	16a	Félix da Costa N, Viana L, Correia J, "Dois Dias de Consultas de Toxicodependências em Portugal – resultados de 1994, Toxicodependências, 1, 3 - 20, 1996.
	16b	Félix da Costa N, Correia J, Ferraz de Oliveira, F, "Tratamento da Toxicodependência – Estudo Sagital de 1995", Toxicodependências, 3, 39 – 53, 1996.
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	22	ODT/IDT (unpublished data).
Slovenia	1	Institute of Public Health of the Republic of Slovenia, Ljubljana.
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Finland	1a	Holmström P. National Public Health Institute (KTL) Department of Infectious Diseases Epidemiology (unpublished data).
	1b	Liitsola. K., Ristola. M., Holmström. O., Salminen. M. O., Brummer-Korvenkontio. H., Simola, S., Suni, J. & Leinikki, P. 2000. An outbreak of the circulating recombinant form AECM240 HIV-1 in the Finnish IDU population. Aids. (Letter) 14:2613-2629.
	2	Needle exchange data, National Research and Development Centre for Welfare and Health (STAKES), Helsinki (unpublished data).
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	6	Brummer Korvenkontio H. National Public Health Institute (KTL) Department of Infectious Diseases Epidemiology (unpublished data).
Sweden	1	Kall, K., Thorstensson, R., Low HIV seroprevalence in spite of high-risk behaviour in nine Swedish prisons. 12th World AIDS Conference, Geneva, 1998. [abstract 23552].

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Country	Ref.	Source
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United Kingdom	2	Judd A, Stimson GV, Hickman M, Hunter GM, Jones S, Parry JV, Madden P. Prevalence of HIV infection in a multi-site sample of injecting drug users not in contact with treatment services in England. AIDS. 2000; 14: 2413-5.
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	16	Gore SM, Bird AG, Cameron SO, Hutchinson SJ, Burns SM, Goldberg DJ. Prevalence of hepatitis C in prisons: WASH-C surveillance
	17	Kennedy N, Tong CY, Beeching NJ, Lamden K, Williams H, Mutton KJ, Hart CA. Hepatitis G virus infection in drug users in Liverpool. J Infect 1998; 37: 140-7.
	18	Haw S, Higgins K. A comparison of the prevalence of HIV infection and injecting risk behaviour in urban and rural samples in Scotland. Addiction. 1998; 93: 855-63.
	20	UK 20 Shooting Up: Infections among injecting drug users in the United Kingdom 2003. Health Protection Agency, SCIEH, National Public Health Service for Wales, CDSC Northern Ireland, CRDHB, and the UASSG. London: Health Protection Agency, October 2004. ISBN 0 901144 64 9. http://www.hpa.org.uk/infections/topics_az/injectingdrugusers/menu.htm
	21	Data from 1999 community-wide survey unpublished
	30	Judd A, Hickman M, Jones S, McDonald T, Parry JV, Stimson GV, Hall AJ. Incidence of hepatitis C virus and HIV among new injecting drug users in London - prospective cohort study. BMJ 2005; 330: 24-25.
Bulgaria	1	Tomov N. National Centre for Addictions.
	1a	Bulgarian National REITOX Focal Point (2002), Annual Report on the State of Drug Related Problems in Bulagaria – 2001, National Drug Council, National Focal Point, 123 pages, April 2002, Sofia
Romania	1	see all countries 2
Norway	1	Konør H, MARIO – Methadone assisted rehabilitation in Oslo, unpublished data.
	2	MSIS-rapport 2004; 32:51 . Norwegian Institute of Public Health 2004. (in Norwegian only)
	2a	National Institute of Public Health (2001) Reference: Table 7.7 in Alcohol and Drugs in Norway, unpublished data.
	2b	Steen T., Oslo Municipality, Oslo, unpublished data.
	6	Melberg HO, Lauritzen G, Ravndal E. Hvilken nytte, for hvem og til hvilken kostnad? Oslo: Norwegian Institute for Alcohol and Drug Research (SIRUS), 2003. Report no. 4/2003.

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Country	Ref.	Source
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Denmark	5	Susan Cowan, Department of Epidemiology, Statens Serum Institut, 2003. (unpublished data).
Germany	21	Robert-Koch-Institut (Hrsg.) Gesundheitsberichterstattung de Bundes, Heft 15. Hepatitis C. //www.rki.de//Epidemiologisches Bulletin 16.1.2004
Estonia	1	Kutsar K, Health Protection Inspectorate, Tallinn.
Latvia	3	Perevoscikovs J. State Public Health Agency. (Epidemioloģijas biļetens, Nr. 84 (720) June 16, 2003)
Lithuania	4	Bagdonaite J., Centre for Communicable Diseases Prevention and Control, Vilnius, Lithuania (unpublished data)
Luxembourg	1d	Origer A., Ministry of Health – Luxembourg
Hungary	1	Csohán Á. National Center for Epidemiology, Department for Epidemiology, Budapest. (personal comm.)
Netherlands	23	Koedijk, F., Op de Coul, E.L.M., Van de Laar, M. Aangifte acute HBV in 2003 (in progress, Infectieziekten Bulletin 2004); Koedijk, F., Op de Coul, E.L.M., Van de Laar, M. Chronische hepatitis B infecties in Nederland, 2001-2003 (in progress, Infectieziekten Bulletin 2004)
	24	Health Inspectorate/RIVM
Poland	3	National Focal Point, pers. comm. 2004.
Slovenia	1	Institute of Public Health of the Republic of Slovenia, Ljubljana.
Slovakia	1	Okruhlica, L., Klempova, D.: Hodnocení programu vakcinace proti hepatitidě typu B u uživatelú drog v Bratislavě (Evaluation of a Hepatitis B Vaccination Programme among Drug Users in Bratislava), Adiktologie, 2002, 2, p.11-18.
	4	Okruhlica, L., Centre for Treatment of Drug Dependencies. Bratislava.
	5	Okruhlica, L., Gazdik, F., Klempova, D.: Hepatitída C a aktuálne súvislosti s odborom drogových závislostí, Alkoholizmus a drogové závislosti (Protialkoholický obzor), 2003, 38, p.75-82.
Finland	1a	Holmström P. National Public Health Institute (KTL) Department of Infectious Diseases Epidemiology (unpublished data).
	4	National Research and Development Centre for Welfare and Health (STAKES). Private practioner and heroin addicts: A case study on the impact of medical outpatient care on criminal activities. STAKES. Helsinki, 1998
	5	National Focal Point, pers. comm. 2004.
	6	Brummer Korvenkontio H. National Public Health Institute (KTL) Department of Infectious Diseases Epidemiology (unpublished data).
Sweden	3	Janzon R. Swedish Institute for Infectious Disease Control, Department of Epidemiology. (unpublished data).
United Kingdom	22	Surveillance of known hepatitis C antibody cases in Scotland: Results to 30th June 2002. SCIEH Weekly Report 2003; 37(15): 96-101.
	23	Balogun MA & Gungabissoon U, Health Protection Agencies, Communicable Disease Surveillance Centre – London.
	24	Ramsay ME, Balogun MA, Collins M, Balraj V. Laboratory surveillance of hepatitis C virus infection in England and Wales: 1992 to 1996. Communicable disease and Public Health 1998; 1: 89-94.
	25	Smyth B. Communicable Disease Surveillance Centre, Northern Ireland.
	26	Balogun MA, Ramsay ME, Fairley CK, Collins M, Heptonstall J. Acute hepatitis B infection in England and Wales 1985-1996. Epidemiology and Infection 1999; 122: 125-131.
	27	Scottish Centre for Infection and Environmental Health (SCIEH), Laboratory notifications, Glasgow.
Norway	4	Marte Ødeg ard Lund, SIRUS – Norwegian Institute for Alcohol and Drug Research, unpublished data.
	7	Blystad H. Norwegian Institute of Public Health, Department of Infectious Disease Epidemiology. Oslo.
Bulgaria	1	Tomov N. National Centre for Addictions.

Table INF-1. Prevalence of HIV infection among injecting drug users in the EU: summary table by country

Country	Year	Number tested	% infected (1)	Study design (2)	Setting/comments (3) (4) (5)	Ref.
Belgium	2002-2003	549	(0.0-5.6)	DT; SR	DTC, LTS; serum	1, 2a, 2 b, 8
Czech Republic	2003	2320	0.1-0.7/ (0.0)	DT; SR	DTC, NSP, LTS, STI, OHC, HTC, IDUnk. opiate substitution centres; serum, saliva	1b, 5, 7
Denmark	1996-97	608	(0.0-3.4)	SP	PRI, DTC, serum	1a, 1b, 1c, 2
Germany	2000-01	2255	2.8-4.0	DT; SR	DTC, ODD	1, 3, 17
Estonia	2001-02	4228	6.2-13.0 / (41)	DT	DTC, NSP, PHL, GPs, STI, OHC, ANT, HTC; serum	1, 2
Greece	2003	2031	0.2-0.8 / (0.0-1.2)	DT	DTC, LTS, OHC, PHL; serum	1, 2, 9
Spain	2002-2003	1815	9.7-21.3 / (33.0)	DT	DTC, HTC, STI; serum (IDUs starting detoxification treatment)	25, 26, 28
France	2002-2003	1022	(13.7-23.0)	SR; SP (UAT)	NSP, DTC, LTS, STR, GPs, residential centres; 25 cities, IDUnk	4a, 4b, 16, 17
Ireland	1998-99	682	3.5 -5.8	SP; SP (UAT)	PRI; saliva, IDUnk	2, 4, 8, 3
Italy	2003	70484	14.2 / (0.99-37.5)	DT	DTC; serum, saliva; IDUnk (since 2004 prisons included)	1a, 1b
Latvia	2003	1285	6.6-9.7 / (22.0)	DT; SP	DTC, OHC, NSP, STR, HTC; serum	4, 5, 6, 7
Lithuania	2003-2004	1571	2.4 / (0.0-0.4)	DT; SP	DTC, NSP, OHC; serum	1, 3
Luxembourg	2003	221	4.5	SR	DTC, LTS, OHC, ARR, PRI	1c
Hungary	2003	464	0.0 / (0.0)	DT; SP	DTC, PHL, STR; serum, saliva	1, 2
Netherlands	1998-2002	1595	(0.5-25.9)	SP	DTC, NSP, LTS, STR, methadone service; saliva and serum	1, 3, 4, 6, 8, 9, 21
Austria	2003	422	6.8 / (2.5-4.0)	DT	ODD, DTC, LTS, NSP; serum	1, 1a, 2, 3, 4
Poland	2002	2791	6.7-(29.7)	DT; SP	PHL, HTC, DTC, STI, STR; serum	1a, 2
Portugal	2003	8176	15.0-16.0	DT	DTC; IDUnk	10a
Slovenia	2003	1188	0.0 / (0.0)	DT; SP (UAT)	DTC, NSP; saliva	1, 2
Slovakia	2003	1044	0	DT	DTC; serum	4, 3
Finland	2003	732	(0.0-0.4)	DT	NSP; serum	6
Sweden	1997	196	2.6	SP	PRI, 9 sites; saliva	1
United Kingdom	2003	8433	(0.3-2.9)	DT; SP (UAT)	DTC, NSP, LTS, primary care and outreach, named HIV tests; saliva and serum	5, 20
Bulgaria	2003	992	(0.0)	DT	DTC, NSP, LTS, HTC; serum	1a
Romania	2001	2135	(0.0)		Public Health Departments	1
Norway	2004	264	(0.4)	SP	NSP, STR; serum	2a, 2b

Notes:

This summary table intends to give a global overview of HIV prevalence in IDUs in the EU. In this table data are reported for the most recent year available. Data sources for more than one year are used if they improve generalisability (e.g. national data, out-of-treatment data). Prevalence in this table should not be compared with previous versions to follow changes over time, as inclusion of sources may vary according to data availability. For time trends see Tables INF 8-10 in the annex of this statistical bulletin.

(1) The figures given in brackets show local estimates (or range of estimates) within the country.

(2) Self-reported test results are less reliable than biological test results.

(3) Having health problems is one selection criterion for admission to drug treatment in some countries or cities (Greece, Portugal, Rome), due to long waiting lists or special programmes for infected IDUs, and this may result in upward bias of prevalence. Prevalence from treatment data should therefore be interpreted in combination with non-treatment data. On the other hand, data from Italy and Portugal include non-IDUs and may thus underestimate prevalence in IDUs.

(4) IDUnk = IDU not known, prevalence may be too low.

(5) ODD = overdose deaths; DEM = drug emergencies; DTC = drug treatment centres; NSP = needle exchanges; LTS = low-threshold services; PHL = public health laboratories; STI = STI clinics; ANT = antenatal clinics; OHC = other hospital or clinics; PRI = prisons; ARR = arrests; GPs = general practitioners; HTC = HIV testing centres; STR = street; OTH = other.

Sources:

See Table INF-8.

Table INF-2. Prevalence of HCV infection among injecting drug users in the EU: summary table by country

Country	Year	Number tested	% infected (1)	Setting/comments (2) (3) (4) (5)	Ref.
Belgium	2003	367	(35.0-79.1)	DTC, LTS; serum	2a, 2b, 8
Czech Republic	2002-03	1853	52.0 / (29.7)	LTS, PRI; serum	3, 4
Denmark	1997	602	(75-85)	PRI, DTC; serum	1, 2
Germany	1998-01	675	(65.7-82.5)	DTC, LTS, PRI; saliva, serum	2, 4, 7
Estonia	2002	63	(90.5)	LTS	3
Greece	2003	2058	35.8-67.2 / (31.1-82.1)	DTC, LTS, OHC, PHL; serum	1, 2, 9
Spain	2003	40	(59.1)	Blood samples in blotting paper. Heroin users age 30 or less recruited in community	29
France	1995-97	429	(53.2-91)	PRI, PHL; serum	5a, 5b, 6, 11
Ireland	1998-99	682	71.7-81.3	PRI; saliva	2, 4
Italy	2003	79160	65.1 (42.1-97.2)	DTC, PRI; saliva, serum; IDUnk	1
Latvia	2001	261	(83)	NSP	2
Lithuania	2000	693	79		2
Luxembourg	1998	116	37	PRI ; saliva	4
Hungary	2003	466	10.4-(30.0)	DTC	1
Netherlands	1996-00	487	(47.2-73.3)	DTC, NSP, LTS	9, 11
Austria	2003	341	33.1 / (44.0-51.0)	DTC, NSP, LTS, ODD; serum	1a, 1b, 2, 3, 4
Poland	2002	165	(60.6)	DTC, STR; serum	2
Portugal	2003	8058	44.9-62	DTC, therapeutic, outpatient and detoxication units; serum; IDUnk	10a
Slovenia	2002-2003	768	22.2-(32.5)	DTC; serum	1, 2
Slovakia	2002	80	(32.5)	DTC; serum	2
Finland	2002-2003	833	(11.4-52.0)	NSP; saliva, serum	1, 1a, 6
Sweden	1994	913	(91.1)	PRI, OHC ; 16 % non-participation	2
United Kingdom	2002-2003	5815	(19.0-55.0)	DTC, NSP, LTS, primary care and outreach; saliva	8, 20, 21
Bulgaria	2001	435	(60)	DTC, NSP, LTS, outreach.	1a
Romania	2001	1200	(51.0)	DTC	1
Norway	2004	264	(68.0)	NSP, STR; serum	2

Notes:

This summary table is meant to give a global overview of HCV prevalence in IDUs in the EU. In this table data are reported for the most recent year available. Data sources for more than one year are used if they clearly improve generalisability (e.g. national data, out-of-treatment data). Prevalence in this table should not be compared with previous versions to follow changes over time, as inclusion of sources may vary according to data availability. For time trends see Tables INF 11-13 in the annex of this statistical bulletin.

(1) The figures given in brackets show local estimates (or range of estimates) within the country.

(2) Saliva tests for hepatitis C antibodies underestimate prevalence. If test sensitivity is known then figures can be adjusted upwards by dividing prevalence by test sensitivity. Test sensitivity is around 70-90 % in older studies and may be up to 90-95 % in some recent studies. Figures have not been adjusted.

(3) Having health problems is one selection criterion for admission to drug treatment in some countries or cities (Greece, Portugal, Rome), due to long waiting lists or special programmes for infected IDUs, and this may result in upward bias of prevalence. Prevalence from treatment data should therefore be interpreted in combination with non-treatment data. On the other hand, data from Italy and Portugal include non-IDUs and may thus underestimate prevalence in IDUs.

(4) IDUnk = IDU not known, prevalence may be too low.

(5) ODD = overdose deaths; DTC = drug treatment centres; NSP = needle exchanges; LTS = low-threshold services; PHL = public health laboratories; OHC = other hospital or clinics; PRI = prisons; STR = street; OTH = other.

Sources:

See Table INF-11.

Table INF-3. Prevalence of markers for HBV infection among injecting drug users in the EU: summary table by country

Country	Year	Number tested	% positive HBsAg (1)	% positive any marker (1)	Setting/comments (2) (3) (4) (5)	Ref.
Belgium	2003	362	(3.9)	(12.0-61.9)	DTC, LTS; serum	2a, 2b, 8
Denmark	1997	602		(64-68)	PRI, DTC; serum	1, 2
Germany	1999	140	2.0	(52-63)	DTC	4
Estonia	2002	100		(59.5-68.2)	LTS	3
Greece	2003	2040	2.3-5.8 (0.0-7.1)		DTC, LTS, OHC, PHL; serum	1, 2, 9
Spain	2002-2003	805		(20.0-51.7)	DTC	29, 32
Ireland	1998-99	682		17.9-18.5	PRI, serum, saliva	2, 4
Italy	2003	62249		43.4 (26.3-90.6)	DTC, PRI; serum; IDUnk	1a, 1b
Latvia	2001	261		(38)	NSP	2
Lithuania	2000	698		7		2
Hungary	2002-2003	470	0.7 (2.6)		DTC, PHL, STR; serum, saliva	1, 2
Netherlands	1999-00	405	(3.0-4.4)	(35.2-67.5)	DTC, NSP, LTS surveys in and outside drug treatment; serum	6, 9, 11
Austria	2003	214		(7.0-34.0)	DTC, LTS, PHL, GPs, HTC; serum	2, 3, 4, 5
Poland	2002	164	(5.6)	(52.4)	DTC, STR, serum	2
Portugal	2003	8110	3.0-8.0	16.0-33.0	DTC; serum, dried blood spots; IDUnk	10a, 22
Slovenia	2002-2003	670	3.4	10.4	DTC; serum	1
Slovakia	2002	80		(6.3)	DTC; serum	2
Sweden	1997	184		57.6	PRI, 9 sites; saliva	5a, 5b
United Kingdom (E & W)	2003	2644		(2.0-29.0)	DTC, NSP, LTS, primary care and outreach; saliva	20
Bulgaria	2001	689	(5)	n.a.	DTC, NSP, LTS, outreach.	1a
Romania	2000	1200	(25)		DTC	1
Norway	2004	264		(42.0)	NSP, STR; serum	2a, 2b

Notes:

This summary table intends to give a global overview of prevalence of HBV markers in IDUs in the EU. In this table data are reported for the most recent year available. Data sources for more than one year are used if they clearly improve generalisability (e.g. national data, out-of-treatment data). Prevalence in this table should not be compared with previous versions to follow changes over time, as inclusion of sources may vary according to data availability. For time trends see Tables INF-14 and INF-15 in the annex of this statistical bulletin.

(1) The figures given in brackets show local estimates (or range of estimates) within the country.

(2) Saliva tests for hepatitis B antibodies underestimate prevalence. If test sensitivity is known then figures can be adjusted upwards by dividing prevalence by test sensitivity. Figures have not been adjusted.

(3) Having health problems is one selection criterion for admission to drug treatment in some countries or cities (Greece, Portugal, Rome), due to long waiting lists or special programmes for infected IDUs, and this may result in upward bias of prevalence. Prevalence from treatment data should therefore be interpreted in combination with non-treatment data. On the other hand, data from Italy and Portugal include non-IDUs and may thus underestimate prevalence in IDUs.

(4) IDUnk = IDU not known, prevalence may be too low.

(5) DTC = drug treatment centres; NSP = needle exchanges; LTS = low-threshold services; PHL = public health laboratories; OHC = other hospital or clinics; PRI = prisons; GPs = general practitioners; HTC = HIV testing centres; STR = street; OTH = other.

Sources:

See Tables INF-14 and INF-15.

List of supplementary material

The figures and supplementary tables listed here are available on the statistical bulletin website (http://stats05.emcdda.eu.int).

Figures

Figure INF-1. AIDS cases among IDUs by country (WHO European Region) and year of diagnosis (1982 to 2003) adjusted for reporting delays

Figure INF-2. AIDS cases by transmission group and year of diagnosis (1987-2003) adjusted for reporting delays, EU

Figure INF-3. HIV prevalence among injecting drug users: studies with national and subnational coverage 2002 to 2003

Figure INF-4. HIV prevalence among injecting drug users under age 25: studies with national and subnational coverage 2002 to 2003

Figure INF-5. HIV prevalence among injecting drug users (injecting less than 2 years): studies with national and subnational coverage 2002 to 2003

Figure INF-6. HCV prevalence among injecting drug users: studies with national and subnational coverage 2002 to 2003

Figure INF-7. HCV prevalence among injecting drug users under age 25: studies with national and subnational coverage 2002 to 2003

Figure INF-8. HCV prevalence among new injecting drug users (injecting less than 2 years): studies with national and subnational coverage 2002 to 2003

Figure INF-9. HBV prevalence among injecting drug users (percentage with HBsAg) - studies with national and subnational coverage 2002 to 2003

Figure INF-10. HBV (antibodies) prevalence among injecting drug users - studies with national and subnational coverage 2002 to 2003

Figure INF-11. HIV infections newly diagnosed in injecting drug users in selected EU countries, Russia and Ukraine, by year of report

Figure INF-12. Proportion of notified cases of hepatitis C that are reported as IDU for some EU countries

Figure INF-13. Numbers of notified cases of hepatitis C in IDUs 1992 to 2003 for some EU countries

Figure INF-14. Notified cases of hepatitis B, proportion of cases reported as IDU

Figure INF-15. Trends in numbers of notified cases of hepatitis B in IDUs, 1992 to 2003

Figure INF-16. Trends in HIV seroprevalence among injecting drug users 1991 to 2003

Figure INF-17. Trends in HCV seroprevalence among injecting drug users 1997 to 2004

Figure INF-18. Trends in HBV (HBsAg) seroprevalence among IDUs, 1997 to 2003

Figure INF-19. Trends in HBV antibodies seroprevalence among IDUs: trends for some EU countries 1991 to 2004

Figure INF-20. Prevalence of HIV infection among injecting drug users, 2002 to 2003

Figure INF-21. Prevalence of HCV infection among injecting drug users, 2002 to 2003

Figure INF-22. Prevalence of HBV infection (HBsAg) among injecting drug users, 2002 to 2003

Figure INF-23. Prevalence of HBV infection (antibodies) among injecting drug users, 2002 to 2003

Figure INF-24. Clinically diagnosed AIDS incidence per 100 000 population in Europe

Figure INF-25. Estimated access to highly active anti retroviral treatment (HAART) in WHO European Region, end of 2004

Figure INF-26. Trends in HIV seroprevalence among IDUs under the age of 25

Figure INF-27. Trends in HIV seroprevalence among new IDUs in some EU countries

Figure INF-28. Trends in HCV seroprevalence among IDUs under age 25 from 1994 to 2003

Figure INF-29. Trends in HCV seroprevalence among new IDUs, 1994 to 2003

Tables

Table INF-4. HIV infections newly diagnosed in injecting drug users, by year of report from 1992 to 2003, (a) cases per million population and (b) number of cases

Table INF-5. Notified cases of hepatitis C infection among injecting drug users: number of IDUs and percentage of IDUs among all cases with known risk factor

- Table INF-5 part (i). Notifications of IDUs with hepatitis C
- Table INF-5 part (ii). Notes and comments

Table INF-6. Notified cases of hepatitis B infection among injecting drug users: number of IDUs and percentage of IDUs among all cases with known risk factor

- Table INF-6 part (i). Notifications of IDUs with hepatitis B
- Table INF-6 part (ii). Notes and comments

Table INF-7. Incidence of hepatitis C virus antibody among injecting drug users

Table INF-8. Prevalence of HIV infection (%) among injecting drug users in the EU

- Table INF-8 part (i). Data
- Table INF-8 part (ii). Notes

Table INF-9. Prevalence of HIV infection (%) among injecting drug users under age 25, in the EU

- Table INF-9 part (i). Data
- Table INF-9 part (ii). Notes

Table INF-10. Prevalence of HIV infection (%) among new injecting drug users (injecting less than 2 years) in the EU

- Table INF-10 part (i). Data
- Table INF-10 part (ii). Notes

Table INF-11. Prevalence of hepatitis C infection (%) among injecting drug users in the EU

- Table INF-11 part (i). Data
- Table INF-11 part (ii). Notes

Table INF-12. Prevalence of hepatitis C infection (%) among injecting drug users under age 25 in the EU

- Table INF-12 part (i). Data

- Table INF-12 part (ii). Notes

Table INF-13. Prevalence of hepatitis C infection (%) among new injecting drug users (injecting less than 2 years) in the EU

- Table INF-13 part (i). Data
- Table INF-13 part (ii). Notes

Table INF-14. Prevalence of current hepatitis B infection (% with HBsAg) among injecting drug users in the EU

- Table INF-14 part (i). Data
- Table INF-14 part (ii). Notes

Table INF-15. Prevalence of antibodies against hepatitis B virus (%) among injecting drug users in the EU

- Table INF-15 part (i). Data
- Table INF-15 part (ii). Notes

European Monitoring Centre
for Drugs and Drug Addiction

Chapter 7
Drug-related deaths

Methods and definitions

1. EMCDDA definition

'Drug-related death' is the term used by the EMCDDA to refer to deaths happening shortly after consumption of one or more psychoactive drugs, and directly related to this consumption. Often these deaths are referred as 'overdoses', although equivalent concepts are also 'deaths directly related to drug use', 'poisonings' or 'drug-induced deaths'.

Most national statistics refer to these deaths, which are usually recorded through general mortality registries or special registries (forensic or police).

The EMCDDA has developed a common definition, in agreement with national experts (see below summary definition and also the DRD-Standard protocol) focusing on those deaths directly related to consumption of illegal substances (although alcohol or psychoactive medicines are also found frequently in the toxicological analysis).

At present, national statistics are improving in most countries and their definitions are becoming the same, or relatively similar, to the common EMCDDA definition. Some countries still include cases due to psychoactive medicines or non-overdose deaths, generally as a limited proportion (Drug-related deaths: national defintions (page 7.3) specifies in detail the definition of drug-related death used in each Member State).

In addition, there are still differences between countries in procedures of recording cases, and in the frequency of post-mortem investigation (including autopsy rates). In some countries information exchange between general mortality registries and special registries (forensic or police) is insufficient or lacking, which compromise the quality of information.

Direct comparisons between countries in the numbers or rates of drug-related deaths should be made with caution; but if methods are maintained consistently within a country, the trends observed can give valuable insight when interpreted together with other drug indicators.

In addition to deaths directly related to the use of drugs, also deaths indirectly related to drug use (e.g. AIDS, accidents, suicides, violence) should also be taken into account from a public health perspective, although their estimation requires different methodologies and data sources. The EMCDDA Report CT.00.RTX.22 presents an example of methodology to estimate the 'total burden of mortality' related to drug use that includes both deaths directly and indirectly related to drugs (Annex 1, pages 47 to 53).

The EMCDDA definition of drug-related deaths

The EMCDDA definition of drug-related death in the Key Indicator 'Drug-related deaths and mortality among drug users' refers to those deaths that are caused directly by the consumption of drugs of abuse. These deaths occur generally shortly after the consumption of the substance(s).

The cases are selected as follows:

1. The preferred method to estimate the number of deaths is to extract cases from existing general mortality registries according to the following criteria:

based on the WHO International Classification of Diseases, 9th edition -ICD-9-

Cases will be counted when their underlying cause of death was drugs psychoses, drug dependence, nondependent drug abuse, accidental poisoning, suicide and self-inflicted poisoning, and poisoning with undetermined intent.

Cases will be included when the death was due to a standard list of specific drugs: opiates, cocaine, amphetamines and derivates, cannabis, and hallucinogens.

The precise ICD-9 codes to be selected are the following:

Category of drug-related death	Selected ICD-9 code(s)
Drug psychoses	292
Drug dependence	304.0, 304.2-9
Nondependent drug abuse	305.2-3, 305.5-7, 305.9
Accidental drug poisoning	E850.0, E850.8 (1), E854.1-2, E855.2, and E858.8 (1)
Suicide and self-inflicted drug poisoning	E950.0 (1), E950.4 (1)
Drug poisoning undetermined intent	E980.0 (1), E980.4 (1)

(1) In combination with N-codes (N965.0, and/or N968.5, and/or N969.6, and/or N969.7

This selection was agreed by the EMCDDA expert group on drug-related deaths. It was called 'Selection B' for general mortality registries based on ICD-9.

based on the WHO International Classification of Diseases, 10th edition -ICD-10-

Case will be counted when their underlying cause of death was mental and behavioural disorders due to psychoactive substance use (see list of substances below) or poisoning accidental, intentional or undetermined intent (see list of substances below)

– Harmful use, dependence, and other mental and behavioural disorders due to:

- opioids (F11)
- cannabinoids (F12)
- cocaine (F14)
- other stimulants (F15)
- hallucinogens (F16)
- multiple drug use (F19)

– Accidental poisoning (X41, X42), intentional poisoning (X61, X62), or poisoning by undetermined intent (Y11, Y12) by:

- opium (T40.0)
- heroin (T40.1)
- other opioids (T40.2)
- methadone (T40.3)
- other synthetic narcotics (T40.4)
- cocaine (T40.5)
- other and unspecified narcotics (T40.6)
- cannabis (T40.7)
- lysergide (T40.8)
- other and unspecified psychodysleptics (T40.9)
- psychostimulants (T43.6)

The T-codes are to be selected in combination with the respective X-codes and Y-codes.

Underlying cause of death	Selected ICD-10 code(s)
Disorders	F11-F12, F14-F16, and F19
Accidental poisoning	X42 (1), X41 (2)
Intentional poisoning	X62 (1), X61 (2)
Poisoning undetermined intent	Y12 (1), Y11 (2)

(1) in combination with the T-codes: T40.0-9.
(2) in combination with T code: T43.6.

This selection was agreed by the EMCDDA expert group on drug-related deaths. It was called 'Selection B' for general mortality registries based on ICD-10.

2. An alternative method is to estimate the number of deaths by extracting cases from existing special registers (forensic or police registries). The method based on the special registries will be applied in countries where the preferred method cannot be implemented, but also will be used whenever possible as a backup estimate for the general mortality registries.

Cases will be counted when the death was due to poisoning by accident, suicide, homicide, or undetermined intent.

Cases will be included when the death was due to opiates, amphetamines, cocaine (or crack), cannabis, hallucinogens, solvents, or synthetic designer drugs like amphetamine derivates.

The precise groups of deaths are the following:

Category of drug-related death	Selected groups
Poisoning by accident, suicide, homicide, or undetermined intent	Opiates only (excluding methadone only) Methadone only Poly-substances including opiates Poly-substances excluding opiates Unspecified/unknown

– 'poly-substances' should include at least one of the above mentioned substances.
– 'unspecified/unknown' will be included when it is assumed to include one of the above mentioned substances.

This selection was agreed by the EMCDDA group of experts. It was called 'Selection D' for special registries

For more information on EMCDDA work on drug-related deaths see:

http://www.emcdda.eu.int/?nnodeid=1419.

For the EMCDDA protocol 'DRD-Standard Protocol' see:

http://www.emcdda.eu.int/?nnodeid=1837.

2. Drug-related deaths: 'National definitions'

Definitions of 'acute drug-related death' in EU Member States, as used to report cases for the EMCDDA annual report

(It is recommended that for reporting to the EMCDDA, the national definitions are in line with the EMCDDA definition)

Austria

Case definition	EMCDDA standard definition for special registries ('Selection D')
Technical information	'Selection D' is described in the protocol EMCDDA-DRD Standard, version 3.0 (for special registries)
Data collection procedure	Cases are reported by the police and hospitals to the Federal Ministry of Health and Women, which orders and checks the results of forensic examinations.
Reference	Suchtgiftbezogene Todesfälle-Statistik; Federal Ministry of Health and Women
Remarks	–

Belgium

Case definition	EMCDDA definition for general mortality registries('Selection B' for ICD-9)
Technical information	'Selection B' is described in the protocol EMCDDA-DRD Standard, version 3.0 (for general mortality registries)
Data collection procedure	Cases are reported by health authorities of the French and Flemish Communities that collect death certificates filled by physicians. The National Institute of Statistics centralises the morbidity statistics of the two communities
Reference	National Institute of Statistics. General mortality registry: personal communication (ad-hoc data extraction for REITOX national focal point for the 2002 National Report).
Remarks	Since 1998, cases will be selected by ICD-10 codes

Denmark

Case definition	A death is included in the statistics, if the death is caused by poisoning and also non-overdose deaths, such as for example accidents and suicides. The definition includes deaths due to all forms of narcotic substances.

	OR
	A death is included in the statistics, if
	(1) the dead is causes by poisoning (or)
	(2) there is a strong causal relation between use of drugs and death
Technical information	If no report from autopsy is available, the case is decided on available information of the deceased and circumstances of death.
Data collection procedure	Cases are reported from forensic institutes to the National Commission of Police.
Reference	www.politi.dk
Remarks	–

Finland

Case definition	From 1988 through 1995 (ICD-9, Finish adaptation), deaths due to identified drugs by: • diseases (dependence, harmful use, substance induced brain syndrome); • accidental poisoning; • events of undetermined intent. From 1996 onwards, EMCDDA definition for general mortality registries ('Selection B' for ICD-10)
Technical information	From 1988 through 1995 cases selected by ICD-9 (Finish adaptation. See Finish National Report 2003, Appendix 7) From 1996 onwards, 'Selection B' for ICD10, which is described in the protocol EMCDDA-DRD Standard, version 3.0 (for general mortality registries)
Data collection procedure	Collection and processing of causes of death statistics at Statistics Finland.
Reference	STAKES. General mortality registry. Personal communication (Ad-hoc data extraction for REITOX national focal point for the 2004 National Report)
Remarks	The Finish adaptation of ICD-9 did not allow the implementation of 'Selection B' of DRD standard protocol. For these reason, Selection B is only available from 1996 onwards, where ICD-10 was implemented. The breach of trends observed between 1995 and 1996 could be in part due to change from ICD-9 to ICD-10 and to change from national definition to Selection B

France

Case definition	• Deaths due to overdose in the strictest sense of the term. • Deaths occurring directly and immediately after consumption of drugs.
Technical information	–
Data collection procedure	After investigations following suspicious death, which generally include an autopsy and a toxicological analysis, cases are reported by the police and the Gendarmerie to the Office Central pour la Répression du Traffic Illicite de Stupéfiants (OCRTIS) at the Ministry of the Interior.
Reference	Office central pour la répression du trafic illicite des stupéfiants (2004) Usage et trafic des produits stupéfiants en France en 2003, OCRTIS, Nanterre
Remarks	Deaths due to poisoning by psychoactive medicines are included but, in practice, case definition is an approximation to 'Selection D' (only 10 cases of difference in 2003)

Germany

Case definition	• Deaths following intentional or unintentional overdose. • Deaths as a result of long-term abuse. • Deaths due to suicide resulting from despair about the circumstances of life or the effects of withdrawal symptoms. • Deaths due to fatal accidents suffered by people under the influence of drugs
Technical information	–
Data collection procedure	Cases are reported by local police units that are working jointly with the forensic physicians, to the National Police Department, the Federal Criminal Police Office (BKA) that records the information.
Reference	Bundeskriminalamt OA21 (2004). Bundeslagebild Rauschgift 2003. Wiesbaden: Bundekriminalamt
Remarks	• From 1985 through 1990, the figures only refer to the former West Germany (the old Länder). • Since 1991, the figures refer to the reunited Germany, which includes the old and the new Länder.

Greece

Case definition	EMCDDA standard definition for special registries ('Selection D') In national terms: • Deaths caused by overdose. • Deaths caused by the synergic activity of different drugs.
Technical information	'Selection D' is described in the protocol EMCDDA-DRD Standard, version 3.0 (for special registries)
Data collection procedure	Cases of sudden death are notified to the police who refer the cases to the forensic department for autopsy and toxicology, which notifies the police of the results. Cases are then reported by local police units to Section C of the Directory of Public Security at the Ministry of Public Order (Hellenic Police). Statistics are reported by the National Anti-Drug Co-ordinative Unit, National Anti-Drug Intelligence Unit, Joint Secretariat.
Reference	Hellenic Police, 2004. Reference for 2003 data: www.ydt.gr
Remarks	–

Ireland

Case definition	• Deaths due to drug dependence. • Deaths due to poisoning by opiates and related narcotics.
Technical information	Cases selected by ICD-9 codes – 304 (drug dependence) – 965.0 (poisoning by opiates and related narcotics)
Data collection procedure	Cases are reported by regional registrars of births and deaths, who collect information from doctors, the police, and coroners, to the general mortality register at the Central Statistics Office (CSO).
Reference	Central Statistics Office, Vital Statistics Section

Remarks	The increase between 1995 and 1997 is (partly) due to an increased awareness of the need for more accurate information and reporting.

Italy

Case definition	EMCDDA standard definition for special registries ('Selection D') In national terms: Deaths directly attributed to drug misuse (acute intoxication, overdose) and reported by local and special police units to the Central Drugs Directorate.
Technical Information	'Selection D' is described in the protocol EMCDDA-DRD Standard, version 3.0 (for special registries
Data collection procedure	Cases are reported by local and special police units to the Central Drugs Directorate at the Ministry of the Interior.
Reference	Relazione Annuale 2003. Direzione Centrale per i Servizi Antidroga (DCSA), Ministero dell'Interno
Remarks	–

Luxembourg

Case definition	Deaths caused by acute/direct reaction to the use of illegally acquired high risk consume (HRC) drugs.
Technical information	Fatal (accidental, intentional or of undetermined intention) intoxication caused by the use of at least one illicitly acquired drug or other drug(s) in case the victim has been known as a persistent user of illicitly acquired drugs. Death is due to the acute pharmacological and or toxicological effects(s) of the consumed substances(s)
Data collection procedure	All suspected deaths require a judicial enquiry, and after forensic evidence from autopsy, cases are reported by the local police to the special drug section (SDU) of the judicial police.
Reference	Origer, A. (in press). National report on the state of the drugs problem -RELIS 2003. NFP - CRP-Santé. Luxembourg
Remarks	–

Netherlands

Case definition	EMCDDA definition for general mortality registries('Selection B') From 1985 through 1995, based on ICD-9 Since 1996, based on ICD-10
Technical information	'Selection B' is described in the protocol EMCDDA-DRD Standard, version 3.0 (for general mortality registries)
Data collection procedure	Cases are reported by municipal registrars, who collect information from physicians and coroners, to the causes of death statistics at Statistics Netherlands.
Reference	Causes of death statistics, Statistics Netherlands
Remarks	Only persons retrievable in the Dutch population register are included

Norway

Case definition	Death due to misuse of illegal drugs (Drug dependence or poisoning). mental and behavioural disorders due to drug use accidental or undetermined poisoning by drugs of abuse
Technical information	• Up to 1996, cases were selected by ICD-8 and ICD-9 codes (304). • Since 1996, the ICD-10 codes used (underlying causes) are: F11-F12, F14-16, F19, X42 and Y12 in combination with T40.0-9 X41 and Y11 in combination with T43.6.
Data collection procedure	Registry of causes of death, from Statistics Norway. Data from Statistics Norway are manly based on autopsy reports from the National Institute of Forensic medicine.
Reference	Statistics Norway
Remarks	National definition is an approximation to 'Selection B' for ICD-10 but excluding 'intentional poisoning' (X61 and X62)

Portugal

Case definition	A person whose post-mortem toxicological analysis is positive for any illicit drug of abuse (whatever was the cause of death.
Technical information	• The proportion of cases with positive toxicology and information on presumed cause of death suspected to be acute drug-related deaths were: 44 % (2003), 58 % (2002) and 73 % (2001) • The cases refer to Lisbon, Oporto and Coimbra regions
Data collection procedure	Cases are reported to the delegations at the three forensic institutes of the Ministry of Justice.
Reference 2003	Relatório Anual do IDT- 2003. Lisboa
Remarks	Due to under-reporting in previous annual reports, more cases are reported in the annual report since 1995.

Spain

Case definition	Deaths due to acute reaction following non-medical use of psychoactive substances
Technical information	• From 1985 through 1995: Deaths due to acute reactions following opiate or cocaine consumption. • Since 1996: Deaths due to acute reactions following consumption of any psychoactive drug. • The cases refer to five large cities Barcelona, Bilbao, Madrid, Valencia, and Zaragoza.
Data collection procedure	Cases are reported by medical pathologists for the Mortality Indicator at the Delegación del Gobierno para el Plan Nacional Sobre Drogas (DGPNSD).
Reference 2003	1990 to 1995 State Information System on Drug Abuse (SEIT) Reports. 1996 to 2002 Unpublished reports
Remarks	Deaths due to poisoning by psychoactive medicines are included, but in practice, case definition is an approximation to 'Selection D' (only 1 case of difference in 2002) A small breach of trend took place in 1996 due to a change from reporting only on opiate and cocaine cases to all psychoactive substances.

Sweden

Case definition	EMCDDA definition for general mortality registries('Selection B' for ICD-10) Cases codified with T40.4 are excluded (in Sweden are mainly due to dextropropoxifen poisonings)
Technical information	'Selection B' is described in detail in the protocol EMCDDA-DRD Standard, version 3.0 (for general mortality registries)
Data collection procedure	Cases are reported by physicians to the cause of death register at Statistics Sweden and are reported and published by the Epidemiological Centre of the National Board of Health and Welfare (NBHW).
Reference	National Death Cause Registry (Run by the Epidemiological Centre, at the NBHW)
Remarks	In 2003 'national case definition' was adapted to the EMCDDA definition (Selection B) with the exception described

United Kingdom

Case definition	• Deaths due to drug dependence. • Deaths due to nondependent abuse. • Deaths due to accidental, suicidal, or undetermined poisonings.
Technical information	• England and Wales, Northern Ireland and Scotland ('ONS standard definition') Based on ICD-9 Classification: 292 (Drug psychoses), 304 (Drug dependence), 305.2 - 9 (Non-dependent abuse of drugs), E850 - E858 (Accidental poisoning by solid or liquid substances - drugs, medicaments, and biologicals), E950.0 - 5 (Suicide and self-inflicted poisoning by solid or liquid substances - drugs and medicaments), E980.0 - 5 (Poisoning by solid or liquid substances, undetermined whether accidentally or purposely inflicted - drugs and medicaments), E962.0 (Assault by poisoning - drugs and medicaments). • Scotland (From 2000) and England & Wales and N Ireland (From 2001) ('ONS standard definition' Based on ICD-10 Classification: F11-F16, F18, F19, X40-X44 (accidental poisoning), X60-X64 (intentional self poisoning), Y85 (assault by drugs, medicaments and biological substances), Y10-Y14 (poisoning undetermined intent).
Data collection procedure	Cases from England and Wales are reported to the Office for National Statistics (ONS), cases for Northern Ireland are reported to the General Register Office (Northern Ireland) and cases for Scotland are reported to the General Register Office (Scotland).
Reference 2003	See Health Statistics Quarterly, Nos 5, 7, 9, 11, 13, 17 & 21, ONS 2000, 2001, 2002, 2003 & 2004

Remarks

Drug Strategy Definition

Recently it has been developed an additional national definition that in this reports is referred as 'UK Drug Strategy Definition'.

The UK Drug Strategy Definition is a more restrictive extract from the ONS description that focuses on drugs controlled under the Misuse of Drugs Act of 1971. Drugs controlled by the Misuse of Drugs Act include class A, B and C drugs.

A description of this definition is given in the Annexed Box 1) 'UK Drug Strategy Definition'.

This definition produces estimates approximated to the EMCDDA Standard 'Selection B'.

Figures reported on the basis of this definition are presented separately in Table DRD-2 part (ii).

National Programme on Substance Abuse Deaths (np-SAD)

In addition, in the UK there is a special registry on drug-related deaths within the National Programme on Substance Abuse Deaths (np-SAD). This registry is based on data submitted voluntarily by coroners.

This registry can produce estimates for the EMCDDA Standard 'Selection D'.

A description of this special registry is given in the Annexed Box (2) 'UK np-SAD'.

Notes:

(1) ICD-9, ICD-10 = International Classification of Diseases, edition 9, edition 10, established by the World Health Organisation (WHO).

(2) In some countries, traditional definitions of 'drug-related deaths' used at national level are different from those presented here and may also include cases related to medicines, or some other deaths indirectly related to drug use (e.g. diseases, accidents).

(1) Annexed Box 'UK Drug Strategy Definition'

UK Drug Strategy definition

Extract from ONS description (based on ICD-9)

(A) Deaths where the underlying cause of death has been coded to the following categories:

- Drug psychoses (292);
- Drug dependence (304.0 -.5 and 304.7-.9);
- Nondependent abuse (305.2 -.9)

(B) Deaths coded to the following categories and where a drug controlled under the Misuse of Drugs Act 1971 was mentioned on the death record:

- Accidental poisoning by drugs, medicaments and biologicals (E850-E858);
- Undetermined whether accidentally or purposely inflicted (E980.0-E980.5);
- Assault by poisoning – drugs and medicaments (E962.0)
- Dependence on other drugs (304.6).

Notes:

1. Deaths coded to opiate abuse which resulted from the injection of contaminated heroin have been included in the indicator. This is opposite to the approach taken in Scotland, where these deaths have been excluded for 2000.
2. Specific rules were adopted for dealing with compound analgesics which contain relatively small quantities of drugs listed under the Misuse of Drugs Act, the major ones being dextropropoxyphene, dihydrocodeine and codeine. Where these drugs are present on a death record, they have been ignored if they are part of a compound analgesic (such as

co-proxamol, co-dydramol or co-codamol) or cold remedy. Dextropropoxyphene has been ignored on all occasions. However, codeine or dihydrocodeine mentioned alone were included in the indicator.

3. Drugs controlled under the Misuse of Drugs Act 1971 include class A, B and C drugs.

Extract from ONS description (based on ICD-10)

(a) deaths where the underlying cause of death was

F11; F12; F13; F14; F15; F16; and F19.

(b) deaths coded to the following categories and where a drug listed under the Misuse of Drugs Act (1971) was known to be present in the body at the time of death:

- accidental poisoning (X40 - X44);
- intentional self-poisoning by drugs, medicaments and biological substances (X60 - X64);
- assault by drugs, medicaments and biological substances (X85); and
- event of undetermined intent, poisoning (Y10 - Y14)

Notes:

Deaths excluded:

- deaths coded to F10 (alcohol), F17 (tobacco) and F18 (volatile substances);
- deaths coded to drug abuse which were caused by secondary infections and related complications
- deaths from AIDS where the risk factor was believed to be the sharing of needles;
- deaths from road traffic and other accidents which occurred under the influence of drugs; and
- deaths where a drug listed under the Misuse of Drugs Act was present because it was part of a compound analgesic or cold remedy: examples are: Co-proxamol Co-dydramol and co-codamol. Dextropropoxyphene has been ignored on all occasions. However, deaths involving codeine or dihydrocodeine alone have been included.

(2) Annexed Box 'National Programme Substance Abuse Deaths'

Special registry np-SAD

The National Programme on Substance Abuse Deaths (np-SAD), based in the Department of Addictive Behaviour and Psychological Medicine at St George's Hospital Medical School in London, collects data from inquests held on drug-related deaths submitted voluntarily by coroners.

The electronic database's current coverage is about four-fifths of all coroners' jurisdictions in England and Wales. Recently coverage was extended to Scotland and Northern Ireland.

A 'case' is defined as a drug-related death where any of the following criteria are met at an inquest or fatal accident inquiry:

- one or more psychoactive substances directly implicated in death;
- history of dependence or abuse of psychoactive drugs; or
- presence of controlled drugs at post-mortem.

New Member States and candidate countries

Note: Reported separately in this edition of the statistical bulletin to highlight the developments of these countries.

Czech Republic

Case definition	Deaths due to poisoning caused by psychoactive substances (drugs of abuse and psychoactive medicines).
Technical information	Selection D of EMCDDA standard definition (drugs of abuse) PLUS deaths due to poisonings by psychoactive medicines
Data collection procedure.	Special semiautomated electronic registry run by national focal point and Society of Forensic Medicine and Toxicology.
Reference	Special mortality register - drug-related deaths in 2003. Prague: National Monitoring Centre for Drugs and Drug Addiction. Unpublished
Remarks	In 2003, according to the national definition, 167 cases out of a total of 222 were due to psychoactive medicines Since the practice in Czech Republic does not allow to include into the GMR any examination newer than 3 days after the death, this registry is not observed for the purposes of drug epidemiology as appropriate.

Estonia

Case definition	Cases according to the EMCDDA definition for general mortality registries('Selection B' for ICD-9 classification):
Technical information	'Selection B' is described in detail in the protocol EMCDDA-DRD Standard, version 3.0 (for general mortality registries)
Data collection procedure	–
Reference	Ad hoc data extraction by national focal point from general mortality registry for the 2004 Reitox National Report
Remarks	–

Cyprus

Case definition	The EMCDDA standard definition for special registries ('Selection D') will be used.
Technical information	–
Data collection procedure	–
Reference 2003	–
Remarks	Not information provided yet.

Latvia

Case definition	Cases according to the EMCDDA definition for general mortality registries('Selection B' for ICD-9 classification)
Technical information	'Selection B' is described in detail in the protocol EMCDDA-DRD Standard, version 3.0 (for general mortality registries)
Data collection procedure	–
Reference	Ad hoc data extraction from Forensic Medical Institute 2003
Remarks	–

Lithuania

Case definition	Cases according to the EMCDDA definition for general mortality registries ('Selection B' for ICD-9 classification):
Technical information	'Selection B' is described in detail in the protocol EMCDDA-DRD Standard, version 3.0 (for general mortality registries)
Data collection procedure	–
Reference	Ad hoc data extraction by national focal point from general mortality registry for the 2004 Reitox National Report
Remarks	–

Hungary

Case definition	Cases according to the EMCDDA definition for general mortality registries ('Selection B' for ICD-9 classification
Technical information	'Selection B' is described in detail in the protocol EMCDDA-DRD Standard, version 3.0 (for General Mortality Registries)
Data collection procedure	–
Reference	Ad hoc data extraction by national focal point from general mortality registry for the 2004 Reitox National Report
Remarks	–

Malta

Case definition	Cases according to the EMCDDA definition for general mortality registries ('Selection B' for ICD-10 classification)
Technical information	'Selection B' is described in detail in the protocol EMCDDA-DRD Standard, version 3.0 (for general mortality registries)
Data collection procedure	–
Reference	Dept. of Health Information. Malta National Mortality Registry
Remarks	–

Poland

Case definition	–
Technical information	–
Data collection procedure	–
Reference	–
Remarks	–

Slovenia

Case definition	Deaths due to drug abuse; that means deaths happening during the time drugs is affecting the organism (accidental poisonings, intentional poisonings, poisonings of undetermined intent)
Technical Information	National definition takes into account the ICD-10 codes of the EMCDDA definition, but without exact implementation of Selection B or selection D
Data collection procedure	From 2002 onwards cases were obtained by linkage of four different databases: (i) general

	mortality registry, (ii) police database, (iii) first treatment demand database, and (iv) toxicology department at the Institute of forensic medicine
Reference	Ad hoc data extraction by national focal point from general mortality registry for the 2004 Reitox National Report
Remarks	Information of the GMR is completed with forensic and toxicology data, with police data and with first treatment demand data

Slovakia

Case definition	–
Technical information	–
Data collection procedure	–
Reference 2003	–
Remarks	–

Bulgaria

Case definition	Cases of death which underlying cause of death is drug psychosis, drug addiction, drug abuse, accidental poisoning
Technical information	The cases are selected according to the ICD-9 codes: – 292, drug psychosis – 304, drug dependence – 305, drug abuse – E854, accidental poisoning with other psychrotropic substances – E939, psychotropic substances
Data collection procedure	Death certificates filled in by family doctors do not specify the substance even if they have reasonable doubts. Deaths occurring in hospitals are followed by toxicological examination.
Reference	Ad hoc data extraction by national focal point from general mortality registry for the 2004 Reitox National Report
Remarks	– ICD-10 will be implemented in 2003 – There are difference in number of cases obtained from the general mortality registry (15) and from police reports (56) in 2003

Romania

Case definition	Drug-related deaths refers to those deaths that are caused directly by the consumption of drugs of abuse
Technical information	Cases extracted according to codes X62 in combination to T40.1
Data collection procedure	–
Reference	Ad hoc data extraction by national focal point from general mortality registry for the 2004 Reitox National Report
Remarks	–

Overview of the data

Listed below are the tables in the bulletin, the supplementary downloadable tables and the associated graphics dealing with drug-related deaths, along with a brief overview. Please note that figures and the supplementary tables are available only on the statistical bulletin website (http://stats05.emcdda.eu.int).

These tables report the number and characteristics of drug-related deaths recorded in the EU countries according to national definitions of 'drug-related deaths'. In this report, the term 'drug-related death' refers to those deaths caused directly by the consumption of one or more drugs and that occur, generally, shortly after the consumption of the substance(s). These deaths are known as 'overdoses', 'poisonings' or 'drug-induced deaths'. Opiate overdose is one of the leading causes of death among young people in Europe, particularly among males, and, as National reports suggest, also in urban areas. It should be borne in mind that drug use is related to other causes of mortality, such as infectious diseases, accidents, etc. See the section on Methods and definitions for more detail on this matter.

Tables DRD-1 to DRD-4 deal with data supplied by each of the Member States that made information available.

The recorded characteristics of the deceased, reported in Table DRD-1 part (i), are the mean age at death and the percentages of those aged less than 15, 25, aged 35 or more and aged 65 or more. Opiates reported in the toxicology and population rates are represented in Table DRD-1 part (ii). The information is presented for the most recent year available and, as comparison, for 1990 or nearest reported year.

Table DRD-2 reports the total number of drug-related deaths recorded in each country in each year from 1985 onwards, with an indexed time series, and also the numbers of drug-related deaths from 1990 onwards by gender and the total number of drug-related deaths under the age of 25 years old from 1990 onwards.

Table DRD-3 reports the total number of drug-related deaths recorded in each country in each year from 1990 onwards according to EMCDDA standard definition 'Selection B' (for General Mortality Registries), and Table DRD-4 according to EMCDDA standard definition 'Selection D' (for special registries).

Table DRD-0 gives the references and sources relevant to the tables.

Summary points

- Opiates are present in most cases of 'drug-related deaths' due to illegal substances reported in the EU (Figure DRD-1, Table DRD-1 part (i), Table DRD-1 part (ii)).
- The majority of overdose victims are men, accounting for 60 to 100 % of cases depending on the country, with most countries ranging between 75 and 90 %. Most victims are in their twenties or thirties, with a mean age in the mid thirties (range between 22 and 45 years) (Figure DRD-6, Table DRD-1 part (i), Table DRD-2 part (ii), Table DRD-2 part (iv).
- Since 2000, many EU countries have reported decreases in the numbers of drug-related deaths, although figures are still high from a longer term perspective. Only 10 countries reported information for 2003, and inferences for the EU should be made with caution. On this basis, some decrease is suggested in 2003 but the picture is much less clear than the decrease observed from 2000 until 2002 (Table DRD-2 part (i), Table DRD-2 part (ii), Table DRD-3, Table DRD-4).
- Drug-related deaths among people younger than 25 years have been decreasing almost steadily since 1996 in the old Member States, indicating a possible decrease in the number of young injectors in those countries (Table DRD-2 part (v), Figure DRD-9).
- Opiate users (mainly those who inject) have an overall mortality that is up to 20 times higher that the general population of the same age due to overdose, violence, diseases (AIDS and others), etc. (Table DRD-1 part (ii)).
- For the time being, deaths involving ecstasy remain relatively unusual compared with opiate deaths, but in some countries they are not negligible and monitoring of these deaths needs improvement. Reporting of ecstasy deaths is not harmonised, and sometimes the exact role that ecstasy played in the fatal outcome is not clear.
- Despite the limitations of the information, in the countries that were able to make the differentiation, cocaine seemed to have played a determinant role in between 1 % and 15 % of the reported drug-related deaths, which could account for several hundreds of deaths per year in Europe.

Data tables

Table DRD-0. Drug-related deaths recorded in EU Member States (25 members and candidates) according to national definitions, 2003: sources and bibliographic references

Country	Reference
Belgium	National Institute of Statistics. General mortality registry: Personal communication (Ad-hoc data extraction for REITOX national focal point for the 2002 national report).
Czech Republic	Národní monitorovací stredisko pro drogy a drogové závislosti and SSLST CLS JEP (2004) Speciální registr úmrtí spojených s uzíváním drogv r. 2003. Praha: NMS. (Special mortality register-drug-related deaths in 2003. Prague: National Monitoring Centre for Drugs and Drug Addiction) Notes: unpublished.
Denmark	www.politi.dk
Germany	Bundeskriminalamt OA21 (2004). Bundeslagebild Rauschgift 2003. Wiesbaden: Bundekriminalamt
Estonia	Ad hoc data extraction by national focal point from general mortality registry for the 2004 Reitox national report.
Greece	Hellenic Police, 2004. Reference for 2003 data: www.ydt.gr.
Spain	1990 to 1995 State Information System on Drug Abuse Reports. 1996 to 2002 Unpublished reports.
France	Office central pour la répression du trafic illicite des stupéfiants (2004) Usage et trafic des produits stupéfiants en France en 2003, OCRTIS, Nanterre.
Ireland	Central Statistics Office, Vital Statistics Section.
Italy	Relazione Annuale 2003. Direzione Centrale per i Servizi Antidroga (DCSA), Ministero dell'Interno
Latvia	Ad hoc data extraction by national focal point from general mortality registry for the 2004 Reitox national report.
Lithuania	Ad hoc data extraction by national focal point from general mortality registry for the 2004 Reitox national report.
Luxembourg	Origer, A. (in press). National report on the state of the drugs problem -RELIS 2003. NFP - CRP-Santé. Luxembourg.
Hungary	Ad hoc data extraction by national focal point from general mortality registry for the 2004 Reitox national report.
Malta	Dept of Health Information. Malta national mortality registry.
Netherlands	Causes of death statistics, Statistics Netherlands.
Austria	Suchtgiftbezogene Todesfälle-Statistik; Federal Ministry of Health and Women
Poland	Central Statistical Office.
Portugal	Relatório Anual do IDT- 2003.
Slovenia	Ad hoc data extraction by national focal point from general mortality registry for the 2004 Reitox national report.
Finland	STAKES. General mortality registry. Personal communication (Ad-hoc data extraction for Reitox national focal point for the 2004 national report).
Sweden	National death cause registry (run by the Epidemiological Centre, at the NBHW).
United Kingdom (ONS)	See Health Statistics Quarterly, Nos 5, 7, 9, 11, 13, 17 & 21, ONS 2000, 2001, 2002, 2003 & 2004.
Bulgaria	Ad hoc data extraction by national focal point from general mortality registry for the 2004 Reitox national report.
Romania	Ad hoc data extraction by national focal point from general mortality registry for the 2004 Reitox national report.
Norway	Statistics Norway.

Table DRD-1 part (i). Summary of characteristics of the deceased in drug-related deaths according to national definitions. 2003 or last year with available information (demographic characteristics)

Country	Year	EMCDDA standard definition	No. of DRD	% Male	% Female	Mean age	% aged <15 (1)	% aged <25 (2)	% aged >35 (3)	% aged >=65
Belgium	1997	Selection B	123	79	21	34.2	1	28	34	8
Czech Republic	2003		222	60	40	45.4	1	14	69	14
Denmark	2003		245	80	20	37.6	0	8	63	0.4
Germany	2003		1477	83	17	34.0	0	17	64	
Estonia	2002	Selection B	86	94	6	24.0	0	66	6	0
Greece	2003	Selection D	202	92	8			6	37	
Spain	2002	Aprox Selection D	232	88	12	35.5	0	8	56	0
France	2003	Aprox Selection D	89	84	16	32.0	2	21	36	1
Ireland	2001		88	75	25	37.2	0	14	45	6
Italy	2003	Selection D	429	86	14	33.3	0	12	43	0
Latvia	2003	Selection B	12	92	8	29.0	0	17	17	0
Lithuania	2003	Selection B	40	83	17	29.3	0	40	18	0
Luxembourg	2003		14	86	14	36.6	0	0	57	0
Hungary	2003	Selection B	32	81	19		0	38	9	0
Netherlands	2003	Selection B	104	76	24	37.1	0	6	63	3
Malta	2003	Selection B	5	100	0	38.0	0	40	60	0
Austria	2003	Selection D	163	82	18	29.5	0	35	33	0
Portugal	2003		152	93	7	32.8	0	14	32	
Slovenia	2003		32	72	28	34.2	0	28	31	0
Finland	2003	Selection B	101	75	25		0	26	53	11
Sweden	2002	Aprox Selection B	160	85	15	36.2	0	18	51	1
United Kingdom (ONS) (4)	2002		3297	69	31	39.3	0.4	15	55	9
United Kingdom (DSD) (4)	2002	Aprox Selection B	1972	79	21	34.9	0.1	19	42	4
Bulgaria	2003		15	87	13	34.4	0	20	47	7
Romania	2003		7	86	14	22.4	0	86	0	0

Notes:

The information refers to the last year for which information on the deceased's characteristics was available.

Number of deaths per country per year are presented in Table DRD-2 part (i) (page 7.21).

"EMCDDA Standard definition" refers if the National definition matches with the agreed case definition established in the EMCDDA DRD Protocol: Selection B for General Mortality Registries and Selection D for Special Registries. In some countries equivalence is not total but it is, in practice, relatively similar (see Methods and definitions).

Figures for EMCDDA Standard definitions (Selection B and Selection D) for all countries with available information, see Table DRD-3 (page 7.26) and Table DRD-4 (page 7.27) and Definitions and methodological issues.

(1) For Germany 2003 the data refer to age <14.

(2) For Greece 2003 the data refer to age <=20.

(3) For Germany 2003 the data refer to age >30. For Greece 2003 the data refer to >=31.

(4) United Kingdom: (ONS); based on standard definition of Office for National Statistics (DSD); based on definition developed for the Drug Strategy. See Methods and definitions.

Sources:

Reitox national reports 2004, taken from national mortality registries or special registries (forensic or police). Based on "National definitions" as presented in Methods and definitions.

Table DRD-1 part (ii). Summary of characteristics of the deceased in drug-related deaths according to national definitions. 2003 or last year with available information (toxicology and population rates)

Country		Year	No. of DRD	% known toxicology	% opiate	% without opiates	Total population (millions) (2)	Rate DRD/million population (3)
Belgium		1997	123	75.0	99.0	1.0	10.3	12.0
Czech Republic		2003	222	87.8	9.7	90.3	10.3	21.6
Denmark		2003	245	78.4	89.1	10.9	5.3	45.8
Germany		2003	1477	77.0			82.3	18.0
Estonia		2002	86	16.0	100.0	0.0	1.4	62.9
Greece		2003	202	100.0	94.6	5.4	10.9	18.5
Spain		2002	232	97.8	83.7	16.3	6.1	37.8
France		2003	89	96.6	62.8	37.2	59.0	1.5
Ireland		2001	88				3.8	23.0
Italy		2003	429	40.3	83.2	16.8	57.0	7.5
Latvia		2003	12	50.0	50.0	50.0	2.4	5.1
Lithuania		2003	40				3.5	11.5
Luxembourg		2003	14	100.0	93.0	7.0	0.4	31.9
Hungary		2003	32	100.0	75.0	25.0	10.2	3.1
Netherlands		2003	104		67.9	32.1	16.0	6.5
Malta		2003	5	100.0	100.0	0.0	0.4	12.8
Austria		2003	163	99.0	96.0	4.0	8.0	20.3
Portugal		2003	152	100.0	66.4	33.6	10.3	14.8
Slovenia		2003	32	77.4			2.0	16.1
Finland		2003	101				5.2	19.5
Sweden		2002	160		53.0	47.0	8.9	18.0
United Kingdom (ONS)	(1)	2002	3297				59.9	55.1
United Kingdom (DSD)	(1)	2002	1972				59.9	32.9
Bulgaria		2003	15				7.9	1.9
Romania		2003	7	100.0	100.0	0.0	22.4	0.3
Norway		2002	291				4.5	64.7

Notes:

The information refers to the last year for which information on the deceased's characteristics was available.

Number of deaths per country per year are presented in Table DRD-2 part (i) (page 7.21).

Toxicology is computed as valid percentagens, over the cases with known toxocology. The computation basis for toxicology should be obtained by (No. of DRD) × (% known toxicology).

(1) United Kingdom: (ONS); based on standard definition of Office for National Statistics (DSD); based on definition developed for the Drug Strategy. See Methods and definitions).

(2) In Spain the population included is that corresponding to the coverage of information on drug-related deaths (five cities).

(3) It is important to underline that comparisons of population rates should be made with extreme caution since there are still some differences in case definions and quality of reporting may be different.

Sources:

Reitox national reports 2004, taken from national mortality registries or special registries (forensic or police). Based on "National definitions" as presented in Methods and definitions.

Table DRD-1 part (iii). Summary of characteristics of the deceased in drug-related deaths according to national definitions. 1990 or closest year with available information

Country		Year	No. of DRD	% male	% female	Mean age	% aged <15 (1)	% aged <25 (2)	% aged >35 (3)	% aged >=65	% known toxicology	% opiate	% without opiates
Belgium		1990	50	76	24	34.4	0	30	24	14	56.0	93.0	7.0
Czech Republic		2001	167	66	34		0	25	52	6	100.0	32.0	68.0
Denmark		1996	268	83	17		0	9	50	0			
Germany		1990	1491	82	18		0	27	41				
Estonia		1997	4	75	25	28.3	0	25	25	0	0.0	0.0	0.0
Greece		1990	66	89	11			3	45		100.0	100.0	0.0
Spain		1990	444	85	15		0	28	9	0	65.1	62.2	37.8
France		1998	143	87	13		0	17	22	0	100.0	76.0	24.0
Ireland		1990	7	86	14		0	71	0	0			
Italy		1990	1161	90	10	27.2	0	29	12	0	34.6	96.8	3.2
Latvia		1996	1	100	0	32.0	0	0	0	0	100.0	100.0	0.0
Lithuania		1995	9	78	22	34.7	0	0	56	0			
Luxembourg		1992	17	82	18	28.2	0	35	12	0	82.0	79.0	21.0
Hungary		1996	52	63	37		0	30	60			98.0	2.0
Netherlands		1996	108	77	23	31.8	0	6	44	4		86.2	13.8
Malta		1991	3	100	0	24.0	0	67	0	0	100.0	100.0	0.0
Austria		1990	43	86	14	27.9	0	35	14	0	95.0	93.0	7.0
Portugal		1998	337	88	12	31.1	0	11	21		100.0	95.5	4.5
Slovenia		1990	1	100	0	57.9	0	0	100	0		0.0	100.0
Finland		1990	41	85	15		2	17	61	0	100.0	90.0	10.0
Sweden		1990	62	89	11	34.0	0	13	44	0			
United Kingdom (ONS)	(4)	1990	2356	56	44	44.4	1	17	62	20			
United Kingdom (DSD)	(4)	1994	1253	75	25	35.8	0.4	27	40	8			
Bulgaria		1990	24	83	17	47.3	0	4	79	13			
Romania		2002	3	100	0	22.0	0	100	0	0	100.0	100.0	0.0
Norway		1990	70	74	26		0	16	17	0			

Notes:

The information refers 1990 or the closest year for which information on the deceased's characteristics was available.

Toxicology is computed as valid percentagens, over the cases with known toxocology. The computation basis for toxicology should be obtained by (No. of DRD) × (% known toxicology).

(1) For Germany the data refer to age <14.

(2) For Greece the Data refer to age <=20.

(3) For Germany the Data refer to age >30. For Greece the data refer to >=31.

(4) United Kingdom: (ONS); based on standard definition of Office for National Statistics (DSD); based on definition developed for the Drug Strategy. See Methods and definitions.

Sources:

Reitox national reports 2004, taken from national mortality registries or special registries (forensic or police). Based on "national definitions" as presented in Methods and definitions.

Table DRD-2 part (i). Number of acute drug-related deaths recorded in EU Member States (25 members and candidates) according to national definitions, 1985 to 2003. Total drug-related deaths 1985 to 2003: EU-15 Member States

Country		1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium				17	33	26	50	63	64	123	122	132	137	123						
Denmark		150	109	140	135	123	115	188	208	210	271	274	268	278	251	239	247	258	252	245
Germany		324	348	442	670	991	1491	2125	2099	1738	1624	1565	1712	1501	1674	1812	2030	1835	1513	1477
Greece		10	28	56	62	72	66	79	79	78	146	176	222	232	245	265	304	321	259	202
Spain		140	151	226	327	426	451	577	554	439	383	392	418	319	270	258	251	266	231	
France		172	185	228	236	318	350	411	499	454	564	465	393	228	143	118	119	107	97	89
Ireland		19	6	4	8	8	7	8	14	18	19	43	53	81	97	114	119	88		
Italy		242	292	543	809	974	1161	1383	1217	888	867	1195	1566	1160	1080	1002	1016	825	516	429
Luxembourg		1	3	5	4	8	11	17	17	15	29	22	17	9	16	17	26	18	11	14
Netherlands		57	68	54	51	56	70	80	75	75	87	70	108	108	110	115	131	144	103	104
Austria						40	43	71	129	156	173	170	191	136	109	128	167	139	139	163
Portugal			18	22	33	52	82	121	156	115	143	198	232	235	337	369	318	280	156	152
Finland				16	11	23	41	34	27	26	35	51	107	98	84	119	134	110	97	101
Sweden				70	55	56	62	62	66	83	86	70	122	133	138	153	191	162	160	
United Kingdom (ONS)	(1)	2260	2341	2316	2342	2238	2356	2374	2628	2654	2861	3035	3221	3344	3411	3485	3517	3473	3297	
United Kingdom (DSD)	(2)										1253	1353	1531	1566	1748	1912	2011	1983	1972	
Norway		45	44	43	48	45	70	88	104	93	124	143	195	185	274	237	360	368	291	
Total EU-15 and Norway		3420	3593	4182	4824	5456	6426	7681	7936	7165	7534	8001	8962	8170	8239	8431	8930	8394	7122	
EU-15 Member States Corrected index	(3)	100	104.5	118.7	136.9	153.7	181.0	216.4	223.5	201.8	212.2	225.4	252.4	230.1	235.6	241.1	255.4	240.1	205.8	(194.9)

Notes:

Absolute numbers from different countries are not directly comparable since differences remain in case definition and recording methods.

The national definitions used to report to the EMCDDA and the methods used are described in Methods and definitions.

National definitions usually refer to acute deaths directly related to drug consumption ("overdoses", "poisonings" or "drug-induced"). Note that, in a few countries, the figures include also a limited number of cases of deaths indirectly related to drug use (e.g. AIDS, accidents with positive toxicology). See Methods and definitions. Note in addition that in some countries, statistics published at national level may differ of those presented here for differences of case definition used at national level.

(1) United Kingdom (ONS): Definition used by Office for National Statistics (ONS).

(2) United Kingdom (DSD): In addition are presented figures from the recently developed Drug Strategy Definition (DSD) of drug-related deaths: it is an extract from the ONS definition that includes cases with drugs controlled by the Misuse of Drugs Act of 1971. For details refer to Methods and definitions. The DSD definition is relatively similar to the EMCDDA definition for General Mortality Registries ("Selection B"); in 2001 for UK the DSD computes 1983 cases and EMCDDA Selection B 1827 cases; for 2002 DSD computes 1972 cases and the Selection B 1815.

(3) Corrected Index: 1985=100.

A few countries did not provide data for some years (see table). To correct this situation, the computation method used is defined in the report ["European Monitoring Centre for Drugs and Drug Addiction (2001). Coordination of the implementation of the EMCDDA standard guidelines on the drug-related deaths in the EU Member States, and the collection and analysis of information on drug-related deaths"], Project CT.99.RTX.04, Coordinated by the Trimbos Institute. Lisbon: EMCDDA.

For 2003 the index is provisional, computed on the basis of the countries that provided data both for 2002 and 2003.

Table DRD-2 part (ii). Number of acute drug-related deaths recorded in EU Member States (25 members and candidates) according to national definitions, 1985 to 2003. Total drug-related deaths 1985 to 2003: New Member States

Country	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Czech Republic									117	135	145	167	115	222
Estonia								4	7	22	31	45	86	
Latvia							1	5	3	32	42	36	35	12
Lithuania						9	23	34	32	37	45	35	33	40
Hungary							52	47	31	42	38	40		32
Malta		3	6	1	9	1	2	5	5	5	6	7	8	5
Poland								117	105	118	123			
Slovenia	1	5	6	5	3	7	13	15	21	24	21	22	38	32
Bulgaria	24	10	8	9	8	19	11	16	21	28	41	24	13	15
Romania												12	3	7
Totals	25	18	20	15	20	36	102	243	342	443	492	388	331	
New Member States corrected index							100.0	119.6	113.9	166.1	191.3	184.4	187.3	(174.2)

Notes:

Absolute numbers from different countries are not directly comparable since differences remain in case definition and recording methods.

The national definitions used to report to the EMCDDA and the methods used are described in Methods and definitions.

National definitions usually refer to acute deaths directly related to drug consumption ("overdoses", "poisonings" or "drug-induced"). Note that, in a few countries, the figures include also a limited number of cases of deaths indirectly related to drug use (e.g. AIDS, accidents with positive toxicology). See Methods and definitions. Note in addition that in some countries, statistics published at national level may differ of those presented here for differences of case definition used at national level.

(1) Corrected Index: 1996=100 (Countries included: Bulgaria, Czech Republic, Estonia, Latvia, Lithuania, Hungary, Malta and Slovenia).

A few countries did not provide data for some years (see table). To correct this situation, the computation method used is defined in the report ["European Monitoring Centre for Drugs and Drug Addiction (2001). Coordination of the implementation of the EMCDDA standard guidelines on the drug-related deaths in the EU Member States, and the collection and analysis of information on drug-related deaths"], Project CT.99.RTX.04, Coordinated by the Trimbos Institute. Lisbon: EMCDDA.

For 2003 the index is provisional, computed on the basis of the countries that provided data both for 2002 and 2003.

Table DRD-2 part (iii). Number of acute drug-related deaths recorded in EU Member States (25 members and candidates) according to national definitions, 1985 to 2003. Male drug-related deaths 1990 to 2003

Country		1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium		38	44	50	84	92	95	108	97						
Denmark			153	162	166	227	226	222	227	211	201	197	211	216	197
Germany		1227	1770	1750	1419	1346	1293	1447	1223	1401	1513	1712	1537	1263	1231
Greece		59	74	70	70	135	162	202	209	216	245	285	300	242	186
Spain		382	506	485	393	328	332	356	270	233	220	213	219	203	
France		288	339	413	363	473	395	336	185	125	94	99	96	76	75
Ireland		6	8	11	16	18	37	44	67	70	92	90	66		
Italy		1041	1247	1117	781	806	1082	1428	1072	984	897	931	737	475	371
Luxembourg		9	16	14	12	24	17	13	6	15	15	19	15	9	12
Netherlands		60	70	60	60	67	51	83	88	94	95	104	112	79	79
Austria		37	60	108	134	148	141	165	113	94	94	132	117	114	133
Portugal		73	na	134	89	124	177	214	101	298	333	280	253	135	141
Finland		35	30	17	17	27	37	62	68	61	87	109	78	69	76
Sweden		55	52	55	66	73	56	98	116	114	130	160	140	136	
United Kingdom (ONS)	(1)	1323	1400	1561	1605	1809	1940	2146	2241	2274	2420	2443	2400	2272	
Norway								168	155	224	180	297	302	231	
Total (EU-15)		4633	5769	6007	5275	5697	6041	7092	6238	6414	6616	7071	6583	5520	
Corrected index for EU-15 Member States	(2)	100.0	121.2	123.4	108.4	117.0	124.1	142.2	125.1	130.7	134.8	144.1	134.1	113.6	(106.1)
Bulgaria		20	9	6	9	7	17	11	14	15	22	38	18	11	13
Czech Republic										79	84	91	110	65	133
Estonia									3	6	18	25	39	81	
Latvia								1	5	3	31	39	34	28	11
Lithuania							7	17	26	24	32	39	30	29	33
Hungary								33	39	23	36	31	35		26
Malta			3	6	1	9	1	2	5	5	4	5	7	6	5
Poland									96	82	93	104			
Romania													10	3	6
Slovenia		1	4	5	5	3	6	11	12	17	22	16	21	31	23
Total (New Member States and candidate countries)		21	16	17	15	19	31	75	200	254	342	388	304	189	

Notes:

Absolute numbers from different countries are not directly comparable since differences remain in case definition and recording methods.

The national definitions used to report to the EMCDDA and the methods used are described in Methods and definitions.

National definitions usually refer to acute deaths directly related to drug consumption ("overdoses", "poisonings" or "drug-induced"). Note that, in a few countries, the figures include also a limited number of cases of deaths indirectly related to drug use (e.g. AIDS, accidents with positive toxicology). See Methods and definitions with national definitions. Note in addition that in some countries, statistics published at national level may differ of those presented here for differences of case definition used at national level.

(1) United Kingdom (ONS): Definition used by Office for National Statistics (ONS) as data allow completion of the whole series.

(2) Corrected Index: 1990=100.

A few countries did not provide data for some years (see table). To correct this situation, the computation method used is defined in the report ["European Monitoring Centre for Drugs and Drug Addiction (2001). Co-ordination of the implementation of the EMCDDA standard guidelines on the drug-related deaths in the EU Member States, and the collection and analysis of information on drug-related deaths"], Project CT.99.RTX.04, Coordinated by the Trimbos Institute. Lisbon: EMCDDA.

For 2003 the index is provisional, computed on the basis of the countries that provided data both for 2002 and 2003.

Table DRD-2 part (iv). Number of acute drug-related deaths recorded in EU Member States (25 members and candidates) according to national definitions, 1985 to 2003. Female drug-related deaths 1990 to 2003

Country		1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium		12	19	14	39	30	37	29	26						
Denmark			35	46	44	44	48	46	51	40	38	50	47	36	48
Germany		264	329	332	298	264	254	238	250	258	294	318	289	237	231
Greece		7	5	9	8	11	14	20	23	29	20	19	21	17	16
Spain		69	71	69	46	55	60	60	48	37	38	37	47	28	
France		62	72	86	91	91	70	57	43	18	24	20	11	21	14
Ireland		1	0	3	2	1	6	9	14	27	22	29	22		
Italy		120	136	100	107	61	113	138	88	96	105	85	88	41	58
Luxembourg		2	1	3	3	5	5	4	3	1	2	7	3	2	2
Netherlands		10	10	15	15	20	19	25	20	16	20	27	32	24	25
Austria		6	11	21	22	25	29	26	23	15	34	35	22	25	30
Portugal		9	na	21	11	18	19	18	8	39	36	38	27	21	11
Finland		6	4	10	9	8	14	45	30	23	32	25	32	28	25
Sweden		7	10	11	17	13	14	24	17	24	23	31	22	24	
United Kingdom (ONS)	(1)	1033	974	1067	1049	1052	1095	1075	1103	1137	1065	1074	1073	1025	
Norway								27	30	50	57	63	66	60	
Total (EU-15)		1608	1677	1807	1761	1698	1797	1841	1777	1810	1810	1858	1802	1589	
Corrected index for EU-15 Member States	(2)	100.0	102.1	108.8	106.0	102.2	108.1	109.2	105.4	108.9	108.9	111.8	108.4	96.8	(98.5)
Bulgaria		4	1	2	0	1	2	0	2	6	6	3	6	2	2
Czech Republic										38	51	54	57	50	89
Estonia									1	1	4	6	6	5	
Latvia								0	0	0	1	3	2	7	1
Lithuania							2	6	8	8	5	6	5	4	7
Hungary								19	8	8	6	7	5		6
Malta			0	0	0	0	0	0	0	0	1	1	0	2	0
Poland									21	23	25	19			
Romania													2	0	1
Slovenia		0	1	1	0	0	1	2	3	4	2	5	1	7	8
Total (New Member States and candidate countries)		4	2	3	0	1	5	27	43	88	101	104	84	27	

Notes:

Absolute numbers from different countries are not directly comparable since differences remain in case definition and recording methods.

The national definitions used to report to the EMCDDA and the methods used are described in Methods and definitions.

National definitions usually refer to acute deaths directly related to drug consumption ("overdoses", "poisonings" or "drug-induced"). Note that, in a few countries, the figures include also a limited number of cases of deaths indirectly related to drug use (e.g. AIDS, accidents with positive toxicology). See Methods and definitions with national definitions. Note in addition that in some countries, statistics published at national level may differ of those presented here for differences of case definition used at national level.

(1) United Kingdom (ONS): Definition used by Office for National Statistics (ONS) as data allow completion of the whole series.

(2) Corrected Index: 1990=100.

A few countries did not provide data for some years (see table). To correct this situation, the computation method used is defined in the report ["European Monitoring Centre for Drugs and Drug Addiction (2001). Co-ordination of the implementation of the EMCDDA standard guidelines on the drug-related deaths in the EU Member States, and the collection and analysis of information on drug-related deaths"], Project CT.99.RTX.04, Coordinated by the Trimbos Institute. Lisbon: EMCDDA.

For 2003 the index is provisional, computed on the basis of the countries that provided data both for 2002 and 2003.

Table DRD-2 part (v). Number of acute drug-related deaths recorded in EU Member States (25 members and candidates) according to national definitions, 1985 to 2003. Total drug-related deaths under the age of 25 years old (1990 to 2003). EU-15 Member States

Country		1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium		15	18	23	34	28	42	37	34						
Denmark												23	11	19	20
Germany		87	130	126	102	89	110	97	115	114	139	124	90	89	66
Greece	(1)	36	46	48	53	79	97	112	126	145	169	119	110	96	127
Spain		122	151	119	90	67	51	34	34	32	28	20	19	18	
France										25	17	29	26	40	19
Ireland		5	3	3	6	7	15	19	36	32	35	33	12		
Italy		334	402	322	206	203	224	270	199	136	124	132	101	58	51
Luxembourg		2	6	6	9	9	5	6	2	1	3	8	3	4	0
Netherlands								6	6	13	9	16	14	5	6
Austria		15	21	55	83	74	64	69	50	40	38	52	41	38	57
Portugal										38	37	49	30	13	21
Finland		7	6	5	3	7	12	15	13	20	39	49	28	23	26
Sweden		8	4	4	7	13	5	10	12	14	21	38	29	28	
United Kingdom (ONS)	(2)	393	405	432	477	552	542	620	623	598	568	516	542	508	
Norway								17	16	27	29	52	69	38	
Total EU-15 and Norway		1024	1192	1143	1070	1128	1167	1312	1266	1235	1256	1260	1125	977	
EU-15 Member States Corrected index	(3)	100	116.4	111.6	104.5	110.2	114.0	125.9	121.5	115.5	117.5	115.7	103.3	90.8	(92.7)

Notes:

Absolute numbers from different countries are not directly comparable since differences remain in case definition and recording methods.

The national definitions used to report to the EMCDDA and the methods used are described in Methods and definitions.

National definitions usually refer to acute deaths directly related to drug consumption ("overdoses", "poisonings" or "drug-induced"). Note that, in a few countries, the figures include also a limited number of cases of deaths indirectly related to drug use (e.g. AIDS, accidents with positive toxicology). See Methods and definitions with national definitions. Note in addition that in some countries, statistics published at national level may differ of those presented here for differences of case definition used at national level.

(1) Data from Greece refers to deaths under the age of 31. Only for years 2000-2002 these numbers refer to deaths under the age of 25 years old.

(2) United Kingdom (ONS): Definition used by Office for National Statistics (ONS) as data allow completion of the whole series.

(3) Corrected Index: 1990=100.

A few countries did not provide data for some years (see table). To correct this situation, the computation method used is defined in the report ["European Monitoring Centre for Drugs and Drug Addiction (2001). Co-ordination of the implementation of the EMCDDA standard guidelines on the drug-related deaths in the EU Member States, and the collection and analysis of information on drug-related deaths"], Project CT.99.RTX.04, Co-ordinated by the Trimbos Institute. Lisbon: EMCDDA.

For 2003 the index is provisional, computed on the basis of the countries that provided data both for 2002 and 2003.

Table DRD-3. Number of acute drug-related deaths recorded in EU Member States (25 members and candidates) according to EMCDDA standard definition 'Selection B', 1990 to 2003

Country		National definition	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium		Selection B	50	63	64	123	122	132	137	123						
Denmark			123	169	166	187	284	214	242	257	241	217	240	240		
Germany			1077	1582	1619	1347	1308	1227	1305	1088	1280	1337	1487	1239		
Estonia		Selection B								4	7	22	31	45	86	
France			271	316	413	430	451	445	377	204	184	193	139			
Ireland			7	9	15	20	19	36	44	78	82	122	113	93		
Italy			1327	1460	1319	967	1033	1231	1369	1097	1068	950	851	698		
Latvia		Selection B							9	14	17	41	50	43	43	12
Lithuania		Selection B						9	23	34	32	37	45	35	33	40
Luxembourg											22	14	21	16	10	
Hungary		Selection B							52	47	31	42	38	40		32
Netherlands		Selection B	70	80	75	75	87	70	108	108	110	115	131	144	103	104
Malta		Selection B		3	6	1	9	1	2	5	5	5	6	7	8	5
Austria	(1)															
Portugal			31	46	95	89	131	129	109	90	85	59	52	51	10	
Slovenia			1	3	4	5	3	7	12	14	20	12	17	27	31	23
Finland	(2)	Selection B							107	98	84	119	134	110	97	101
Sweden	(3)	Selection B	62	62	66	83	86	70	122	132	138	153	191	162	160	
United Kingdom	(4)	Approx Selection B							1370	1428	1640	1780	1945	1827	1815	
Bulgaria			24	10	8	9	8	19	11	16	21	28	41	24	13	15
Romania														12	3	7
Norway	(5)	Approx Selection B							204	194	282	256	374	405	307	
Total			3043	3803	3850	3336	3541	3590	5399	4837	5067	5246	5532	4813	2412	

Notes:

See: Definitions and methodological issues in Methods and definitions, see the EMCDDA definitions.

Absolute numbers from different countries are not directly comparable since differences remain in quality of recording methods.

(1) Data for Austria is under review.

(2) From 2002, the full Selection B has been used.

(3) T40.4 code (other synthetic narcotics) is not included in the Swedish extraction.

(4) Selection B is approximate to the national definition Drug Strategy Definition, that includes similar drugs to Selection B, except dextropropoxyphene, dihydrocodeine and codeine.

(5) Selection B is approximate to the national definition, which does not include "intentional poisoning" (ICD - 10 codes: X61, X62).

Table DRD-4. Number of acute drug-related deaths recorded in EU Member States (25 members and candidates) according to EMCDDA standard definition 'Selection D', 1990 to 2003

Country		National definition	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Czech Republic	(1)										61	79	80	84	44	55
Denmark															201	198
Greece		Selection D	66	79	79	78	146	176	222	232	245	265	304	321	259	202
Spain	(2)	Approx Selection D	278	181	222	235	287	304	311	246	233	232	240	224	231	
France	(3)	Approx Selection D							351	184	113	85	98	101	82	79
Italy		Selection D	1161	1383	1217	888	867	1195	1566	1160	1080	1002	1016	825	516	429
Latvia													52	51	54	
Lithuania												23	23	23	19	31
Luxembourg			11	17	17	15	29	22	17	9	16	17	26	18	11	
Malta				3	8	1	9	2	3	5	6	4	5	8	5	5
Austria		Selection D	43	71	129	156	173	170	191	136	109	128	167	139	139	163
Portugal			82	121	156	115	143	198	232	235	337	369	318	280	156	
Slovenia													8	20	18	21
Finland			18	25	23	13	23	30	31	42	51	87	96	60	66	67
Bulgaria														79	33	56
Norway								132	184	177	270	220	327	338	210	172
Total			1659	1880	1851	1501	1677	2229	3108	2426	2521	2511	2760	2571	2044	

Notes:

See: Definitions and methodological issues, see the EMCDDA definitions.

Absolute numbers from different countries are not directly comparable since differences remain in quality of recording methods.

(1) National definition includes also poisoning by psychoactive medicines, which accounts for most cases (167 cases out of 222).

(2) National definition includes also poisoning by psychoactive medicines but this accounts only for 1 case in 2002.

(3) National definition includes also poisoning by psychoactive medicines but this accounts only for 10 cases in 2003.

List of supplementary material

The figures and supplementary tables listed here are available on the statistical bulletin website (http://stats05.emcdda.eu.int).

Figures

Figure DRD-1. Proportion of acute drug-related deaths that show presence of opiates in 2001-2003

Figure DRD-2. Proportion of acute drug-related deaths occurring under the age of 25 years in 2001

Figure DRD-3. Trends in mean age of acute drug-related deaths in some of the EU-15 Member States, 1990 to 2001/03

Figure DRD-4. Trends in mean age of acute drug-related deaths in some new Member States and candidate countries of the EU 1990 to 2002/03

Figure DRD-5. Trends in the proportion of acute drug-related deaths occurring under 25 years of age in the EU, 1990 to 2003

- Figure DRD-5 part (i). Overall trend in acute drug-related deaths in the EU-15 Member States and trend in the proportion of drug-related victims under 25 years old, 1990 to 2003
- Figure DRD-5 part (ii). Overall trends in acute drug-related deaths in new Member States and candidate countries and trend in proportion of victims under 25 years old, 1996 to 2003

Figure DRD-6. Indexed overall trends for males and females in acute drug-related deaths in the EU-15 member states and Norway, 1990 to 2003

Figure DRD-7. Indexed time series of acute drug-related deaths in different countries and in the EU as a whole

Figure DRD-8. Long term trend in acute drug-related deaths in the EU, 1985 to 2003

Figure DRD-9. Trends in the proportion of drug-related deaths occurring under the age of 25 years old in the new Member States and candidate countries 1990 to 2003

Tables

Table DRD-5. Methodological features of drug-related deaths reported by national Reitox focal points (Based on national definitions - Reitox Standard Table 5 part 1)

Table DRD-6. Drug-related deaths: national definitions

Chapter 8
Drug law offences

Methods and definitions

Reports of offences against national drug legislation (use, possession, trafficking, etc.) reflect differences in law but also the different ways in which the law is enforced and applied, and the priorities and resources allocated to specific problems by criminal justice agencies. In addition, information systems on drug law offences/offenders vary considerably between countries, especially as regards recording procedures, definitions and statistical units.

The term 'reports for drug law offences' covers different concepts, varying between countries. Drug law offences usually refer to offences such as drug production, trafficking and dealing as well as drug use and possession for use, where these constitute criminal offences. Indeed, in some countries, drug use and/or possession for use are not considered as criminal offences and attract administrative sanctions: reports for these are not included in the data presented here.

The stage within the criminal justice system at which data have been reported and recorded, vary sometimes across countries. For example, data on drug law offences might be recorded at an initial stage when a first report is made by law enforcement agencies, or after investigation by the judicial police, or even following a decision for a charge to be issued by the prosecutor.

Statistical units vary between countries. Some Member States record offences while others record persons (or presumed offenders). Among those recording offences, some record all offences reported to them, while others record only the main offences, i.e. in the case of several offences committed by the same person, only the most serious offence (usually the one that attracts the highest penalty) is recorded. Among countries recording persons, some record a number of individuals being reported during the year, while others report only a number of different individuals reported during the year. In the former case, an individual reported twice during the same year will be counted twice while in the latter case he would be only counted once in the statistics. In addition to these, when considering breakdowns by drug, here too, some countries report all drugs mentioned in a case while others record only the main drug (defined according to different criteria in different countries).

These differences (in the type of offences considered as criminal offences, in the stage at which the statistics are made, and in the type of statistical units) lead to major difficulties when comparing data from different EU countries.

For more information see the EMCDDA's European Legal Database on Drugs (ELDD) and the Information map on law enforcement sources.

Country	Definition
Belgium	Persons involved in cases of illicit drugs reported by the police.
Czech Republic	Charges for drug law offences.
Denmark	Charges for violations of drug laws.
Germany	All offences under Narcotic Law.
Estonia	Offences against the drug legislation (criminal offences and misdemeanours).
Greece	Arrests (caught by the police); initial reports of individuals suspected of drug law offences.
Spain	Offences related to illicit drug dealing and trafficking according to the penal code.
France	Reports by law enforcement agencies for violation of drug laws to the prosecutor.
Ireland	Drug offences where criminal proceedings commenced (charges) and where the offence is classifiable by type of drug.
Italy	Persons referred to the Judicial Authority for drug law offences.
Cyprus	Reported cases of drug law offences.
Lithuania	Number of cases of drug law offences.

Luxembourg	Arrests for presumed offences against the 1973 drug law.
Hungary	Charges for indictable drug law offences (i.e. cases of drug abuse reported by police and prosecutors at the end of criminal investigations).
Malta	Persons charged with drug law offences.
Netherlands	Offences against the Opium Act considered in need of Prosecution Department.
Austria	Reports to the police for violations of the Narcotic (Drug) Substances Act.
Poland	Offences against drug law recorded by the police (cases).
Portugal	Presumed offenders questioned by the police for suspected drug-related offences.
Slovenia	Criminal offences against drug legislations.
Finland	Drug offences recorded by the police.
Sweden	Suspected of offences against the narcotic drugs act or the goods smuggling act.
UK	Persons found guilty, cautioned, given a fiscal fine or dealt with by compounding for drug law offences.
Norway	Cases investigated and persons charged with drug crimes.

Note:

No data available for Slovakia. No definitions available for Lativa.

Source:

Reitox national focal points

Overview of the data

Listed below are the tables in the bulletin dealing with drug law offences, along with a brief overview. The tables in this chapter monitor over time the numbers of reports of drug law offences for each country that provided data. Tables include data from the EU Member States and Norway.

Summary points

- Between 1998 and 2003, the number of 'reports' of drug law offences increased overall in the EU. However, decreases were reported in 2003 in Belgium, Spain, Italy (since 2001), Hungary, Malta, Austria and Slovenia (since 2002). Table DLO-01 gives, by country, an historical perspective of the development of the number of reports for drug law offences in the medium term in Table DLO-1 part (i) and over a longer period in Table DLO-1 part (ii).

  Table DLO-2 gives for 2003/2001 by country the offence type categorised by use/possession for use, dealing/trafficking/both; Table DLO-3 similarly shows for 2003/2002 by country the drugs mentioned in the offences.

- In most EU Member States, the majority of reported drug law offences are related to drug use or possession for use, ranging from 39 % to 87 % of all drug law offences.

  Table DLO-4 gives the medium-term historical changes in the proportion of drug law offences that are related to use or possession for use, of drugs. Over 1998 to 2003, the proportion of all drug law offences accounted for by those related to drug use/possession for use overall increased in all reporting EU countries except Portugal. However, in 2003, decreases were reported in the Czech Republic, Luxembourg, Austria and Slovenia.

- In most of the Member States, cannabis is the illicit drug most often involved in reported drug law offences. In the countries where this is the case, cannabis-related offences in 2003 accounted for 39 % to 87 % of all drug law offences. The Netherlands and the Czech Republic stand as exceptions with respectively 'hard drugs' (e.g. heroin, cocaine, ecstasy, LSD) (58 %) and amphetamines (48 %) predominating in drug law offences.

  Tables Table DLO-5, Table DLO-6 and Table DLO-7 give, by country, historically over the medium term, the percentage of drug law offences that specify cannabis, heroin and cocaine respectively.

- Over 1998 to 2003, the proportion of drug offences involving cannabis has been increasing or has remained stable in all reporting EU countries, except Italy and Austria which reported downward trends. During this period the proportion of heroin-related offences decreased in all reporting EU countries, except Austria and the United Kingdom, where it increased. In contrast, cocaine-related offences have increased as a proportion of all drug offences since 1998 in all reporting EU countries except Germany, which reported downward trends.

Data tables

Table DLO-1 part (i). Number of reports for drug law offences, 1995 to 2003

Country		Study units	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium	(1)	persons	18376		21569	14328	25540	19005	21750	26291	18683
Czech Republic		persons	482	956	1152	1530	1765	2043	2160	2000	2357
Denmark		persons	9008	8678	8234	8900	9424	9899	9858	10021	
Germany		offences	158477	187022	205099	216682	226563	244336	246518	250969	
Estonia		offences				617	765	3886	5458	4761	6384
Greece	(2)	persons	4887	6961	9729	10973	10902	12543	15395	16045	16195
Spain	(3)	offences		17176	14991	13967	13430	17067	17380	17430	16755
France		persons	69432	77640	89285	91048	95910	100870	84533	96740	108141
Ireland		offences	3859	2885	4156	5631	7137	8395	8768	7976	
Italy	(3) (4)	persons	32652	32985	32999	33179	34297	34322	33872	33106	29377
Cyprus		cases									465
Latvia		not known	271	362	433	395	521	655	854	653	
Lithuania		cases		491	382	663	783	697	798	846	1029
Luxembourg		persons	128	149	154	100	108	117	92	108	135
Hungary	(5)	offences	429	440	943	2068	2860	3445	4332	4775	3378
Malta		persons							410	413	410
Netherlands	(6)	offences				12616	11675	11513	13558	15848	17087
Austria	(7)	offences	13093	16196	17868	17141	17597	18125	21862	22422	22245
Poland		offences	4284	6780	7915	16432	15628	19649	29230	36178	47605
Portugal	(8)	persons	6380	9054	9333	11395	13020	14276	8736	5255	5318
Slovenia		offences	1249	1849	2737	2942	3410	4803	5889	5528	4843
Finland		offences	9052	7868	8323	9461	11647	13445	14890	13843	15058
Sweden		persons	9573	9307	10625	11490	10400	12545	13714	15300	16136
United Kingdom		persons	93631	95199	114629	130643	121056	104390	100939	111152	
Norway		persons	3938	4455	5188	6486	8002	9190	10746		
Total			439201	486453	565744	618687	642440	665216	671742	697660	

Notes:

The general term 'reports for drug law offences' is used since definitions and study units differ widely between countries. For definitions of the term 'reports for drug law offences', please refer to Methods and definitions in this statistical bulletin.

(1) In 1998 and 1999 there is some double-counting as persons reported for two offences were counted twice in the total. From 2000, only the main offence is counted. However, a person could be counted several times if arrested several times during the same year. Since 2003 each offence is represented as one separate record in the database.

(2) Figures refer to a number of initial reports of individuals suspected of drug law offences by all law enforcement authorities.

(3) Data only include offences related to dealing/trafficking (offences related to drug use/possession are not considered as criminal offences).

(4) Since 1995, data include persons under restriction and at liberty.

(5) Data refer to the year during which criminial investigations were closed (vs. year during which offences were committed).

(6) Data refer to cases registered by the public prosecutor.

(7) The total number of reports for drug law offences includes reports for drug-related deaths until 1999, and reports for psychotropic substances and precursors since 1998.

(8) Since July 2001, reports for drug use/possession are no longer included in the table since these are not considered as criminal offences anymore.

Sources:

Reitox national focal points.

Table DLO-1 part (ii). Number of reports for drug law offences, 1985 to 2003

Country		Study units	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium	(1)	persons	3917	4646	6393	7000	6093	7051	10720	18179	19482	19467	18376		21569	14328	25540	19005	21750	26291	18683
Czech Republic		persons								135	163	288	482	956	1152	1530	1765	2043	2160	2000	2357
Denmark		persons	5147	5262	7862	7031	7566	8915	9535	10290	12421	9536	9008	8678	8234	8900	9424	9899	9858	10021	
Germany		offences	60941	68694	74894	84998	94000	103629	117046	123903	122240	132389	158477	187022	205099	216682	226563	244336	246518	250969	
Estonia		offences														617	765	3886	5458	4761	6384
Greece	(2)	persons	953	1734	2257	2471	2660	3081	3197	2966	2636	3340	4887	6961	9729	10973	10902	12543	15395	16045	16195
Spain	(3)	offences												17176	14991	13967	13430	17067	17380	17430	16755
France		persons	29750	30493	31105	31213	33510	34213	45063	54468	51657	59697	69432	77640	89285	91048	95910	100870	84533	96740	108141
Ireland		offences	1270	1163	1196	1333	1344	2071	3088	3494	3833	4443	3859	2885	4156	5984	7137	8395	8768	7976	
Italy	(3) (4)	persons	15763	14857	19373	23320	20582	18343	22966	27617	23818	26449	32652	32985	32999	33179	34297	34322	33872	33106	29377
Cyprus		cases																			465
Latvia		not known								205	231	279	271	362	433	395	521	655	854	653	
Lithuania		cases												491	382	663	783	697	798	846	1029
Luxembourg		persons											128	149	154	100	108	117	92	108	135
Hungary	(5)	offences	81	95	93	73	53	34	46	135	223	256	429	440	943	2068	2860	3445	4332	4775	3378
Malta		persons																	410	413	410
Netherlands	(6)	offences														12616	11675	11513	13558	15848	17087
Austria	(7)	offences	4932	4739	4778	4963	4474	4829	5392	7805	10915	12623	13093	16196	17868	17141	17597	18125	21862	22422	22245
Poland		offences						1105	2468	2442	5457	4000	4284	6780	7915	16432	15628	19649	29230	36178	47605
Portugal	(8)	persons	1471	2047	2192	1845	2534	3586	4667	6280	5197	4708	6380	9054	9333	11395	13020	14276	8736	5255	5318
Slovenia		offences							337	469	646	825	1249	1849	2737	2942	3410	4803	5889	5528	4843
Finland		offences	2323	1973	2221	1914	1889	2546	2491	3336	3976	5936	9052	7868	8323	9461	11647	13445	14890	13843	15058
Sweden		persons	6567	6426	6533	6697	7163	7676	8123	7974	7394	8604	9573	9307	10625	11490	10400	12545	13714	15300	16136
United Kingdom		persons		23905	26278	30515	38415	44922	47616	48927	68480	85693	93631	95199	114629	130643	121056	104390	100939	111152	
Norway		persons	1941	1975	1936	2324	3057	3332	3577	3903	3790	3446	3938	4455	5188	6486	8002	9190	10746		
Total			135056	168009	187111	205697	223340	245333	286332	322528	342559	381979	439201	486453	565744	619040	642440	665216	671742	697660	

Notes:

The general term 'reports for drug law offences' is used since definitions and study units differ widely between countries. For definitions of the term 'reports for drug law offences', please refer to Methods and definitions in this statistical bulletin.

(1) In 1998 and 1999 there is some double-counting as persons reported for two offences were counted twice in the total. From 2000, only the main offence is counted. However, a person could be counted several times if arrested several times during the same year. Since 2003 each offence is represented as one separate record in the database.

(2) Between 1985 and 1994, figures refer to a number of arrests made by the police of drug law offenders. From 1995, figures refer to a number of initial reports of individuals suspected of drug law offences by all law enforcement authorities.

(3) Data only include offences related to dealing/trafficking (offences related to drug use/possession are not considered as criminal offences).

(4) From 1985 to 1994, data include only persons under restriction. Since 1995, the figures include persons under restriction and at liberty.

(5) Data refer to the year during which criminial investigations were closed (vs. year during which offences were committed).

(6) Data refer to cases registered by the public prosecutor.

(7) The total number of reports for drug law offences includes reports for drug-related deaths until 1999, and reports for psychotropic substances and precursors since 1998.

(8) Since July 2001, reports for drug use/possession are no longer included in the table since these are not considered as criminal offences anymore.

Sources:

Reitox national focal points.

Table DLO-2. Offence type most involved in the report for drug law offences

Countries		Year	Use/possession for use (%)	Dealing/trafficking (%)	Use and dealing (%)
Belgium	(3)	2003	80	20	
Czech Republic	(2)	2003	9	91	
Germany	(3) (4)	2002	68	28	3
Greece	(3)	2003	79	21	
Spain	(3)	2003	0	100	
France	(2)	2003	84	7	9
Ireland	(3)	2002	76	19	
Italy	(5)	2003	0	100	
Cyprus	(3)	2003	57	43	
Luxembourg	(3)	2003	11	46	43
Malta	(2)	2003	75	25	
Austria	(1) (4)	2003	87	11	
Poland	(3) (4)	2003	39	5	
Portugal	(2) (5)	2003	0	41	59
Slovenia	(3)	2003	85	13	2
Finland	(3) (4) (7)	2003	60	5	
Sweden	(3)	2003	84	16	
United Kingdom	(3)	2002	87	13	
Norway	(3) (6)	2001	41		59

Notes:

For definitions of 'reports' for drug law offences, please refer to Methods and definitions in this statistical bulletin.

(1) The law only distinguishes between small and large quantities. Thus cases of possession and small-scale trafficking have been considered as 'use/possession for use' and cases of possession and trafficking of large quantities have been considered as 'dealing/trafficking'.

(2) Based on number of offences considered as main offences.

(3) Among all drug offences - several different drug offences may be involved in one case.

(4) Other offences against the drug laws are included in the total, but can not be classified under any of the three headings in these table. Percentages are based on the total and may not sum to 100 %.

(5) Drug use and/or possession for use is not considered as a criminal offence and is regulated by administrative sanctions in Spain, Italy and (since July 2001) Portugal.

(6) It is not possible to distinguish 'dealing and trafficking' alone from 'use/dealing and trafficking'. This category includes therefore dealers-users and represents 58.5 % of drug law offences, while the remaining drug law offences (41.5 %) relate to drug use alone.

(7) The category 'dealing/trafficking' is defined as including 'aggravate narcotics offences'.

Source:

Reitox national focal points.

Table DLO-3. Drug types involved in reports for drug law offences: percentage of all reports for drug law offences

Countries		Year	Cannabis (%)	Heroin (%)	Cocaine (%)
Belgium	(1)	2003	67	7	7
Czech Republic	(2)	2003	38	4	1
Germany	(2) (3)	2003	59	15	9
Greece	(1)	2003	52	40	5
Spain	(1) (4)	2003	52	7	30
France	(2)	2003	87	5	4
Ireland	(2)	2002	65	9	6
Italy	(1) (4)	2003	39	23	32
Lithuania	(1)	2003	13	4	1
Luxembourg	(1)	2003	43	26	29
Malta	(2)	2003	41	37	6
Netherlands	(2) (5)	2003	36	58	
Austria	(1)	2003	53	14	14
Portugal	(3) (4) (6)	2003	44	12	7
Slovenia	(1)	2003	81	12	2
Sweden	(1) (7)	2002	34	6	3
United Kingdom	(1)	2002	71	10	3

Notes:

For definitions of reports for drug law offences, please refer to Methods and definitions in this statistical bulletin.

Percentages are based on offences for all drug types and may not sum to 100%.

(1) Based on number of mentions of all drugs, whether alone or with other drugs (in the same offence).

(2) Based on number of mentions of drugs considered as main drugs.

(3) Among all offences broken down by drug (for some offences, a breakdown by drug is not available).

(4) Among offences for drug dealing/trafficking (since offences for drug use/possession for use are not criminalised).

(5) Data under 'cannabis' refer to 'soft drugs' (mainly cannabis). Data under 'heroin' refer to 'hard drugs' (defined as drugs which pose unacceptable public health risks, such as heroin, cocaine, LSD and ecstasy). Offences involving both 'soft drugs' and 'hard drugs' are not included here.

(6) The proportions are underestimated, since they represent offences for one drug alone - e.g. offences for cannabis do not include offences for cannabis + other drug(s).

(7) Among persons given a summary fine by the prosecutor or sentenced by a court.

Source:

Reitox national focal points.

Table DLO-4. Percentage of total drug law offences that are related to drug use or possession for use, 1996 to 2003

Country		1996	1997	1998	1999	2000	2001	2002	2003
Belgium	(2) (6)			52.7	67.1	64.3	61.9	70.4	79.6
Czech Republic	(3)				6.2	8.5	9.4	10.5	8.6
Germany	(4)	63.0	64.0	65.9	65.6	66.9	66.0	68.0	
Greece	(4)								78.5
France	(3)	72.3	78.9	82.0	83.5	82.7	84.8	84.0	83.8
Ireland	(4)			64.6	68.4	77.2	79.9	75.7	
Cyprus	(4)								56.6
Luxembourg	(4)	5.6	7.9	22.9	23.0	31.1	19.4	23.4	11.3
Malta	(3)						73.4	73.4	74.6
Austria	(1)	86.5	84.7	84.0	86.6	87.1	86.6	87.2	86.7
Poland	(4)				12.1	14.3	22.8	33.1	39.2
Portugal	(3) (5)	54.3	57.5	60.6	61.7	54.8	39.4		
Slovenia	(4)						73.9	87.5	85.1
Finland	(4)							52.4	60.3
Sweden	(4)	78.0	78.9	79.1	80.0	82.1	81.6	81.2	83.6
United Kingdom	(4)	83.7	85.2	86.3	86.3	86.2	86.3	87.5	
Norway	(4)	35.4	34.0	37.5	38.9	39.7	41.5		

Notes:

For definitions of reports for drug law offences, please refer to Methods and definitions in this statistical bulletin.

(1) The law only distinguishes between small and large quantities. Thus cases of possession and small-scale trafficking have been considered as 'use/possession for use'.

(2) Among all drug offences in 1998 and 1999; among main drug offences from 2000.

(3) Based on number of offences considered as main offences.

(4) Among all drug offences - several different drug offences may be involved in one case.

(5) Since July 2001, drug use/possession for use is not a criminal offence anymore and thus not considered here. In consequence, the proportion has decreased in 2001 and the series has stopped since then.

(6) In 1998 and 1999 there is some double-counting as persons reported for two offences were counted twice in the total. From 2000 onwards, only the main offence is counted. However, a person could be counted several times if arrested several times during the same year. Since 2003 each offence is represented as one separate record in the database.

Source:

Reitox national focal points.

Table DLO-5. Cannabis-related offences: percentage among total drug law offences, 1996 to 2003

Country		1996	1997	1998	1999	2000	2001	2002	2003
Belgium	(1) (8)			66.1	68.3	67.3	68.1	67.1	66.8
Czech Republic	(2)							37.4	37.8
Germany	(2) (3)	49.2	45.6	51.9	53.6	54.8	54.4	56.4	59.4
Greece	(1)								51.5
Spain	(1) (4)	40.4	44.5	49.1	48.1	44.0	48.4	51.9	52.3
France	(2)	70.8	78.5	83.2	85.2	85.2	85.5	86.8	87.2
Ireland	(2)	62.3	64.3	38.9	58.6	58.1	60.3	64.6	
Italy	(1) (4)	36.6	43.0	45.4	44.8	43.6	45.0	42.1	38.6
Lithuania	(1) (3)					10.2	8.1	9.9	13.5
Luxembourg	(1)	14.9	15.3	19.6	23.5	21.2	28.1	28.2	43.1
Netherlands	(2) (5) (6)			38.3	37.5	37.6	37.3	36.8	36.0
Malta	(2)						35.9		41.2
Austria	(1)	63.2	59.6	67.5	68.5	64.1	58.5	57.6	53.0
Portugal	(3) (4) (6)	15.2	21.4	24.2	27.2	29.4	35.3	37.7	44.1
Slovenia	(1)						81.5	82.2	80.7
Sweden	(1) (7)		35.0	35.2	36.5	35.8	33.6	34.3	
United Kingdom	(1)	72.7	73.0	72.6	70.2	69.1	70.4	71.2	

Notes:

For definitions of reports for drug law offences, please refer to Methods and definitions in this statistical bulletin.

(1) Based on number of mentions of cannabis among all drug mentions, whether alone or with other drugs.

(2) Based on number of offences with cannabis as main drug.

(3) Among all offences broken down by drug (for some offences, a breakdown by drug is not available).

(4) Among offences for drug dealing/trafficking (since offences for drug use/possession for use are not criminalised); for Portugal, only since 2002.

(5) Data refer to 'soft drugs' (mainly cannabis).

(6) The reported proportion represents offences for cannabis only (or 'soft drugs' only in the case of the Netherlands) - it does not include offences for 'cannabis + other drug(s)' (or 'soft drugs + other drug(s)' in the case of the Netherlands); for Portugal, before 2001 it includes offences where only one cannabis product (resin or herb) is involved, whereas since 2001 it includes offences where both cannabis resin and herb are involved.

(7) Among persons given a summary fine by the prosecutor or sentenced by a court.

(8) In 1998 and 1999 there is some double-counting as persons reported for two offences were counted twice in the total. From 2000 onwards, only the main offence is counted. However, a person could be counted several times if arrested several times during the same year. Since 2003 each offence is represented as one separate record in the database.

Source:

Reitox national focal points.

Table DLO-6. Heroin-related offences: percentage among total drug law offences, 1996 to 2003

Country		1996	1997	1998	1999	2000	2001	2002	2003
Belgium	(1) (8)			8.0	7.2	7.1	7.8	7.7	7.0
Czech Republic	(2)							7.9	4.5
Germany	(2) (3)	32.5	27.2	23.4	20.5	19.0	18.7	17.1	14.8
Greece	(1)								39.7
Spain	(1) (4)	27.8	22.5	17.4	14.6	13.1	11.0	7.0	7.4
France	(2)	23.3	15.5	9.7	7.6	7.0	6.4	5.4	4.6
Ireland	(2)	15.0	13.6	14.0	12.4	8.7	10.6	9.3	
Italy	(1) (4)	43.9	37.4	34.6	28.9	28.4	28.1	26.6	22.9
Lithuania	(1) (3)					14.5	30.1	15.4	4.2
Luxembourg	(1)	52.6	54.4	55.6	50.8	55.0	41.0	50.8	26.0
Netherlands	(2) (5) (6)			51.9	54.9	55.6	56.6	58.3	58.5
Malta	(2)						43.4		36.8
Austria	(1)	15.7	12.1	11.1	9.4	8.6	10.9	10.9	13.7
Portugal	(3) (4) (6)	58.5	48.5	44.7	38.5	33.7	28.0	16.9	11.8
Slovenia	(1)						12.3	10.3	11.7
Sweden	(1) (7)	8.9	7.8	8.3	7.9	7.4	7.1	6.3	
United Kingdom	(1)	5.9	7.5	8.8	10.4	11.6	12.0	10.2	

Notes:

For definitions of reports for drug law offences, please refer to Methods and definitions in this statistical bulletin.

(1) Based on number of mentions of heroin among all drug mentions, whether alone or with other drugs.

(2) Based on number of offences with heroin as main drug.

(3) Among all offences broken down by drug (for some offences, a breakdown by drug is not available).

(4) Among offences for drug dealing/trafficking (since offences for drug use/possession for use are not criminalised); for Portugal, only since 2002.

(5) Data here refer to 'hard drugs' (defined as drugs which pose unacceptable public health risks, such as heroin, cocaine, LSD and ecstasy).

(6) Underestimated proportion since it represents offences for heroin only (or 'hard drugs' only in the case of the Netherlands) - it does not include offences for 'heroin with other drug(s)' (or 'hard drugs with other drug(s)' in the case of the Netherlands).

(7) Among persons given a summary fine by the prosecutor or sentenced by a court.

(8) In 1998 and 1999 there is some double-counting as persons reported for two offences were counted twice in the total. From 2000 onwards, only the main offence is counted. However, a person could be counted several times if arrested several times during the same year. Since 2003 each offence is represented as one separate record in the database.

Source:

Reitox national focal points.

Table DLO-7. Cocaine-related offences: percentage among total drug law offences, 1996 to 2003

Country		1996	1997	1998	1999	2000	2001	2002	2003
Belgium	(1) (7)			5.1	4.6	4.8	5.1	7.0	7.2
Czech Republic	(2)							0.5	1.0
Germany	(2) (3)	11.8	11.4	11.0	11.5	10.0	9.3	9.3	9.2
Greece	(1)								5.1
Spain	(1) (4)	20.9	24.5	26.3	29.2	31.5	30.9	32.3	29.8
France	(2)	2.2	2.6	3.5	3.7	3.4	3.3	3.3	3.8
Ireland	(2)	1.5	2.3	1.6	2.4	2.1	3.5	5.6	
Italy	(1) (4)	13.2	14.8	17.3	22.8	24.6	24.1	28.3	31.9
Lithuania	(1) (3)					1.0	1.2	0.7	1.3
Luxembourg	(1)	26.5	26.0	19.0	23.0	17.2	28.8	21.0	28.7
Malta	(2)						9.5		6.3
Austria	(1)	8.4	10.2	8.7	10.4	9.4	10.1	10.9	14.3
Portugal	(3) (4) (5)	5.7	5.3	5.0	4.8	4.0	4.3	7.6	7.0
Slovenia	(1)						1.8	2.0	2.5
Sweden	(1) (6)	1.0	1.3	1.7	2.1	2.4	2.4	3.0	
United Kingdom	(1)	2.4	2.8	3.2	4.2	5.0	3.0	6.0	

Notes:

For definitions of reports for drug law offences, please refer to Methods and definitions in this statistical bulletin.

(1) Based on number of mentions of cocaine among all drug mentions, whether alone or with other drugs.

(2) Based on number of offences with cocaine as main drug.

(3) Among all offences broken down by drug (for some offences, a breakdown by drug is not available).

(4) Among offences for drug dealing/trafficking (since offences for drug use/possession for use are not criminalised); for Portugal, only since 2002.

(5) Underestimated proportion since it represents offences for cocaine only - it does not include offences for 'cocaine with other drug(s)'.

(6) Among persons given a summary fine by the prosecutor or sentenced by a court.

(7) In 1998 and 1999 there is some double-counting as persons reported for two offences were counted twice in the total. From 2000 onwards, only the main offence is counted. However, a person could be counted several times if arrested several times during the same year. Since 2003 each offence is represented as one separate record in the database.

Source:

Reitox national focal points.

European Monitoring Centre
for Drugs and Drug Addiction

Chapter 9
Demand for treatment for drug use

Methods and definitions

Information on the number of people seeking treatment for a drug problem provides insight into general trends in problem drug use and also offers a perspective on the organisation and uptake of treatment facilities. Treatment demand data come from each country with varying degrees of national coverage, principally from outpatient clinics' treatment records.

The objective of the TDI project is to extend the detailed data collection to a full coverage on all the treatment centres in order to have a better picture of the European clients demanding treatment for their drug use. The collection system classifies clients by primary and secondary drugs used: primary drug is the drug reported as most important for the client and the main reason for asking for treatment; the secondary drugs are the drugs taken in addition to the primary drug;

Data are collected in two forms: summary data on all types of treatment centres (Sources: Standard Table 3 and Standard Table 4, see below) and detailed data by centre type (outpatient treatment centres, inpatient treatment centres, low threshold agencies, general practitioners, treatment units in prison, and any other types of centres) (Sources: TDI detailed data collection by centre type, see below).

Information on socio-demographic characteristics of clients and patterns of drug use (route of administration, frequency of use, age at first use) are based on detailed data and mainly concern outpatient treatment centres where the coverage is more extensive.

Most information is collected on clients starting a treatment for drug use for the first time in their life (new clients) and also for clients starting treatment for the first time in the reporting year, but who may have been treated in previous year(s) (all clients). Currently no data are collected on clients continuing a treatment from the year(s) before the reporting year.

The EU Member States, the candidate countries and Norway collect the data on people starting a treatment for their drug use according to an established European protocol (theTDI protocol): the Joint Pompidou Group-EMCDDA Treatment Demand Indicator Protocol version 2.0, along with a more detailed Technical Annex. This protocol is the result of the developmental work undertaken by the Pompidou Group, the study of the national experiences, in particular in Germany, The Netherlands, Spain and United Kingdom and specific projects run by the EMCDDA.

The EMCDDA's treatment demand indicator (TDI) provides a uniform structure for reporting on the number and the characteristics of clients referred to drug treatment facilities. The TDI Protocol is based on 20 items concerning the type of treatment provided and the characteristics of clients: socio-demographic data and drugs information.

The item list of 20 variables which should be collected by EU countries is reported below. For further details see the TDI Protocol at the web page (http://www.emcdda.eu.int/?nnodeid=1420).

The protocol describes a routine system for collecting standard data (20 variables) from each client starting treatment. Each country's definition of what constitutes a treatment case or episode is, if not the same, at least acceptably compatible with the TDI definition. The protocol provides a classification of treatment centres, defines which clients they should notify, and gives guidelines on methods of data collection, analysis and reporting. The TDI protocol states that it is essential to identify clearly the types of treatment centres involved in order to increase the comparability of treatment data among countries. The protocol includes procedures for minimising double-counting whilst respecting confidentiality, and for internal consistency checks to improve reliability. The items do not necessarily have to be collected in exactly the same form and using exactly the same categories as specified in the TDI Protocol, but each country should be able to draw these data from its national sources.

There are some problems and deficiencies in the way many of the national focal points report treatment data to the EMCDDA. It is difficult to know exactly how double-counting is affecting the data since the level of control of double-counting is not the same in all Member States. The number of missing cases for each data item is another limitation, and is for many variables sometimes unknown.

The results presented in the tables reflect that treatment information is not available from all the Member States. Differences in coverage among Member States affect data comparability. Some countries lack information on treatment units and the definitions used are not always 100 % compatible with the TDI protocol. Most countries have different kinds of treatment facilities and, moreover, the differences in the availability and use of drug treatment services could bias the results. The network of drug treatment centers has changed in the last decade; for example, methadone programs have expanded. These changes in treatment services could have influenced treatment figures over time. A last problem concerns the network of treatment centers and whether it is extensive enough to meet all treatment demands.

The quantity and type of treatment services offered provide important background information, but it is essential that treatment-related data be interpreted in the context in which they are collected.

An extensive report on data quality and data collection concerning the years 2000-2001 (Quality assessment of TDI data 2000-2001) is available on the EMCDDA treatment web page (http://www.emcdda.eu.int/?nnodeid=1420).

Specific analyses based on treatment demand data are also reported on the web page, according to clients profile by:

- primary drug
- socio-demographic characteristics
- centre type

The last statistics published in the web page concerns:

- profile of cannabis clients
- gender analysis of treatment demand data
- profile of clients asking for treatment for primary use of benzodiazepines
- profile of clients asking for treatment in low threshold agencies

The item list

Treatment centre type

- outpatient treatment centres
- inpatient treatment centres
- low threshold/drop-in/street agency
- general practitioners
- treatment units in prison

Date of treatment month

Date of treatment year

Ever previously treated

- never
- previously treated

Source of referral

- self-referred
- family/friends
- other drug treatment centre
- GP
- hospital/other medical source
- social services
- court/probation/police

Gender

- male
- female

Age/year of birth

Living status (with whom)

- alone
- with parents
- alone with child
- with partner (alone)
- with partner and child(ren)
- with friends

Living status (where)

- stable accommodation
- unstable accommodation
- in institutions (prison, clinic)

Nationality

- national of this country

- national of EU Member States
- national of other countries

Labour status

- regular employment
- pupil/student
- economically inactive (pensioners, housewives, -men/invalids)
- unemployed

Highest educational level completed

- never went to school/never completed primary school
- primary level of education
- secondary level of education
- higher education

Primary drug

- Opiates (total)
  - heroin
  - methadone
  - other opiates
- Cocaine (total)
  - cocaine
  - crack
- Stimulants (total)
  - amphetamines

    MDMA and other derivates
  - other stimulants
- Hypnotics and sedatives (total)
  - barbiturates
  - benzodiazepines
  - others
- Hallucinogens (total)
  - LSD
  - others
- Volatile inhalants
- Cannabis (total)
- Other substances (total)

Already receiving substitution treatment

- Heroin
- Methadone
- Other opiates
- Other substances

Usual route of administration

- inject
- smoke/inhale
- eat/drink
- sniff
- others

Frequency of use (primary drug)

- not used in past month/occasional
- once per week or less
- 2 to 6 days per week
- daily

Age at first use of primary drug

Other (= secondary) drugs currently used

(See list of primary drug + alcohol)

Ever/currently (last 30 days) injected

- Ever injected, but not currently
- Currently injected
- Never injected

Overview of the data

Listed below are the tables in the bulletin and the associated graphics dealing with TDI (treatment demand indicator), along with a brief overview. Please note that the associated graphics are available only on the statistical bulletin website (http://stats05.emcdda.eu.int).

The tables present information on the number of people seeking treatment for a drug problem and this provides insight into general trends in problem drug use and also offers a perspective on the organisation and uptake of treatment facilities. Treatment demand data come from each country with varying degrees of national coverage, principally from outpatient clinics' treatment records (Table TDI-1, Table TDI-2 part (iii), Table TDI-2 part (iv)).

About half the countries provide information on the extent of coverage of outpatient treatment facilities, which overall is approximately 75 % of number of units (disregarding their size) over the last two years. For other types of facility, there is very limited information from the countries on the coverage. All data presented refer to this reporting base.

The tables distinguish clients starting a treatment for drug use for the first time in their life (new clients) from those starting for the first time in the reporting year, but who may have been treated in previous years (all clients); currently no data are collected on clients continuing a treatment from the year(s) before the reporting year.

Note that data are collected in two forms: summary data on all types of treatment centres (source: EMCDDA Standard Table 3 and Standard Table 4); and more detailed client data by centre type: outpatient treatment centres, inpatient treatment centres, low threshold agencies, general practitioners, treatment units in prison, other types of centres (source: TDI detailed data collection by centre type). In particular, these data permit distinction between clients by primary drug (for which treatment is requested) and secondary drug(s), which are those taken in addition. See the Methods and definitions summary for further information on these points.

Generally tables on socio-demographic characteristics of clients and patterns of drug use (route of administration, frequency of use, age at first use) are based on detailed data mainly from outpatient treatment centres where the coverage is more extensive; tables on trends are generally based on new clients asking for treatment in all types of treatment centres. For every table the source of data is reported, indicating the specific table provided to EMCDDA by the countries reporting.

Table TDI-1 to Table TDI-7 are based on data from all types of treatment centres concerning new clients and all clients; they present the current situation for 2003 data and the trend for the last 8 to 10 years (1993 to 2003) where data are available. (Sources: the EMCDDA standard tables ST.03 and ST.04). In 2003, 22 countries submitted summary data on treatment.

Table TDI-8 to Table TDI-18 are based on detailed data collection by centre type. In 2003 17 countries submitted these data, enabling more detailed descriptions of clients, covering about 40 % of the total reported treatment demands and 55 % of new treatment demands. Table TDI-8 reports data for 6 types of centre (outpatient centres, inpatient centres, low threshold agencies, treatment units in prison, general practitioners providing treatment for drug addiction, other types of centre), and the remaining tables TDI-19 to TDI-26 report on the detailed data for outpatient treatment centres (sources: EMCDDA detailed TDI standard reporting schedules).

Summary points

Treatment in profile

- Reports of drug users asking for treatment mainly arise from outpatient treatment centres; in the other treatment centre types the number of reported clients is smaller. This reflects both the organisation of treatment services within a country and the lower coverage of some centre types (Table TDI-8).
- Cooperating agencies in 22 countries submitted data in 2003, reporting overall more than 410 000 requests for treatment, excluding clients in treatment continuing from previous years.
- Including last available data from the remaining four countries, the 490 000 total treatment requests made comprised 60 % for opiate treatment requests, and over half (54 %) of these opiate clients were known to be injectors, with 10 % more having unknown injecting status. Cocaine treatment comprised about 10 % of all demands, and cannabis about 12 %. These proportions differ widely between countries (Table TDI-5 part (ii)).
- Treatment demands from people not previously treated (clients new to treatment) make up only one quarter of this total.
- Treatment demands were made by 28.4 new clients in every 100 000 inhabitants in the European Member States, Bulgaria and Romania. Marked differences are found between countries in the incidence of new clients: from 4.2 to 58.7 per 100 000 inhabitants (both figures relating to Eastern European countries) (Table TDI-19).

Trends

- There was a net increase of about 14 % overall in the number of reporting agencies compared with the previous year. Exceptionally in Germany there were 256 more reporting centres; otherwise in all, four Member States reported very small decreases and 11 reported the same or increased numbers of centres (Table TDI-2 part (iii)).
- Reported treatment demands increased by about 13 % over the preceding year for Member States reporting both figures (notably this excludes France). This increase is not uniform: six Member States report declines and 15 increases. Most of them report small relative changes, although the 1 % increase in Italian treatment demands

represents 1500 cases. Four Member States report relative increases greater than 10 %, outstandingly the United Kingdom (37 % or 26 000 more requests) and Germany (83 % or 17 000 more requests) (Table TDI-2 part (ii)).

- Clients new to treatment make up 26 % of all treatment demands - approximately 110 000 requests, representing a general increase of only 3 % over the preceding year among the countries reporting both years. Notably this excludes the United Kingdom, where the 29 000 demands by new clients in 2003 represents an unknown increase over the preceding year. Changes in new treatment demands are more varied across countries than changes in overall demands: nine Member States report decreases and 11 increases (Table TDI-2 part (i)).
- New treatment demands remain heavily related to opiates, although overall composition of the new-to-treatment population has changed strongly away from opiates towards cannabis. The relative importance of opiates among new treatment demands has decreased in 14 countries and increased or remained the same in six. By contrast the relative position of cocaine dropped in four countries and increased or remained the same in 15. A similar variety of changes occurred with other stimulants and with cannabis.
- Over an 8 year trend across the 11 EU countries that provided long-term data (see Figure TDI-1 part (i) and Figure TDI-1 part (ii) for details) it is possible to detect a total fall of about 13 % in absolute numbers of opiate new treatment demands; this strongly contrasts with those for cocaine over the same period (risen about 40 %) and more so cannabis demands (risen about 80 %, including 20 % from 2002 to 2003). Caution is required in interpreting this as the total EU picture since these countries contribute only about 50 % of the new treatment clients in 2003 (Table TDI-3 part (i), Table TDI-3 part (ii), Table TDI-3 part (iii), Table TDI-3 part (iv)).

Current treatment patterns

- Male drug users predominate among all clients, as outpatients and as new treatment clients in all European countries, but with male to female ratios varying greatly between 9 to 1 and 1.6 to 1 (Table TDI-5 part (i), Table TDI-9, Table TDI-20).
- The mean age of all clients is usually two to three years older (from 23 to 33) than new clients, which varies between 22 and 30 (Table TDI-9, Table TDI-5 part (i)).
- The most common age groups for new opiates outpatient clients are 20 to 30; although almost 40 % are aged more than 30 (Table TDI-10 part (ii)).
- A number of countries do not report outpatient socio-demographic data, including some major treatment populations, but among those that do, representing about half this treatment population, marked differences are found between countries, depending on the main drug distribution, the organisation of treatment facilities and the socio-demographic situation. Overall, summarising those countries that reported data:
  - About 15 % of all outpatient clients live in social institutions or in an unstable accommodation (Table TDI-15).
  - Around 13 % of all outpatient clients are living with children, either alone or with a partner (Table TDI-14).
  - Almost 20 % of new outpatients did not complete a primary level of education and almost half the clients (45 %) completed only this primary level (data based on only 17 000 clients) (Table TDI-12).
- The proportion of new outpatient clients without a regular employment is high, especially when compared with the general population; but there is no strong correspondence between level of unemployment in the general population and level of unemployment among drug clients (Table TDI-13, Table TDI-21).
- Detailed information on differences between types of clients according to their primary drug of treatment and data on source of referral for clients are usually only available for outpatients reported through the TDI schedule.

Treatment for opiates

- The males to females ratio among opiates users is 2.8 to 1. Marked variations are reported between countries in gender ratios, which drop to near equality and extend to 4 or more in some populations (Table TDI-22).
- Most opiates clients have started using opiates before age 25 and 50 % before age 20 (Table TDI-11 part (i)).
- Overall about one third (ranging from 20 % to 90 %) of new outpatient opiates clients report using the drug on a daily basis (Table TDI-18 part (i)).
- Of new outpatient clients, 43 % report injection as their

route of opiate administration and 41 % smoke it (Table TDI-17 part (i)).

- Many of these clients use opiates with another drug or in combination or in sequence; for 53% of them cannabis is the secondary drug and for 28 % it is alcohol (Table TDI-25 part (ii)). Among new outpatients, 9 % of clients report opiates as a secondary drug of use (Table TDI-24).

Treatment for cocaine

- Cocaine related treatment demands are higher among new clients than all clients (Table TDI-3 part (ii), Table TDI-4 part (ii), Table TDI-5 part (ii)).
- Among new outpatient treatment demands for cocaine use:
  - The gender ratio is 3.7 males for each female among new outpatient treatment demands for cocaine use (Table TDI-22).
  - Mean age is around 30 years and most clients are in the age group 20 to 34 (Table TDI-10 part (iv)).
  - Half the clients first start cocaine use when they are between 15 and 19 years and one third between 20 and 24 (Table TDI-11 part (iv)).
  - Half of the clients sniff cocaine and another 45 % smoke or inhale it (Table TDI-17 part (ii)).
- Cocaine is often used in combination with another drug: for 49 % of clients with cannabis and for 45 % with alcohol (Table TDI-25 part (i), Table TDI-25 part (iii)). Cocaine is reported as secondary drug by 13 % of clients (Table TDI-24).

Treatment for amphetamines and ecstasy

- Stimulants other than cocaine, specifically amphetamines and ecstasy, are infrequently reported as primary reason for attending drug treatment. Some countries are exceptions to this and report them as accounting for between a quarter and more than half of all primary treatment demands (Table TDI-4 part (ii), Table TDI-5 part (ii), Table TDI-3 part (iii)).
- Among new outpatient clients for stimulants other than cocaine,
  - 84 % report using amphetamines and 16 % MDMA (ecstasy) (Table TDI-23).
  - Almost one third of clients are aged between 15 and 19 years and another third between 20 and 24 (Table TDI-10 part (v)).
  - The large majority of users of stimulants (other than cocaine) among clients first start use between 15 and 19 years (Table TDI-11 part (v)).

Treatment for cannabis

- Overall, cannabis is the second most reported primary drug among treatment demands. There are marked differences between countries in the proportion of new clients demanding treatment for cannabis as primary drug: between 2 and 3% in some Eastern European countries and more than 20 % in some older EU Member States. Proportions among new clients are higher, ranging to over 50 % with only a few countries reporting below 10 % (Table TDI-4 part (ii), Table TDI-5 part (ii)).
- In the detailed reports received from outpatient clinics, cannabis is often reported as a primary drug without reporting the use of other drugs; when reported with other substances, it is usually combined with alcohol or stimulants other than cocaine (Table TDI-25 part (iv)). Overall 22.5% of new clients report the use of cannabis as secondary drug (Table TDI-24).
  - Males to females ratio for new client treatment demands for cannabis use is higher than for opiates, cocaine or other stimulants (4.8 to 1) (Table TDI-22).
  - Almost all new cannabis clients are younger than 30; 39 % are aged between 15 and 19 years (Table TDI-10 part (i)).
  - In the month prior to entering treatment 30 % of new clients report using cannabis only occasionally or not at all and 36 % report using it on a daily basis (Table TDI-18 part (iv)).

Source of referral

- Among the countries that are able to supply data, the main referral source reported for new outpatients (36 %) is self-referral followed by the criminal justice system (17 %) and then by general practitioners (15 %); the other sources of referrals have much less impact (Table TDI-16).

Data tables

Table TDI-1. Sources for data on clients entering treatment in 2003

Country	Source
Belgium	National Focal Point, Belgian Report on Treatment Demand: EMCDDA field trial 2000, May 2001 - 1999 data.
Czech Republic	Czech Drug Information System - National Register of Treated Drug Users, 2003.
Estonia	Estonian National Focal Point - The Treatment demand Indicator is not still implemented, but a law was singed by the Estonian Parliament on 4-5-2005 establishing that a treatment demand data system from 1st January 2006.
Denmark	National Register of Drug Users Undergoing Treatment, National Board of Health, 2003 data.
Germany	National Focal Point - EBIS - National Report IFT Institute for Therapy Research, 2004 Strobl M., Klapper J., Pelzel K.H., Bader G., Zahn H., Lange N. (2004), Nationale Suchthilfestatistik 2003 für Deutschland. Tabellenband für ambulante Einrichtungen. München:IFT.
Greece	Greek Reitox Focal Point, 2004.
Spain	Spanish National Focal Point - National Plan on Drugs, Indicators of Spanish Monitoring Centre for Drug and Drug Addiction, 2003.
France	French National Focal Point - Enquète sur la prise en charge des toxicomanes dans les structures sanitaires et sociales, novembre 2003, Ministère de l'emploi et de la protéction social.
Ireland	Irish National Focal Point - National Drug treatment Reporting System, Drug Misuse Research Division, Health Research Board, 2004.
Italy	Italian National Focal Point - Ministry of Health, Data System on the Organisation and activities of public drug treatment services (SerT), 2004.
Cyprus	Cyprus National Focal Point, 2004.
Latvia	Latvian National Focal Point - State Register of Persons with Drug Dependence and Substance Misuse - Ministry of Health – 2004.
Lithuania	Lithuanian National Focal Point – 2004.
Luxembourg	Luxembourg National Focal Point - Origer A. (2004), RELIS - Annual Report on the State of the drug problem 2003. CRP-Santé Luxembourg.
Hungary	Hungarian National Focal Point - National Statistical Programm – 2004.
Malta	Malta National Focal Point - SEDQA - Detox Outpatient Unit - Epidemiological Report 1994-2003.
Netherlands	Dutch National Focal Point - National Alcohol and Drugs Information System, LADIS, IVZ, 2004.
Austria	Austrian National Focal Point - Substitution Treatment Database - Federal Ministry of Health and Women (FMHV), 2004.
Poland	Polish National Focal Point - Information on individuals admitted to psychiatric inpatient treatment because of drug abuse including detoxification.
Portugal	Portuguese National Focal Point - IDT, Drug Addiction Prevention and Treatment Service, Ministry of Health, Routine Statistics 2002 data.
Slovenia	Slovenian National Focal Point - Core National Drug Treatment database – 2004.
Slovakia	Slovakian National Focal Point - Routine execute report system, monthly collect report – 2004.
Finland	Finnish National Focal Point - Drug Treatment Information System, 2004.
Sweden	Swedish National Focal Point - Roger Holmberg, National Board of Health and Welfare, 2004.
UK	UK National Focal Point - Regional Drug Misuse Database (RDMD) England - Wales; Scottish Drug Misuse Database; Drug Misuse database - Northern Ireland – 2004.
Bulgaria	Bulgarian National Focal Point, 2004.
Romania	Romanian National Focal Point, 2004.

Source:

2004 Reitox national reports - standard table 3 and standard table 4

Table TDI-2 part (i). Numbers of clients entering treatment and numbers of reporting treatment centres, 1996 to 2003. Total numbers of new clients entering treatment

Country		1996	1997	1998	1999	2000	2001	2002	2003
Belgium		483	517	2939	4826				
Czech Republic		3252	3132	3858	3891	4148	4233	4719	4158
Denmark		960	1123	1088	1026	1057	1284	1364	1745
Germany		6606	4556	5259	5710	6071	5970	9574	10883
Greece	(1)	360	343	588	608	1049	2019	1787	1903
Spain		20855	18729	19341	19426	17135	17591	17228	
France	(2)		5175		5785				7208
Ireland		2038	1501	1621	1852	1981	2057	2074	
Italy		33440	30360	31502	32550	31150	32942	32847	33628
Cyprus							196	167	130
Latvia								202	318
Lithuania								471	356
Hungary	(3)	1594	4368	5275	5770	4701	4342	4717	5958
Malta		253	239	190	134	195	142	96	114
Netherlands		5138	4994	4613	4852	4074	4700	4847	5104
Austria	(4)	566	602	633	782	822	725	689	891
Poland		1980	2438	3115	4040	5075	5617	6537	
Portugal	(5)	9889	9183	8935	9991	9559	8743	6241	5212
Slovenia	(6)	309	478	491	409	377	402	528	504
Slovakia		643	776	893	733	823	1068	843	877
Finland	(7)			824	326	909	741	986	812
Sweden	(8)	1492	2001	1996	1992	454	1291	1042	1096
United Kingdom	(9)								28087
Bulgaria	(10)	226	259	395	496	383	495	550	462
Romania						454	1416	1059	924
Total		90084	90774	93556	105199	90417	95974	98568	110370

Notes:

Where no data are available in the country, the table is left empty

(1) "Speedball" is included in the category "other substances" only for the years 2002-2003. From the 2nd semester of 1995 two main drug centres stopped participating in the data collection; one of those centres re-entered in 2001 and the other in 2002.

(2) Data based on national census on drug addiction centres at national level in 1997, 1999; 2003.

(3) Partial comparability with TDI.

(4) Data include only substitution treatments.

(5) Coverage is comprehensive for the public outpatient drug treatment centres. Double counting of individuals amongst different primary sources may occur.

(6) 13 treatment units in prison are also covered from 2002, but data were not included for consistency with previous years.

(7) Number of units covered by the data collection increased from 66 in 1998 to 163 in 2003.

(8) Data before 2000 were available but they were not included because of a major change in the reporting system, which would have biased the comparisons of the data over time.

(9) Data on new treatment demands were not available before 2003.

(10) Up to 2001 data cover only Sofia; in 2002 Plovdiv and Varna were included; in 2003 Pleven; in 2003 data cover the capital and the three biggest cities.

Source:

2004 Reitox national reports - Standard Table 4 - first treatments

Table TDI-2 part (ii). Numbers of clients entering treatment and numbers of reporting treatment centres, 1996 to 2003. Total numbers of all clients entering treatment

Country		1996	1997	1998	1999	2000	2001	2002	2003
Belgium		1660	1719	1491					
Czech Republic								9237	8522
Denmark					3429	3920	4079	4310	5134
Germany		9530	11626	13967	15053	14906	13607	20889	38285
Greece	(1)	546	570	1151	1096	1938	3679	3630	3637
Spain		52890	52440	54338	50279	49487	49376	43831	
France	(2)		14917		16670				22118
Ireland		4052	3970	5081	5656	4778	4753	4972	
Italy		129884	138218	140724	143183	147146	150400	159051	160611
Cyprus				133	188	235	215	242	265
Latvia								870	508
Lithuania								4405	4689
Luxembourg		199	216	222	228	400	410	470	412
Hungary	(3)	4718	8494	9458	12765	12789	12049	12777	14993
Malta		635	741	753	797	900	935	929	958
Netherlands		8323	8926	9209	10118	8887	10139	10403	10784
Austria	(4)	2941	3367	3682	4317	4893	5434	5857	6413
Poland		4772	5336	6100	6827	8590	9096	11915	
Portugal	(5)			23654	27750	29204	32064	31835	29596
Slovenia	(6)	434	781	835	1057	946	1094	1395	1485
Slovakia		1594	2074	2199	2236	2619	2559	2111	2136
Finland	(7)	1168		2310	1456	2950	3158	3497	3411
Sweden	(8)					1326	3934	3173	3394
United Kingdom	(9)	30292	28262	34875	37681	39658	40184	71371	97900
Bulgaria	(10)	449	582	974	1071	1025	1204	1376	1321
Romania							2134	1905	2070
Total		254087	282239	311156	341857	336597	350503	410451	418642

Notes:

Where no data are available in the country, the table is left empty

(1) "Speedball" is included in the category "other substances". From the 2nd semester of 1995 two main drug centres stopped participating in the data collection; one of those centres re-entered in 2001 and the other in 2002 .

(2) Data based on national census on drug addiction centres at national level in 1997, 1999; 2003.

(3) Partial comparability with TDI.

(4) Data include only substitution treatments.

(5) Coverage is limited and variable; no control on double counting individuals.

(6) Only outpatient treatment centres are reported.

(7) Number of units covered by the data collection increased from 66 in 1998 to 163 in 2003.

(8) Data before 2000 were available but they were not included because of a major change in the reporting system, which would have biased the comparisons of the data over time.

(9) Up to 2001 data cover 6 months period; from 2002 data cover one year.

(10) Up to 2001 data cover only Sofia; in 2002 Plovdiv and Varna were included; in 2003 Pleven; in 2003 data cover the capital and the three biggest cities.

Source:

2004 Reitox national reports - standard table 4 - first treatments

Table TDI-2 part (iii). Numbers of clients entering treatment and numbers of reporting treatment centres, 1996 to 2003. Numbers of treatment units covered for reporting clients entering treatment

Country		1996	1997	1998	1999	2000	2001	2002	2003
Belgium	(1)	33	31	33	56				
Czech Republic		252	269	237	259	287	234	293	289
Germany		436	436	458	448	401	368	454	707
Greece		9	9	11	12	12	26	30	36
Spain		455	466	478	513	492	492	465	
France									261
Ireland		48	65	101	133	140	135	142	
Italy		490	504	518	518	512	509	512	520
Cyprus							4	6	9
Latvia								7	7
Luxembourg		9	9	10	13	13	13	14	13
Hungary		318	463	473	470	467	467	467	467
Malta		1	1	1	1	1	1	1	1
Netherlands		102	110	126	135	133	187	91	166
Austria								99	122
Poland					84	84	113	123	
Portugal		41	45	53	50	50	53	54	67
Slovenia		9	12	12	15	16	17	18	18
Slovakia			229	251	255	276	279	285	284
Finland				66	84	113	140	163	165
Sweden	(2)					33	131	114	135
Bulgaria		6	8	8	8	8	7	11	13
Total		2176	2626	2803	2998	3038	3176	3349	3280

Notes:

When countries do not report data on the number of units, they are not listed.

(1) The number of units covered for all and new clients differ: units reported for all clients were 35 in 1996 and 37 in 1997.

(2) The number of units covered for all and new clients differ: units reported for all clients were 43 in 2000, 156 in 2001, 139 in 2002, 164 in 2003.

Source:

2004 Reitox national reports - standard table 4 - first treatments

Table TDI-2 part (iv). Numbers of clients entering treatment and numbers of reporting treatment centres, 1996 to 2003. Types of units covered for reporting clients entering treatment

Country	Types of units covered in the data (1)
Czech Republic	Up to 1998 OUT + LTA; from 1999 to 2003 OUT+LTA+INP
Denmark	OUT+INP
Germany	OUT
Greece	Up to 1999 OUT+INP; from 2000 to 2003 OUT+INP+LTA
Spain	OUT+INP
France	OUT+INP+PRIS
Ireland	1996: OUT+INP+LTA+GP+PRIS; 1997: OUT+INP+LTA; 1998: OUT+INP+LTA+GP; 1999: OUT+INP+LTA+GP+PRIS; 2000: OUT+INP+LTA+GP; 2001-2002: OUT+INP+LTA
Italy	OUT
Cyprus	OUT
Luxembourg	OUT+INP+LTA+PRIS
Hungary	OUT+INP
Malta	OUT
Netherlands	OUT+LTA
Austria	OUT+GP+PRIS
Poland	INP
Portugal	Up to 1998: OUT+INP; from 1999 to 2002: OUT
Slovenia	OUT
Slovakia	Up to 1999 OUT+INP; from 2000 to 2003 OUT+INP+PRIS
Finland	Up to 2002: OUT+INP+PRIS; 2003: OUT+INP+PRIS+GP+LTA
Sweden	Up to 2002: OUT+INP+PRIS; 2003: OUT+INP
Bulgaria	OUT+INP

Notes:

When countries do not report data on type of units, they are not listed

(1) The following acronyms are used to abbreviate treatment unit type: OUT = outpatient treatment centres, INP = inpatient treatment centres, LTA = low threshold agencies, PRIS = treatment units in prison, GP = general practitioners, OTH = other treatment units

Source:

2004 Reitox national reports - standard table 4 - first treatments

Table TDI-3 part (i). Distribution by primary drug used of new clients entering treatment, 1993 to 2003. Percentage of new clients using heroin

Country		1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium		82.1	76.1	67.4	54.8	53.9	51.4	36.5				
Czech Republic				15.3	25.0	21.5	16.0	21.5	24.7	28.0	14.3	14.3
Denmark					48.0	55.0	50.0	42.0	41.0	31.0	24.8	20.9
Germany	(1)				66.8	49.2	37.0	37.1	33.2	30.8	30.0	27.6
Greece			82.0	80.6	82.8	86.4	86.4	84.2	87.3	83.5	82.2	82.3
Spain		93.9	93.2	92.4	88.2	84.1	61.3	53.1	47.6	42.4	28.3	
France						63.7		54.3				41.7
Ireland		46.2	59.0	54.5	63.1	58.6	56.1	58.2	44.9	43.0	37.2	
Italy	(2)	90.6	88.5	89.1	88.7	87.5	85.6	83.6	82.7	81.4	79.5	74.8
Cyprus										52.6	49.1	53.1
Latvia											92.3	25.5
Lithuania	(3)										83.9	69.1
Luxembourg	(4)			74.0	70.0	79.0	75.0	70.0	65.0	60.0	66.0	63.0
Hungary	(5)				13.3	20.9	17.5	14.7	23.4	23.1	15.4	13.0
Malta	(6)			90.1	94.1	93.7	97.4	96.3	99.5	99.0	99.0	93.0
Netherlands			60.9	45.4	38.4	34.4	29.0	24.5	25.5	30.5	19.5	12.6
Austria	(7)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Poland	(8)					43.3	42.3	38.8	39.4	40.4	30.3	
Portugal								92.2	67.8			80.9
Slovenia		98.6	98.7	93.5	93.5	93.7	90.4	86.6	84.6	84.8	73.9	79.2
Slovakia			80.4	84.8	75.7	68.2	66.3	70.5	62.3	66.1	48.9	33.1
Finland							18.0	17.5	22.6	10.8	2.6	1.0
Sweden									14.8	14.9	12.0	9.6
United Kingdom	(9)	43.0	47.0	48.0	55.0	54.0	54.0	57.0	62.0	66.0	65.0	65.0
Bulgaria			81.8	82.4	92.3	91.1	95.7	87.9	92.7	91.3	92.3	90.0
Romania										94.3	85.7	84.0

Notes:

(1) Heroin includes all opiates.

(2) Data refer to all treatments.

(3) Heroin includes all opiates.

(4) Data refer to all treatments.

(5) Data refer to all treatments.

(6) In order to include time trends, data reported in Table TDI-3 refer to 1 outpatient centre for which data were available for all the time period.

(7) Data only refer to clients in substitution treatment, using opiates as primary drug.

(8) Data refer to all treatments. Heroin includes all opiates.

(9) Data refer to all treatments.

Source:

2004 Reitox national reports - standard table 4 - first treatments

Table TDI-3 part (ii). Distribution by primary drug used of new clients entering treatment, 1993 to 2003. Percentage of new clients using cocaine

Country		1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium		4.3	2.6	4.1	4.5	4.1	8.0	8.0				
Czech Republic				0.8	0.5	0.4	0.2	0.2	0.2	0.1	0.1	0.4
Denmark								2.0	4.0	3.0	4.7	5.6
Germany					8.0	9.1	9.6	9.8	7.8	7.5	7.0	7.6
Greece			0.6	1.2	0.8	0.3	1.4	2.3	1.0	0.8	1.5	1.3
Spain		5.7	6.3	7.3	5.5	8.9	21.6	30.9	32.1	34.0	41.7	
France						4.5		5.2				6.9
Ireland		0.4	0.3	0.5	0.8	1.4	2.0	1.6	1.7	2.2	3.1	
Italy	(1)	2.0	2.0	2.2	2.3	2.3	2.3	4.3	5.3	5.8	7.0	8.9
Cyprus										5.6	7.8	7.0
Latvia											0.7	0.9
Lithuania											0.2	0.6
Luxembourg	(2)			8.0	12.0	11.0	7.0	11.0	5.0	7.0	6.0	11.0
Hungary	(3)				1.0	1.7	1.8	1.4	1.4	1.7	1.1	0.9
Malta	(4)		1.6	3.7	1.6	3.0	1.6	2.2	0.5	0.7	0.0	3.5
Netherlands			17.1	20.6	22.8	24.3	30.1	36.8	33.8	34.6	40.8	40.9
Austria	(5)		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Poland	(6)					0.9	0.7	0.8	0.6	0.2	0.8	
Portugal								3.0	1.1			4.9
Slovenia		1.4			0.3	0.6	0.8	1.0	1.1	1.2	0.8	1.0
Slovakia			0.2	0.7	0.3	0.3	0.3	0.4	0.2	0.6	0.6	0.9
Finland							0.1	0.0	0.4	0.1	0.3	0.5
Sweden									3.7	2.8	2.1	1.5
United Kingdom	(7)	3.0	3.0	4.0	3.0	4.0	5.0	6.0	5.0	6.0	6.0	9.0
Bulgaria			0.0	0.8	0.0	0.0	0.3	0.4	0.0	0.8	0.2	1.3
Romania										0.1	0.3	1.0

Notes:

(1) Data refer to all treatments.

(2) Data refer to all treatments.

(3) Data refer to all treatments.

(4) In order to include time trends, data reported in Table TDI-3 refer to 1 outpatient centre for which data were available for all the time period.

(5) Data only refer to clients in substitution treatment, using opiates as primary drug.

(6) Data refer to all treatments.

(7) Data refer to all treatments.

Source:

2004 Reitox national reports - standard table 4 - first treatments

Table TDI-3 part (iii). Distribution by primary drug used of new clients entering treatment, 1993 to 2003. Percentage of new clients using cannabis

Country		1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium		8.3	13.4	14.2	27.4	27.0	25.9					
Czech Republic				12.1	12.0	16.3	16.3	16.7	22.0	17.6	22.7	23.6
Denmark					25.0	27.0	26.0	31.0	30.0	33.0	39.3	44.1
Germany					16.7	33.3	37.7	40.0	42.6	45.0	48.0	50.7
Greece			5.1	8.9	11.1	18.7	10.0	10.7	6.5	10.7	11.0	11.7
Spain					3.0	4.2	12.5	11.9	14.5	16.9	22.3	
France						19.6		25.6				35.9
Ireland		18.6	16.3	22.4	20.7	21.0	24.4	25.6	35.4	38.2	45.5	
Italy	(1)	4.9	5.1	5.9	5.8	6.9	7.6	7.9	8.0	8.2	9.1	10.3
Cyprus										29.6	30.5	30.0
Latvia											6.9	4.4
Lithuania											0.2	0.3
Luxembourg	(2)			7.0	5.0	4.0	5.0	10.0	10.0	17.0	11.0	8.0
Hungary	(3)				6.1	8.6	13.6	12.9	14.4	19.1	14.1	25.2
Malta	(4)		1.6	2.5	0.4	1.3	0.0	0.7	0.0	0.7	1.0	3.5
Netherlands			13.8	19.7	21.7	24.8	25.4	24.6	28.5	24.6	27.9	32.0
Austria	(5)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Poland	(6)					1.3	1.8	2.4	2.9	3.0	3.4	
Portugal								3.4	2.5			10.6
Slovenia			1.3	2.4	3.9	3.8	8.4	10.8	14.3	12.7	22.7	18.3
Slovakia			2.42.4	2.4	5.9	6.6	9.0	9.7	11.8	12.2	17.9	23.8
Finland							31.0	32.7	36.2	41.2	39.6	38.1
Sweden									19.4	24.6	27.1	30.0
United Kingdom	(7)	7.0	7.0	8.0	6.0	8.0	9.0	10.0	9.0	9.0	9.0	11.0
Bulgaria			0.0	2.4	2.3	3.5	2.2	2.5	1.3	3.2	4.7	5.0
Romania										1.2	2.3	4.0

Notes:

(1) Data refer to all treatments.

(2) Data refer to all treatments.

(3) Data refer to all treatments.

(4) In order to include time trends, data reported in Table TDI-3 refer to 1 outpatient centre for which data were available for all the time period.

(5) Data only refer to clients in substitution treatment, using opiates as primary drug.

(6) Data refer to all treatments.

(7) Data refer to all treatments.

Source:

2004 Reitox national reports - standard table 4 - first treatments

Table TDI-3 part (iv). Distribution by primary drug used of new clients entering treatment, 1993 to 2003. Percentage of new clients using stimulants

Country		1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium		1.4	4.2	6.1	5.5	6.4	3.4					
Czech Republic				41.2	43.2	48.8	56.8	52.8	46.0	47.8	55.0	55.6
Denmark								11.0	7.0		10.3	12.7
Germany									10.2	11.4	10.0	10.2
Greece			0.0	0.2	0.0	0.3	0.0	0.2	0.3	0.4	0.7	0.6
Spain					1.1	1.1	2.3	2.1	2.7	3.0	3.7	
France						1.8		1.6				2.1
Ireland		4.9	3.3	8.0	6.3	7.0	4.8	5.7	6.5	9.9	8.6	
Italy	(1)	0.2	0.3	0.3	0.4	0.6	0.9	1.1	1.0	1.0	1.0	1.0
Cyprus										6.1	6.0	6.2
Latvia											11.3	15.1
Lithuania											3.0	4.8
Luxembourg	(2)			0.0	4.0	2.0	3.0	2.0	1.0	1.0	0.0	0.0
Hungary	(3)				7.1	12.2	14.0	10.7	7.5	7.0	6.3	8.2
Malta	(4)				0.8	0.4						1.2
Netherlands			3.5	7.2	10.3	9.5	8.1	6.7	4.8	4.1	5.6	7.0
Austria	(5)		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Poland	(6)					3.8	6.0	6.7	5.8	6.0	8.1	
Portugal								0.0	0.0			0.8
Slovenia						0.2		0.7			1.0	1.0
Slovakia			1.7	1.2	2.0	2.6	3.2	2.3	6.8	7.8	15.1	25.4
Finland							41.1	41.9	30.8	30.0	33.9	33.9
Sweden									28.7	32.3	34.2	32.1
United Kingdom	(7)	11.0	9.0	10.0	9.0	9.0	9.0	8.0	4.0	3.0	3.0	3.0
Bulgaria			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.9
Romania										0.3	0.5	1.0

Notes:

(1) Data refer to all treatments.

(2) Data refer to all treatments.

(3) Data refer to all treatments.

(4) In order to include time trends, data reported in Table TDI-3 refer to 1 outpatient centre for which data were available for all the time period.

(5) Data only refer to clients in substitution treatment, using opiates as primary drug.

(6) Data refer to all treatments. Stimulants only refer to amphetamines.

(7) Data refer to all treatments. Stimulants only refer to amphetamines.

Source:

2004 Reitox national reports - standard table 4 - first treatments

Table TDI-4 part (i). Characteristics of new clients entering treatment: demographics and primary drug at treatment in 2003 or most recent year available. Demographics and injecting status

Country		Year	No. of clients	Mean age (years)	Age <25 (%)	Age 35+ (%)	Male (%)	Injecting main drug (%)
Belgium	(1)	1999	4826	24.5	63.0	13.0	76.0	8.0
Czech Republic		2003	4158	21.9	74.0	4.0	67.0	57.2
Denmark		2003	1745	28.3	44.8	23.0	75.9	8.3
Germany		2003	10883	24.2	66.0	11.0	82.0	
Greece		2003	1903	27.3	49.0	18.5	83.3	40.1
Spain	(2)	2002	17228	28.3	37.0	20.0	85.0	5.9
France	(3)	2003	7208	28.5	39.1	21.7	80.0	
Ireland	(4)	2002	2012	23.3	66.1	7.5	76.4	15.7
Italy		2003	33628	29.5	32.6	25.8	87.2	
Cyprus		2003	130	26.2	52.3	14.6	90.0	46.2
Latvia		2003	143	25.3	59.6	6.0	76.0	69.1
Lithuania		2003	356	26.6	48.0	10.4	79.2	
Luxembourg		2003	24	27.3				
Hungary		2003	5958	27.0	51.0	16.0	67.0	
Malta		2003	256	23.2	63.1	6.0	82.8	
Netherlands		2003	5104	29.7	38.0	27.0	78.6	2.0
Austria	(5)	2003	891	25.9	53.7	15.2	75.0	100.0
Poland	(6)	2002	6537					
Portugal		2003	5085	31.2	19.4	31.2	83.5	29.5
Slovenia	(7)	2003	504	23.2	69.9	5.0	75.8	49.8
Slovakia		2003	877	23.5	70.1	7.2	76.0	33.6
Finland		2003	812	23.6	69.3	9.0	69.3	37.4
Sweden		2003	1096	30.0	44.8	31.5	66.0	21.3
United Kingdom	(8)	2003	28087	28.7	38.8	21.3	72.0	28.0
Bulgaria		2003	462	22.2	80.3	2.7	79.6	61.7
Romania		2003	924	26.5	62.0	14.0	75.0	

Notes:

Data were not available for: Estonia, Norway, Turkey.

(1) Last data available refer to 1999.

(2) Last data available refer to 2002.

(3) Data on treatment demand referred to the annual census on clients in treatment carried out in November 2003.

(4) Last data available refer to 2002.

(5) Data refer to clients in substitution treatment only; figures for opiates as main drug and injecting use are consequently 100 %.

(6) Last data available refer to 2002. Only data available on first treatment is the total number of cases.

(7) Data refer only to outpatient treatment centres.

(8) Data relate to the period from 1 April 2002 to 31 March 2003 for Scotland and Northern Ireland; for England from April 2003 to March 2004; Wales: six months periods ending 30 September 2001 and 31 March 2002 combined.

Sources:

2004 Reitox national reports - standard table 3

See Table TDI-1 (page 9.11) for details on sources.

Table TDI-4 part (ii). Characteristics of new clients entering treatment: demographics and primary drug at treatment in 2003 or most recent year available. Primary drug type used (percentage of new clients using) and of those, the percentage injecting it

Country		Opiates	% inj	Cocaine	% inj	Amphetamines	% inj	Ecstasy	Hallucinogens	% inj	Cannabis	Others
Belgium	(1)	21.0	7.0	5.0	5.0	14.0	3.0	3.0	1.0	0.0	44.0	12.0
Czech Republic		15.8	84.3	0.4	0.0	55.0	79.4	0.6	0.4	6.3	23.6	4.2
Denmark		28.4	7.1	5.6	0.3	10.3	0.2	2.4	0.0		44.1	11.6
Germany	(2)	28.0		8.0		1.0			1.0		51.0	11.0
Greece		84.4	47.4	1.3	0.0	0.0		0.6	0.1	0.0	11.7	1.9
Spain	(3)	28.0	20.0	42.0	6.0	1.0	6.0	2.0	0.1	9.0	23.0	3.9
France	(4)	50.3		6.9		0.3		1.8	0.3		35.9	4.5
Ireland	(5)	44.6	39.2	2.2	2.3	0.3	0.0	9.8	0.2	0.0	38.0	4.9
Italy	(6)											
Cyprus		54.6	84.5	6.9	0.0	0.0		5.4	0.0		30.0	3.1
Latvia		45.9	86.3	0.9	0.0	13.2	57.1	0.0	2.8	0.0	4.4	32.8
Lithuania		69.1		0.6		4.8			0.0		0.3	30.0
Luxembourg	(7)											
Hungary	(8)											
Malta		69.7	69.8	7.6	16.7	0.0		1.2	0.0		21.1	0.4
Netherlands		16.0	11.0	41.0	1.0	5.0	1.0	2.0	1.0	0.0	32.0	3.0
Austria	(9)	100.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Poland	(10)											
Portugal		80.9		4.9		0.1		0.6	0.3		10.6	2.6
Slovenia	(11)	79.4	99.6	1.0	0.4	0.8	0.0	0.2	0.0		18.3	0.3
Slovakia		34.9	72.9	0.9	12.5	24.6	29.6	0.7	0.8	14.3	23.8	14.3
Finland		19.3	78.0	0.5	0.0	31.8	68.1	1.2	0.4	0.0	38.1	8.7
Sweden		15.1	32.9	1.5	0.0	30.7	44.6	1.3	0.1		30.0	21.3
United Kingdom	(12)	60.0	40.0	12.0	4.0	4.0	22.0	1.0	0.1	7.0	17.0	5.9
Bulgaria		90.6	68.2	1.3	0.0	0.9	0.0	0.0	0.0		5.0	2.2
Romania		80.0		1.0		0.0		0.0	0.0		4.0	15.0

Notes:

Data were not available for: Estonia, Norway, Turkey.

(1) Last data available refer to 1999.

(2) Data on amphetamines include amphetamines and ecstasy.

(3) Last data available refer to 2002.

(4) Data on treatment demand referred to the annual census on clients in treatment carried out in November 2003.

(5) Last data available refer to 2002.

(6) Data on substance of abuse and injecting behaviours are not available.

(7) Last data available refer to 2002.

(8) Data on substance of abuse and injecting behaviours are not available.

(9) Data refer to clients in substitution treatment only; figures for opiates as main drug and injecting use are consequently 100 %.

(10) Last data available refer to 2002. Only data available on first treatment is the total number of cases.

(11) Data refer only to outpatient treatment centres.

(12) Data relate to the period from 1 April 2002 to 31 March 2003 for Scotland and Northern Ireland; for England from April 2003 to March 2004; Wales: six months periods ending 30 September 2001 and 31 March 2002 combined.

Sources:

2004 Reitox national reports - standard table 3

See Table TDI-1 (page 9.11) for details on sources.

Table TDI-5 part (i). Characteristics of all clients entering treatment: demographics and primary drug at treatment in 2003 or most recent year available. Demographics and injecting status of all clients entering treatment

Country		Year	N. of clients	Mean age	Age <25 (%)	Age 35+ (%)	Male (%)	% injecting main drug
Belgium	(1)	1999	10242	26.0	52.0	16.0	77.0	12.0
Czech Republic		2003	8522	23.6	65.0	7.0	69.0	66.8
Denmark		2003	5134	31.4	26.4	34.3	76.5	18.4
Germany		2003	38285	28.2	42.0	23.0	79.0	1.0
Greece		2003	3637	28.2	42.0	20.9	83.4	46.4
Spain	(2)	2002	43831	31.4	22.0	32.0	84.0	15.0
France	(3)	2003	22118	33.7	20.8	35.5	78.5	
Ireland	(4)	2002	4818	25.7	51.7	12.3	74.3	34.8
Italy		2003	160611	32.8	16.3	40.0	86.8	52.4
Cyprus		2003	265	27.2	46.8	16.6	87.2	55.8
Latvia		2003	2680	23.3	70.0	6.0	79.0	85.0
Lithuania		2003	4689	31.2	35.2	26.7	81.6	
Luxembourg		2003	412	31.0	21.6	34.5	71.0	
Hungary		2003	14993	29.5	38.0	24.0	62.0	13.0
Malta	(5)	2003	530	24.5	55.0	8.5	84.0	
Netherlands		2003	10784	33.0	22.0	39.0	82.0	3.0
Austria	(6)	2003	6413	33.3	18.8	45.0	71.0	100.0
Poland	(7)	2002	11915	27.2	57.6	19.7	72.5	
Portugal	(8)	2003	29596					
Slovenia	(9)	2003	1485	25.3	53.3	8.6	75.9	65.5
Slovakia		2003	2136	25.6	54.9	10.5	77.0	49.2
Finland		2003	3411	26.2	52.2	14.5	71.1	58.2
Sweden		2003	3394	32.0	32.2	37.7	69.0	46.1
United Kingdom	(10)	2003	97900	30.1	29.9	25.6	72.0	39.0
Bulgaria		2003	1321	23.1	72.0	2.8	81.0	75.8
Romania		2003	2070	30.3	50.0	27.0	67.0	

Notes:

Data were not available for: Estonia, Norway, Turkey.

(1) Last data available refer to 1999.

(2) Last data available refer to 2002.

(3) Data on treatment demand referred to the annual census on clients in treatment carried out in November 2003.

(4) Last data available refer to 2002.

(5) Data on all clients refer to 9 treatment centres, for which data were available in 2003: 3 outpatient treatment centres, 3 inpatient treatment centres and 3 treatment units in prison.

(6) Data refer to clients in substitution treatment only; figures for opiates as main drug and injecting use are consequently 100 %.

(7) Last data available refer to 2002.

(8) Only total number of clients is available for all treatments.

(9) Data refer only to outpatient treatment centres.

(10) Data relate to the period from 1 April 2002 to 31 March 2003 for Scotland and Northern Ireland; for England from April 2003 to March 2004; Wales: six months periods ending 30 September 2001 and 31 March 2002 combined.

Sources:

2004 Reitox national reports - standard table 3

See Table TDI-1 (page 9.11) for details on sources.

Table TDI-5 part (ii). Characteristics of all clients entering treatment: demographics and primary drug at treatment in 2003 or most recent year available. Primary drug type used by clients (percentage of all clients) and of those, the percentage injecting it

Country		Opiates	% inj	Cocaine	% inj	Amphetamines	% inj	Ecstasy	Hallucinogens	% inj	Cannabis	Others
Belgium	(1)	33.2	37.7	6.0	11.0	12.0	6.0	1.0	0.0	0.0	15.0	32.8
Czech Republic		25.1	87.7	0.3	4.5	52.9	84.4	0.6	0.3	3.4	16.5	4.3
Denmark		50.4	46.1	4.4	15.2	5.8	3.3	1.2	0.0		25.6	12.6
Germany	(2)	55.0	68.0	7.0		6.0	3.1		0.0		26.0	6.0
Greece		88.8	51.9	1.5	15.1	0.0		0.4	0.1	0.0	7.4	1.8
Spain	(3)	59.0	24.0	26.0	9.0	1.0	9.0	1.0	0.1	14.0	11.0	1.9
France	(4)	70.6		5.8		0.3		1.1	0.3		17.6	4.3
Ireland	(5)	64.1	56.1	1.7	6.3	0.4	11.8	6.0	0.2	0.0	24.1	3.5
Italy		76.3	66.9	8.9	14.9	0.2	1.9	0.8	0.1		10.3	3.4
Cyprus		67.2	83.1	9.0	0.0	0.4	0.0	3.4	0.0		17.7	2.3
Latvia		52.6	83.9	0.8	25.0	12.0	63.9	1.4	1.8	0.0	3.3	29.9
Lithuania		78.8		0.1		2.5			0.2	0.5		18.4
Luxembourg		76.0	64.0	11.0	45.0	0.0		0.0	0.0		8.0	5.0
Hungary		17.1	65.2	0.9	6.1	3.0	25.4	2.1	0.6	2.4	25.2	51.1
Malta	(6)	77.6	77.7	6.9	15.6	0.0		0.8	0.2	0.0	14.3	0.2
Netherlands		35.0	12.0	38.0	2.0	3.0	1.0	1.0	1.0	0.0	20.0	2.0
Austria	(7)	100.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Poland	(8)	30.3		0.8		8.1			0.5		3.3	57.0
Portugal	(9)											
Slovenia	(10)	88.0	99.7	0.8	0.3	0.3		0.2	0.0		10.4	0.3
Slovakia		51.8	80.9	0.8	25.0	17.2	37.9	0.5	0.5	9.1	14.0	15.2
Finland		36.5	86.0	0.2		32.8	79.8	0.5	0.2		20.8	9.0
Sweden		32.8	68.2	1.0	5.9	36.9	62.6	0.8	0.1	0.0	18.5	9.9
United Kingdom	(11)	72.0	49.0	9.0	6.0	3.0	29.0	1.0	0.1	7.0	10.0	4.9
Bulgaria		95.6	79.1	0.5	0.0	0.5	0.0	0.0	0.0		2.0	1.4
Romania		68.0		1.0		0.0		0.0	0.0		2.0	29.0

Notes:

Data are not available for: Estonia, Norway, Turkey

Injecting as a route of administration is not reported for cannabis

(1) Last data available refer to 1999.

(2) Data on percentage of clients injecting opiates only include heroin; data on injection are calculated on the total number of clients regardless the primary substance used.

(3) Last data available refer to 2002.

(4) Data on treatment demand referred to the annual census on clients in treatment carried out in November 2003.

(5) Last data available refer to 2002.

(6) Data on all clients refer to 9 treatment centres, for which data were available in 2003: 3 outpatient treatment centres, 3 inpatient treatment centres and 3 treatment units in prison

(7) Data refer to clients in substitution treatment only; figures for opiates as main drug and injecting use are consequently 100 %.

(8) Last data available refer to 2002.

(9) Only total number of clients is available for all treatments.

(10) Data refer only to outpatient treatment centres.

(11) Data relate to the period from 1 April 2002 to 31 March 2003 for Scotland and Northern Ireland; for England from April 2003 to March 2004; Wales: six months periods ending 30 September 2001 and 31 March 2002 combined.

Sources:

2004 Reitox national reports - standard table 3

See Table TDI-1 (page 9.11) for details on sources.

Table TDI-5 part (iii). Characteristics of all clients entering treatment: demographics and primary drug at treatment in 2003 or most recent year available. Demographics and injecting status of all men entering treatment

Country		Year	Mean age	Age <25 (%)	Age 35+ (%)	% currently injecting any drug
Belgium	(1)	1999	25.5	54.0	13.0	7.8
Czech Republic		2003	24.3	60.0	8.0	49.0
Denmark		2003	31.5	25.2	34.4	15.6
Germany		2003	28.0	43.0	22.0	3.1
Greece		2003	28.6	39.1	22.1	51.1
Spain	(2)	2002				
France	(3)	2003	33.9	20.4	35.5	13.9
Ireland	(4)	2002	25.9	50.0	12.9	24.9
Italy		2003	32.8	15.7	40.1	
Cyprus		2003	27.5	43.7	17.8	51.1
Latvia		2003	23.3	69.0	6.0	59.4
Lithuania		2003				
Luxembourg		2003	31.5	18.2	38.4	76.0
Hungary		2003	27.5	45.0	16.0	
Malta		2003	25.0	50.7	9.1	28.7
Netherlands		2003	33.1	22.0	39.0	2.5
Austria	(5)	2003	33.7	17.5	46.7	
Poland	(6)	2002				
Portugal	(7)	2003	31.4	18.6	32.0	30.2
Slovenia	(8)	2003	25.9	49.6	10.2	42.0
Slovakia		2003	24.8	55.7	7.2	53.8
Finland		2003	26.6	48.3	15.1	52.1
Sweden		2003	32.0	30.8	37.2	36.0
United Kingdom	(9)	2003	30.4	27.9	26.5	21.0
Bulgaria		2003	23.4	69.9	3.2	80.0
Romania		2003	26.6	60.0	12.0	

Notes:

Data were not available for: Estonia, Norway, Turkey

(1) Last data available refer to 1999.

(2) Last data available refer to 2002.

(3) Data on treatment demand referred to the annual census on clients in treatment carried out in November 2003.

(4) Last data available refer to 2002.

(5) Data refer to clients in substitution treatment only; figures for opiates as main drug and injecting use are consequently 100 %.

(6) Last data available refer to 2002. Only data available on first treatment is the total number of cases.

(7) Data by gender refer to first treatments.

(8) Data refer only to outpatient treatment centres.

(9) Data relate to the period from 1 April 2002 to 31 March 2003 for Scotland and Northern Ireland; for England from April 2003 to March 2004; Wales: six months periods ending 30 September 2000 and 31 March 2001 combined.

(11) Data refer only to outpatient treatment centres.

(12) Data relate to the period from 1 April 2002 to 31 March 2003 for Scotland and Northern Ireland; for England from April 2003 to March 2004; Wales: six months periods ending 30 September 2000 and 31 March 2001 combined.

Sources:

2004 Reitox national reports - standard table 3

See Table TDI-1 (page 9.11) for details on sources.

Table TDI-5 part (iv). Characteristics of all clients entering treatment: demographics and primary drug at treatment in 2003 or most recent year available. Demographics and injecting status of all women entering treatment

Country		Year	Mean age	Age <25 (%)	Age 35+ (%)	% currently injecting any drug
Belgium	(1)	1999	27.9	49.0	25.0	8.8
Czech Republic		2003	21.9	76.0	3.0	50.1
Denmark		2003	30.9	30.3	33.9	14.4
Germany		2003	29.0	43.0	29.0	2.1
Greece		2003	26.0	56.6	15.2	43.1
Spain	(2)	2002	31.2	25.0	32.0	
France	(3)	2003	33.2	22.3	35.6	13.0
Ireland	(4)	2002	25.1	56.3	10.5	25.2
Italy		2003	32.3	20.2	39.4	
Cyprus		2003	24.4	67.6	8.8	33.3
Latvia		2003	23.2	72.0	8.0	62.4
Lithuania		2003	31.2			
Luxembourg		2003	29.1	30.0	25.0	81.3
Hungary		2003	33.1	27.0	38.0	
Malta		2003	21.9	77.7	4.8	22.2
Netherlands		2003	32.9	26.0	40.0	3.1
Austria	(5)	2003	32.1	22.2	41.2	100.0
Poland	(6)	2002				
Portugal	(7)	2003	30.2	23.5	26.1	25.4
Slovenia	(8)	2003	23.5	65.1	4.0	38.5
Slovakia		2003	28.2	52.6	21.9	46.4
Finland		2003	25.1	62.0	12.8	50.3
Sweden		2003	32.0	35.5	38.8	37.0
United Kingdom	(9)	2003	29.4	35.1	23.0	18.0
Bulgaria		2003	21.9	81.0	1.2	69.9
Romania		2003	38.1	30.0	58.0	

Notes:

Data were not available for: Estonia, Norway, Turkey.

(1) Last data available refer to 1999.

(2) Last data available refer to 2002.

(3) Data on treatment demand referred to the annual census on clients in treatment carried out in November 2003.

(4) Last data available refer to 2002.

(5) Data refer to clients in substitution treatment only; figures for opiates as main drug and injecting use are consequently 100 %.

(6) Last data available refer to 2002. Only data available on first treatment is the total number of cases.

(7) Data by gender refer to first treatments.

(8) Data refer only to outpatient treatment centres.

(9) Data relate to the period from 1 April 2002 to 31 March 2003 for Scotland and Northern Ireland; for England from April 2003 to March 2004; Wales: six months periods ending 30 September 2000 and 31 March 2001 combined.

Sources:

2004 Reitox national reports - standard table 3

See Table TDI-1 (page 9.11) for details on sources.

Table TDI-5 part (v). Characteristics of all clients entering treatment: demographics and primary drug at treatment in 2003 or most recent year available. Primary drug type used by male clients (percentage of all male clients)

Country		Opiates	Cocaine	Amphetamines	Ecstasy	Hallucinogens	Cannabis	Others
Belgium	(1)	32.0	7.0	10.0	3.0	1.0	37.0	10.0
Czech Republic		25.9	0.2	50.0	0.6	0.4	18.0	4.9
Denmark		50.9	4.5	4.8	1.1	0.0	26.6	12.1
Germany	(2)	54.0	7.0	6.0		0.0	28.0	5.0
Greece		89.1	1.4	0.0	0.4	0.1	7.5	1.5
Spain	(3)	58.0	27.0	1.0	1.0	0.0	11.0	2.0
France	(4)	70.1	6.1	0.2	1.1	0.3	18.8	3.4
Ireland	(5)	61.4	1.8	0.4	6.2	0.2	27.2	2.8
Italy	(6)							100.0
Cyprus		67.6	8.6	0.4	2.6	0.0	19.0	1.8
Latvia		80.0	0.0	2.0	0.0	0.0	2.0	16.0
Lithuania	(6)	64.1	0.1	1.6		0.2	0.5	33.5
Luxembourg	(7)	76.6	11.3	0.0	0.0	0.0	8.0	4.1
Hungary	(8)	20.7	1.1	8.4		0.7	35.4	33.7
Malta		78	8.0	0.0	0.7	0.0	13.3	0.0
Netherlands		35.0	39.0	3.0	1.0	0.0	20.0	2.0
Austria	(9)	100.0	0.0	0.0	0.0	0.0	0.0	0.0
Poland	(10)	31.6	0.5	8.3	0.0	0.6		59.0
Portugal	(11)	81.4	4.6	0.1	0.5	0.3	10.7	2.4
Slovenia	(12)	89.6	0.9	0.3	0.2	0.0	9.0	0.0
Slovakia		50.9	0.8	17.8	0.6	0.4	15.6	13.9
Finland		37.7	0.2	30.4	0.4	0.3	22.9	8.1
Sweden		31.9	1.2	35.2	0.9	0.1	22.0	8.7
United Kingdom	(13)	72.0	9.0	3.0	1.0	0.1	11.0	3.9
Bulgaria		95.3	0.7	0.4	0.0	0.0	2.1	1.5
Romania		83.0	1.0	0.0	0.0	0.0	3.0	13.0

Notes:

Data were not available for: Estonia, Norway, Turkey.

(1) Last data available refer to 1999.

(2) Data on amphetamines include amphetamines and ecstasy.

(2) Last data available refer to 2002.

(3) Data on treatment demand referred to the annual census on clients in treatment carried out in November 2003.

(4) Last data available refer to 2002.

(5) Data on clients by gender and substance of abuse are not available.

(6) Data on amphetamines include amphetamines and ecstasy.

(7) Last data available refer to 2002.

(8) Data on amphetamines include amphetamines and ecstasy.

(9) Data refer to clients in substitution treatment only; figures for opiates as main drug and injecting use are consequently 100 %.

(10) Data on amphetamines include amphetamines and ecstasy.

(11) Data by gender refer to first treatments.

(12) Data refer only to outpatient treatment centres.

(13) Data relate to the period from 1 April 2002 to 31 March 2003 for Scotland and Northern Ireland; for England from April 2003 to March 2004; Wales: six months periods ending 30 September 2000 and 31 March 2001 combined.

Sources:

2004 Reitox national reports - standard table 3

See Table TDI-1] (page 9.11) for details on sources.

Table TDI-5 part (vi). Characteristics of all clients entering treatment: demographics and primary drug at treatment in 2003 or most recent year available. Primary drug type used by female clients (percentage of all female clients)

Country		Opiates	Cocaine	Amphetamines	Ecstasy	Hallucinogens	Cannabis	Others
Belgium	(1)	61.0	2.0	5.0	2.0	0.0	15.0	15.0
Czech Republic		23.2	0.4	59.2	0.6	0.1	13.3	3.2
Denmark		48.7	4.1	9.4	1.8	0.0	22.2	13.8
Germany	(2)	57.0	7.0	7.0		0.0	19.0	10.0
Greece		86.9	2.0	0.0	0.7	0.2	6.8	3.4
Spain	(3)	64.0	22.0	1.0	1.0	0.0	7.0	6.0
France	(4)	72.5	4.9	0.6	1.1	0.2	13.1	7.6
Ireland	(5)	71.7	1.6	0.3	5.5	0.2	15.0	5.7
Italy	(6)							
Cyprus		64.7	11.8	0.0	8.8	0.0	8.8	5.9
Latvia		80.2	0.0	10.7		0.2	0.2	8.7
Lithuania	(6)	14.8	0.0	0.8		0.0	0.0	84.3
Luxembourg	(7)	75.4	12.3	0.0	0.0	0.0	7.9	4.4
Hungary	(8)	11.2	0.6	7.8		0.4	8.8	71.2
Malta		76.8	1.2	0.0	1.2	1.2	19.5	0.1
Netherlands		33.0	34.0	4.0	2.0	1.0	20.0	6.0
Austria	(9)	100.0						
Poland	(10)	25.5	0.4	7.0		0.3		66.3
Portugal	(11)	77.6	6.1	0.0	0.8	0.4	10.0	4.7
Slovenia	(12)	83.3	0.6	0.6	0.3	0.0	15.1	0.1
Slovakia		54.9	0.6	15.1	0.2	0.8	8.5	19.9
Finland		33.7	0.2	38.6	0.8	0.0	15.7	11.0
Sweden		34.8	0.6	40.7	0.6	0.1	10.7	12.5
United Kingdom	(13)	74.0	9.0	4.0	1.0	0.1	8.0	3.9
Bulgaria		96.8	0.0	0.4	0.0	0.0	1.6	1.2
Romania		39.0	0.0	0.0	0.0	0.0	1.0	60.0

Notes:

Data were not available for: Estonia, Norway, Turkey.

(1) Last data available refer to 1999.

(2) Data on amphetamines include amphetamines and ecstasy. Last data available refer to 2002.

(3) Data on treatment demand referred to the annual census on clients in treatment carried out in November 2003.

(4) Last data available refer to 2002.

(5) Data on clients by gender and substance of abuse are not available.

(6) Data on amphetamines include amphetamines and ecstasy.

(7) Last data available refer to 2002.

(8) Data on amphetamines include amphetamines and ecstasy.

(9) Data refer to clients in substitution treatment only; figures for opiates as main drug and injecting use are consequently 100 %.

(10) Data on amphetamines include amphetamines and ecstasy.

(11) Data by gender refer to first treatments.

(12) Data refer only to outpatient treatment centres.

(13) Data relate to the period from 1 April 2002 to 31 March 2003 for Scotland and Northern Ireland; for England from April 2003 to March 2004; Wales: six months periods ending 30 September 2000 and 31 March 2001 combined.

Sources:

2004 Reitox national reports - standard table 3

See Table TDI-1 (page 9.11) for details on sources.

Table TDI-6. Trends in gender distribution among new clients entering treatment from 1992 to 2003 (expressed as males/females ratio)

Country	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Czech Republic				1.9	1.9	1.7	1.9	1.9	1.9	1.9	2.1	2.0
Denmark								2.8	3.3	3.2	3.5	3.1
Germany					3.3	3.8	4.0	4.6	3.8	4.0	4.3	4.6
Greece			5.1	5.5	8.3	6.8	5.2	4.8	5.6	5.8	5.2	5.0
Spain	5.7	5.7	5.3	5.7	5.3	4.9	5.3	5.3	5.4	5.5	5.3	
France						3.5		4.0				4.0
Ireland										2.9	3.2	
Italy	5.8	5.5	5.5	6.2	6.0	6.5	6.7	6.3	6.6	6.7	6.5	6.8
Cyprus										6.7	9.0	9.0
Latvia											2.4	3.2
Lithuania												3.8
Luxembourg				2.1	3.3	3.0	3.8	2.3	2.6	2.8	3.0	2.4
Hungary					2.0	2.2	2.1	1.8	2.2	2.3	1.6	2.1
Malta			11.5	8.1	0.5	5.8	6.7	5.3	4.6	5.3	3.5	4.8
Netherlands			4.4	4.0	3.9	3.6	4.4	4.6	3.8	4.0	3.8	3.7
Austria	2.2	2.0	1.9	2.3	2.4	2.4	2.8	2.0	2.3	2.4	2.8	3.0
Slovenia	3.2	3.4	2.8	3.4	3.9	3.1	3.2	3.3	3.4	3.7	2.8	3.1
Slovakia			3.0	2.8	3.2	2.7	2.8	3.1	4.0	3.3	3.7	3.1
Finland							2.8	3.0	2.6	2.7	2.6	2.3
Sweden									1.9	2.7	2.1	1.9
United Kingdom		3.0	3.0	2.8	3.0	2.8	2.8	2.8	2.7	2.8	2.7	2.6
Bulgaria			10.1	3.5	3.2	5.3	4.3	3.0	3.8	4.3	4.3	4.0

Source:

2004 Reitox national reports – standard table 3 and standard table 4

Table TDI-7. Incidence of treatment demands for drug use: new clients entering treatment in 2003 (rate per 100 000 population)

Country	New clients	Population	Incidence per 100000 population aged 15-64
Czech Republic	4158	7195541	57.8
Denmark	1745	3572110	48.9
Germany	10883	55682281	19.5
Greece	1903	7467771	25.5
France	7208	38787871	18.6
Italy	33628	38273123	87.9
Cyprus	130	481472	1.9
Latvia	318	1589291	20.0
Lithuania	356	2319903	15.3
Luxembourg	412	300955	136.9
Hungary	5958	6949429	85.7
Netherlands	5104	10962028	46.6
Malta	114	271954	41.9
Austria	891	5510150	16.2
Portugal	5212	7026170	74.2
Slovenia	504	1401260	36.0
Slovakia	877	3787945	23.2
Finland	812	3480722	23.3
Sweden	1096	5795068	18.9
Bulgaria	462	5366102	8.6
Romania	924	1497539	61.7
Total	82695	207718685	39.8

Source:

2004 Reitox national reports – standard table 3 - for total number of clients see Table TDI-2 (page 9.12).

For population see Eurostat - demographic data 2003.

http://epp.eurostat.cec.eu.int/portal/page?_pageid=0,1136184,0_45572595&_dad=portal&_schema=PORTAL

Table TDI-8. Number of cases covered by the treatment demand indicator schedule reports: new clients and all clients entering treatment in 2003, by type of treatment centre

Country		Outpatient centres		Inpatient centres		Other agencies		Types of other agency
		New	All	New	All	New	All	
Czech Republic		970	2046	746	1794	2442	4632	Low threshold
Denmark		1429	3891	131	589			
Germany		9219	38308					
Greece		868	1542	790	1653	245	442	Low threshold
Cyprus		115	164	15	101			
Latvia		143	2680					
Luxembourg		9	264	19	196			
Hungary		4110	8761	1848	6232			
Malta		246	446	7	66			
Netherlands	(1)	5104	10784					
Slovenia		504	1485			15	43	Prisons
Slovakia		403	956	307	778	167	402	Prisons
Finland		555	2081	200	1134			
Sweden		602	1399	499	1960	0	43	Others unspecified
United Kingdom		26086	89563	882	4475	1125	4040	Gen. practitioners
Bulgaria		317	860	145	461			
Romania	(2)	924	2070					
Total		51604	167300	5589	19439	3994	9602	

Notes:

(1) Data include clients from outpatient treatment centres and low threshold agencies.

(2) Outpatient and inpatient treatment clients together.

Source:

2004 Reitox national reports - TDI by centre type – See Table TDI-4 (page 9.20).

Table TDI-9. Clients entering outpatient treatment: mean age and gender distribution among new and all clients in 2003

Country		Mean age all clients	Male all clients (%) (%)	Total known all clients	Mean age new clients	Male new clients (%)	Total known new clients
Czech Republic		23.2	67.2	2031	21.1	66.2	970
Denmark		31.0	75.8	3891	27.9	74.9	1429
Germany		28.2	79.3	38052	24.2	82.3	10883
Greece		28.2	82.2	1542	26.3	81.5	868
Cyprus		27.6	85.9	164	26.5	88.7	115
Latvia		23.3	78.8	2680	25.9	76.2	143
Luxembourg		32.0	70.1	264			
Hungary		27.3	74.3	8441	25.1	76.4	4110
Malta		24.6	84.0	351	23.5	83.3	246
Netherlands	(1)	33.0	82.3	10784	30.2	78.6	5104
Slovenia		25.3	75.9	1485	23.2	75.8	504
Slovakia		24.0	75.9	956	22.0	74.4	403
Finland		25.7	71.0	2078	23.3	69.0	555
Sweden		31.1	66.5	1373	29.9	61.8	602
United Kingdom		30.0	71.8	89563	28.4	71.9	26086
Bulgaria		23.3	77.4	860	22.2	77.5	317
Romania	(2)	30.2	67.4	2070	26.5	74.7	924
Total		29.9	76.6	166585	27.5	77.6	53259

Notes:

(1) Data include clients from outpatient treatment centres and low threshold agencies.

(2) Outpatient and inpatient treatment clients together.

Source:

2004 Reitox national reports - TDI outpatient treatment centres – see Table TDI-7 (page 9.28).

Table TDI-10 part (i). New clients entering outpatient treatment: age and primary drug at treatment in 2003 for those countries supplying data. Age distribution (row percentage) for each primary drug type: summary

Substance	<15	15-19	20-24	25-29	30-34	35-39	40-44	45+	Age known (base)	Age not known
Opiates	1.1	9.2	27.1	23.3	17.7	11.4	5.7	4.5	22176	203
Cocaine	0.5	9.7	23.3	22.2	19.3	13.4	7.0	4.7	6129	72
Stimulants	1.3	26.4	32.4	17.6	10.6	6.8	3.0	2.0	4459	13
Hypnotics/sedatives	0.6	8.3	13.2	12.2	13.2	11.3	10.9	30.3	1563	48
Hallucinogens	0.0	28.8	25.0	11.3	7.5	4.4	3.8	19.4	160	0
Volatiles	31.4	44.8	9.0	5.9	4.8	1.7	2.0	0.6	357	0
Cannabis	5.5	39.0	29.2	12.6	6.5	3.6	2.0	1.7	15681	54
Other substances	1.3	12.7	24.0	18.4	12.4	13.3	7.9	10.0	1255	19
Total	2.6	20.1	27.1	18.8	13.5	8.8	4.7	4.4	51780	409

Notes

The countries supplying data are:

CZ, DK, DE, EL, CY, LV, HU, MT, NL, SK, SI, FI, SE, UK, BG, RO.

The number of treatment clients in each country is listed in Table TDI-7 (page 9.28).

Source:

2004 Reitox national reports - TDI outpatient treatment centres – see Table TDI-14 (page 9.20).

Table TDI-10 part (ii). New clients entering outpatient treatment: age and primary drug at treatment in 2003 for those countries supplying data. Distribution of primary drug used (column percentage) in each age group: summary

Substance	<15	15-19	20-24	25-29	30-34	35-39	40-44	45+	Age known	Age not known
Opiates	18.0	19.6	42.8	53.0	56.2	55.3	52.4	44.0	22176	203
Cocaine	2.3	5.7	10.2	13.9	16.9	17.9	17.6	12.7	6129	72
Stimulants	4.2	11.3	10.3	8.1	6.7	6.6	5.5	3.9	4459	13
Hypnotics/sedatives	0.8	1.2	1.5	2.0	3.0	3.8	7.0	20.9	1563	48
Hallucinogens	0.0	0.4	0.3	0.2	0.2	0.2	0.2	1.4	160	0
Volatiles	8.5	1.5	0.2	0.2	0.2	0.1	0.3	0.1	357	0
Cannabis	65.1	58.7	32.6	20.3	14.6	12.4	12.8	11.4	15681	54
Other substances	1.2	1.5	2.1	2.4	2.2	3.7	4.1	5.6	1255	19
Total									51780	409

Notes:

The countries supplying data are:

CZ, DK, DE, EL, CY, LV, HU, MT, NL, SK, SI, FI, SE, UK, BG, RO.

The number of treatment clients in each country is listed in Table TDI-7 (page 9.28).

Source:

2004 Reitox national reports - TDI outpatient treatment centres – see Table TDI-14 (page 9.41).

Table TDI-10 part (iii). New clients entering outpatient treatment: age and primary drug at treatment in 2003 for those countries supplying data. Number of clients using opiates as primary drug

Country	<15	15-19	20-24	25-29	30-34	35-39	40-44	45+	Age known	Age not known	Total
Czech Republic	0	25	70	54	14	6	1	6	176	2	178
Denmark	0	11	54	57	60	45	41	44	312	0	312
Germany	4	302	1011	685	432	290	153	108	2985	20	3005
Greece	0	93	235	118	51	82	42	44	665	0	665
Cyprus	0	4	23	15	9	6	1	2	60	0	60
Latvia	0	16	38	17	15	3	1	0	90	0	90
Hungary	0	30	159	168	88	27	11	4	487	0	487
Malta	0	52	43	29	14	6	1	1	146	20	166
Netherlands	1	19	72	102	160	135	149	172	810	0	810
Slovenia	199	81	33	14	8	2	0	0	337	0	337
Slovakia	1	21	50	29	7	3	3	4	118	0	118
Finland	0	7	45	26	12	8	4	5	107	0	107
Sweden	0	1	15	11	25	20	13	29	114	1	115
United Kingdom	30	1147	3671	3633	2988	1872	837	567	14745	160	14905
Bulgaria	1	77	151	38	13	3	2	0	285	0	285
Romania	2	152	349	162	34	22	7	11	739	0	739
Total	238	2038	6019	5158	3930	2530	1266	997	22176	203	22379

Source:

2004 Reitox national reports - TDI outpatient treatment centres – see Table TDI-14 (page 9.41).

Table TDI-10 part (iv). New clients entering outpatient treatment: age and primary drug at treatment in 2003 for those countries supplying data. Number of clients using cocaine as primary drug

Country	<15	15-19	20-24	25-29	30-34	35-39	40-44	45+	Age known	Age not known	Total
Czech Republic	0	1	3	1	0	0	0	0	5	1	6
Denmark	0	8	20	18	15	7	3	1	72	0	72
Germany	4	101	252	179	123	83	41	32	815	14	829
Greece	0	5	4	1	0	1	0	0	11	0	11
Cyprus	0	0	2	2	0	4	0	0	8	0	8
Latvia	0	0	0	0	1	1	0	0	2	0	2
Hungary	0	6	5	11	5	0	0	0	27	1	28
Malta	0	4	2	7	5	0	0	0	18	0	18
Netherlands	4	191	515	472	381	257	155	112	2087	0	2087
Slovenia	1	2	2	0	0	0	0	0	5	0	5
Slovakia	0	1	2	3	0	0	0	0	6	0	6
Finland	0	1	0	1	1	0	0	0	3	0	3
Sweden	0	1	2	2	1	0	0	0	6	0	6
United Kingdom	22	272	614	660	647	467	227	143	3052	56	3108
Bulgaria	0	0	4	0	1	0	0	0	5	0	5
Romania	0	2	3	1	0	1	0	0	7	0	7
Total	31	595	1430	1358	1180	821	426	288	6129	72	6201

Source:

2004 Reitox national reports - TDI outpatient treatment centres – see Table TDI-14 (page 9.41).

Table TDI-10 part (v). New clients entering outpatient treatment: age and primary drug at treatment in 2003 for those countries supplying data. Number of clients using stimulants as primary drug

Country	<15	15-19	20-24	25-29	30-34	35-39	40-44	45+	Age known	Age not known	Total
Czech Republic	2	142	112	60	19	5	2	1	343	2	345
Denmark	0	59	72	20	14	9	3	0	177	0	177
Germany	5	291	494	183	66	45	15	13	1112	1	1113
Greece	0	2	4	0	0	0	0	0	6	0	6
Cyprus	0	5	3	0	0	0	0	0	8	0	8
Latvia	0	6	7	4	1	2	0	0	20	0	20
Hungary	3	106	187	96	19	9	5	0	425	2	427
Malta	0	0	2	0	1	0	0	0	3	0	3
Netherlands	7	101	117	55	31	16	16	13	356	0	356
Slovenia	1	1	0	0	0	0	0	0	2	0	2
Slovakia	0	60	47	16	3	0	0	0	126	0	126
Finland	0	44	75	27	19	10	4	0	179	0	179
Sweden	0	21	50	25	16	20	3	7	142	2	144
United Kingdom	38	335	267	301	283	185	85	55	1549	6	1555
Bulgaria	0	0	4	0	0	0	0	0	4	0	4
Romania	0	3	3	0	0	0	1	0	7	0	7
Total	56	1176	1444	787	472	301	134	89	4459	13	4472

Source:

2004 Reitox national reports - TDI outpatient treatment centres – see Table TDI-14 (page 9.41).

Table TDI-10 part (vi). New clients entering outpatient treatment: age and primary drug at treatment in 2003 for those countries supplying data. Number of clients using hallucinogens as primary drug

Country	<15	15-19	20-24	25-29	30-34	35-39	40-44	45+	Age known	Age not known	Total
Czech Republic	0	4	2	0	0	0	0	0	6	0	6
Germany	0	26	21	8	0	0	0	1	56	0	56
Greece	0	0	0	1	0	0	0	0	1	0	1
Latvia	0	1	0	0	0	0	0	0	1	0	1
Hungary	0	1	8	2	1	0	0	0	12	0	12
Netherlands	0	3	1	1	6	6	6	30	53	0	53
Slovakia	0	2	1	0	0	0	0	0	3	0	3
Finland	0	2	0	0	0	0	0	0	2	0	2
United Kingdom	0	6	7	6	4	1	0	0	24	0	24
Romania	0	1	0	0	1	0	0	0	2	0	2
Total	0	46	40	18	12	7	6	31	160	0	160

Source:

2004 Reitox national reports - TDI outpatient treatment centres – see Table TDI-14 (page 9.41).

Table TDI-10 part (vii). New clients entering outpatient treatment: age and primary drug at treatment in 2003 for those countries supplying data. Number of clients using hypnotics as primary drug

Country	<15	15-19	20-24	25-29	30-34	35-39	40-44	45+	Age known	Age not known	Total
Czech Republic	1	3	1	0	1	2	2	7	17	0	17
Denmark	0	5	5	2	1	6	3	9	31	0	31
Germany	0	12	24	12	23	29	36	96	232	0	232
Greece	0	7	4	1	2	0	0	0	14	0	14
Cyprus	0	0	0	0	0	0	0	1	1	0	1
Latvia	1	0	0	1	5	3	2	3	15	0	15
Hungary	0	16	38	34	38	53	48	105	332	45	377
Netherlands	0	2	5	9	15	9	20	54	114	0	114
Slovenia	1	0	0	0	0	0	0	0	1	0	1
Slovakia	0	1	1	0	0	0	2	5	9	0	9
Finland	0	5	17	3	5	0	0	3	33	0	33
Sweden	0	8	4	4	5	6	7	39	73	1	74
United Kingdom	7	67	100	119	103	59	40	91	586	2	588
Bulgaria	0	0	0	1	2	1	1	0	5	0	5
Romania	0	4	7	5	7	8	9	60	100	0	100
Total	10	130	206	191	207	176	170	473	1563	48	1611

Source:

2004 Reitox national reports - TDI outpatient treatment centres – see Table TDI-14 (page 9.41).

Table TDI-10 part (viii). New clients entering outpatient treatment: age and primary drug at treatment in 2003 for those countries supplying data. Number of clients using volatile inhalants as primary drug

Country	<15	15-19	20-24	25-29	30-34	35-39	40-44	45+	Age known	Age not known	Total
Czech Republic	4	23	6	1	0	0	0	0	34	0	34
Germany	6	6	0	0	0	0	0	0	12	0	12
Greece	1	2	0	0	0	0	0	0	3	0	3
Cyprus	0	0	1	0	0	0	0	0	1	0	1
Latvia	4	5	0	0	0	0	0	0	9	0	9
Hungary	12	38	8	7	2	3	1	0	71	0	71
Netherlands	0	0	0	0	0	1	0	1	2	0	2
Slovenia	0	0	1	0	0	0	0	0	1	0	1
Slovakia	2	15	2	0	0	0	0	0	19	0	19
Finland	0	1	0	0	0	0	0	0	1	0	1
Sweden	3	2	0	1	1	0	0	0	7	0	7
United Kingdom	80	60	11	11	13	2	6	1	184	0	184
Bulgaria	0	2	0	0	0	0	0	0	2	0	2
Romania	0	6	3	1	1	0	0	0	11	0	11
Total	112	160	32	21	17	6	7	2	357	0	357

Source:

2004 Reitox national reports - TDI outpatient treatment centres – see Table TDI-14 (page 9.41).

Table TDI-10 part (ix). New clients entering outpatient treatment: age and primary drug at treatment in 2003 for those countries supplying data. Number of clients using cannabis as primary drug

Country	<15	15-19	20-24	25-29	30-34	35-39	40-44	45+	Age known	Age not known	Total
Czech Republic	31	270	46	20	5	1	1	0	374	4	378
Denmark	0	102	236	119	66	42	19	10	594	0	594
Germany	122	2436	1932	552	182	123	90	59	5496	20	5516
Greece	1	99	45	12	6	2	1	2	168	0	168
Cyprus	0	6	17	7	4	1	0	1	36	0	36
Latvia	0	1	0	0	2	0	0	0	3	0	3
Hungary	13	775	946	405	63	22	10	8	2242	3	2245
Malta	6	23	10	4	4	2	2	0	51	2	53
Netherlands	26	374	441	300	252	117	56	69	1635	0	1635
Slovenia	13	5	2	0	0	1	0	0	21	0	21
Slovakia	4	75	33	7	1	0	0	1	121	0	121
Finland	1	111	85	17	7	2	1	0	224	0	224
Sweden	4	99	73	18	12	8	8	7	229	2	231
United Kingdom	640	1709	695	507	414	244	121	102	4432	23	4455
Bulgaria	1	13	1	0	0	0	0	0	15	0	15
Romania	0	14	19	4	2	1	0	0	40	0	40
Total	862	6112	4581	1972	1020	566	309	259	15681	54	15735

Source:

2004 Reitox national reports - TDI outpatient treatment centres – see Table TDI-14 (page 9.41).

Table TDI-10 part (x). New clients entering outpatient treatment: age and primary drug at treatment in 2003 for those countries supplying data. Number of clients using other drugs as primary drugs

Country	<15	15-19	20-24	25-29	30-34	35-39	40-44	45+	Age known	Age not known	Total
Czech Republic	0	0	0	1	0	0	0	1	2	0	2
Denmark	0	6	15	14	11	7	8	9	70	0	70
Germany	0	28	57	23	7	4	4	3	126	0	126
Greece	0	0	0	0	0	0	0	0	0	0	0
Latvia	1	0	0	0	0	0	0	0	1	0	1
Hungary	5	57	97	83	49	75	35	43	444	19	463
Malta	0	0	0	1	0	0	0	0	1	0	1
Netherlands	0	2	2	3	6	10	5	19	47	0	47
Slovakia	0	0	0	0	0	0	0	1	1	0	1
Finland	0	2	1	0	1	0	1	1	6	0	6
Sweden	0	3	4	6	2	0	1	4	20	0	20
United Kingdom	10	58	125	97	79	67	42	41	519	0	519
Bulgaria	0	0	0	0	0	0	0	0	0	0	0
Romania	0	3	0	3	1	4	3	4	18	0	18
Total	16	159	301	231	156	167	99	126	1255	19	1274

Source:

2004 Reitox national reports - TDI outpatient treatment centres – see Table TDI-14 (page 9.41).

Table TDI-11 part (i). New clients entering outpatient treatment: age at first use of primary drug at treatment in 2003 for those countries supplying data. Distribution of age at first use (row percentage) for each primary drug type: summary

Substance	<15	15-19	20-24	25-29	30-34	35-39	40-44	45+	Age known (base)	Age not known
Opiates	5.0	44.3	28.2	11.4	5.5	3.2	1.4	1.1	4602	958
Cocaine	5.7	50.8	26.8	10.1	3.8	2.0	0.6	0.2	1859	2110
Other stimulants	10.8	68.1	14.3	4.3	1.7	0.5	0.2	0.2	3916	402
Hypnotics/sedatives	6.8	34.4	19.5	13.0	8.6	4.9	5.0	7.8	694	152
Hallucinogens	11.1	72.5	13.0	2.8	0.1	0.4	0.0	0.1	823	55
Volatiles/inhalants	54.5	42.3	2.4	0.8	0.0	0.0	0.0	0.0	123	4
Cannabis	37.6	55.0	5.4	1.3	0.4	0.2	0.1	0.1	7108	1759
Other substances	16.8	52.6	13.3	8.7	2.3	1.2	2.9	2.3	173	88
Total	19.0	54.6	15.6	5.7	2.5	1.3	0.7	0.6	19298	5528

Notes:

The countries supplying data are:

CZ, DK, DE, GR, ES, HU, NL, FI, SE, UK.

The number of treatment clients in each country is listed in Table TDI-7 (page 9.28).

Source:

2004 Reitox national reports - TDI outpatient treatment centres – see Table TDI-18 (page 9.45).

Table TDI-11 part (ii). New clients entering outpatient treatment: age at first use of primary drug at treatment in 2003 for those countries supplying data. Distribution of primary drug used (column percentages) in each age group: summary

Substance	<15	15-19	20-24	25-29	30-34	35-39	40-44	45+	Age known	Age not known
Opiates	6.3	19.4	43.1	47.5	52.3	56.8	50.4	40.0	4602	958
Cocaine	2.9	9.0	16.6	17.0	14.8	14.4	8.5	2.4	1859	2110
Other stimulants	11.5	25.3	18.7	15.2	13.5	8.2	6.2	4.8	3916	402
Hypnotics/sedatives	1.3	2.3	4.5	8.2	12.5	13.2	27.1	43.2	694	152
Hallucinogens	2.5	5.7	3.6	2.1	0.2	1.2	0.0	0.8	823	55
Volatiles/inhalants	1.8	0.5	0.1	0.1	0.0	0.0	0.0	0.0	123	4
Cannabis	72.9	37.1	12.7	8.6	5.8	5.4	3.9	5.6	7108	1759
Other substances	0.8	0.9	0.8	1.4	0.8	0.8	3.9	3.2	173	88
Total base	3662	10537	3006	1102	480	257	129	125	19298	5528

Notes:

The countries supplying data are:

CZ, DK, DE, GR, ES, HU, NL, FI, SE, UK.

The number of treatment clients in each country is listed in Table TDI-7 (page 9.28).

Source:

2004 Reitox national reports - TDI outpatient treatment centres – see Table TDI-18 (page 9.45).

Table TDI-11 part (iii). New clients entering outpatient treatment: age at first use of primary drug at treatment in 2003 for those countries supplying data. Number of clients using opiates as primary drug

Country	<15	15-19	20-24	25-29	30-34	35-39	40-44	45+	Age known	Age not known	Total
Czech Republic	13	87	41	14	7	1	2	4	169	10	179
Denmark	12	84	69	45	33	23	15	6	287	25	312
Germany	114	926	643	297	143	87	34	27	2271	0	2271
Greece	31	322	199	65	20	12	7	5	661	2	663
Cyprus	1	14	23	14	2	3	1	0	58	0	58
Latvia	1	40	28	8	6	1	0	0	84	6	90
Malta	9	56	30	5	4	0	0	0	104	62	166
Netherlands	0	0	0	0	0	0	0	0	0	810	810
Slovenia	15	225	115	26	9	8	1	1	400	0	400
Slovakia	10	67	24	10	0	4	1	2	118	0	118
Finland	1	34	31	14	7	1	1	1	90	0	90
Sweden	3	13	23	10	17	4	3	4	77	40	117
Bulgaria	20	171	71	16	3	2	0	0	283	3	286

Notes:

The number of treatment clients in each country is listed in Table TDI-7 (page 9.28).

Source:

2004 Reitox national reports - TDI outpatient treatment centres

Table TDI-11 part (iv). New clients entering outpatient treatment: age at first use of primary drug at treatment in 2003 for those countries supplying data. Number of clients using cocaine as primary drug

Country	<15	15-19	20-24	25-29	30-34	35-39	40-44	45+	Age known	Age not known	Total
Czech Republic	1	2	2	1	0	0	0	0	6	0	6
Denmark	2	29	13	13	3	0	0	1	61	11	72
Germany	98	896	466	166	64	37	11	2	1740	0	1740
Greece	1	7	2	1	0	0	0	0	11	0	11
Cyprus	0	1	5	1	1	0	0	0	8	0	8
Latvia	0	0	0	1	1	0	0	0	2	0	2
Malta	1	3	2	0	1	0	0	0	7	11	18
Netherlands	0	0	0	0	0	0	0	0	0	2087	2087
Slovenia	0	1	2	2	0	0	0	0	5	0	5
Slovakia	0	2	4	0	0	0	0	0	6	0	6
Finland	0	1	1	0	1	0	0	0	3	0	3
Sweden	3	1	0	1	0	0	0	0	5	1	6
Bulgaria	0	2	2	1	0	0	0	0	5	0	5

Notes:

The number of treatment clients in each country is listed in Table TDI-7 (page 9.28).

Source:

2004 Reitox national reports - TDI outpatient treatment centres

Table TDI-11 part (v). New clients entering outpatient treatment: age at first use of primary drug at treatment in 2003 for those countries supplying data. Number of clients using stimulants as primary drug

Country	<15	15-19	20-24	25-29	30-34	35-39	40-44	45+	Age known	Age not known	Total
Czech Republic	35	218	60	17	3	2	0	1	336	10	346
Denmark	19	117	17	7	3	1	0	0	164	13	177
Germany	326	2046	405	124	48	15	6	3	2973	0	2973
Greece	1	4	1	0	0	0	0	0	6	0	6
Cyprus	0	8	0	0	0	0	0	0	8	0	8
Latvia	2	9	4	1	2	0	0	2	20	0	20
Malta	0	2	0	0	0	0	0	0	2	1	3
Netherlands	0	0	0	0	0	0	0	0	0	356	356
Slovenia	2	2	1	0	0	0	0	0	5	0	5
Slovakia	13	84	20	6	1	0	0	0	124	2	126
Finland	9	102	27	8	4	0	0	0	150	0	150
Sweden	14	73	24	4	4	3	2	0	124	20	144
Bulgaria	0	2	2	0	0	0	0	0	4	0	4

Notes:

The number of treatment clients in each country is listed in Table TDI-7 (page 9.28).

Source:

2004 Reitox national reports - TDI outpatient treatment centres

Table TDI-11 part (vi). New clients entering outpatient treatment: age at first use of primary drug at treatment in 2003 for those countries supplying data. Number of clients using hypnotics and sedatives as primary drug

Country	<15	15-19	20-24	25-29	30-34	35-39	40-44	45+	Age known	Age not known	Total
Czech Republic	3	2	2	1	1	2	4	2	17	0	17
Denmark		10	4	2		3	2	2	23	8	31
Germany	29	194	111	74	46	28	20	38	540	0	540
Greece	6	7	0	1	0	0	0	0	14	0	14
Cyprus	0	0	1	0	0	0	1	0	2	0	2
Latvia	1	0	2	3	3	0	1	1	11	4	15
Netherlands	0	0	0	0	0	0	0	0	0	114	114
Slovenia	0	1	0	0	0	0	0	0	1	0	1
Slovakia	0	2	1	0	0	0	3	3	9	0	9
Finland	4	11	4	0	1	0	0	1	21	0	21
Sweden	4	11	10	6	8	1	4	7	51	26	77
Bulgaria	0	1	0	3	1	0	0	0	5	0	5

Notes:

The number of treatment clients in each country is listed in Table TDI-7 (page 9.28).

Source:

2004 Reitox national reports - TDI outpatient treatment centres

Table TDI-11 part (vii). New clients entering outpatient treatment: age at first use of primary drug at treatment in 2003 for those countries supplying data. Number of clients using hallucinogens as primary drug

Country	<15	15-19	20-24	25-29	30-34	35-39	40-44	45+	Age known	Age not known	Total
Czech Republic	1	3	1	0	0	0	0	0	5	1	6
Germany	90	588	106	23	1	3	0	1	812	0	812
Greece	0	1	0	0	0	0	0	0	1	0	1
Latvia	0	0	0	0	0	0	0	0	0	1	1
Netherlands	0	0	0	0	0	0	0	0	0	53	53
Slovakia	0	3	0	0	0	0	0	0	3	0	3
Finland	0	2	0	0	0	0	0	0	2	0	2

Notes:

The number of treatment clients in each country is listed in Table TDI-7 (page 9.28).

Source:

2004 Reitox national reports - TDI outpatient treatment centres

Table TDI-11 part (viii). New clients entering outpatient treatment: age at first use of primary drug at treatment in 2003 for those countries supplying data. Number of clients using volatile inhalants as primary drug

Country	<15	15-19	20-24	25-29	30-34	35-39	40-44	45+	Age known	Age not known	Total
Czech Republic	20	12	1	0	0	0	0	0	33	1	34
Germany	25	21	2	0	0	0	0	0	48	0	48
Greece	3	0	0	0	0	0	0	0	3	0	3
Cyprus	0	1	0	0	0	0	0	0	1	0	1
Latvia	6	2	0	0	0	0	0	0	8	1	9
Netherlands	0	0	0	0	0	0	0	0	0	2	2
Slovenia	0	1	0	0	0	0	0	0	1	0	1
Slovakia	8	11	0	0	0	0	0	0	19	0	19
Finland	0	1	0	0	0	0	0	0	1	0	1
Sweden	4	2	0	1	0	0	0	0	7	0	7
Bulgaria	1	1	0	0	0	0	0	0	2	0	2

Notes:

The number of treatment clients in each country is listed in Table TDI-7 (page 9.28).

Source:

2004 Reitox national reports - TDI outpatient treatment centres

Table TDI-11 part (ix). New clients entering outpatient treatment: age at first use of primary drug at treatment in 2003 for those countries supplying data. Number of clients using cannabis as primary drug

Country	<15	15-19	20-24	25-29	30-34	35-39	40-44	45+	Age known	Age not known	Total
Czech Republic	153	191	14	3	0	0	0	0	361	17	378
Denmark	228	263	31	2	2	1	0	0	527	67	594
Germany	2026	2894	292	81	22	12	4	5	5336	0	5336
Greece	50	109	6	2	1	0	0	0	168	0	168
Cyprus	8	21	6	1	0	0	0	0	36	0	36
Latvia	0	1	0	1	1	0	0	0	3	0	3
Malta	10	22	2	0	0	0	0	0	34	19	53
Netherlands	0	0	0	0	0	0	0	0	0	1635	1635
Slovenia	28	61	3	0	0	0	0	0	92	0	92
Slovakia	38	73	7	1	0	0	0	0	119	2	121
Finland	47	144	8	0	1	0	0	0	200	0	200
Sweden	75	121	12	4	1	1	1	2	217	17	234
Bulgaria	8	7	0	0	0	0	0	0	15	2	17

Notes:

The number of treatment clients in each country is listed in Table TDI-7 (page 9.28).

Source:

2004 Reitox national reports - TDI outpatient treatment centres

Table TDI-11 part (x). New clients entering outpatient treatment: age at first use of primary drug at treatment in 2003 for those countries supplying data. Number of clients using other drugs as primary drugs

Country	<15	15-19	20-24	25-29	30-34	35-39	40-44	45+	Age known	Age not known	Total
Czech Republic	0	0	0	1	0	0	0	0	1	1	2
Denmark	4	13	7	5	4	0	3	1	37	33	70
Germany	24	69	13	5	0	2	2	1	116	0	116
Greece	0	0	0	0	0	0	0	0	0	0	0
Latvia	1	0	0	0	0	0	0	0	1	1	2
Malta	0	0	0	0	0	0	0	0	0	1	1
Netherlands	0	0	0	0	0	0	0	0	0	47	47
Slovakia	0	0	0	0	0	0	0	1	1	0	1
Finland	0	3	0	1	0	0	0	1	5	0	5
Sweden	0	6	3	3	0	0	0	0	12	5	17
Bulgaria	0	0	0	0	0	0	0	0	0	0	0

Notes:

The number of treatment clients in each country is listed in Table TDI-7 (page 9.28).

Source:

2004 Reitox national reports - TDI outpatient treatment centres

Table TDI-12. New clients entering outpatient treatment: distribution of educational level (percentage) in 2003 for countries reporting data

Country	Primary level not completed	Primary level of education	Secondary level of education	Higher level of education	Base (known education level)	Education level unknown
Czech Republic	12.6	56.2	30.3	1.0	938	34
Denmark	15.6	50.8	30.3	3.3	1298	131
Germany	25.3	46.4	27.1	1.2	8761	2140
Greece	2.4	25.8	66.9	5.0	761	107
Cyprus	1.8	52.7	37.3	8.2	110	5
Latvia	14.0	46.9	37.8	1.4	143	0
Malta	0.0	29.4	58.8	11.8	68	178
Netherlands	14.3	42.1	37.3	6.2	3814	1290
Slovenia	6.7	44.8	45.7	2.9	315	189
Slovakia	7.1	46.6	45.8	0.5	365	38
Finland	7.7	64.3	24.8	3.3	521	34
Sweden	9.9	46.8	34.2	9.1	547	63
Bulgaria	10.0	20.9	64.3	4.8	230	1
Total	18.4	45.6	33.0	3.0	17871	4210

Notes:

Only countries providing data are reported.

Source:

2004 Reitox national reports - TDI - outpatient treatment centres – see Table TDI-13 (page 9.40).

Table TDI-13. New clients entering outpatient treatment: distribution (percentage) of labour status in 2003 for countries supplying data

Country	Regular employment	Pupil/student	Economically inactive	Unemployed	Other	Base (known status)	Status unknown
Czech Republic	18.3	47.8	2.5	28.9	2.4	954	16
Denmark	17.1	4.0	19.1	55.9	3.9	1371	58
Germany	49.1	16.1	2.1	28.9	3.9	9064	1837
Greece	23.0	17.2	1.2	46.4	12.3	857	11
Cyprus	39.3	14.3	0.0	35.7	10.7	112	3
Latvia	6.3	12.6	0.7	73.4	7.0	143	0
Malta	47.6	8.8	0.4	42.7	0.4	227	19
Netherlands	40.2	2.3	1.0	34.0	22.4	4201	903
Slovenia	15.9	37.9	0.8	43.5	2.0	504	0
Slovakia	13.6	37.1	2.3	41.2	5.8	396	7
Finland	15.4	34.2	2.0	44.1	4.2	544	11
Sweden	23.8	7.0	23.8	25.6	19.9	559	43
Bulgaria	22.9	27.4	1.6	42.4	5.7	314	3
Total	38.1	15.1	3.6	34.5	8.7	19246	2911

Notes:

Only countries supplying data are reported

Economically Inactive: includes pensioners, housewives and invalids.

Source:

2003 Reitox national reports - TDI - outpatient treatment centres

Table TDI-14. All clients entering outpatient treatment: distribution (percentage) by accommodation arrangements (persons with whom the client is living) in 2003 for countries submitting data

Country		Alone	Parents	Child(ren)	Partner (alone)	Partner and child(ren)	Friends	Other	Base (known status)	Status unknown
Czech Republic		10.1	60.1	1.0	13.0	3.9	2.6	9.3	1991	55
Denmark	(1)	75.0	0.0	3.1	16.5	5.4	0.0	0.0	3653	238
Germany		24.2	24.1	9.8	17.8	7.3	2.4	14.4	30487	7821
Greece		7.3	73.3	0.8	4.8	7.6	1.0	5.2	1541	1
Cyprus		12.8	59.1	0.0	23.2	0.0	2.4	2.4	164	0
Latvia		14.3	0.0	0.0	0.0	0.0	0.0	85.7	2680	0
Luxembourg		21.1	18.2	2.8	25.5	12.6	3.6	16.2	247	17
Malta		9.1	72.2	0.5	9.6	1.9	0.9	5.8	428	16
Netherlands		48.9	19.1	2.6	12.6	10.7	6.0	0.0	8125	2659
Slovenia		10.8	66.8	0.7	11.2	5.1	1.0	4.4	1485	0
Slovakia		5.9	73.8	1.6	6.7	6.1	1.4	4.6	942	14
Sweden		43.2	22.0	5.6	15.1	7.6	3.4	3.1	1377	22
Bulgaria		8.1	67.7	0.4	8.5	6.1	3.1	6.2	852	8
Total		29.3	26.4	6.4	14.9	7.0	2.6	13.4	53972	10851

Notes:

Only countries supplying data are reported.

Data are not available sparately for new treatment clients.

(1) Data on clients living with parents and friends are not available.

Source:

2004 Reitox national reports - TDI - outpatient treatment centres – see Table TDI-9 (page 9.29).

Table TDI-15. All clients entering outpatient treatment: living conditions in 2003 for countries supplying data

Country	Stable accommodation	Unstable accommodation	In institutions (prisons, clinics, etc.)	Base (known status)	Status unknown
Czech Republic	78.9	14.9	6.2	1932	81
Denmark	88.3	9.4	2.3	3598	293
Germany	81.9	5.0	13.2	30633	7675
Greece	95.7	4.2	0.1	1473	69
Cyprus	99.4	0.6	0.0	164	0
Latvia	100.0	0.0	0.0	2639	41
Luxembourg	70.0	17.7	12.3	243	21
Malta	94.0	3.3	2.6	419	25
Netherlands	90.1	6.6	3.3	6986	3798
Slovenia	97.2	1.2	1.6	1485	0
Slovakia	92.1	7.2	0.8	933	23
Finland	81.5	16.3	2.2	2047	33
Sweden	73.3	20.8	5.8	1373	30
Bulgaria	95.1	4.6	0.4	852	8
Total	85.1	6.3	8.5	54777	12097

Notes:

Only countries supplying data are reported.

Data are not available for new clients separately .

(1) Data on clients living with parents and friends are not available.

Source:

2004 Reitox national reports - TDI - outpatient treatment centres – see Table TDI-9 (page 9.29)

Table TDI-16. New clients entering outpatient treatment: distribution (percentage) by source of referral in 2003 for countries supplying data

Country	Self-referred	Family/friends	Other drug treatment centres	General practitioners	Hospital/medical source	Social services	Court/probation/ police	Other	Base (known status)	Status unknown
Czech Republic	29.4	36.7	3.2	6.3	3.3	5.9	7.2	8.1	951	19
Germany	23.5	22.6	9.2	8.1	1.4	4.6	27.1	3.4	9522	1379
Greece	16.0	65.5	2.7	2.4	1.9	1.9	2.7	7.1	864	4
Cyprus	57.4	30.4	0.0	0.0	5.2	1.7	2.6	2.6	115	0
Latvia	37.9	15.0	0.0	2.1	41.4	1.4	2.1	0.0	140	3
Malta	48.5	30.8	3.0	0.4	2.5	0.0	8.4	6.3	237	9
Netherlands	39.5	4.8	10.1	13.2	8.0	1.2	15.9	7.3	4132	972
Slovenia	63.5	29.2	0.4	3.0	2.0	0.2	1.0	0.8	504	0
Slovakia	45.3	39.3	0.5	4.7	1.2	0.2	7.2	1.5	402	1
Finland	34.6	17.5	4.1	6.1	17.7	7.2	8.0	4.8	538	17
Sweden	38.3	14.3	3.9	9.2	7.0	15.4	4.4	7.6	596	6
Bulgaria	28.3	63.0	2.2	2.5	1.4	0.4	0.4	1.8	276	41
United Kingdom	39.6	0.9	8.2	19.1	2.8	2.5	15.3	11.5	24589	1497
Total	35.6	10.0	8.0	14.5	3.3	3.1	16.9	8.6	42866	3948

Notes:

Only countries supplying data are reported.

Source:

2004 Reitox national reports - TDI - outpatient treatment centres – see Table TDI-5 (page 9.22).

Table TDI-17 part (i). Route of administration of primary drug among new outpatient clients in 2003. Percentage among clients with opiates as primary drug

Country	Inject	Smoke/inhale	Eat / drink	Sniff	Others	Base (known status)	Status unknown
Czech Republic	73.9	11.9	6.3	3.4	4.5	176	3
Denmark	28.4	45.5	19.6	6.5	0.0	275	37
Germany	42.8	18.2	29.1	8.7	1.2	2688	0
Greece	50.6	12.7	0.3	36.3	0.2	664	1
Cyprus	83.3	10.0	3.3	3.3	0.0	60	0
Latvia	92.1	1.1	6.7	0.0	0.0	89	1
Malta	69.7	23.7	1.3	4.6	0.7	152	14
Netherlands	8.3	75.5	10.4	3.7	2.1	616	194
Slovenia	62.5	30.8	0.3	6.5	0.0	400	0
Slovakia	76.1	16.8	1.8	4.4	0.9	113	5
Finland	78.4	1.0	9.8	10.8	0.0	102	0
Sweden	14.5	15.4	69.2	0.9	0.0	117	0
United Kingdom	42.7	48.1	7.6	1.1	0.6	12159	2748
Bulgaria	61.8	19.4	1.1	17.3	0.4	283	3
Total	43.5	40.7	10.9	4.2	0.7	17894	3006

Notes:

Only countries where there are clients reported with opiates as primary drug are shown.

Source:

2004 Reitox national reports - TDI - outpatient treatment centres – see Table TDI-16 (page 9.42).

Table TDI-17 part (ii). Route of administration of primary drug among new outpatient clients in 2003. Percentage among clients with cocaine as primary drug

Country	Inject	Smoke/inhale	Eat / drink	Sniff	Others	Base (known status)	Status unknown
Czech Republic	0.0	33.3	0.0	66.7	0.0	6	0
Denmark	4.8	9.5	7.9	77.8	0.0	63	9
Germany	13.3	26.2	1.6	52.6	6.3	1393	0
Greece	0.0	0.0	0.0	100.0	0.0	11	0
Cyprus	0.0	37.5	12.5	50.0	0.0	8	0
Latvia	0.0	0.0	0.0	100.0	0.0	2	0
Malta	6.7	40.0	13.3	26.7	13.3	15	3
Netherlands	0.6	46.8	0.8	48.6	3.1	1849	238
Slovenia	20.0	40.0	0.0	40.0	0.0	5	0
Slovakia	20.0	20.0	0.0	40.0	20.0	5	1
Finland	0.0	0.0	0.0	100.0	0.0	3	0
Sweden	0.0	16.7	16.7	66.7	0.0	6	0
United Kingdom	3.5	56.1	3.9	35.8	0.7	2503	606
Bulgaria	0.0	0.0	0.0	100.0	0.0	5	0
Total	4.9	45.2	2.4	44.6	2.8	5874	857

Notes:

Only countries where there are clients reported with cocaine as primary drug are shown.

Source:

2004 Reitox national reports - TDI - outpatient treatment centres – see Table TDI-16 (page 9.42).

Table TDI-17 part (iii). Route of administration of primary drug among new outpatient clients in 2003. Percentage among clients with stimulants as primary drug

Country	Inject	Smoke/inhale	Eat / drink	Sniff	Others	Base (known status)	Status unknown
Czech Republic	67.2	2.3	1.7	28.4	0.3	345	1
Denmark	1.4	0.0	31.2	67.4	0.0	138	39
Germany	2.1	6.4	68.9	18.8	3.8	2267	0
Greece	0.0	16.7	83.3	0.0	0.0	6	0
Cyprus	0.0	0.0	100.0	0.0	0.0	8	0
Latvia	73.7	0.0	26.3	0.0	0.0	19	1
Malta	0.0	0.0	100.0	0.0	0.0	2	1
Netherlands	1.3	10.1	40.1	47.3	1.3	317	39
Slovenia	0.0	0.0	100.0	0.0	0.0	5	0
Slovakia	26.5	18.8	6.0	48.7	0.0	117	9
Finland	61.9	0.0	20.5	17.6	0.0	176	0
Sweden	23.9	1.4	58.7	14.5	1.4	138	6
United Kingdom	18.1	2.7	71.8	6.7	0.7	1280	275
Bulgaria	0.0	0.0	50.0	50.0	0.0	4	0
Total	14.6	5.1	58.2	20.0	2.1	4822	371

Notes:

Only countries where there are clients reported with stimulants as primary drug are shown.

Source:

2004 Reitox national reports - TDI - outpatient treatment centres – see Table TDI-16 (page 9.42).

Table TDI-17 part (iv). Route of administration of primary drug among new outpatient clients in 2003. Percentage among clients with hypnotics and sedatives as primary drug

Country	Inject	Smoke/inhale	Eat / drink	Sniff	Others	Base known status)	Status unknown
Czech Republic	5.9	0.0	70.6	23.5	0.0	17	0
Denmark	0.0	0.0	100.0	0.0	0.0	27	4
Greece	0.0	7.1	92.9	0.0	0.0	14	0
Cyprus	0.0	0.0	100.0	0.0	0.0	2	0
Latvia	0.0	0.0	100.0	0.0	0.0	15	0
Netherlands	1.0	3.8	94.2	1.0	0.0	104	10
Slovenia	0.0	0.0	100.0	0.0	0.0	1	0
Slovakia	0.0	12.5	87.5	0.0	0.0	8	1
Finland	3.1	0.0	93.8	3.1	0.0	32	0
Sweden	0.0	0.0	100.0	0.0	0.0	77	0
United Kingdom	1.2	2.2	95.5	0.8	0.4	506	82
Bulgaria	0.0	0.0	100.0	0.0	0.0	5	0
Total	1.1	2.1	95.3	1.2	0.2	808	97

Notes:

Only countries where there are clients reported with hypnotics and sedatives as primary drug are shown.

Source:

2004 Reitox national reports - TDI - outpatient treatment centres – see Table TDI-16 (page 9.42).

Table TDI-18 part (i). Frequency of use of primary drug among new outpatient clients in 2003. Percentage among clients with opiates as primary drug

Country	Not used in the past month/occasional	Once a week or less	2-6 times per week	Daily	Base (known status)	Status unknown
Czech Republic	17.3	9.8	15.0	57.8	173	6
Denmark	0.0	5.2	17.0	77.8	270	42
Germany	70.6	3.9	4.6	20.9	7613	0
Greece	11.7	6.6	15.8	65.8	647	18
Cyprus	3.3	1.7	10.0	85.0	60	0
Latvia	0.0	2.6	6.6	90.8	76	14
Malta	7.1	3.6	2.9	86.4	140	26
Netherlands	6.6	0.6	6.0	86.8	620	190
Slovenia	11.0	4.8	12.0	72.3	400	0
Slovakia	1.8	7.1	9.8	81.3	112	6
Finland	4.0	6.9	26.7	62.4	101	0
Sweden	4.3	0.9	13.9	80.9	115	2
Bulgaria	1.4	7.1	10.3	81.2	282	4
Total	52.7	4.1	6.7	36.5	10609	308

Notes:

Only countries where there are clients repored with opiates as primary drug are repored.

Source:

2004 Reitox national reports - TDI - outpatient treatment centres – see Table TDI-17 (page 9.43).

Table TDI-18 part (ii). Frequency of use of primary drug among new outpatient clients in 2003. Percentage among clients with cocaine as primary drug

Country	Not used in the past month/occasional	Once a week or less	2-6 times per week	Daily	Base (known status)	Status unknown
Czech Republic	33.3	16.7	33.3	16.7	6	0
Denmark	0.0	39.3	37.7	23.0	61	11
Germany	78.2	9.6	8.1	4.1	4260	0
Greece	30.0	40.0	20.0	10.0	10	1
Cyprus	12.5	25.0	50.0	12.5	8	0
Malta	7.7	46.2	15.4	30.8	13	5
Netherlands	20.5	9.9	26.9	42.6	1904	183
Slovenia	40.0	0.0	20.0	40.0	5	0
Slovakia	0.0	25.0	50.0	25.0	4	2
Finland	66.7	0.0	33.3	0.0	3	0
Sweden	16.7	50.0	16.7	16.7	6	0
Bulgaria	0.0	100.0	0.0	0.0	4	1
Total	59.5	10.2	14.2	16.1	6284	203

Notes:

Only countries where there are clients reported with cocaine as primary drug are shown.

Source:

2004 Reitox national reports - TDI - outpatient treatment centres – see Table TDI-17 (page 9.43).

Table TDI-18 part (iii). Frequency of use of primary drug among new outpatient clients in 2003. Percentage among clients with stimulants as primary drug

Country	Not used in the past month/occasional	Once a week or less	2-6 times per week	Daily	Base (known status)	Status unknown
Czech Republic	27.4	29.6	31.1	11.9	328	18
Denmark	0.0	32.8	50.4	16.8	125	52
Germany	74.0	13.1	9.6	3.3	6753	0
Greece	66.7	16.7	16.7	0.0	6	0
Cyprus	12.5	25.0	50.0	12.5	8	0
Latvia	0.0	6.3	25.0	68.8	16	4
Malta	50.0	50.0	0.0	0.0	2	1
Netherlands	23.9	12.4	24.8	38.8	322	34
Slovenia	0.0	80.0	20.0	0.0	5	0
Slovakia	5.7	32.4	40.0	21.9	105	21
Finland	23.8	20.1	44.5	11.6	164	0
Sweden	20.7	23.7	40.0	15.6	135	9
Bulgaria	25.0	25.0	25.0	25.0	4	0
Total	65.8	14.7	13.4	6.1	7973	139

Notes:

Only countries where there are clients reported with stimulants as primary drug are shown.

Source:

2004 Reitox national reports - TDI - outpatient treatment centres – see Table TDI-17 (page 9.43).

Table TDI-18 part (iv). Frequency of use of primary drug among new outpatient clients in 2003. Percentage among clients with cannabis as primary drug

Country	Not used in the past month/occasional	Once a week or less	2-6 times per week	Daily	Base (known status)	Status unknown
Czech Republic	17.8	44.2	25.8	12.2	353	25
Denmark	0.0	6.1	18.2	75.8	462	132
Germany	37.7	14.6	20.2	27.5	8272	0
Greece	29.0	20.4	21.0	29.6	162	6
Cyprus	13.9	22.2	16.7	47.2	36	0
Latvia	0.0	100.0	0.0	0.0	2	1
Malta	23.3	20.0	6.7	50.0	30	23
Netherlands	8.8	2.3	8.4	80.4	1503	132
Slovenia	12.0	26.1	40.2	21.7	92	0
Slovakia	9.8	31.4	37.3	21.6	102	19
Finland	20.3	29.2	33.5	17.0	212	0
Sweden	20.8	19.0	33.0	27.1	221	10
Bulgaria	26.7	40.0	13.3	20.0	15	0
Total	30.4	14.3	19.5	35.7	11462	348

Notes:

Only countries where there are clients with cannabis reported as primary drug are shown.

Source:

2004 Reitox national reports - TDI - outpatient treatment centres – see Table TDI-17 (page 9.43).

Table TDI-18 part (v). Frequency of use of primary drug among new outpatient clients in 2003. Percentage among clients with hypnotics and sedatives as primary drug

Country	Not used in the past month/occasional	Once a week or less	2-6 times per week	Daily	Base (known status)	Status unknown
Czech Republic	0.0	23.1	0.0	76.9	13	4
Denmark	0.0	0.0	25.0	75.0	24	7
Germany	86.4	3.2	3.3	7.0	3985	0
Greece	21.4	21.4	7.1	50.0	14	0
Cyprus	0.0	0.0	50.0	50.0	2	0
Latvia	0.0	0.0	18.2	81.8	11	4
Netherlands	4.8	1.0	1.0	93.3	104	10
Slovenia	0.0	0.0	0.0	100.0	1	0
Slovakia	0.0	12.5	12.5	75.0	8	1
Finland	3.3	6.7	20.0	70.0	30	0
Sweden	5.2	5.2	6.5	83.1	77	0
Bulgaria	20.0	20.0	0.0	60.0	5	0
Total	80.9	3.3	3.6	12.1	4274	26

Notes:

Only countries where there are clients reported with hypnotics and sedatives as primary drug are shown.

Source:

2004 Reitox national reports - TDI - outpatient treatment centres – see Table TDI-17 (page 9.43).

Table TDI-19. New clients entering outpatient treatment: distribution by primary drug at treatment in 2003 for those countries supplying data

Country	Opiates	Cocaine	Stimulants	Hypnotics sedatives	Hallucinogens	Volatile inhalants	Cannabis	Other substances
Czech Republic	18.5	0.6	35.7	1.8	0.6	3.5	39.0	0.2
Denmark	24.8	5.7	14.1	2.5	0.0	0.0	47.3	5.6
Germany	35.2	7.1	8.9	0.9	0.3	0.1	46.6	0.8
Greece	76.6	1.3	0.7	1.6	0.1	0.3	19.4	0.0
Cyprus	52.2	7.0	7.0	1.7	0.0	0.9	31.3	0.0
Latvia	63.8	1.4	14.2	10.6	0.7	6.4	2.1	0.7
Luxembourg	29.2	16.7	50.0	4.2				
Hungary	11.8	0.7	10.4	9.2	0.3	1.7	54.6	11.3
Malta	68.9	7.5	1.2	0.0	0.0	0.0	22.0	0.4
Netherlands	15.9	40.9	7.0	2.2	1.0	0.0	32.0	0.9
Slovenia	79.2	1.0	1.2	0.2	0.0	0.2	18.2	0.0
Slovakia	29.3	1.5	31.3	2.2	0.7	4.7	30.0	0.2
Finland	19.3	0.5	32.3	5.9	0.4	0.2	40.4	1.1
Sweden	19.4	1.0	23.9	12.8	0.0	1.2	38.4	3.3
United Kingdom	58.8	12.3	6.1	2.3	0.1	0.7	17.6	2.0
Bulgaria	90.2	1.6	1.3	1.6	0.0	0.6	4.7	0.0
Romania	38.9	2.3	2.3	33.0	0.7	3.6	13.2	5.9

Source:

2004 Reitox national reports - TDI outpatient treatment centres – see Table TDI-14 (page 9.41).

Table TDI-20. All clients entering outpatient treatment: distribution by primary drug at treatment in 2003 for those countries supplying data

Country	Opiates	Cocaine	Stimulants	Hypnotics sedatives	Hallucinogens	Volatile inhalants	Cannabis	Other substances
Czech Republic	32.8	0.3	35.9	2.5	0.4	3.1	24.6	0.4
Denmark	39.6	5.5	9.2	0.0	0.0	0.0	33.8	11.9
Germany	45.4	8.1	8.6	1.5	0.3	0.1	34.8	1.3
Greece	83.9	1.3	0.5	1.4	0.2	0.2	12.6	0.0
Cyprus	60.4	6.1	4.9	1.8	0.0	0.6	25.6	0.6
Latvia	80.2	0.2	7.6	4.3	0.3	5.4	1.7	0.4
Luxembourg	19.4	9.7	22.3	4.9	19.4	0.0	24.3	0.0
Hungary	21.5	1.1	8.8	11.5	0.4	1.6	39.2	16.0
Malta	74.4	7.4	0.7	0.0	0.2	0.0	17.1	0.2
Netherlands	34.7	37.9	4.6	1.4	0.5	0.0	20.3	0.5
Slovenia	88.0	0.8	0.5	0.1	0.0	0.1	10.4	0.0
Slovakia	55.2	0.9	19.5	2.8	0.6	4.7	15.8	0.4
Finland	37.7	0.1	31.8	6.3	0.2	0.1	23.2	0.5
Sweden	31.7	0.9	28.7	10.0	0.1	0.5	26.1	2.1
United Kingdom	71.4	9.5	4.6	2.1	0.1	0.4	10.7	1.2
Bulgaria	95.7	0.7	0.6	0.8	0.0	0.2	1.7	0.2
Romania	68.4	0.5	0.6	21.4	0.2	1.3	2.4	5.3

Source:

2004 Reitox national reports - TDI outpatient treatment centres – see Table TDI-14 (page 9.41).

Table TDI-21. Unemployment rates among new clients entering outpatient treatment in 2003 and in the general population aged 15 to 74 for countries providing data

Country	New drug clients	General population 15-74
Czech Republic	28.9	7.8
Denmark	55.9	5.6
Germany	28.9	9.6
Greece	46.4	9.7
Cyprus	35.7	4.5
Latvia	73.4	10.4
Malta	42.7	3.8
Netherlands	34.0	3.8
Slovenia	43.5	6.5
Slovakia	41.2	17.5
Finland	44.1	9.0
Sweden	25.6	5.6
Bulgaria	42.4	13.6
Total	34.6	9.0

Notes:

Only countries supplying data are reported.

Source:

2003 Reitox national reports - TDI - outpatient treatment centres – see Table TDI-13 (page 9.40).

For population see EUROSTAT - demographic data 2003.

Table TDI-22. Gender ratio (ratio of males to females) among new clients entering outpatient treatment by primary drug - opiates, cannabis, cocaine, other stimulants - in 2003 for countries providing data

Country	Opiates	Cocaine	Cannabis	Other stimulants	Gender ratio all drugs	Base (known status) (3) (3)
Czech Republic	2.0	1.0	2.5	1.4	2.0	907
Denmark	3.6	4.1	3.8	2.1	3.1	1155
Germany	4.2	5.4	6.1	2.8	4.6	10463
Greece	4.4	4.5	5.2	5.0	5.0	850
Cyprus	11.0	1.5	17.0	1.7	9.0	112
Latvia	3.1	(2)	(2)	3.0	3.2	115
Hungary	3.1	3.7	7.3	2.9	2.1	3187
Malta	5.4	(2)	3.1	2.0	4.8	240
Netherlands	3.7	4.2	4.2	2.7	3.7	4888
Slovenia	4.1	4.0	2.5	1.0	3.1	365
Slovakia	2.3	2.0	6.1	2.3	3.1	371
Finland	3.5	2.0	3.1	1.4	2.3	513
Sweden	0.9	4.0	2.9	1.5	1.9	496
United Kingdom	2.4	3.1	3.7	1.8	2.6	24023
Bulgaria	3.4	(2)	4.0	3.0	3.5	309
Romania	4.1	(2)	4.7	0.8	2.9	793
Total	2.8	3.7	4.8	2.1	3.6	48787

Notes:

(1) No female cases.

(2) Known status on opiates and cocaine and cannabis and other stimulants.

Source:

2003 Reitox national reports - TDI - outpatient treatment centres

Table TDI-23. New clients entering outpatient treatment for primary use of amphetamines and ecstasy in 2003 for countries supplying data

Country	Amphetamines	Ecstasy	Total
Denmark	142	30	172
Greece	0	6	6
Cyprus	0	7	7
Czech Republic	342	3	345
Latvia	19	0	19
Hungary	202	113	315
Netherlands	247	87	334
Slovenia	1	1	2
Slovakia	121	4	125
Finland	95	7	102
Sweden	130	12	142
United Kingdom	1146	393	1539
Bulgaria	4	0	4
Romania	0	4	4
Total	2449	667	3116

Notes:

Data reported only for countries where information was available.

Source:

2004 Reitox national reports – see Table TDI-14 (page 9.41).

Table TDI-24. New clients entering outpatient treatment - distribution of secondary drug used at treatment in 2003 for countries supplying data

Secondary drug	No. of citations by new clients	% total number of new clients
Volatile	218	0.4
Other substances	318	0.6
Hallucinogens	1005	2.0
Hypnotics+sedatives	3320	6.5
Opiates	4781	9.3
Stimulants	5753	11.2
Cocaine	6683	13.0
Cannabis	11588	22.5
Alcohol	17224	33.5
Total number of new clients		51423

Notes:

The countries supplying data are:

BG, CZ, CY, DK, FI, GE, GR, ES, HU, MT, NL, RO, SL, SK, SW, UK.

The number of treatment clients in each country is listed in Table TDI-7 (page 9.28).

Source:

2004 Reitox national reports - TDI outpatient treatment centres – see Table TDI-19 (page 9.47).

Table TDI-25 part (i). Polydrug use among all clients entering outpatient treatment, for countries supplying data for 2003: the combination of cannabis, opiates, cocaine or other stimulants as primary drug type with a secondary drug. All clients with cannabis as primary drug: numbers reporting the stated drug as secondary

Country	Opiates	Cocaine	Other stimulants	Hypnotics, sedatives	Hallucinogens	Volatile inhalants	Cannabis	Alcohol	Others	Total
Czech Republic	22	3	123	3	33	17	7	23	7	238
Denmark						5		290	30	325
Germany						33	8438	1941	84	10496
Greece	42	35	40	29	20	9	2	10	6	193
Cyprus	3							4		7
Latvia			1			1	1	1		4
Luxembourg								6		6
Hungary	13	7	155	11	23	18		201	12	440
Malta		17							13	30
Netherlands	15	220	137	15	10	0	0	405	19	821
Slovenia						1		40		41
Slovakia	9	7	47		17	11		23	1	115
Finland	22	2	125	38	1	1		186	4	379
Sweden	25	9	140	61	11	1		59	7	313
Bulgaria	2		1						0	3
Total	153	300	769	157	115	97	8448	3189	183	13411

Notes:

Data on secondary drug use are only collected among all treatment clients and not separately for new treatment clients.

Opiates include: heroin, methadone, other opiates; Cocaine includes: Cocaine CIH, crack cocaine; Stimulants include: amphetamines, MDMA and derivates, other stimulants: Cannabis can include herb or resin. For each client up to four secondary drugs can be reported.

A number of the clients report using the same drug both as primary and secondary drug, particulary for cannabis. Clients may report using different sub-types of the same substance, as defined in the TDI Protocol for the drugs categories. The greater part of clients using cannabis both as primary and secondary drug comes from Germany.

Source:

2004 Reitox national reports – see Table TDI-19 (page 9.47).

Table TDI-25 part (ii). Polydrug use among all clients entering outpatient treatment, for countries supplying data for 2003: the combination of cannabis, opiates, cocaine or other stimulants as primary drug type with a secondary drug. All clients with opiates as primary drug: numbers reporting the stated drug as secondary

Country	Opiates	Cocaine	Other stimulants	Hypnotics, sedatives	Hallucinogens	Volatile inhalants	Cannabis	Alcohol	Others	Total
Czech Republic	24	6	292	38	16	14	196	6	4	596
Denmark						3	476	235	32	746
Germany						50	5929	3966	149	10094
Greece	51	424	197	621	108	5	844	55	56	2361
Cyprus		26	10	2						38
Latvia		7				12	316	40	2	377
Lithuania										0
Luxembourg				16		1	82	21	3	123
Hungary		25	4	14	2	2	15	54	2	118
Malta		163	57	10	74		218	3	44	569
Netherlands	594	1552	17	80	5	0	111	273	35	2667
Slovenia						2	527	18		547
Slovakia	16	20	177	8	28	12	106	24		391
Finland		2	202	223		1	135	33	3	599
Bulgaria	29	22	7	8	0	1	69	5	3	144
Total	714	2247	963	1020	233	103	9024	4733	333	19370

Notes:

Data on secondary drug use are only collected among all treatment clients and not separately for new treatment clients.

Opiates include: heroin, methadone, other opiates; Cocaine includes: Cocaine CIH, crack cocaine; Stimulants include: amphetamines, MDMA and derivates, other stimulants: Cannabis can include herb or resin. For each client up to four secondary drugs can be reported.

A number of the clients report using the same drug both as primary and secondary drug, particulary for cannabis. Clients may report using different sub-types of the same substance, as defined in the TDI Protocol for the drugs categories. The greater part of clients using cannabis both as primary and secondary drug comes from Germany.

Source:

2004 Reitox national reports – see Table TDI-19 (page 9.47).

Table TDI-25 part (iii). Polydrug use among all clients entering outpatient treatment, for countries supplying data for 2003: the combination of cannabis, opiates, cocaine or other stimulants as primary drug type with a secondary drug. All clients with cocaine as primary drug: numbers reporting the stated drug as secondary

Country	Opiates	Cocaine	Other stimulants	Hypnotics, sedatives	Hallucinogens	Volatile inhalants	Cannabis	Alcohol	Others	Total
Czech Republic	1	0	1			2			4	
Denmark						1	46	51	10	108
Germany						6	909	618	84	1617
Greece	11	1	8	4	7	0	15	2	2	50
Cyprus	4		2							6
Luxembourg				1			8	3		12
Hungary			4					2		6
Malta							21	2	3	26
Netherlands	540	23	232	59	2	1	741	933	39	2570
Slovenia							1	1	2	4
Slovakia	2		4				5	2		13
Finland							2			2
Bulgaria							1			1
Total	558	24	251	64	9	8	1751	1614	140	4419

Notes:

Data on secondary drug use are only collected among all treatment clients and not separately for new treatment clients

Opiates include: heroin, methadone, other opiates; Cocaine includes: Cocaine CIH, crack cocaine; Stimulants include: amphetamines, MDMA and derivates, other stimulants: Cannabis can include herb or resin. For each client up to four secondary drugs can be reported

A number of the clients report using the same drug both as primary and secondary drug, particulary for cannabis. Clients may report using different sub-types of the same substance, as defined in the TDI Protocol for the drugs categories. The greater part of clients using cannabis both as primary and secondary drug comes from Germany

Source:

2004 Reitox national reports – see Table TDI-19 (page 9.47).

Table TDI-25 part (iv). Polydrug use among all clients entering outpatient treatment, for countries supplying data for 2003: the combination of cannabis, opiates, cocaine or other stimulants as primary drug type with a secondary drug. All clients with stimulants other than cocaine as primary drug: numbers reporting the stated drug as secondary

Country	Opiates	Cocaine	Other stimulants	Hypnotics, sedatives	Hallucinogens	Volatile inhalants	Cannabis	Alcohol	Others	Total
Czech Republic	95	6	42	17	35	31	293	34	1	554
Denmark						2	91	82	13	188
Germany						0	62	22	3	87
Greece	2	3	2	1	2	0	5	0	0	15
Cyprus		3								3
Latvia		2					12	26	1	41
Luxembourg							2	1		3
Hungary	1	8		1	7	3	40	71	7	138
Malta		2			1		1			4
Netherlands	6	80	66	7	4	1	101	72	6	343
Slovenia							4			4
Slovakia	40	16	50	2	27	2	109	16	1	263
Finland	114	2		91	1		228	111	3	550
Bulgaria								1		1
Total	258	122	160	119	77	39	948	436	35	2194

Notes:

Data on secondary drug use are only collected among all treatment clients and not separately for new treatment clients

Opiates include: heroin, methadone, other opiates; Cocaine includes: Cocaine CIH, crack cocaine; Stimulants include: amphetamines, MDMA and derivates, other stimulants: Cannabis can include herb or resin. For each client up to four secondary drugs can be reported

A number of the clients report using the same drug both as primary and secondary drug, particulary for cannabis. Clients may report using different sub-types of the same substance, as defined in the TDI Protocol for the drugs categories. The greater part of clients using cannabis both as primary and secondary drug comes from Germany

Source:

2004 Reitox national reports – see Table TDI-19 (page 9.47).

Table TDI-26. Polydrug use among all clients entering outpatient treatment - summary over all countries supplying data for 2003 of most frequently used secondary drugs, as percentages of primary users of cannabis, opiates, cocaine or other stimulants

Primary drug	Number of clients using primary drug	Opiates	Cocaine	Other stimulants	Hypnotics, sedatives	Hallucinogens	Volatile inhalants	Cannabis	Alcohol	Others
Opiates	17020	3.7	11.6	5.0	5.3	1.2	0.5	46.6	24.4	1.7
Cocaine	3563	12.6	12.6	5.7	1.4	0.2	0.2	39.6	36.5	3.2
Other stimulants	2031	11.8	5.6	7.3	5.4	3.5	1.8	43.2	19.9	1.6
Cannabis	13013	1.1	2.2	5.7	1.2	0.9	0.7	63.0	23.8	1.4

Notes:

Data on secondary drug use are only collected among all treatment clients and not separately for new treatment clients

Opiates include: heroin, methadone, other opiates; Cocaine includes: Cocaine CIH, crack cocaine; Stimulants include: amphetamines, MDMA and derivates, other stimulants: Cannabis can include herb or resin. For each client up to four secondary drugs can be reported

A number of the clients report using the same drug both as primary and secondary drug, particulary for cannabis. Clients may report using different sub-types of the same substance, as defined in the TDI Protocol for the drugs categories. The greater part of clients using cannabis both as primary and secondary drug comes from Germany

Source:

2004 REITOX National Reports – see Table TDI-19 (page 9.47).

List of supplementary material

Figures

The figures listed here are available on the statistical bulletin website (http://stats05.emcdda.eu.int).

Figure TDI-1. New clients asking for treatment for heroin, cocaine, cannabis, other stimulants, in 11 EU countries and Bulgaria from 1996 to 2003.

- Figure TDI-1 part (i). New clients asking for treatment for heroin, cocaine, cannabis, other stimulants, in 11 EU countries and Bulgaria from 1996 to 2003. Trends as a percentage of the total number of new clients
- Figure TDI-1 part (ii). New clients asking for treatment for heroin, cocaine, cannabis, other stimulatants in 11 EU countries and Bulgaria from 1996 to 2003. Trend in numbers of new clients

Figure TDI-2. Male to female ratio of new clients asking for drug treatment in some European countries and Bulgaria and Romania in 2003 (all types of treatment centres)

Figure TDI-3. Incidence of new clients treated for their drug use in 2003 per 100000 population by country

Figure TDI-4. Unemployment rates among new clients attending outpatient treatment in 2003 and in the general population aged 15 to 74 in some European countries and Bulgaria

Figure TDI-5. Proportion of all treatment clients with unstable accommodation, in some European countries in 2003

Figure TDI-6. Trend in coverage of treatment demand data from 1999 to 2003: number of new clients, all clients and units

Figure TDI-7. Age distribution by primary drug among new clients in outpatient treatment centres for those countries supplying data for 2003

Figure TDI-8. Primary drug at treatment as a percentage of all clients treated for drug problems by country, in 2003 or most recent year available

Figure TDI-9

- Figure TDI-9 part (ii). Proportion of new outpatient clients injecting opiates, cocaine and stimulants in 2003. Proportion of new outpatient cocaine clients injecting cocaine by country in 2003

  Figure TDI-9 part (iii). Proportion of new outpatient clients injecting opiates, cocaine and stimulants in 2003. Proportion of new outpatient stimulants clients injecting stimulants, by country in 2003

European Monitoring Centre
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Chapter 10
Programmes for needle and syringe provision

Methods and definitions

The EU Member States, Bulgaria and Norway have in 2004 for the first time used a standardised format to collect the data on needle and syringe availability through specialised needle and syringe programmes (NSPs) and through pharmacy sales: the Standard Table 10 - Syringe availability (http://www.emcdda.eu.int/?nnodeid=5777).

This data collection tool includes information on the availability of different types of needle and syringe programmes (NSPs) in the country, including pharmacy-based programmes, and on the number of syringes provided at these programmes, as well as on pharmacy-sales and on syringe provision via vending machines. It includes data on the number of *syringe provision points*, defined as individual locations or physically distinct outlets where syringes are available for free or against payment, e.g. the number of community pharmacies.

While data on quantity and types of syringe provision points that are offered provide important background information, it is essential to interpret syringe availability in its national context, in particular with regard to the estimated prevalence level of drug injecting.

Information on the number of client contacts and the number of individual clients that make use of needle and syringe programmes are also collected with Standard Table 10, but as this information is patchy or unavailable in many countries, it is not presented here. The EMCDDA is carrying out further developmental work to increase the availability and quality of these data together with interested national focal points. For more information on EMCDDA harm reduction data collection see: http://www.emcdda.eu.int/?nnodeid=4823.

Overview of the data

Listed below are the tables in the bulletin and the associated graphics dealing with needle and syringe availability, along with a brief overview. Please note that associated graphics are available only on the statistical bulletin website (http://stats05.emcdda.eu.int).

These tables give information on the provision of syringes through needle and syringe programmes (NSPs) and pharmacy sales in 25 EU countries, Norway and Bulgaria. Reported are the numbers of syringes distributed, exchanged and sold at different types of syringe provision points, including pharmacies, non-pharmacy-based services and vending machines. Data on the year of introduction of needle and syringe programmes complement the information.

References and sources used for the needle and syringe programme information provided in the other tables are given in Table NSP-0.

Summary points

- Table NSP-1 provides an overview of the number of points where syringes have been available for distribution, exchange or sale in the countries, including at vending machines and community pharmacies. The table also gives the reported number of syringes provided to drug users at these services in 2003.
- Despite continuous increases over the past years in most countries, differences are still apparent in the coverage of needle and syringe programmes among Member States, which affect data comparability. Table NSP-2 provides information on the year in which needle and syringe exchange programmes were introduced in the Member States, from when on they were publicly funded, and which types of needle and syringes programmes were available in 2003.
- Nearly all countries have needle and syringe programmes based at drugs agencies, although comparatively few countries base them at pharmacies. Table NSP-3 provides the numbers of non-pharmacy needle and syringe exchange programmes, including fixed and mobile points serviced by drugs agencies, outreach work and

peer-distribution, as well as total number of syringes exchanged, distributed or sold at these points in 2002 and 2003. Data from vending machines are not included. The table include local or regional information where national totals are not available.

- While nearly all countries have needle and syringe programmes based at drugs agencies, comparatively few countries make use of pharmacies as outlets for needle and syringe programmes. Table NSP-4 gives information on the number of community pharmacies involved in needle and syringe programmes and on the number of syringes exchanged or distributed to drug users at these pharmacies in 2002 and 2003. The table includes only those countries where information on pharmacy-based NSPs were available, and the table includes local or regional information where national totals were not available
- Table NSP-5 shows the reported numbers of syringe vending machines and total numbers of syringes distributed or sold in 2002 and 2003. The table includes only those countries where information on syringe provision via vending machines was available, again including local or regional information where national totals were not available.
- Data are particularly poor with regard to the number of syringes sold to drug users at community pharmacies and only a few countries are able to provide reliable data in this area. This is despite the fact that pharmacy syringe sale is legal in all countries except Sweden and it is therefore likely to be a main source of syringe provision for many drug users. Table NSP-6 shows the reported numbers of pharmacy sales of syringes in 2002 and 2003. It includes only those countries where information on syringe sales in pharmacies was available and shows local or regional information where national totals were not available.
- The results presented in the tables reflect that data on the number of syringes provided are not available to the same extent from all types of syringe provision points in the Member States.

Data tables

Table NSP-0. Needle and syringe programmes: information sources

Ref.	Source
1	National Report 2004.
2	ST 10 2004, 2003.
3	SQ 23 2004.
4	Estimated value.
5	Personal communication H Stöver 31.01.05.
6	Personal communication M Camilleri 14.02.05.
7	Coutinho R (1995) Am J Public Health 85, 1490-1.
8	The sale of syringes without prescription is not legal in Sweden.
9	Circulaire DGS 05 May 1992 already allows a pilot study of NSPs, but full implementation only 1995.
10	Personal communication E Subata 28.02.05.
11	Pharmaceutical Group of the European Union (www.pgeu.org).
12	Associação Nacional de Farmácias (www.anf.pt).
13	National Report Belgium 2003.
14	www.statistics.gov.uk
15	www.parliament.the-stationery-office.co.uk
16	National Public Health Service for Wales/Royal Pharmaceutical Society of Great Britain; data refer to number of needles. Reference period: fiscal year 2002/2003.
17	Northern Ireland Needle and Syringe Exchange Database.
18	Personal communication B Korcisova 09.03.05.
19	NSPs exist in Sofia, Burgass, Plovdiv, Pernik, Blagoevgrad, Kustendil, Pazardgik, Ruse, Varna.
20	Excluding Stérikit sales.
21	Emmanuelli, J. (2003), Siamois: Tendances en matière de réduction des risques chez les usagers de drogues par voie iv, In: Bello, J-Y., Toufik, A., Gandilhon, M., Giraudoin, I. and Bonnet, N., Phénomènes émergents liés aux drogues en 2002, quatrième rapport national du dispositif TREND, Paris, OFDT, pp 263-267.
22	Malin et al (2004) estimate that 86 % of pharmacies sell syringes. Malin, K., Holmström, P., Holopainen, A., Partanen, A., (2004), Huumeidenkäyttäjät apteekkien asiakkaina vuosina 2001 ja 2003, A-klinikkasäätiön monistesarja nro 43. Ilmestyy loppuvuonna 2004.
23	www.mainline.org
24	Data from UK refer to the fiscal year (March - February).
25	Provisional results of national audit of needle exchange, reference period fiscal year 2003/2004, e-mail communication David Best, Head of Research, National Treatment Agency, 13 July 2005.

Table NSP-1. Number of syringe provision outlets and number of syringes (in thousands) exchanged, distributed or sold in 2003

Country		Non-pharmacy NSPs (2)	Syringes provided (×1000) (1)	Pharmacy-based NSPs	Syringes provided (×1000) (1)	Vending machines	Syringes provided (×1000) (1)	Total NSPs + vending machines	Syringes provided (×1000) (1)	Total pharmacies (3)	Syringe sales (×1000) (4)	Total outlets (5)	Total syringes (×1000) (5)
Belgium (Flemish com.)	(6)	28	237.0	40		0	0.0	68		5256			
Belgium (French com.)	(6)	11	226.6	9	14.3	0	0.0	20	240.9	5256			
Czech Republic		166	1780.0	0	0.0	0	0.0	166	1780.0	2480			
Denmark		135	950.0	108		7		250		279			
Germany										21305			
Estonia		19	283.6	0	0.0	0	0.0	19	283.6	307			
Greece		4	43.8	0	0.0	0	0.0	4	43.8	9500			
Spain		297	4551.8	946	1680.9	0	0.0	1243	6232.7	20098			
France	(7)	240	3000.0	18000	5598.0	250	1000.0	18490	9598.0	22697	3560.0	18490	13158.0
Ireland		20		0	0.0	0	0.0	20	0.0	1230			
Italy										16808			
Cyprus		0	0.0	0	0.0	0	0.0	0	0.0	500			
Latvia		22	125.7	0	0.0	0	0.0	22	125.7	909			
Lithuania		7	302.0	0	0.0	0	0.0	7	302.0	675			
Luxembourg		10	330.2	0	0.0	5	44.4	15	374.7	91			
Hungary		10	43.9	0	0.0	3		13	43.9	2050			
Malta		7	210.1	0	0.0	0	0.0	7	210.1	225			
Netherlands		120		0	0.0	3		123		1707			
Austria		29	1755.8	0	0.0	12	76.1	41	1831.9	1162			
Poland		29	643.8	0	0.0	0	0.0	29	643.8	9693			
Portugal		80	1082.2	1232	1580.7	0	0.0	1312	2662.9	2767			
Slovenia										260			
Slovakia		11	143.3	0	0.0	0	0.0	11	143.3	1070			
Finland	(8)	36	1435.0	0	0.0	0	0.0	36	1435.0	801	486.0	726	1921.0
Sweden	(9)	2		0	0.0	0	0.0	2	0.0	870	0.0		
United Kingdom		453		1607		0	0.0	2060		12112			
Bulgaria		24	400.0	0	0.0	0	0.0	24	400.0	4288			
Norway		21	3300.0	0	0.0	15		36		500			

Notes:

Where data are not available, the table entry is left empty.

See detailed data and references in Tables NSP-2 to NSP-6 (pages 10.6–10.8).

Syringe provision points or outlets: individual locations/physically distinct outlets where syringes can be obtained for free, against payment or in exchange against used ones.

(1) All syringes exchanged, sold or otherwise distributed from the stated provision points (column to the left).

(2) NSPs : Needle and Syringe Programmes. The term is used here interchangeably with the term syringe provision points. Non-pharmacy NSPs include fixed and mobile points, outreach work and peer distribution.

(3) Total number of community pharmacies according to Pharmaceutical Group of the European Union (www.pgeu.org), except for Czech Republic, Greece, Cyprus, Luxembourg, Finland and Norway (ref. 2); Portugal (ref. 12) and the United Kingdom (refs. 14, 15 and16). Further references are provided in Table NSP-6 (page 10.8).

(4) The number of syringes that are sold by the pharmacies to injecting drug users.

(5) Total number of NSP points, community pharmacies and machines selling or distributing syringes: total figures are unavailable if any one component is at present unknown

(6) The total overall number of community pharmacies in Belgium is reported for all communities.

(7) The number of pharmacies involved in NSPs in France is an estimate.

(8) Estimate of number of pharmacies sellling syringes is based on study concerning drug users as clients in pharmacies (Malin et al., 2004) that found that 86 % of pharmacy outlets sell syringes.

(9) The sale of syringes without prescription is not legal in Sweden.

Sources:

See references in Table NSP-0 (page 10.3).

Table NSP-2. Year of introduction of needle and syringe programmes. Types of programmes available in 2003

Country	Year of introduction NSP (1)				Types of NSPs available in 2003 (2)					
	Ref.	Year first NSP	Ref.	Year first publicly funded	Fixed sites	Van/bus	Outreach/ peer	Vending machine	Pharmacy-based NSPs	Prison-based NSP
Belgium Fr	3	1994	3	2000	Yes	No	Yes	No	Yes	No
Belgium Fl	3	2001	3	2001	Yes	No	Yes	No	Yes	No
Czech Republic	18	1986	18	1991	Yes	No	Yes	No	No	No
Denmark	3	1986	3	1986	Yes	No	Yes	Yes	Yes	No
Germany	5	1984	1	1992	Yes		Yes	Yes	Yes	Yes
Estonia	3	1997	3	2001	Yes	Yes	Yes	No	No	No
Greece	3	1998	3	1998	Yes	Yes	Yes	No	No	No
Spain	3	1985	3	1985	Yes	Yes	Yes	No	Yes	Yes
France	3	1989	3, 9	1995	Yes	Yes	Yes	Yes	Yes	No
Ireland	2	1989	3	1989	Yes	Yes	Yes	No	No	No
Italy	3	1990	3	1990						
Latvia	3	1997	3	1997	Yes	Yes	Yes	No	No	No
Lithuania	3	1997	10	1997	Yes	Yes	Yes	No		No
Luxembourg	3	1993	3	1993	Yes	No	No	Yes	No	No
Hungary	3	1994	3	2000	Yes	Yes	Yes	Yes	No	No
Malta	3	1987	6	1987	Yes	No	No	No	No	No
Netherlands	7	1984	3	1986	Yes	No	No	Yes	Yes	No
Austria	3	1990	3	1990	Yes	Yes		Yes	No	No
Poland	3	1989	3	1989	Yes	No	Yes	No	No	No
Portugal	3	1993	3	1993	Yes	Yes	Yes	No	Yes	No
Slovenia	3	1992	3	1996	Yes	Yes	Yes	Yes	Yes	No
Slovakia	3	1994	3	1994	Yes	Yes	Yes	No	No	No
Finland	3	1997	3	1997	Yes	Yes	Yes	No	No	No
Sweden	3	1986	3	1986	Yes	No	No	No	No	No
United Kingdom										
England	14	1986	3	1987	Yes	Yes	Yes	No	Yes	No
Wales	16	1986	3	1987	Yes	Yes	Yes	No	Yes	No
Scotland	14	1987	1	1987	Yes	Yes	Yes	No	Yes	No
N. Ireland	15	2001	1	2001	No	No	No	No	Yes	No
Bulgaria	3	1995	3	1999	Yes	Yes	Yes	No	No	No
Norway	3	1988	3	1988	Yes	No	Yes	Yes	No	No

Notes:

(1) NSP = needle and syringe programme.

(2) Information in these columns comes from ST 10 2004, 2003.

Where data are not available for a country, the table entry is left empty.

In 2003, there is no NSPs in Cyprus.

Sources:

See references in Table NSP-0 (page 10.3).

Table NSP-3. Number of non-pharmacy needle and syringe programmes and number of syringes exchanged, distributed or sold in 2002 and 2003

Country	Region	Ref.	Number NSP points 2002	Number syringes 2002	Ref.	Number NSP points 2003	Number syringes 2003
Belgium	Flemish community	2, 4	18	200000	2, 4	28	237000
	French community	2, 4	10	322000	2, 4	11	226646
Czech Republic	National	2, 4, 18	90	1500000	2, 4, 18	166	1780000
Denmark	National				2, 4	135	950000
Estonia	National				2	19	283574
Greece	National	2	3	48526	2	4	43836
Spain	National				2	297	4551848
France	National	4, 21		3000000	2, 4	240	3000000
Ireland	National	2	17		2	20	
Latvia	National	2	11	94146	2	22	125696
Lithuania	National	2	7	372676	2	7	301968
Luxembourg	National	2	10	254596	2	10	330213
Hungary	Budapest, Pécs, Miskolc, Veszprém				2	10	43885
Malta	National	2	7	193242	2	7	210149
Netherlands	National				23	120	
Austria	National				2	29	1755788
Poland	National	2	31	455338	2	29	643836
Portugal	National	2	30	722000	2	80	1082168
Slovenia	Ilirska Bistrica	2	1	1818	2	1	255
	Coast-Koper-BUS				2	5	33052
	North-East/Celje				2	2	
	Ljubljana-NGO Robert	2	13	268079	2	16	184278
	Ljubljana-Stigma				2, 4	2	1100
Slovakia	National				2	11	143269
Finland	National	2	29	1130000	2	36	1435000
Sweden	National	2	2	110000	2	2	
United Kingdom	England				25	344	
	Scotland	2, 24	52	1207496	25	79	
	Wales				25	30	
	N. Ireland	1	0	0	25	0	0
Bulgaria	National				2, 4, 19	24	400000
Norway	National				2, 4	21	3300000

Notes:

The table includes fixed and mobile needle and syringe programme points, outreach work and peer-distribution. Does not include vending machines.

The table shows only those countries that reported data.

Where data have not been available, the table entry is left empty.

Includes fixed and mobile needle and syringe programme points, outreach work and peer-distribution. Does not include vending machines.

Sources:

See references in Table NSP-0 (page 10.3).

Table NSP-4. Total number of pharmacy-based needle and syringe programmes and number of syringes exchanged or distributed in 2002 and 2003

Country	Region	Ref.	2002 pharmacy-NSPs	2002 syringes	Ref.	2003 pharmacy-NSPs	2003 syringes
Belgium	Flemish community				13	40	
	French community	2		28000	2	9	14300
Denmark	National				2	108	
Spain	National				2	946	1680881
France	National	2, 4		5200000	21	18000	5598000
Cyprus	National				2	500	
Portugal	National	2	1.238	1950000	2	1232	1580720
Slovenia	North-East/Celje				2	2	9818
United Kingdom	Wales	16	172	1441171	25	162	
	Scotland	2, 24	111	1471350	25	134	
	Northern Ireland	17	8	67516	17	9	82731

Notes: The table shows only those countries that reported data.

Where data have not been available, the table entry is left empty.

Sources:

See references in Table NSP-0 (page 10.3).

Table NSP-5. Number of syringe vending machines and number of syringes distributed or sold in 2002 and 2003

Country	Region	Ref.	2002 machines	2002 syringes	Ref.	2003 machines	2003 syringes
Denmark	National				2	7	
France	National				2, 4	250	1000000
Luxembourg	National	2	5	36881	2	5	44442
Hungary	National				2	3	
Netherlands	National				2	3	
Austria	National				2	12	76127
Slovenia	Ljubljana/Robert				2	2	23239
Norway	National				2	15	

Notes:

The table shows only those countries that reported data.

Where data have not been available, the table entry is left empty.

Sources:

See references in Table NSP-0 (page 10.3).

Table NSP-6. Number of syringes sold to injecting drug users at community pharmacies

Country	Region	Ref.	2002 pharmacies	2002 syringes	Ref.	2003 pharmacies	2003 syringes
France	National	2, 4, 20	18000	3700000	2, 4, 20, 21	18000	3560000
Slovenia	Ilirska Bistrica	2	1	8550	2	1	10355
	North-East/Celje				2	16	40034
Finland	National				2, 4, 22	690	486000

Notes:

The table excludes hospital pharmacies.

The table shows only those countries that reported numbers or estimates of syringe sales.

Where data are not available for a country, the table entry is left empty.

Sources:

See references in Table NSP-0 (page 10.3).

List of supplementary material

Figures

The figure listed here is available on the statistical bulletin website (http://stats05.emcdda.eu.int).

Figure NSP-1. Introduction of needle and syringe programmes in 24 EU countries, Norway and Bulgaria

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Chapter 11
Drug availability and drug markets: seizures data

Methods and definitions

Data on drug seizures relate to all seizures made in each country during the year by all law enforcement agencies (police, customs, national guard, etc.). Caution is required in relation to double-counting that might occur within a country (although it is usually avoided) between various law enforcement agencies.

Seized quantities of cannabis, heroin, cocaine and amphetamine are provided in kilograms, of LSD in doses, and of ecstasy in tablets. Quantities seized may fluctuate from one year to another due to a small number of large seizures. For this reason, the numbers of seizures are usually considered as a better indicator of trends. In all countries, they include a major proportion of small seizures from the retail level of the market.

For more information see: Information map on law enforcement sources (http://www.emcdda.eu.int/?nnodeid=1660).

Overview of the data

Listed below are the tables in the bulletin dealing with drug seizures, along with a brief overview.

The tables in this section monitor over time the number of drug seizures and quantities seized by law enforcement agencies (mainly police and customs officials), figures that are available for many countries historically over the longer term. Tables include data from the EU Member States, the candidate countries and Norway.

Table SZR-0 is a summary table for 2003 of the numbers of seizures and quantity seized, by country, of cannabis, heroin, cocaine, amphetamines, ecstasy and LSD.

Tables SZR-1 to SZR-12 show reported drug seizures by country, where data are available, for the major drug types of interest by both numbers of seizures and quantities seized. Part (i) of each table gives historical, medium-term data for 1994 to 2003 and part (ii) of the table gives a longer historical run of figures from 1985.

Summary points

Cannabis

- In most of the countries, cannabis is the most seized drug (both in number of seizures and quantities seized).
- Overall, the number of cannabis seizures has been increasing in the last 5 years, except for a decline in 2001. Quantities seized in the EU, after a decline in 1999 and 2000, have been rising again since 2001. Partial reporting of data from a few countries makes however these trends uncertain.

Heroin

- Quantities of heroin seized in the EU have been generally on the increase over the last five years, with a plateau in 2000 to 2002, while, overall, numbers of seizures declined during the same period. Based upon trends in reporting countries, the total amount of heroin seized in the EU seems to have increased substantially in 2003, while the numbers of seizures seem to have decreased in most reporting countries.

Cocaine

- Over the period 1998 to 2002, the number of cocaine seizures increased in all reporting countries except Germany and Portugal whilst quantities of cocaine seized in the EU have being fluctuating within an overall upward trend. Based upon trends in reporting countries, the number of cocaine seizures at EU level seems to have decreased in 2003, while amounts of cocaine seized have substantially risen.

Amphetamine

- At EU level, the increasing trend in the number of amphetamine seizures peaked in 1998 and quantities peaked in 1997. Numbers of amphetamine seizures increased again in 2001 and 2002 but, based upon trends in reporting countries, they may have stabilised or even decreased in 2003. This is not the case for the total quantity of the drug seized in the EU, which appears to be increasing since 2002.

Ecstasy

- The number of ecstasy seizures at EU level has increased rapidly over 1998 to 2001 but decreased since 2002 and, based upon trends in reporting countries, this decline seems to continue in 2003. Quantities of ecstasy intercepted increased rapidly between 1998 and 2000 and since then at a slower pace. In 2003 however, quantities seized decreased in most of the countries reporting data. However, the potential decline at EU level in ecstasy seizures (both numbers and quantities) in 2003 has to be confirmed against missing 2003 data once they become available as some countries that could potentially change this picture have not yet provided data at the time of writing.

LSD

- Over 1998 to 2002, at EU level, both the number of LSD seizures and the quantities seized decreased. However, in 2003, numbers of LSD seizures and amounts intercepted increased for the first time in nine years. Again this analysis is provisional and will need to be reviewed when the full data set for 2003 becomes available.

Data tables

Table SZR-7. Number of amphetamines seizures

Table SZR-8. Quantities of amphetamines seized

Table SZR-9. Number of ecstasy seizures

Table SZR-10. Quantities of ecstasy seized

Table SZR-11. Number of LSD seizures

Table SZR-12. Quantities of LSD seized

Table SZR-0. Drug seizures in 2003: numbers of seizures and total quantity

Country		Cannabis number	Cannabis quantity (kg)	Heroin number	Heroin quantity (kg)	Cocaine number	Cocaine quantity (kg)	Amphetamines number	Amphetamines quantity (kg)	Ecstasy number	Ecstasy quantity (tablets)	LSD number	LSD quantity (doses)
Belgium	(1)	14345	18850	1104	51	1825	644	3702	229	3702		17	4235
Czech Republic	(2)	561	143	54	9	20	3	206	9.72	31	51692	3	65
Denmark		5942	3829	894	16	1095	104	1264	65.9	322	62474	7	22
Germany		22641	10886	6138	626	3822	1009	3841	484	2571	1257676	149	34806
Estonia	(3)	268	42	111	0	35	31	426	109.3	184	20770		2
Greece	(4)	5509	7243	4341	247	482	201	30	0.521	188	47723	41	536
Spain	(5)	96885	785454	4820	242	22048	49280	1857	47	4694	771875	113	31769
France		67443	82515	2560	545	2636	4172	181	275	1864	2211727	90	10383
Italy	(6)		40471		2583		3520		1.76		235351		2161
Cyprus	(7)		56		2		10		0.0005		5750		0
Latvia	(8)	166	56	93	1	11	1.8	243	9.04	37		2	29
Lithuania	(9)	129	893	40	1	12	0	76	6.96	72	98458	4	191
Luxembourg		578	21	155	4	69	11	8	28	8	132	0	0
Hungary		2091	208	90	256	95	23	373	12.11	362	135634	17	346
Malta	(10)	73	59	39	6	14	4	1	0.05	36	8694		
Netherlands	(11)		19103		417		17560		843		5420033		1642
Austria	(12)	5422	926	1263	43	1271	58	294	54	276	422103	33	298
Poland		305	280	14	7	44	801	90	203.00		101530		20602
Portugal	(13)	2399	31821	1154	72	988	3021	5	0.033	156	163525	18	515
Slovenia	(14)	3421	220	539	89	80	2	35	0	68	2831		
Slovakia	(15)	1014	619	217	7	15	1	158	0.1	24	1893	7	217
Finland		5678	488	90	2	49	1.1	3687	114.6	316	35216	20	1460
Sweden	(16)	8247	980	1057	13	545	42	6972	354	485	69626	18	251
Bulgaria	(17)	174	13609	81	831	28	3107	28	587	11	1097		
Romania			72		321		13		2				
Norway		10411	2292	1707	51	492	30	4614	225.1	414	99427	32	148

Notes:

(1) Figures are for both seizures of amphetamines and ecstasy.

(2) 4.85 kg of ecstasy was also seized.

(3) 1567 amphetamines tablets and 6.7 kg of ecstasy were also seized.

(4) Figures for quantities include both ecstasy and amphetamine tablets.

(5) 10432 amphetamines tablets were also seized.

(6) 235351 tablets and 1756 kg of amphetamine-type products were also seized.

(7) 100 amphetamines tablets were also seized.

(8) 3693 ampehtamines tablets and 0.0175 kg of ecstasy were also seized.

(9) 219 amphetamines tablets and 0.44 kg of ecstasy were also seized.

(10) All data refer to police seizures only. Data for 'cannabis number' include seizures of herbal cannabis, cannabis resin, cannabis plants and cannabis seeds. Data for 'cannabis quantities' include herbal cannabis and cannabis resin.

(11) A significant number of 'nederwiet plants' has been annually seized in addition: 1111855 in 2003; 14000 amphetamines tablets and 435 kg of ecstasy were also seized.

(12) Crack is not included in 2003 because there was no such seizure.

(13) 125 amphetamines tablets and 0.201 kg of ecstasy were also seized.

(14) 218 amphetamine tablets were also seized.

(15) 3 amphetamine tablets and 0.002 kg of ecstasy were also seized.

(16) In 2003, number and quantities of amphetamines seizures include amphetamine, fenmetrazin and methamphetamine.

(17) 118201 amphetamine tablets were also seized in 2003.

Source:

Reitox national focal points

Table SZR-1 part (i). Number of cannabis seizures, 1994 to 2003

Country		1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium		8628	13379			12967	9156	28435	15908	15903	14345
Czech Republic	(1)									386	561
Denmark		6995	6710	5187	4886	5904	4569	5561	5788	5234	5942
Germany	(2)	17932	21391	25262	29826	31241	30433	31572	29824	27333	22641
Estonia		28	25	85	71	147	182	223	278	271	268
Greece										6226	5509
Spain		11378	20100	34355	44227	49117	55498	66395	74391	87169	96885
France		17707	22543	27320	34266	41191	44921	51013	46666	57794	67443
Ireland		3511	3205	3449	4102	4513	4538	4641	6233	3024	
Italy		10179	10103	10250	11455	12406					
Latvia								241	308	111	166
Lithuania				8	19	58	70	72	65	85	129
Luxembourg		167	204	281	191	237	375	406	488	607	578
Hungary										1986	2091
Malta	(3)										73
Netherlands					1790	2781	14909	9243			
Austria		3510	3757	4838	4957	4683	5079	4833	5249	5294	5422
Poland									150	235	305
Portugal	(4)	769	914	1202	1568	2022	2685	2606	2411	2148	2399
Slovenia								3254	4438	4542	3421
Slovakia				252	161	378	399	572	535	694	1014
Finland		774	1235	1312	2071	2379	2722	3515	5846	5162	5678
Sweden		3838	3852	3557	4545	5061	5989	6050	6935	7397	8247
United Kingdom		88540	91325	91881	107210	114691	98450	93750	96460	102390	
Bulgaria										43	174
Norway		4065	4941	4296	5712	7421	8485	9224	10844	10931	10411
Total		173956	198743	209239	251345	289776	279975	312382	301973	344965	

Notes:

(1) Accurate data are not available before 2002 due to double counting of seizures by police and customs reports.

(2) Until 1995: number of seizures based on offences; since 1996: numbers of seizures based on police register.

(3) Data refer to police seizures only; data include number of seizures of herbal cannabis, cannabis resin, cannabis plants and cannabis seeds.

(4) Figures include cannabis seeds from 1985 to 1995 included.

Source:

Reitox national focal points

Table SZR-1 part (ii). Number of cannabis seizures, 1985 to 2003

Country		1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium		1705	1949	2359	2758	2527	3127	4432	6166	6380	8628	13379			12967	9156	28435	15908	15903	14345
Czech Republic	(1)																		386	561
Denmark					3857	5039	6741	9222	9870	10938	6995	6710	5187	4886	5904	4569	5561	5788	5234	5942
Germany	(2)	14224	16423	16379	16366	16583	27	17723	15988	14923	17932	21391	25262	29826	31241	30433	31572	29824	27333	22641
Estonia											28	25	85	71	147	182	223	278	271	268
Greece																			6226	5509
Spain		4641	7491	10477	11056	10497	9628	9768	9438	10559	11378	20100	34355	44227	49117	55498	66395	74391	87169	96885
France		7691	9274	9988	10167	11993	13685	16256	17690	16200	17707	22543	27320	34266	41191	44921	51013	46666	57794	67443
Ireland		465	505	510	695	815	1413	2354	2643	2895	3511	3205	3449	4102	4513	4538	4641	6233	3024	
Italy		3675	4209	5228	6758	6505	6993	9388	11278	8801	10179	10103	10250	11455	12406					
Latvia																	241	308	111	166
Lithuania													8	19	58	70	72	65	85	129
Luxembourg		75	130	100	110	115	193	290	332	98	167	204	281	191	237	375	406	488	607	578
Hungary																			1986	2091
Malta	(3)																			73
Netherlands														1790	2781	14909	9243			
Austria		917	955	1007	1122	1113	1480	1485	2334	2953	3510	3757	4838	4957	4683	5079	4833	5249	5294	5422
Poland																		150	235	305
Portugal	(4)				952	1263	1279	952	845	821	769	914	1202	1568	2022	2685	2606	2411	2148	2399
Slovenia																	3254	4438	4542	3421
Slovakia													252	161	378	399	572	535	694	1014
Finland										897	774	1235	1312	2071	2379	2722	3515	5846	5162	5678
Sweden		3746	3653	3612	4406	4896	5321	5328	4964	3948	3838	3852	3557	4545	5061	5989	6050	6935	7397	8247
United Kingdom		24924	25264	26175	33269	44920	52856	59420	57663	69707	88540	91325	91881	107210	114691	98450	93750	96460	102390	
Bulgaria																			43	174
Norway		2478	2744	2747	3478	4252	4274	4811	4273	4708	4065	4941	4296	5712	7421	8485	9224	10844	10931	10411
Total		64541	72597	78582	94994	110518	107017	141429	143484	153828	178021	203684	213535	257057	297197	288460	321606	312817	344965	

Notes:

(1) Accurate data are not available before 2002 due to double counting of seizures by police and customs reports.

(2) Until 1995: number of seizures based on offences; since 1996: numbers of seizures based on police register.

(3) Data refer to police seizures only; data include number of seizures of herbal cannabis, cannabis resin, cannabis plants and cannabis seeds.

(4) Figures include cannabis seeds from 1985 to 1995 included.

Source:

Reitox national focal points

Table SZR-2 part (i). Quantities (kg) of cannabis seized, 1994 to 2003

Country		1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium		59903	70686	106690	48052	9561	8958	31610		29218	18850
Czech Republic	(1)									112	143
Denmark		10665	2414	1772	467	1572	14021	2914	1763	2635	3829
Germany		25963	14245	9357	11498	21007	19909	14401	8942	11133	10886
Estonia				8	4	28	45	82	260	82	42
Greece	(2)	6142	1368	3373	19236	17541	14225	14965	11924	14444	7243
Spain		219176	197024	261012	340217	428648	431930	493013	518620	571152	785454
France		58015	42270	66861	55122	55699	67481	53579	62174	57115	82515
Ireland		1527	15607	1935	1283	2202	2577	588	10157	8933	
Italy		18931	15392	11870	60750	55131	68255	47336	54278	45139	40471
Cyprus								38	39	11	56
Latvia			11	8	22	6	232	7	194	7	56
Lithuania				1	9	34	27	15	16	6	893
Luxembourg		317	12	31	36	7	5	10	16	19	21
Hungary								782	285	107	208
Netherlands	(4)	238258	332086	102951	65587	126159	110341	39920	33419	42675	19103
Malta	(3)										59
Austria		394	697	517	912	1336	451	1806	456	743	926
Poland								182	105	636	280
Portugal		40425	7493	5360	9693	5582	10702	30690	6707	7383	31821
Slovenia								3421	177	1128	220
Slovakia				25	874	15377	850	234	904	727	619
Finland		69	152	103	220	169	510	224	622	530	488
Sweden		457	527	283	657	489	1151	1241	739	817	980
United Kingdom		63021	58484	101255	150001	110259	70737	73861	85747	79188	
Bulgaria								2036	3669	24939	13609
Romania								341	16301	14895	72
Norway		480	19959	711	978	1992	1254	664	861	1211	2292
Total		743743	778427	674123	765618	852799	823661	813960	818375	914986	

Notes:

(1) Accurate data are not available before 2002 due to double counting of seizures by police and customs reports.

(2) In 1994 only police seizures are included. Since 1995 all seizures are included (police, coast guard and customs).

(3) data refer to police seizures only; data include quantities of herbal cannabis and cannabis resin.

(4) A significant number of "nederwiet plants" has been annually seized in addition: 558706 in 1994, 549337 in 1995, 1272526 in 1996, 553135 in 1997, 353178 in 1998, 582588 in 1999, 661851 in 2000, 884609 in 2001, 900381 in 2002 and 1111855 in 2003.

Source:

Reitox national focal points

Table SZR-2 part (ii). Quantities (kg) of cannabis seized, 1985 to 2003

Country	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium	10429	3791	6562	13008	9844	7918	6021	9504	35217	59903	70686	106690	48052	9561	8958	31610		29218	18850
Czech Republic (1)																		112	143
Denmark	510	472	1243	1396	729	1250	1703	2152	1273	10665	2414	1772	467	1572	14021	2914	1763	2635	3829
Germany	11498	2675	2998	11350	27	13641	12344	12166	11353	25963	14245	9357	11498	21007	19909	14401	8942	11133	10886
Estonia												8	4	28	45	82	260	82	42
Greece (2)	524	638	136	170	683	726	1985	3458	485	6142	1368	3373	19236	17541	14225	14965	11924	14444	7243
Spain	37345	47867	59210	90940	64225	70076	104751	121439	160169	219176	197024	261012	340217	428648	431930	493013	518620	571152	785454
France	8248	13777	12613	24425	17852	21754	33121	42070	45784	58015	42270	66861	55122	55699	67481	53579	62174	57115	82515
Ireland	147	16	102	237	191	119	1154	519	4206	1527	15607	1935	1283	2202	2577	588	10157	8933	
Italy	1437	16026	13028	7149	23215	7879	9722	23233	12019	18931	15392	11870	60750	55131	68255	47336	54278	45139	40471
Cyprus																38	39	11	56
Latvia											11	8	22	6	232	7	194	7	56
Lithuania												1	9	34	27	15	16	6	893
Luxembourg	55	15	21	190	11	33	24	35	403	317	12	31	36	7	5	10	16	19	21
Hungary																782	285	107	208
Netherlands (4)	34901	47855	48617	68238	42305	109762	96292	94593	138222	238258	332086	102951	65587	126159	110341	39920	33419	42675	19103
Malta (3)																			59
Austria	390	300	175	205	192	320	12166	248	546	394	697	517	912	1336	451	1806	456	743	926
Poland																182	105	636	280
Portugal	1869	5532	4935	354	4627	9606	7753	11720	52527	40425	7493	5360	9693	5582	10702	30690	6707	7383	31821
Slovenia																3421	177	1128	220
Slovakia												25	874	15377	850	234	904	727	619
Finland	15	10	25	24	167	72	107	48	118	69	152	103	220	169	510	224	622	530	488
Sweden	1414	326	579	423	470	601	639	376	563	457	527	283	657	489	1151	1241	739	817	980
United Kingdom	22165	25136	16936	45476	59369	30889	32204	51103	53574	63021	58484	101255	150001	110259	70737	73861	85747	79188	
Bulgaria																2036	3669	24939	13609
Romania																341	16301	14895	72
Norway	190	206	125	144	372	230	393	177	207	480	19959	711	978	1992	1254	664	861	1211	2292
Total	131137	164642	167305	263729	224279	274876	320379	372841	516666	743743	778427	674123	765618	852799	823661	813960	818375	914986	

Notes:

(1) Accurate data are not available before 2002 due to double counting of seizures by police and customs reports.

(2) Fom 1985 to 1994 only police seizures are included. Since 1995 all seizures are included (police, coast guard and customs).

(3) Data refer to police seizures only; data include quantities of herbal cannabis and cannabis resin.

(4) Since 1991, a significant number of "nederwiet plants" has been annually seized in addition: 71945 in 1991, 313242 in 1992, 194413 in 1993, 558706 in 1994, 549337 in 1995, 1272526 in 1996, 553135 in 1997, 353178 in 1998, 582588 in 1999, 661851 in 2000, 884609 in 2001, 900381 in 2002 and 1111855 in 2003.

Source:

Reitox national focal points

Table SZR-3 part (i). Number of heroin seizures, 1994 to 2003

Country		1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium		3024	3158			1112	712	1340	1733		1104
Czech Republic	(1)									55	54
Denmark		2666	2973	3161	2509	2199	1230	1499	1304	966	894
Germany	(2)	16781	18599	10113	9509	8387	7748	8014	7538	6658	6138
Estonia					2	18	129	249	295	86	111
Greece										3668	4341
Spain		10365	11572	14040	15399	13496	11938	10410	11800	8177	4820
France		5163	5216	4865	3924	2964	2684	2821	2650	2633	2560
Ireland		263	209	664	599	884	767	598	802	714	
Italy		9755	8359	7830	6884	6368					
Latvia								427	497	267	93
Lithuania					2	6	34	103	242	132	40
Luxembourg		251	255	284	237	189	306	255	211	183	155
Hungary										97	90
Netherlands					812	835	1552	1833			
Malta	(3)										39
Austria		1225	1298	1110	861	654	452	478	895	836	1263
Poland									18	19	14
Portugal		2128	2828	3787	3476	3750	4058	3200	2427	1340	1154
Slovenia								419	552	568	539
Slovakia				687	1086	567	401	547	374	224	217
Finland		39	82	145	153	210	342	437	557	145	90
Sweden		663	805	780	833	1285	1244	1264	1271	1052	1057
United Kingdom		4480	6468	9834	12508	15192	15519	16450	18170	15360	
Bulgaria										48	81
Norway		1389	1913	2340	2485	2614	2378	2314	2501	1902	1707
Total		56803	61822	57300	58794	58116	49116	50344	51336	43228	

Notes:

(1) Accurate data are not available before 2002 due to double counting of seizures by police and customs reports.

(2) Until 1995: number of seizures based on offences; since 1996: numbers of seizures based on police register.

(3) Data refer to police seizures only.

Source:

Reitox national focal points

Table SZR-3 part (ii). Number of heroin seizures, 1985 to 2003

Country		1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium		321	423	507	869	887	1045	1732	3316	3082	3024	3158			1112	712	1340	1733		1104
Czech Republic	(1)																		55	54
Denmark					1139	1214	1501	1735	2405	2941	2666	2973	3161	2509	2199	1230	1499	1304	966	894
Germany	(2)	6333	6226	7586	9222	11098	27	16694	18842	18015	16781	18599	10113	9509	8387	7748	8014	7538	6658	6138
Estonia														2	18	129	249	295	86	111
Greece																			3668	4341
Spain		1958	3516	5692	7063	7416	6350	8586	8951	10183	10365	11572	14040	15399	13496	11938	10410	11800	8177	4820
France		3100	2863	3249	3842	3719	2917	3410	4559	5092	5163	5216	4865	3924	2964	2684	2821	2650	2633	2560
Ireland		359	341	256	160	85	71	45	91	81	263	209	664	599	884	767	598	802	714	
Italy		4011	4065	6140	9167	8907	9134	11069	11579	9027	9755	8359	7830	6884	6368					
Latvia																	427	497	267	93
Lithuania														2	6	34	103	242	132	40
Luxembourg		32	23	39	81	63	133	175	169	141	251	255	284	237	189	306	255	211	183	155
Hungary																			97	90
Netherlands														812	835	1552	1833			
Malta	(3)																			39
Austria		161	158	139	160	191	268	435	859	1289	1225	1298	1110	861	654	452	478	895	836	1263
Poland																		18	19	14
Portugal					420	564	1346	1991	2341	2458	2128	2828	3787	3476	3750	4058	3200	2427	1340	1154
Slovenia																	419	552	568	539
Slovakia													687	1086	567	401	547	374	224	217
Finland										39	39	82	145	153	210	342	437	557	145	90
Sweden		162	160	210	294	319	445	608	645	723	663	805	780	833	1285	1244	1264	1271	1052	1057
United Kingdom		3176	2828	2058	2197	2728	2593	2640	2968	3677	4480	6468	9834	12508	15192	15519	16450	18170	15360	
Bulgaria																			48	81
Norway		256	348	452	607	691	822	979	1045	1193	1389	1913	2340	2485	2614	2378	2314	2501	1902	1707
Total		19613	20603	25876	34614	37191	25830	49120	56725	56748	56803	61822	57300	58794	58116	49116	50344	51336	45130	

Notes:

(1) Accurate data are not available before 2002 due to double counting of seizures by police and customs reports.

(2) Until 1995: number of seizures based on offences; since 1996: numbers of seizures based on police register.

(3) Data refer to police seizures only.

Source:

Reitox national focal points

Table SZR-4 part (i). Quantities (kg) of heroin seized, 1994 to 2003

Country		1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium		137	149	133	65	76	74	185		262	51
Czech Republic	(1)									34	9
Denmark		29	37	61	38	55	96	32	25	63	16
Germany		1590	933	898	722	686	796	796	836	520	626
Estonia					0	1	1	0.4	1	4	0.14
Greece	(2)	283	173	190	146	185	97	660	330	324	247
Spain		824	546	537	479	418	1159	484	631	275	242
France		661	499	617	415	344	203	444	351	476	545
Ireland		5	6	11	8	38	17	24	30	17	
Italy		1150	954	1270	477	715	1310	1012	2058	2593	2583
Cyprus								5	2	0.3	2
Latvia			0.9	0	0.1	0.1	0.8	0.8	0.5	6	0.6
Lithuania							0.9	1	3	3	0.81
Luxembourg		0.9	13	3	3	4	2	3	1	3	4
Hungary								670	154	160	256
Netherlands		246	351	516	999	784	770	896	739	1122	417
Malta	(3)										6
Austria		80	47	81	102	118	78	230	288	60	43
Poland								217	389	299	7
Portugal		89	66	47	57	97	76	568	316	96	72
Slovenia								393	89	69	89
Slovakia				11	90	14	6	99	16	15	7
Finland		2	16	6	2	2	3	6	8	3	2
Sweden		21	31	26	12	71	64	30	32	59	13
United Kingdom		744	1395	1070	2235	1348	2346	3387	3929	2730	
Bulgaria								206	1545	1060	831
Romania								53	33	202	321
Norway		27	49	74	56	38	46	52	68	59	51
Total		5862	5217	5477	5850	4956	7100	10454	11874	10514	

Notes:

Numbers are rounded to the nearest kilogram except for quantities less than 1 kg where more precise information is provided when available.

(1) Accurate data are not available before 2002 due to double counting of seizures by police and customs reports.

(2) In 1994 only police seizures are included. Since 1995 all seizures are included (police, coast guard and customs).

(3) Data refer to police seizures only.

Source:

Reitox national focal points

Table SZR-4 part (ii). Quantities (kg) of heroin seized, 1985 to 2003

Country		1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium		92	78	141	116	89	291	186	107	76	137	149	133	65	76	74	185		262	51
Czech Republic	(1)																		34	9
Denmark		5	17	13	29	37	27	31	39	28	29	37	61	38	55	96	32	25	63	16
Germany		208	157	320	537	27	847	1595	1438	1095	1590	933	898	722	686	796	796	836	520	626
Estonia														0	1	1	0.4	1	4	0.14
Greece	(2)	11	22	65	53	34	51	279	165	148	283	173	190	146	185	97	660	330	324	247
Spain		253	407	413	480	713	886	741	672	604	824	546	537	479	418	1159	484	631	275	242
France		278	220	213	221	295	405	561	328	386	661	499	617	415	344	203	444	351	476	545
Ireland		1	2	0.1	0.4	0.4	0.6	0.2	0.8	1	5	6	11	8	38	17	24	30	17	
Italy		275	329	321	573	648	900	1541	1359	651	1150	954	1270	477	715	1310	1012	2058	2593	2583
Cyprus																	5	2	0.3	2
Latvia												0.9	0	0.1	0.1	0.8	0.8	0.5	6	0.6
Lithuania																0.9	1	3	3	0.81
Luxembourg		7	8	0.3	15	0.5	0.5	10	7	11	0.9	13	3	3	4	2	3	1	3	4
Hungary																	670	154	160	256
Netherlands		364	542	517	510	492	532	406	570	916	246	351	516	999	784	770	896	739	1122	417
Malta	(3)																			6
Austria		115	43	33	51	101	72	103	78	105	80	47	81	102	118	78	230	288	60	43
Poland																	217	389	299	7
Portugal		4	19	30	33	61	36	62	41	92	89	66	47	57	97	76	568	316	96	72
Slovenia																	393	89	69	89
Slovakia													11	90	14	6	99	16	15	7
Finland		0.8	0	0	0.2	0.2	0.03	0.7	2	0.7	2	16	6	2	2	3	6	8	3	2
Sweden		6	4	5	9	9	12	11	25	22	21	31	26	12	71	64	30	32	59	13
United Kingdom		366	223	236	236	351	603	493	547	656	744	1395	1070	2235	1348	2346	3387	3929	2730	
Bulgaria																	206	1545	1060	831
Romania																	53	33	202	321
Norway		5	6	4	12	5	3	10	11	18	27	49	74	56	38	46	52	68	59	51
Total		1991	2077	2311	2876	2863	4666	6030	5390	4810	5889	5266	5551	5906	4994	7146	10454	11874	10514	

Notes:

Numbers are rounded to the nearest kilogram except for quantities less than 1 kg where more precise information is provided when available.

(1) Accurate data are not available before 2002 due to double counting of seizures by police and customs reports.

(2) From 1985 to 1994 only police seizures are included. Since 1995 all seizures are included (police, coast guard and customs).

(3) Data refer to police seizures only.

Soure:

Reitox national focal points

Table SZR-5 part (i). Number of cocaine seizures, 1994 to 2003

Country		Crack included	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium		Yes until 1999	927	1046			804	556	921	1081		1825
Czech Republic	(1)	No									12	20
Denmark		No	417	569	659	723	885	744	780	815	881	1095
Germany	(2)	No	6503	8361	5086	5482	5532	5491	4814	4044	4163	3822
Estonia		No	2	5	4	10	35	26	22	42	35	35
Greece		No									410	482
Spain		Yes	3312	5035	8412	12276	13818	18006	16080	26127	28903	22048
France		No	1281	1432	1457	1545	1688	1865	1802	1650	2048	2636
Ireland		Yes	38	42	93	157	151	213	206	300	429	
Italy		Yes	2887	2519	2922	3182	3870					
Latvia		No							13	15	13	11
Lithuania		No			2	2	11	16	7	10	6	12
Luxembourg		Yes	43	48	63	54	22	56	50	58	66	69
Hungary		Yes									57	95
Netherlands		Yes				1005	1232	3391	2676			
Malta		No										14
Austria	(3)	Yes	376	421	525	651	531	519	554	768	863	1271
Poland		Yes								34	36	44
Portugal	(4)	Yes	570	872	1162	1234	1376	1690	1181	1100	972	988
Slovenia		No									109	80
Slovakia		No			19	15	18	29	22	27	32	15
Finland		No			15	16	24	49	40	55	45	49
Sweden		Yes	114	64	107	116	172	346	405	328	440	545
United Kingdom		No	1672	2210	2821	3837	5209	5858	6010	6980	6630	
Bulgaria		No									11	28
Norway		No	42	54	75	144	206	309	390	477	574	492
Total			18142	22624	23347	30305	35378	38855	35583	43434	46735	

Notes:

(1) Accurate data are not available before 2002 due to double counting of seizures by police and customs reports.

(2) Until 1995: number of seizures based on offences; since 1996: numbers of seizures based on police register.

(3) There was no seizure of crack in the last years.

(4) There was in addition 1 seizure of cocaine liquid in 1999.

Source:

Reitox national focal points

Table SZR-5 part (ii). Number of cocaine seizures, 1985 to 2003

Country		Crack included	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium		Yes until 1999	132	226	254	380	422	375	513	933	897	927	1046			804	556	921	1081		1852
Czech Republic	(1)	No																		12	20
Denmark		No				50	96	157	144	184	228	417	569	659	723	885	744	780	815	881	1095
Germany	(2)	No	1358	1417	1760	2308	27	3165	3712	4309	5153	6503	8361	5086	5482	5532	5491	4814	4044	4163	3822
Estonia		No										2	5	4	10	35	26	22	42	35	35
Greece		No																		410	482
Spain		Yes	641	1256	2019	2655	2823	2925	3539	3539	3541	3312	5035	8412	12276	13818	18006	16080	26127	28903	22048
France		No	359	468	539	611	692	616	770	1069	1168	1281	1432	1457	1545	1688	1865	1802	1650	2048	2636
Ireland		Yes	25	17	14	15	4	11	7	11	15	38	42	93	157	151	213	206	300	429	
Italy		Yes	549	621	838	1626	1665	1672	2454	3386	3025	2887	2519	2922	3182	3870					
Latvia		No																13	15	13	11
Lithuania		No												2	2	11	16	7	10	6	12
Luxembourg		Yes	17	11	18	35	19	32	67	65	21	43	48	63	54	22	56	50	58	66	69
Hungary		Yes																		57	95
Netherlands		Yes													1005	1232	3391	2676			
Malta		No																			14
Austria	(3)	Yes	31	44	57	76	115	135	158	235	332	376	421	525	651	531	519	554	768	863	1271
Poland		Yes																	34	36	44
Portugal	(4)	Yes				140	164	346	453	561	613	570	872	1162	1234	1376	1690	1181	1100	972	988
Slovenia		No																		109	80
Slovakia		No												19	15	18	29	22	27	32	15
Finland		No												15	16	24	49	40	55	45	49
Sweden		Yes	25	30	48	78	101	80	84	128	117	114	64	107	116	172	346	405	328	440	545
United Kingdom		No	662	635	717	799	1905	1489	1401	1487	1799	1672	2210	2821	3837	5209	5858	6010	6980	6630	
Bulgaria		No																		11	28
Norway		No	11	11	13	29	14	26	25	19	36	42	54	75	144	206	309	390	477	574	492
Total			3799	4725	6264	8773	8033	11003	13302	15907	16909	18142	22624	23347	30305	35378	38855	35583	43434	46161	

Notes:

(1) Accurate data are not available before 2002 due to double counting of seizures by police and customs reports.

(2) Until 1995: number of seizures based on offences; since 1996: numbers of seizures based on police register.

(3) There was no seizure of crack in the last years.

(4) There was in addition 1 seizure of liquid cocaine in 1999.

Source:

Reitox national focal points

Table SZR-6 part (i). Quantities (kg) of cocaine seized, 1994 to 2003

Country		Crack included	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium	(1)	Yes until 1999	479	576	839	3329	2088	1762	1652		3589	644
Czech Republic	(2)	No									6	3
Denmark		No	30	110	32	58	44	24	36	26	14	104
Germany		No	767	1846	1373	1721	1133	1979	913	1288	2136	1009
Estonia		No			0	0	3	0	0	0	2	31
Greece	(3)	No	176	9	156	17	283	46	156	297	239	201
Spain		Yes	3899	6897	13742	18418	11687	18110	6165	33681	17617	49280
France		No	4743	865	1742	844	1051	3687	1311	2096	3651	4172
Ireland		Yes	0.1	22	642	11	333	86	18	5	32	
Italy		Yes	6636	2663	2387	1650	2163	2973	2368	1813	4039	3520
Cyprus		Yes							58	0.1	2	10
Latvia		No		0.1	0.1	0.2	0.06	2	0.03	1	0.4	1.8
Lithuania		No			2	3	10	0.3	2	0.1	1	0
Luxembourg		Yes	16	0.5	13	9	6	0.3	0.4	8	2	11
Hungary		Yes							11	6	55	23
Netherlands		Yes	8200	4851	9222	11495	8998	10361	6472	8389	7968	17560
Malta		No										4
Austria	(4)	No	53	55	73	87	99	63	20	108	37	58
Poland		Yes							81	51	399	801
Portugal	(5)	since 2000 only	1719	2116	812	3163	625	823	3075	5575	3140	3021
Slovenia		No							1	1	55	2
Slovakia		No				10	10	0	0.2	0.4	0	1
Finland		No	0.04	0.07	0.07	0	2	2	39	7	0.4	1.1
Sweden		Yes	29	4	18	34	19	420	50	39	41	42
United Kingdom		No	2261	672	1219	2350	2962	2960	3948	2841	3577	
Bulgaria		No							2	9	45	3107
Romania		not known							13	3	3	13
Norway		No	5	4	24	5	93	60	12	21	36	30
Total			29008	20687	32272	43199	31516	43299	26403	56265	46686	

Notes:

Numbers are rounded to the nearest kilogram except for quantities less than 1 kg where more precise information is provided when available.

(1) 3321 kg cocaine salts plus 8 kg cocaine base in 1997.

(2) Accurate data are not available before 2002 due to double counting of seizures by police and customs reports.

(3) In 1994 only police seizures are included. Since 1995 all seizures are included (police, coast guard and customs).

(4) There was no seizure of crack in the last years.

(5) In 1997 and 1998, cocaine leaves were also seized. In 1999, cocaine liquid was also seized.

Source:

Reitox national focal points

Table SZR-6 part (ii). Quantities (kg) of cocaine seized, 1985 to 2003

Country		Crack included	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium	(1)	Yes until 1999	62	116	270	404	89	537	756	1222	2892	479	576	839	3329	2088	1762	1652		3589	644
Czech Republic	(2)	No																		6	3
Denmark		No	0.5	7	26	10	55	28	40	21	11	30	110	32	58	44	24	36	26	14	104
Germany		No	165	186	296	496	1406	2474	964	1332	1051	767	1846	1373	1721	1133	1979	913	1288	2136	1009
Estonia		No												0	0	3	0	0	0	2	31
Greece	(3)	No	0	3	24	2	2	34	13	9	5	176	9	156	17	283	46	156	297	239	201
Spain		Yes	302	669	1134	3461	1852	5382	7573	4454	5341	3899	6897	13742	18418	11687	18110	6165	33681	17617	49280
France		No	96	258	754	593	939	1845	831	1625	1715	4743	865	1742	844	1051	3687	1311	2096	3651	4172
Ireland		Yes	0.3	0.2	0	0	3	1	0	10	0.4	0.1	22	642	11	333	86	18	5	32	
Italy		Yes	104	127	321	616	668	805	1300	1345	1101	6636	2663	2387	1650	2163	2973	2368	1813	4039	3520
Cyprus		Yes																58	0.1	2	10
Latvia		No											0.1	0.1	0.2	0.06	2	0.03	1	0.4	1.8
Lithuania		No												2	3	10	0.3	2	0.1	1	0.18
Luxembourg		Yes	27	7	18	5	21	23	14	12	16	16	0.5	13	9	6	0.3	0.4	8	2	11
Hungary		Yes																11	6	55	23
Malta		No																			4
Netherlands		Yes	124	274	406	517	1425	4288	2492	3433	3720	8200	4851	9222	11495	8998	10361	6472	8389	7968	17560
Austria	(4)	No	5	7	27	14	21	41	84	58	84	53	55	73	87	99	63	20	108	37	58
Poland		Yes																81	51	399	801
Portugal	(5)	since 2000 only	70	165	222	302	793	360	1094	1860	216	1719	2116	812	3163	625	823	3075	5575	3140	3021
Slovenia		No																1	1	55	2
Slovakia		No													10	10	0	0.2	0.4	0.07	0.9
Finland		No	0	0	0	0.1	11	0.03	38	0.06	0.01	0.04	0.07	0.07	0	2	2	39	7	0.4	1
Sweden		Yes	0.8	3	1	7	5	9	226	61	14	29	4	18	34	19	420	50	39	41	42
United Kingdom		No	85	103	407	323	499	611	1078	2248	717	2261	672	1219	2350	2962	2960	3948	2841	3577	
Norway		No	1	0.3	6	2	0.3	0.9	4	2	8	5	4	24	5	93	60	12	21	36	30
Bulgaria		No																2	9	45	3107
Romania		not known																13	3	3	13
Total			1043	1926	3912	6752	7789	16439	16507	17692	16891	29013	20691	32296	43204	31609	43359	26403	56265	46686	

Notes:

Numbers are rounded to the nearest kilogram except for quantities less than 1 kg where more precise information is provided when available.

(1) 3321 kg cocaine salts plus 8 kg cocaine base in 1997.

(2) Accurate data are not available before 2002 due to double counting of seizures by police and customs reports.

(3) From 1985 to 1994 only police seizures are included. Since 1995 all seizures are included (police, coast guard and customs).

(4) There was no seizure of crack in the last years.

(5) In 1997 and 1998, cocaine leaves were also seized. In 1999, cocaine liquid was also seized.

Source:

Reitox national focal points

Table SZR-7 part (i). Number of amphetamines seizures, 1994 to 2003

Country		1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium	(1)	106	568			2672	1060	1074	1270		3702
Czech Republic	(2)									307	206
Denmark		748	1167	1386	1324	1609	1250	1152	954	1134	1264
Germany	(3)	2319	4315	2670	3571	4079	3811	3726	3459	4048	3841
Estonia			2	29	37	126	164	207	289	336	426
Greece										9	30
Spain		2372	3384	4957	5040	4122	3796	3349	4574	4792	1857
France		98	104	91	163	158	141	137	111	149	181
Ireland	(4)	391	89	217	475	680	467	169	162	243	
Italy		42	41	66	57	41					
Latvia								70	119	176	243
Lithuania				2	8	12	0	27	24	86	76
Luxembourg		7	9	11	3	5	5	9	7	7	8
Hungary										256	373
Netherlands	(6)				225			125			
Malta	(5)										1
Austria		103	43	136	221			141	161	202	294
Poland									79	83	90
Portugal		0	0	0	4	1	2	3	4	11	5
Slovenia								112	58	51	35
Slovakia				20	19	44	51	76	113	136	158
Finland		415	696	972	1325	1641	1956	2369	3778	3399	3687
Sweden	(7)	4359	4386	4199	4639	4859	5073	4978	5837	6922	6972
United Kingdom		12970	15443	18276	18609	18630	13393	7080	6830	6990	
Bulgaria										4	28
Norway		817	1601	1775	2394	2774	3089	3077	4596	5077	4614
Total		23930	30247	33032	35720	38679	31169	24804	27829	34418	

Notes:

(1) Includes both seizures of amphetamines and ecstasy in 1998 and in 2003.

(2) Accurate data are not available before 2002 due to double counting of seizures by police and customs reports. Figures refer to seizures of both amphetamine and methamphetamine.

(3) Until 1995, number of seizures based on offences; since 1996: numbers of seizures based on police register.

(4) Methylamphetamine seizures numbers: 3 in 1997, 9 in 1998, 1 in 1999, 15 in 2000, and 23 in 2001.

(5) Data refer to police seizures only

(6) It includes seizures of ecstasy in 2000.

(7) In 2003, seizures include amphetamine, fenmetrazin and methamphetamine.

Source:

Reitox national focal points

Table SZR-7 part (ii). Number of amphetamines seizures, 1985 to 2003

Country		1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium	(1)	38	54	92	151	81	66	85	92	124	106	568			2672	1060	1074	1270		3702
Czech Republic	(2)																		307	206
Denmark					1360	1611	1556	1345	1323	1111	748	1167	1386	1324	1609	1250	1152	954	1134	1264
Germany	(3)				1131	1299	27	1414	1675	1856	2319	4315	2670	3571	4079	3811	3726	3459	4048	3841
Estonia												2	29	37	126	164	207	289	336	426
Greece																			9	30
Spain		270	650	1865	2986	2741	1799	1598	1801	1838	2372	3384	4957	5040	4122	3796	3349	4574	4792	1857
France		20	31	19	26	40	63	58	73	86	98	104	91	163	158	141	137	111	149	181
Ireland	(4)	17	8	12	5	4	14	4	49	82	391	89	217	475	680	467	169	162	243	
Italy		13	12	23	27	29	55	35	56	44	42	41	66	57	41					
Latvia																	70	119	176	243
Lithuania													2	8	12	0	27	24	86	76
Luxembourg		2	0	6	7	0	0	2	9	11	7	9	11	3	5	5	9	7	7	8
Hungary																			256	373
Netherlands	(6)													225			125			
Malta	(5)																			1
Austria		3	3	5	4	4	2	4	14	26	103	43	136	221			141	161	202	294
Poland																		79	83	90
Portugal						2	2	1	0	0	0	0	0	4	1	2	3	4	11	5
Slovenia																	112	58	51	35
Slovakia													20	19	44	51	76	113	136	158
Finland										381	415	696	972	1325	1641	1956	2369	3778	3399	3687
Sweden	(7)	1684	1509	1900	1965	2572	2889	2851	3538	4288	4359	4386	4199	4639	4859	5073	4978	5837	6922	6972
United Kingdom		3471	3047	2852	3277	3322	4629	6821	10570	11719	12970	15443	18276	18609	18630	13393	7080	6830	6990	
Bulgaria																			4	28
Norway		282	423	534	554	514	671	621	627	983	817	1601	1775	2394	2774	3089	3077	4596	5077	4614
Total		5518	5314	6774	10939	11705	11102	14218	19200	21566	23930	30247	33032	35720	38679	31169	24804	27829	29341	

Notes:

(1) Includes both seizures of amphetamines and ecstasy in 1998 and in 2003.

(2) Accurate data are not available before 2002 due to double counting of seizures by police and customs reports. Figures refer to seizures of both amphetamine and methamphetamine.

(3) Until 1995, number of seizures based on offences; since 1996: numbers of seizures based on police register.

(4) Methylamphetamine seizures numbers: 3 in 1997, 9 in 1998, 1 in 1999, 15 in 2000, and 23 in 2001.

(5) Data refer to police seizures only.

(6) Includes seizures of ecstasy in 2000.

(7) In 2003, seizures include amphetamine, fenmetrazin and methamphetamine.

Source:

Reitox national focal points

Table SZR-8 part (i). Quantities (kg) of amphetamines seized, 1994 to 2003

Country		1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium	(1)	23	68	24	77	445	59	75		500	229
Czech Republic	(2)									4.72	10
Denmark		13	40	27	119	25	32	57	161	35	66
Germany		120	138	160	234	310	360	271	263	362	484
Estonia	(3)			1	1	2	11	27	25	34	109
Greece	(4)	0.01	0.1	0.08	0.05	0.003	1	2	0.08	0.5	0.52
Spain	(5)	32	35	53	119	177	49	23	19	56	47
France		80	104	128	194	165	233	230	57	152	275
Ireland	(6)	0.4	2	8	103	45	13	6	18	16	
Italy	(7)	3	1	2	0.4	0.5	5	0.2	0.7	2	2
Cyprus	(8)							0.005	0.003	0	0.0005
Latvia	(9)		0	0	0	0	0.5	0.9	4	5	9
Lithuania	(10)				171	0.01	0.08	20	0.1	3	7
Luxembourg		0.1	0.03	0.02	0.01	0.07	0.02	0.16	0.01	0.006	28
Hungary								11	1	3.5	12
Netherlands	(12)	215	45	324	815	1450	853	293	579	481	843
Malta	(11)										0.05
Austria		1	2	4	8			1	3	9	54
Poland								1051	196	129	203
Portugal	(13)				0	0	0	0	0	0.6	0.033
Slovenia	(14)								0.06	0.03	0
Slovakia	(15)					10	0.1	0.3	0.6	0.3	0.1
Finland		9	20	22	22	25	71	80	137	129	115
Sweden	(16)	210	279	127	186	135	124	108	240	350	354
United Kingdom		1305	819	2625	3296	1811	2019	1775	1726	1406	
Bulgaria	(17)							177	65	202	587
Romania	(18)								214	0.9	2
Norway		16	53	30	93	211	52	93	93	209	225
Total		2012	1553	3505	5345	4601	3831	4209	3803	4090	

Notes:

Numbers are rounded to the nearest kilogram except for quantities less than 1 kg, where more precise information is provided when available.

(1) In 1996 and 1998 figures available include both ecstasy and amphetamine seized; see Table SZR-10 part (i) (page 11.26) on quantities of ecstasy seized for tablets additionally seized in 1996 and 1998. 511 amphetamines tablets were also seized in 1997, 22090 in 1999 and 18397 in 2000.

(2) Accurate data are not available before 2002 due to double counting of seizures by police and customs reports. Figures refer to both seizures of amphetamine and methamphetamine.

(3) 0 amphetamines tablets were also seized in 2000, 37 in 2001, 1355 in 2002 and 1567 in 2003.

(4) For 1994 only police seizures are included. Since 1995 all seizures are included (police, coast guard and customs). Amphetamines tablets were also seized in 1994, 1998, 2000 (30109 tablets) and 2001 (8 tablets).

(5) 2775 amphetamines tablets were also seized in 1996, 13720 in 1997, 1626 in 1998, 54215 in 1999, 40696 in 2000, 11026 in 2001, 31427 in 2002 and 10432 in 2003.

(6) 3889 amphetamines tablets were also seized in 1997, 4780 in 1998, 12015 in 1999, 149 in 2000 and 12728 in 2002. Methamphetamine seizures were also made: 106 tablets in 1997, 40460 in 1998, 218 tablets and 0.17 kg in 2000, and 0.975 kg in 2001.

(7) Since 2000 figures include seizures of all amphetamine-type products with no differentiation between products; 577369 tablets of amphetamine-type products were also seized in 2000, 354640 in 2001, 400275 in 2002 and 235351 in 2003.

(8) 1 amphetamines tablets was also seized in 2002, and 100 in 2003.

(9) 3693 ampehtamines tablets were also seized in 2003.

(10) 42 amphetamines tablets were also seized in 2000, 229 in 2002 and 219 in 2003.

(11) Data refer to police seizures only.

(12) 11025 amphetamines tablets were also seized in 1994, 850 in 1995, 1025 in 1996, 102240 in 1997, 242409 in 1998, 45847 in 1999, 20592 in 2001, 1028 in 2002 and 14000 in 2003.

(13) 26 amphetamines tablets were also seized in 1997, 4 in 1998, 37 in 1999, 18 in 2000, 25 in 2001, 34 in 2002 and 125 in 2003.

(14) 89 amphetamine tablets were also seized in 2001, 256 in 2002 and 218 in 2003.

(15) 5 amphetamine tablets were also seized in 2001, 6 in 2002 and 3 in 2003.

(16) 284 amphetamines tablets were also seized in 2000, 782 in 2001 and 92 in 2002. In 2003, seizures include amphetamine, fenmetrazin and methamphetamine.

(17) 660 amphetamine tablets were also seized in 2001, 135444 in 2002 and 118201 in 2003.

(18) 133517 amphetamine tablets were also seized in 2002.

Source:

Reitox national focal points

Table SZR-8 part (ii). Quantities (kg) of amphetamines seized, 1985 to 2003

Country		1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium	(1)	4	2	9	47	4	15	77	96	19	23	68	24	77	445	59	75		500	229
Czech Republic	(2)																		4.72	10
Denmark		4	10	52	30	24	26	24	74	12	13	40	27	119	25	32	57	161	35	66
Germany		28	85	62	91	27	85	88	105	109	120	138	160	234	310	360	271	263	362	484
Estonia	(3)												1	1	2	11	27	25	34	109
Greece	(4)	0	0	0	0	0	0.002	0.001	0.01	0.6	0.01	0.1	0.08	0.05	0.003	1	2	0.08	0.5	0.52
Spain	(5)	1	6	5	9	22	0	4	23	34	32	35	53	119	177	49	23	19	56	47
France		0.6	2	7	4	13	16	20	13	43	80	104	128	194	165	233	230	57	152	275
Ireland	(6)	0.1	0	0.1	0	0.1	0.3	0.1	0.1	0.7	0.4	2	8	103	45	13	6	18	16	
Italy	(7)	0.2	0.4	3	1	0.6	0.7	0.7	15	0.5	3	1	2	0.4	0.5	5	0.2	0.7	2	2
Cyprus	(8)																0.005	0.003	0	0.0005
Latvia	(9)											0	0	0	0	0.5	0.9	4	5	9
Lithuania	(10)													171	0.01	0.08	20	0.1	3	7
Luxembourg		0.01	0	0.3	0.4	0	0	0.1	0.3	0.4	0.1	0.03	0.02	0.01	0.07	0.02	0.16	0.01	0.006	28
Hungary																	11	1	3.5	12
Netherlands	(12)	42	86	125	53	65	47	128	267	293	215	45	324	815	1450	853	293	579	481	843
Malta	(11)																			0.05
Austria				0.3	0.1	0.1	0.2	0.3	0.4	0.3	1	2	4	8			1	3	9	54
Poland																	1051	196	129	203
Portugal	(13)													0	0	0	0	0	0.6	0.033
Slovenia	(14)																	0.06	0.03	0
Slovakia	(15)														10	0.1	0.3	0.6	0.3	0.1
Finland		0.4	0.1	1	2	1	1	5	12	19	9	20	22	22	25	71	80	137	129	115
Sweden	(16)	106	78	157	98	104	108	104	121	142	210	279	127	186	135	124	108	240	350	354
United Kingdom		77	116	152	137	108	304	421	569	975	1305	819	2625	3296	1811	2019	1775	1726	1406	
Bulgaria	(17)																177	65	202	587
Romania	(18)																	214	0.9	2
Norway		13	20	8	13	14	25	19	12	26	16	53	30	93	211	52	93	93	209	225
Total		276	406	582	486	383	628	891	1308	1675	2028	1606	3535	5438	4812	3883	4302	3803	4090	

Notes:

Numbers are rounded to the nearest kilogram except for quantities less than 1 kg where more precise information is provided when available.

(1) In 1996 and 1998 figures available include both ecstasy and amphetamine seized; see [SZR-10 part(i)] on quantities of ecstasy seized for tablets additionally seized in 1996 and 1998. 511 amphetamines tablets were also seized in 1997, 22090 in 1999 and 18397 in 2000.

(2) Accurate data are not available before 2002 due to double counting of seizures by police and customs reports. Figures refer to both seizures of amphetamine and methamphetamine.

(3) 10 amphetamines tablets were also seized in 2000, 37 in 2001, 1355 in 2002 and 1567 in 2003.

(4) From 1985 to 1994 only police seizures are included. Since 1995 all seizures are included (police, coast guard and customs). Amphetamines tablets were also seized in 1987, 1988, 1989, 1991, 1992, 1993, 1994, 1998, 2000 (30109 tablets) and 2001 (8 tablets).

(5) 2775 amphetamines tablets were also seized in 1996, 13720 in 1997, 1626 in 1998, 54215 in 1999, 40696 in 2000, 11026 in 2001, 31427 in 2002 and 10432 in 2003.

(6) 3889 amphetamines tablets were also seized in 1997, 4780 in 1998, 12015 in 1999, 149 in 2000 and 12728 in 2002. Methamphetamine seizures were also made: 106 tablets in 1997, 40460 in 1998, 218 tablets and 0.17 kg in 2000, and 0.975 kg in 2001.

(7) Since 2000 figures include seizures of all amphetamine-type products with no differentiation between products; 577369 tablets of amphetamine-type products were also seized in 2000, 354640 in 2001, 400275 in 2002 and 235351 in 2003.

(8) 1 amphetamines tablets was also seized in 2002, and 100 in 2003.

(9) 3693 ampehtamines tablets were also seized in 2003.

(10) 42 amphetamines tablets were also seized in 2000, 229 in 2002 and 219 in 2003.

(11) Data refer to police seizures only.

(12) 2500 amphetamines tablets were also seized in 1990, 30705 in 1992, 142 in 1993, 11025 in 1994, 850 in 1995, 1025 in 1996, 102240 in 1997, 242409 in 1998, 45847 in 1999, 20592 in 2001, 1028 in 2002 and 14000 in 2003.

(13) 39 amphetamines tablets were also seized in 1990, 26 in 1997, 4 in 1998, 37 in 1999, 18 in 2000, 25 in 2001, 34 in 2002 and 125 in 2003.

(14) 89 amphetamine tablets were also seized in 2001, 256 in 2002 and 218 in 2003.

(15) 5 amphetamine tablets were also seized in 2001, 6 in 2002 and 3 in 2003.

(16) 284 amphetamines tablets were also seized in 2000, 782 in 2001 and 92 in 2002. In 2003, seizures include amphetamine, fenmetrazin and methamphetamine.

(17) 660 amphetamine tablets were also seized in 2001, 135444 in 2002 and 118201 in 2003

(18) 133517 amphetamine tablets were also seized in 2002.

Source:

Reitox national focal points

Table SZR-9 part (i). Number of ecstasy seizures, 1994 to 2003

Country		1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium	(1)	872	1002			2672	1100	2504	2450		3702
Czech Republic	(2)									37	31
Denmark		13	9	84	110	143	197	444	331	340	322
Germany				2518	2368	1986	2883	4681	4290	3417	2571
Estonia			1	18	16	16	32	42	130	126	184
Greece	(3)									243	188
Spain	(4)	807	1630	2242	1999	1375	1995	3750	11947	9180	4694
France		358	587	644	628	608	649	1409	1589	1782	1864
Ireland		262	571	405	347	466	1064	1864	1485	1027	
Italy		718	948	1157	848	730					
Cyprus											
Latvia								20	60	80	37
Lithuania								11	13	9	72
Luxembourg		8	25	26	12	22	10	15	16	26	8
Hungary										304	362
Netherlands	(6)				310	124	154	125			
Malta	(5)										36
Austria		51	153	254	253	135	215	330	352	308	276
Poland									22		
Portugal			5	20	37	35	76	80	166	195	156
Slovenia								127	148	119	68
Slovakia					1	5	3	25	22	39	24
Finland				52	74	57	159	393	465	329	316
Sweden		31	26	163	203	104	160	508	595	621	485
United Kingdom		3574	5513	6216	5098	4850	6637	9790	10410	8300	
Bulgaria	(7)									6	11
Romania											
Norway		39	160	192	242	178	502		837	714	414
Total		6694	10470	13799	12304	13328	15334	26118	34491	26488	

Notes:

(1) Includes both seizures of ecstasy and amphetamines in 1998 and in 2003.

(2) In 2002 the total number of ecstasy seizures includes 36 seizures of ecstasy tablets and 1 seizure of ecstasy powder. Accurate data are not available before 2002 due to double counting of seizures by police and customs reports.

(3) In 2003, seizures of ecstasy tablets include seizures of amphetamine tablets as well.

(4) Number of ecstasy seizures is over-estimated until 1994 inclusive, since number of seizures of LSD and other hallucinogenics are included too.

(5) Data refer to police seizures only.

(6) 269 seizures of MDMA and 41 of MDEA in 1997. In 2000 the Netherlands data include seizures of both ecstasy and amphetamines.

(7) Data in 2002 refer to only one law enforcement agency: National Agency for Combat the Organized Crime (NACOC).

Source:

Reitox national focal points

Table SZR-9 part (ii). Number of ecstasy seizures, 1987 to 2003

Country		1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium	(1)				18	196	267	560	872	1002			2672	1100	2504	2450		3702
Czech Republic	(2)																37	31
Denmark							3	10	13	9	84	110	143	197	444	331	340	322
Germany					27						2518	2368	1986	2883	4681	4290	3417	2571
Estonia										1	18	16	16	32	42	130	126	184
Greece	(3)																243	188
Spain	(4)	106	98	78	85	124	171	377	807	1630	2242	1999	1375	1995	3750	11947	9180	4694
France		1	1	22	26	60	73	186	358	587	644	628	608	649	1409	1589	1782	1864
Ireland						41	65	135	262	571	405	347	466	1064	1864	1485	1027	
Italy		1	11	13	54	138	310	454	718	948	1157	848	730					
Latvia															20	60	80	37
Lithuania															11	13	9	72
Luxembourg									8	25	26	12	22	10	15	16	26	8
Hungary																	304	362
Malta	(5)																	36
Netherlands	(6)											310	124	154	125			
Austria									51	153	254	253	135	215	330	352	308	276
Poland																22		
Portugal										5	20	37	35	76	80	166	195	156
Slovenia															127	148	119	68
Slovakia												1	5	3	25	22	39	24
Finland											52	74	57	159	393	465	329	316
Sweden								10	31	26	163	203	104	160	508	595	621	485
United Kingdom				768	399	1735	2399	2336	3574	5513	6216	5098	4850	6637	9790	10410	8300	
Bulgaria	(7)																6	11
Norway					1	3	14	9	39	160	192	242	178	502		837	714	414
Total		108	110	881	610	2297	3302	4068	6694	10470	13799	12304	13328	15334	26118	34491	27202	

Notes:

(1) Includes both seizures of ecstasy and amphetamines in 1998 and in 2003.

(2) In 2002 the total number of ecstasy seizures includes 36 seizures of ecstasy tablets and 1 seizure of ecstasy powder. Accurate data are not available before 2002 due to double counting of seizures by police and customs reports.

(3) In 2003, seizures of ecstasy tablets include seizures of amphetamine tablets as well.

(4) Number of ecstasy seizures is over-estimated until 1994 inclusive, since number of seizures of LSD and other hallucinogenics are included too.

(5) Data refer to police seizures only.

(6) 269 seizures of MDMA and 41 of MDEA in 1997. In 2000 the Netherlands data include seizures of both ecstasy and amphetamines.

(7) Data in 2002 refer to only one law enforcement agency: National Agency for Combat the Organized Crime (NACOC).

Source:

Reitox national focal points

Table SZR-10 part (i). Quantities (tablets) of ecstasy seized, 1994 to 2003

Country		1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium	(1)	55637	320441	184413	125700	271080	467477	818515		1564	
Czech Republic	(2)									88391	51692
Denmark		325	2115	15262	5803	27038	26117	21608	150080	25738	62474
Germany		238262	380858	692397	694281	419329	1470507	1634683	4576504	3207099	1257676
Estonia	(3)			1984	81	246	1770	1326	3783	12019	20770
Greece	(4)		1672	1965	177	101	2815	53557	58845	28780	47723
Spain		306501	739511	340444	184950	194527	357649	891562	860164	1396142	771875
France		254804	273779	349210	198941	1142226	1860402	2283620	1503773	2156937	2211727
Ireland	(5)	28671	123699	19244	17516	604881	229092	551713	469862	117033	
Italy	(6)	92886	161888	150119	161631	129777	288403	577369	314640	400275	235351
Cyprus								3317	2919	10253	5750
Latvia	(7)					11	0	1114	1620	18298	
Lithuania	(8)			56	1641	831	1122	50724	514	1205	98458
Luxembourg		172	784	5545	367	145	357	318	272	1139	132
Hungary								15154	18664	24854	135634
Malta	(9)										8694
Netherlands	(10)	45737	48418	2302179	870980	1163514	3663608	5500000	3684505	6787167	5420033
Austria		3003	31338	25118	23522	114677	31129	162093	256299	383451	422103
Poland								139133	239124	51156	101530
Portugal	(11)		77	3983	525	1127	31319	25496	126451	222466	163525
Slovenia								27928	1852	7877	2831
Slovakia	(12)				1	35	8	493	1379	435	1893
Finland		0	3750	1011	3062	3320	17665	87393	81228	45065	35216
Sweden		2508	9644	10324	20254	21273	73250	178711	86336	92905	69626
United Kingdom		1563800	554800	5848054	2028954	2127345	6329570	6552000	7669000	5852000	
Bulgaria	(13)							2574	2361	3135	1097
Norway		969	10980	12852	13182	15542	24664	49390	61575	102217	99427
Total		2592306	2652774	9951308	4338386	6221483	14852260	19580401	20110175	20935384	

Notes:

(1) In 1996 and 1998 figures include both ecstasy and amphetamine tablets seized; see Table SZR-7 part (i) (page 11.18) on quantities of amphetamines seized for quantities in kg additionally seized in 1996 and 1998. 132 kg of ecstasy were also seized in 1997, 266 kg in 1999 and 37 kg in 2000. In 2003, 229 kg of amphetamines and ecstasy were seized: they are reported in Table SZR-7 part (i) (page 11.18).

(2) Accurate data are not available before 2002 due to double counting of seizures by police and customs reports. 0.02 kg of ecstasy were also seized in 2002 and 4.85 kg in 2003.

(3) In addition, 0.421 kg of ecstasy were seized in 2000, 1.727 kg in 2001, 3.4 kg in 2002 and 6.7 kg in 2003.

(4) For 1994 only police seizures are included. Since 1995 all seizures are included (Police, Coast Guard and Customs). In 2003, figures include both ecstasy and amphetamine tablets.

(5) In addition, 424 capsules and 0.735 kg were also seized in 1998, 46 capsules and 0.236 kg in 1999, 5644 capsules in 2000, and 0.153 kg in 2002.

(6) Since 2000 figures include seizures of all amphetamine-type products with no differentiation between products; 0.162 kg of amphetamine-type products were also seized in 2000, 0.708 in 2001, 2.105 in 2002 and 1.756 in 2003.

(7) 0.0175 kg of ecstasy were also seized in 2003.

(8) 0.44 kg of ecstasy were also seized in 2003.

(9) Data refer to police seizures only.

(10) (a) Figures in this table refer to MDMA. In 1996 and 1997, 800636 and 23627 MDEA tablets were also seized. (b) In addition, 31 kg of ecstasy were seized in 1994, 391 kg in 1995, 350 kg in 1996, 703 kg in 1997, 632 kg in 2000, 113 kg in 2001, 849 kg in 2002 and 435 kg in 2003. (c) In addition, 32250 litre of ecstasy was also seized in 1998 and 445 in 1999.

(11) Portugal: 19 g of ecstasy were also seized in 1997, 0.3 g in 1998, 86 g in 1999, 1.1 kg in 2000, 0.1 kg in 2001, 1.67 kg in 2002 and 0.201 kg in 2003.

(12) Slovakia: 0.002 kg of ecstasy were also seized in 2003.

(13) Bulgaria: data in 2002 refer to only one law enforcement agency: National Agency for Combat the Organized Crime (NACOC). 1.5 kg of ecstasy were also seized in 2002 (data from Police only).

Source:

Reitox national focal points

Table SZR-10 part (ii). Quantities (tablets) of ecstasy seized, 1987 to 2003

Country		1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium	(1)				1654	75742	15240	98215	55637	320441	184413	125700	271080	467477	818515		1564	
Czech Republic	(2)																88391	51692
Denmark							10	81	325	2115	15262	5803	27038	26117	21608	150080	25738	62474
Germany								77922	238262	380858	692397	694281	419329	1470507	1634683	4576504	3207099	1257676
Estonia	(3)										1984	81	246	1770	1326	3783	12019	20770
Greece	(4)									1672	1965	177	101	2815	53557	58845	28780	47723
Spain		187	259	4325	4512	22165	45352	274423	306501	739511	340444	184950	194527	357649	891562	860164	1396142	771875
France		30	5047	5823	13147	62079	13911	133121	254804	273779	349210	198941	1142226	1860402	2283620	1503773	2156937	2211727
Ireland	(5)					429	271	744	28671	123699	19244	17516	604881	229092	551713	469862	117033	
Italy	(6)	1000	4436	2280	1690	5426	22208	56352	92886	161888	150119	161631	129777	288403	577369	314640	400275	235351
Cyprus															3317	2919	10253	5750
Latvia	(7)												11	0	1114	1620	18298	
Lithuania	(8)										56	1641	831	1122	50724	514	1205	98458
Luxembourg									172	784	5545	367	145	357	318	272	1139	132
Hungary															15154	18664	24854	135634
Malta	(9)																	8694
Netherlands	(10)						10286	1625391	45737	48418	2302179	870980	1163514	3663608	5500000	3684505	6787167	5420033
Austria									3003	31338	25118	23522	114677	31129	162093	256299	383451	422103
Poland															139133	239124	51156	101530
Portugal	(11)									77	3983	525	1127	31319	25496	126451	222466	163525
Slovenia															27928	1852	7877	2831
Slovakia	(12)											1	35	8	493	1379	435	1893
Finland								18	0	3750	1011	3062	3320	17665	87393	81228	45065	35216
Sweden								171	2508	9644	10324	20254	21273	73250	178711	86336	92905	69626
United Kingdom				39100	44400	365100	553700	302200	1563800	554800	5848054	2028954	2127345	6329570	6552000	7669000	5852000	
Bulgaria	(13)														2574	2361	3135	1097
Norway					1	15	196	325	969	10980	12852	13182	15542	24664	49390	61575	102217	99427
Total		1217	9742	51528	65404	530956	661174	2568638	2592306	2652774	9951308	4338386	6221483	14852260	19580401	20110175	20935384	

Notes:

(1) In 1996 and 1998 figures include both ecstasy and amphetamine tablets seized; see Table SZR-7 part (i) (page 11.18) on quantities of amphetamines seized for quantities in kg additionally seized in 1996 and 1998. 132 kg of ecstasy were also seized in 1997, 266 kg in 1999 and 37 kg in 2000. In 2003, 229 kg of amphetamines and ecstasy were seized: they are reported in Table SZR-7 part (i) (page 11.18).

(2) Accurate data are not available before 2002 due to double counting of seizures by police and customs reports. 0.02 kg of ecstasy were also seized in 2002 and 4.85 kgin 2003.

(3) In addition, 0.421 kg of ecstasy were seized in 2000, 1.727 kg in 2001, 3.4 kg in 2002 and 6.7 kg in 2003.

(4) From 1985 to 1994 only police seizures are included. Since 1995 all seizures are included (police, coast guard and customs). In 2003, figures include both ecstasy and amphetamine tablets.

(5) In addition, 424 capsules and 0.735 kg were also seized in 1998, 46 capsules and 0.236 kg in 1999, 5644 capsules in 2000, and 0.153 kg in 2002.

(6) Since 2000 figures include seizures of all amphetamine-type products with no differentiation between products; 0.162 kg of amphetamine-type products were also seized in 2000, 0.708 in 2001, 2.105 in 2002 and 1756 in 2003.

(7) 0.0175 kg of ecstasy were also seized in 2003.

(8) 0.44 kg of ecstasy were also seized in 2003.

(9) Data refer to police seizures only.

(10) (a) Figures in this table refer to MDMA. In 1996 and 1997, 800636 and 23627 MDEA tablets were also seized. (b) In addition, 0.3 kg of ecstasy were seized in 1990, 0.7 kg in 1991, 300 kg in 1992, 1.5 kg in 1993, 31 kg in 1994, 391 kg in 1995, 350 kg in 1996, 703 kg in 1997, 632 kg in 2000, 113 kg in 2001, 849 kg in 2002 and 435 kg in 2003. (c) In addition, 32250 litres of ecstasy were also seized in 1998 and 445 in 1999.

(11) 19 g of ecstasy were also seized in 1997, 0.3 g in 1998, 86 g in 1999, 1.1 kg in 2000, 0.1 kg in 2001, 1.67 kg in 2002 and 0.201 kg in 2003.

(12) 0.002 kg of ecstasy were also seized in 2003.

(13) Data in 2002 refer to only one law enforcement agency: National Agency for Combat the Organized Crime (NACOC). 1.5 kg of ecstasy were also seized in 2002 (data from police only).

Source:

Reitox national focal points

Table SZR-11 part (i). Number of LSD seizures, 1994 to 2003

Country		1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium		301	281	0	0	75	73	107	42		17
Czech Republic	(1)									3	3
Denmark		8	6	16	15	24	15	18	29	8	7
Germany	(2)	391	656	822	727	561	434	510	289	158	149
Estonia			0	1	0	0	2	3	2	4	1
Greece										28	41
Spain	(3)		319	686	475	291	249	258			113
France		160	158	190	171	154	143	249	115	58	90
Ireland		116	62	42	48	19	29	31	6		
Italy		255	271	229	173	120					
Latvia								3	4	6	2
Lithuania					2	19	9	4	1		4
Luxembourg		0	8	15	3	0	1	1	1	2	0
Hungary										17	17
Netherlands					29	15		11			
Austria		50	80	102	113	61	56	42	32	20	33
Portugal				10	7	10	11	16	6	24	18
Slovenia								6	0	0	
Slovakia				4	3	11	6	13	8	4	7
Finland				14	14	0	15	34	14	10	20
Sweden		23	28	69	86	61	37	64	28	31	18
United Kingdom		2289	1155	1142	852	623	480	300	170	50	
Norway		11	35	36	106	63	59	87	52	16	32
Total		3593	3024	3342	2718	2044	1560	1670	747	423	

Notes:

(1) Accurate data are not available before 2002 due to double counting of seizures by police and customs reports.

(2) Until 1995: number of seizures based on offences; since 1996: numbers of seizures based on police register.

(3) LSD seizures are counted together with ecstasy and other hallucinogenics until 1994 included. See Table SZR-9 part (i) (page 11.24) on numbers of ecstasy seizures.

Source:

Reitox national focal points

Table SZR-11 part (ii). Number of LSD seizures, 1985 to 2003

Country		1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium		38	7	32	22	22	36	88	233	254	301	281	0	0	75	73	107	42		17
Czech Republic	(1)																		3	3
Denmark					5	4	8	8	10	17	8	6	16	15	24	15	18	29	8	7
Germany	(2)		284	278	255	27	197	237	228	257	391	656	822	727	561	434	510	289	158	149
Estonia												0	1	0	0	2	3	2	4	
Greece																			28	41
Spain	(3)											319	686	475	291	249	258			113
France		108	62	61	42	67	71	95	119	121	160	158	190	171	154	143	249	115	58	90
Ireland		7	7	11	2	4	6	34	48	129	116	62	42	48	19	29	31	6		
Italy		14	19	14	12	12	20	35	126	186	255	271	229	173	120					
Latvia																	3	4	6	2
Lithuania														2	19	9	4	1		4
Luxembourg		2	0	2	1	0	1	3	8	2	0	8	15	3	0	1	1	1	2	0
Hungary																			17	17
Netherlands														29	15		11			
Austria		41	23	15	30	21	31	30	51	58	50	80	102	113	61	56	42	32	20	33
Portugal													10	7	10	11	16	6	24	18
Slovenia																	6	0	0	
Slovakia													4	3	11	6	13	8	4	7
Finland													14	14	0	15	34	14	10	20
Sweden								9	15	46	23	28	69	86	61	37	64	28	31	18
United Kingdom		494	329	302	361	967	1859	1636	2474	2529	2289	1155	1142	852	623	480	300	170	50	
Norway		0	0	0	0	3	6	6	20	17	11	35	36	106	63	59	87	52	16	32
Total		704	731	715	730	1127	2235	2175	3312	3599	3593	3024	3342	2718	2044	1560	1670	747	423	

Notes:

(1) Accurate data are not available before 2002 due to double counting of seizures by police and customs reports.

(2) Until 1995: number of seizures based on offences; since 1996: numbers of seizures based on police register.

(3) LSD seizures are counted together with ecstasy and other hallucinogenics until 1994 included. See Table SZR-9 part (i) (page 11.24) on numbers of ecstasy seizures.

Source:

Reitox national focal points

Table SZR-12 part (i). Quantities (units) of LSD seized, 1994 to 2003

Country		1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium		5237	5458	13704	621	2050	1047	1090			4235
Czech Republic	(1)									107	65
Denmark		1335	1282	262	381	105	83	1108	159	38	22
Germany		29627	71069	67082	78430	32250	22965	43924	11441	30144	34806
Estonia				3	0	0	6	22	4	20	2
Greece	(2)	323	426	1045	165	44	210	111	577	857	536
Spain		7213	15437	13376	25368	9068	3353	7524	26535	893	31769
France		74004	70217	74780	5983	18680	9991	20691	6718	4262	10383
Ireland	(3)	16634	819	5901	1851	798	577	0	323		
Italy		28473	33619	14197	7973	5919	5509	1980	1139	3064	2161
Cyprus								11	0	0	0
Latvia			0	0	0	0	0	14	16	30	29
Lithuania					2	342	164	26	275		191
Luxembourg		0	100	122	4	0	1	21	1	2	0
Hungary								1519	973	623	346
Netherlands		15850	305	32320	27634	37790	2667	9972	28731	355	1642
Austria		1543	2602	4166	5243	2494	2811	865	572	851	298
Poland								3809	672	797	20602
Portugal			11	705	84	261	1845	6106	3588	9787	515
Slovenia								59	0	0	
Slovakia				14	19	63	72	110	60	8	217
Finland		2541	500	41	323	301	50	2355	1026	4679	1460
Sweden		46	161	2859	1397	2704	1592	1804	629	305	251
United Kingdom		213500	381800	207164	158013	37516	68437	25000	36000	17000	
Romania	(4)										
Norway		4758	1345	551	6888	2757	483	1430	417	169	148
Total		401084	585151	438292	320379	153142	121863	129551	119856	73991	

Notes:

(1) Accurate data are not available before 2002 due to double counting of seizures by police and customs reports.

(2) In 1994 only police seizures are included. Since 1995 all seizures are included (police, coast guard and customs). 9 tablets of LSD were also seized in 1996, 1 in 1997, 2.5 in 1999, 17 in 2000 and 1 in 2001.

(3) 4 tablets of LSD were also seized in 1999, and 10 in 2000; and 1121 grams were also seized in 2000.

(4) 2.1 kg of LSD were also seized in 2001; 22004 tablets of LSD were also seized in 2002.

Source:

Reitox national focal points

Table SZR-12 part (ii). Quantities (units) of LSD seized, 1985 to 2003

Country		1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium		1346	639	6497	877	2186	16841	2417	13603	5659	5237	5458	13704	621	2050	1047	1090			4235
Czech Republic	(1)																		107	65
Denmark					11	24	258	26	86	140	1335	1282	262	381	105	83	1108	159	38	22
Germany		30536	22237	19487	38033	27	14332	13887	29571	23442	29627	71069	67082	78430	32250	22965	43924	11441	30144	34806
Estonia													3	0	0	6	22	4	20	2
Greece	(2)	4	0	3	6	95	357	1232	275	0	323	426	1045	165	44	210	111	577	857	536
Spain		5647	67436	22128	9567	11123	6564	8704	9662	7061	7213	15437	13376	25368	9068	3353	7524	26535	893	31769
France		11088	11256	13766	7350	12124	30669	27482	128359	430617	74004	70217	74780	5983	18680	9991	20691	6718	4262	10383
Ireland	(3)	131	252	59	2	903	90	3169	13431	5522	16634	819	5901	1851	798	577	0	323		
Italy		560	524	191	211	686	2820	4016	12867	20361	28473	33619	14197	7973	5919	5509	1980	1139	3064	2161
Cyprus																	11	0	0	0
Latvia												0	0	0	0	0	14	16	30	29
Lithuania														2	342	164	26	275		191
Luxembourg		202	0	6	1	0	2000	2648	39	793	0	100	122	4	0	1	21	1	2	0
Hungary																	1519	973	623	346
Netherlands							5146	1630	50002	187082	15850	305	32320	27634	37790	2667	9972	28731	355	1642
Austria		2676	532	370	1092	3237	418	906	3847	28201	1543	2602	4166	5243	2494	2811	865	572	851	298
Poland																	3809	672	797	20602
Portugal					2	8						11	705	84	261	1845	6106	3588	9787	515
Slovenia																	59	0	0	
Slovakia													14	19	63	72	110	60	8	217
Finland							39	27	337	29	2541	500	41	323	301	50	2355	1026	4679	1460
Sweden								1957	427	1011	46	161	2859	1397	2704	1592	1804	629	305	251
United Kingdom			84200	61700	62800	146900	295000	170300	543900	454400	213500	381800	207164	158013	37516	68437	25000	36000	17000	
Romania	(4)																			
Norway						73	613	194	3397	243	4758	1345	551	6888	2757	483	1430	417	169	148
Total		52190	187076	124207	119952	177386	374534	238401	806406	1164318	396326	583806	437741	313491	150385	121380	128121	119439	73822	

Notes:

(1) Accurate data are not available before 2002 due to double counting of seizures by police and customs reports.

(2) From 1985 to 1994 only police seizures are included. Since 1995 all seizures are included (police, coast guard and customs). 9 tablets of LSD were also seized in 1996, 1 in 1997, 2.5 in 1999, 17 in 2000 and 1 in 2001.

(3) 4 tablets of LSD were also seized in 1999, and 10 in 2000; and 1121 grams were also seized in 2000.

(4) 2.1 kg of LSD was also seized in 2001; 22004 tablets of LSD were also seized in 2002.

Source:

Reitox national focal points

European Monitoring Centre
for Drugs and Drug Addiction

Chapter 12

Drug availability and drug markets: prices and purity information

Methods and definitions

Drug prices

Street prices of cannabis, heroin, cocaine and amphetamine are provided in euros per gram, of LSD in euros per unit/dose, and of ecstasy in Euros per tablet. Data on prices come from a range of different sources the comparability of which is not always known. For example, the type of information systems (police sources, surveys among drug users, etc.) and the sampling strategies used to produce data on the price of illicit drugs at retail level do vary considerably across countries.

Data presented here are submitted to the EMCDDA as being national and annual, as well as referring to the retail level of the market (street level). Some caution is however required when analysing these data as they might, for some of them, present reliability problems. In some cases, they come from local rather than national monitoring systems, and/or from ad hoc non-repeated studies. There is also much uncertainty on the method used to calculate the averages, whether weighted or simple means are being used.

Drug purity/potency

Data on the potency of cannabis products and the purity of heroin (white and brown), cocaine products (cocaine and crack) and amphetamine are presented here.

The potency of cannabis products is equivalent to the tetrahydrocannabinol (THC) content, where THC is the primary active constituent in cannabis. It is expressed in percent of THC. Cannabis potency is provided for herbal cannabis and cannabis resin separately. Whenever possible a further distinction is made between different types of herbal cannabis; however, caution is required here since these distinctions are not always clear.

As with data on prices, the data presented here are submitted to the EMCDDA as being national and annual, as well as referring to the retail level of the market (street level). Some caution in relation to reliability issues is required when analysing these data, since they may come from local or from ad-hoc non-repeated studies rather than national monitoring systems. Some of them are not representative of the retail level and are based on the analysis of all seizures of a drug made and analysed in one country (see part (iii) of the tables for information on this issue). Another source of variation across countries is the type of information systems and the sampling strategies used to produce data on purity/potency. In addition, the way in which 'average purity/potency' is calculated is often unclear.

There are analytical difficulties in the precise and accurate determination of the purity/potency of illicit substances; and standards of laboratory analysis might also vary between and within countries.

For more information on cannabis potency see the EMCDDA Insights 6 'An overview of cannabis potency in Europe'.

Overview of the data

Listed below are the tables in the bulletin dealing with drug price, potency and purity, along with a brief overview. The tables included in the bulletin give information for the countries that provided 2003 data. The tables include data from the EU Member States and Norway.

The tables in this section provide an overview of drug prices and drug purity/potency at retail level for major drug types of interest in 2003 (cannabis, heroin, cocaine, synthetic drugs).

Tables PPP-1 to PPP-4 show reported drug prices at retail level by country, where data are available, for the major drug types of interest in 2003. Part (i) of each table gives minimum, maximum and average prices in euros for 2003 and part (ii) of the table gives the names of the sources of information of the data provided in part (i).

Tables PPP-5 to PPP-8 show reported drug purity/potency at retail level by country, where data are available, for the major

drug types of interest in 2003. Part (i) of each table gives minimum, maximum and average prices in euros for 2003; part (ii) of the table gives the sources of information of the data provided in part (i); and part (iii) of the table gives information on the type of sampling and the type of study, both of which affect data provided in part (i).

Summary points

Cannabis

- In 2003, the average retail price of cannabis resin in the EU was reported as varying from 1.4 to 21.5 euros per gram, while the price of herbal cannabis ranged from 1.1 to 12 euros per gram.
- In 2003, cannabis resin at retail level was reported to have an average THC (tetrahydrocannabinol) content that varied from less than 1 % to 25 %, while herbal cannabis potency ranged from 1 % to 20 % (the higher figure relating to home-grown herbal cannabis).

Heroin

- In 2003, the average street price of brown heroin was reported to vary between 27 and 144 euros per gram, while the price of white heroin ranged from 25 to 216 euros per gram.
- In 2003, the average purity of brown heroin at street level in the EU varied from 6 % to 40 %. Data on purity of white heroin was reported by a few countries only; it ranged on average from 6 % to 70 %.

Cocaine

- In 2003, the average price of cocaine at retail level varied widely across the EU, from 34 to 175 euros per gram.
- Compared with heroin, the average purity of cocaine at consumer level is high, varying in 2003 from 32 % to 83 %.

Synthetic drugs

- In 2003, average amphetamine prices at consumer level varied from 6 to 37.5 euros per gram. The average retail purity of amphetamine in 2003 ranged from 7.5 % to 50 %.
- In 2003, ecstasy tablets were reported to cost, on average, between 3.5 and 16 euros each, although prices up of 20 to 30 euros per tablet were also reported.
- The average cost to users of an LSD unit in 2003 ranged from 4 to 15 euros, although prices up to 26 euros per unit were also reported.

Data tables

Table PPP-5. Potency of cannabis products at retail level, 2003

Table PPP-6. Purity of heroin at retail level, 2003

Table PPP-7. Purity of cocaine products at retail level, 2003

Table PPP-8. Purity of synthetic drugs at retail level, 2003

Table PPP-1 part (i). Price of cannabis products at retail level, 2003. Minimum, maximum and average price in euros

Country		Cannabis resin (1 gram)				Cannabis leaves (1 gram)			
		Sample size	Min.	Max.	Ave.	Sample size	Min.	Max.	Ave.
Belgium	(1)		4	7	5.5		4	6	5
Czech Republic	(2)		6.3	15.7	11		0.9	9.4	5.8
Denmark			2.3	3.8					
Germany					6				7.3
Estonia			9	16	12		7.7	15	11
Greece			4	6			1.5	5	
Spain					1.4				1.1
France			5	7	6		4	7	5
Italy			7	8.6			5.4	6.6	
Cyprus					14.8				10.2
Latvia			15	20	17.5		10	14	12
Lithuania			6	15	10		3	15	9
Luxembourg					8.3				8.1
Hungary		4	4.8	8	4.8	5	3.2	10	4.8
Netherlands	(3)	53		10.5	6.5	17		8	4.9
Austria			7	8			3	4	
Poland			4.5	11.4	8		3.4	5.7	4.5
Portugal					2.5				4
Slovenia	(4)		8	9	8.5		2.5	4.4	3.5
Slovakia							5	10.5	7.8
Finland					10				
Sweden		41	7	11	9	30	3	16	8
United Kingdom	(5)				3.5				3.8
United Kingdom	(6)	216	2	8.1	4	128	2	8.1	5.4
Norway	(7)		17.9	25	21.5				

Notes:

Min. = minimum price recorded; Max. = maximum price recorded; Ave. = average price recorded.

Data were not available in 2003 for the un-listed EU member states.

Cannabis leaves refers to herbal cannabis.

(1) Figures reported as averages are actually middle points between minimum and maximum prices.

(2) Figures reported as averages are actually middle points between minimum and maximum prices.

(3) Cannabis resin refers to imported cannabis resin; cannabis leaves refers to imported herbal cannabis. There is also data available for locally-produced cannabis (nederwiet): sample na, min. na, max. 10.32 and average 5.97.

(4) Figures reported as averages are actually middle points between minimum and maximum prices.

(5) The source is the National Crime Intelligence Service (NCIS).

(6) The source is the Independent Drug Monitoring Unit (IDMU).

(7) Figures reported as averages are actually middle points between minimum and maximum prices.

Source:

Reitox national focal points, see Table PPP-1 part (ii) (page 12.5).

Table PPP-1 part (ii). Price of cannabis products at retail level, 2003. Sources of information

Country	Source	Country	Source
Belgium	Federal Police	Luxembourg	Judicial Police, Special Drug Unit
Czech Republic	Police Forces and General Directory of Customs	Hungary	Police Intelligence
Denmark	National Commisioner of Police	Netherlands	THC monitor - Trimbos-Institute
Germany	Police register	Austria	Federal Ministry of the Interior
Estonia	Tallinn Police	Poland	Police Headquarter Warsaw
Greece	Central Anti-drug Coordinating Unit	Portugal	Institute on Drugs and Drug Addiction (IDT),
Spain	Drugs National Central Office, Ministry of Interior		based on Criminal Police (PJ) data.
		Slovenia	Police
France	French Observatory on Drugs and Drug Addiction (OFDT), Project TREND/SINTES	Slovakia	Investigation of outreach workers
		Finland	National Bureau of Investigation: UN/ARQ 2003
Italy	Ministry of the Interior, Central Directorate for Anti-Drug Services	Sweden	Regional Reporting System
		United Kingdom	National Crime Intelligence Service (NCIS), Independent Drug Monitoring Unit (IDMU)
Cyprus	Drug Law Enforcement Unit		
Latvia	Forensic Service Department of the State Police	Norway	Police Headquarters of Oslo
Lithuania	Police Department under the Ministry of Interior		

Table PPP-2 part (i). Price of heroin at retail level, 2003. Minimum, maximum and average price in euros

Country		Heroin (undistinguished) (1 gram)				Brown heroin (1 gram)				White heroin (1 gram)			
		Sample size	Min.	Max.	Ave.	Sample size	Min.	Max.	Ave.	Sample size	Min.	Max.	Ave.
Belgium	(1)						9	50	27				
Czech Republic	(2)						25.1	47.1	36.1				
Denmark							29.6	90			60	105	
Germany									40.9				
Estonia			77	141	128								
Greece							40	75			45	75	
Spain									42.8				
France						170	5	250	46	130	5	200	72
Italy							49	62			76	90	
Cyprus									123				153
Latvia											50	120	85
Lithuania			20	41	30								
Luxembourg									40				
Hungary		2	24	48	30								
Netherlands-B							25	50					
Austria							50	70			80	100	
Poland							27	50	45.5				
Portugal									46.8				
Slovenia	(3)						35	44	39.5				
Slovakia											20	30	25
Finland													200
Sweden						26	66	274	144	19	88	329	216
United Kingdom	(4)				86.6								
United Kingdom	(5)					2	17.0	56.8	36.9				
Norway	(6)						100	150	125				

Notes:

Min. = minimum price recorded; Max. = maximum price recorded; Ave. = average price recorded.

Data were not available in 2003 for the un-listed EU member states.

(1) Figures reported as averages are actually middle points between minimum and maximum prices.

(2) Figures reported as averages are actually middle points between minimum and maximum prices.

(3) Figures reported as averages are actually middle points between minimum and maximum prices.

(4) The source is the National Crime Intelligence Service (NCIS).

(5) The source is the Independent Drug Monitoring Unit (IDMU).

(6) Figures reported as averages are actually middle points between minimum and maximum prices.

Source:

Reitox national focal points, see Table PPP-2 part (ii).

Table PPP-2 part (ii). Price of heroin at retail level, 2003. Sources of information

Country	Source	Country	Source
Belgium	Federal Police	Luxembourg	Judicial Police, Special Drug Unit
Czech Republic	Police Forces and General Directory of Customs	Hungary	Police Intelligence
Denmark	National Commisioner of Police	Netherlands	DIMS - Trimbos-Institute
Germany	Police register	Austria	Federal Ministry of the Interior
Estonia	Tallinn Police	Poland	Police Headquarter Warsaw
Greece	Central Anti-drug Coordinating Unit	Portugal	Institute on Drugs and Drug Addiction (IDT), based on Criminal Police (PJ) data.
Spain	Drugs National Central Office, Ministry of Interior	Slovenia	Police
France	French Observatory on Drugs and Drug Addiction (OFDT), Project TREND/SINTES	Slovakia	Investigation of outreach workers
		Finland	National Bureau of Investigation: UN/ARQ 2003
Italy	Ministry of the Interior, Central Directorate for Anti-Drug Services	Sweden	Regional Reporting System
		United Kingdom	National Crime Intelligence Service (NCIS), Independent Drug Monitoring Unit (IDMU)
Cyprus	Drug Law Enforcement Unity		
Latvia	Forensic Service Department of the State Police	Norway	Police Headquarters of Oslo
Lithuania	Police Department under the Ministry of Interior		

Table PPP-3 part (i). Price of cocaine at retail level, 2003. Minimum, maximum and average price in euros

Country		Cocaine (1 gram)			
		Sample size	Min.	Max.	Ave.
Belgium	(1)		10	75	45
Czech Republic	(2)		47.1	94.2	70.6
Denmark			30	90	
Germany					60.1
Estonia			51	77	64
Greece			70	100	
Spain					34.4
France		364	10	150	71
Italy			79.5	99	
Cyprus					147
Latvia			22	54	38
Lithuania			35	61	48
Luxembourg			30	85	57.5
Hungary		5	48	100	60
Netherlands			40	50	45
Austria			70	90	
Poland			23	57	36.4
Portugal					41.4
Slovenia	(3)		65	70	67.5
Slovakia			64	88	76
Finland					134
Sweden		26	66	121	92
United Kingdom	(4)				78.1
United Kingdom	(5)	301	28.4	85.2	64.0
Norway	(6)		100	250	175

Notes:

Min. = minimum price recorded; Max. = maximum price recorded; Ave. = average price recorded.

Data were not available in 2003 for the un-listed EU member states.

(1) Belgium: figures reported as averages are actually middle points between minimum and maximum prices.

(2) Czech Republic: figures reported as averages are actually middle points between minimum and maximum prices.

(3) Slovenia: figures reported as averages are actually middle points between minimum and maximum prices.

(4) UK: the source is the National Crime Intelligence Service (NCIS).

(5) UK: the source is the Independent Drug Monitoring Unit (IDMU).

(6) Norway: figures reported as averages are actually middle points between minimum and maximum prices.

Source:

Reitox national focal points, see Table PPP-3 part (ii).

Table PPP-3 part (ii). Price of cocaine at retail level, 2003. Sources of information

Country	Source	Country	Source
Belgium	Federal Police	Luxembourg	Judicial Police, Special Drug Unit
Czech Republic	Police Forces and General Directory of Customs	Hungary	Police Intelligence
Denmark	National Commisioner of Police	Netherlands	DIMS - Trimbos-Institute
Germany	Police register	Austria	Federal Ministry of the Interior
Estonia	Tallinn Police	Poland	Police Headquarter Warsaw
Greece	Central Anti-drug Coordinating Unit	Portugal	Institute on Drugs and Drug Addiction (IDT), based on Criminal Police (PJ) data.
Spain	Drugs National Central Office, Ministry of Interior	Slovenia	Police
France	French Observatory on Drugs and Drug Addiciton (OFDT), Project TREND/SINTES	Slovakia	Investigation of outreach workers
		Finland	National Bureau of Investigation: UN/ARQ 2003
Italy	Ministry of the Interior, Central Directorate for Anti-Drug Services	Sweden	Regional Reporting System
		United Kingdom	National Crime Intelligence Service (NCIS), Independent Drug Monitoring Unit (IDMU)
Cyprus	Drug Law Enforcement Unit		
Latvia	Forensic Service Department of the State Police	Norway	Police Headquarters of Oslo
Lithuania	Police Department under the Ministry of Interior		

Table PPP-4 part (i). Price of synthetic drugs at retail level, 2003. Minimum, maximum and average price in euros

Country		Amphetamines (1 gram)				Ecstasy (1 tablet)				LSD (1 unit)			
		Sample size	Min.	Max.	Ave.	Sample size	Min.	Max.	Ave.	Sample size	Min.	Max.	Ave.
Belgium	(1)		7	7	7		4	7	5.5		7	13	10
Czech Republic	(2)		15.7	62.8	39.2		4.7	15.7	10.2		2.2	9.4	5.8
Denmark			5.6	26.3			3.8	7.5					
Germany					12.6				7.5				
Estonia			5.1	13	9.6		4	6.4	5.1		13	16	13
Greece			3	5			20	30			6	9	
Spain					17.6								
France		88	10	70	19	575	3	15	9.7	65	5	15	10
Italy			19	21			19.6	24			25	26	
Cyprus					13.7				14.8				15.3
Latvia			3	15	9		4	8	6		6	10	8
Lithuania			4	23	14		4	12	8		12	15	13
Luxembourg									10				
Hungary		4	3.2	10	8	5	2.4	8	4.8	5	4	6.8	6
Netherlands			4	10	6		1	7.5	3.5				
Austria			20	25			10	15			30	35	
Poland			4.5	22.7	13.6		2.3	9.1	5.7		4.5	11.4	8
Portugal									5.3				6.6
Slovenia	(3)						6.6	8.8	7.7		7	9	8
Slovakia			5	12.5	8.75		5	12.5	8.8		5	7.5	6.3
Finland					25				16				13.5
Sweden		41	16	55	30	41	7	22	14	14	5	11	9
United Kingdom	(4)				12.8				7.1				4.3
United Kingdom	(5)	143	7.1	28.4	13.8	316	2.8	7.1	5.2	166	2.8	7.1	5.8
Norway	(6)		25	50	37.5		12.5	18.8	15.7				

Notes:

Min. = minimum price recorded; Max. = maximum price recorded; Ave. = average price recorded.

Data were not available in 2003 for the un-listed EU member states.

(1) Belgium: figures reported as averages are actually middle points between minimum and maximum prices.

(2) Czech Republic: figures for amphetamines refer to methamphetamine (pervitin); figures reported as averages are actually middle points between minimum and maximum prices.

(3) Slovenia: figures reported as averages are actually middle points between minimum and maximum prices.

(4) UK: the source is the National Crime Intelligence Service (NCIS).

(5) UK: the source is the Independent Drug Monitoring Unit (IDMU).

(6) Norway: figures reported as averages are actually middle points between minimum and maximum prices.

Source:

Reitox national focal points, see Table PPP-4 part (ii).

Table PPP-4 part (ii). Price of synthetic drugs at retail level, 2003. Sources of information

Country	Source	Country	Source
Belgium	Federal Police	Luxembourg	Judicial Police, Special Drug Unit
Czech Republic	Police Forces and General Directory of Customs	Hungary	Police Intelligence
Denmark	National Commisioner of Police	Netherlands	DIMS - Trimbos-Institute
Germany	Police register	Austria	Federal Ministry of the Interior
Estonia	Tallinn Police	Poland	Police Headquarter Warsaw
Greece	Central Anti-drug Coordinating Unit	Portugal	Institute on Drugs and Drug Addiction (IDT), based on Criminal Police (PJ) data.
Spain	Drugs National Central Office, Ministry of Interior	Slovenia	Police
France	French Observatory on Drugs and Drug Addiction (OFDT), Project TREND/SINTES	Slovakia	Investigation of outreach workers
		Finland	National Bureau of Investigation: UN/ARQ 2003
Italy	Ministry of the Interior, Central Directorate for Anti-Drug Services	Sweden	Regional Reporting System
		United Kingdom	National Crime Intelligence Service (NCIS), Independent Drug Monitoring Unit (IDMU)
Cyprus	Drug Law Enforcement Unit		
Latvia	Forensic Service Department of the State Police	Norway	Police Headquarters of Oslo
Lithuania	Police Department under the Ministry of Interior		

Table PPP-5 part (i). Potency of cannabis products at retail level, 2003. Minimum, maximum and average potency measured as percentage of tetrahydrocannabinol content

Country		Cannabis resin				Cannabis leaves			
		Sample size	Min.	Max.	Ave.	Sample size	Min.	Max.	Ave.
Belgium		218	0.7	47	15.4	726	0.2	28	13.8
Czech Republic	(1)	15	1.7	28.2	15.0				
France-A		465	<2	21	9	96	<2	25	8.5
France-B		650	0.4	40	10	507	0.3	22	4
Italy		15	9	14	11.2	3	7	10	8.8
Latvia		15	3	5	3.8	152	0.2	4.1	2.2
Luxembourg			0.6	16.4	7.8				
Hungary		83	0.5	10		3011	0.01	6	1.2
Malta			10	11	10		5	8	7
Netherlands	(2)	53	4.8	29	18.2	17	2.3	12.6	7
Austria			0.1	17	8		0.5	19	4
Poland		76	0.0	2.5	0.6				
Portugal		141	0.8	26.9	7.1	4	0.3	2.5	1.4
Slovakia		22	2.4	55.3	24.6	1157	0.1	35	3.8
Finland						200	0	14	1
United Kingdom		12	0.3	26	9.8	165	1.0	25	10.7
Norway		40	2	18	7	6	0.1	15	4

Notes:

Min. = minimum potency recorded; Max. = maximum potency recorded; Ave. = average potency recorded.

Data were not available in 2003 for the un-listed EU member states.

Cannabis leaves refers to herbal cannabis.

(1) Czech Republic: figures reported as averages are actually middle points between minimum and maximum potencies.

(2) Netherlands: data refer to 2003/2004.Cannabis resin refers to imported cannabis resin; cannabis leaves refers to imported herbal cannabis. There is also data available for locally-produced herbal cannabis (nederwiet): sample size 68; min. 8.1; max. 29.4; average 20.3.

Source:

Reitox national focal points, see Table PPP-5 part (ii).

Table PPP-5 part (ii). Potency of cannabis products at retail level, 2003. Sources of information

Country	Source	Country	Source
Belgium	EWS (Laboratory Network)	Malta	Forensic Science Laboratory
Czech Republic	Police Forces & Criminalistic Institute Prague	Netherlands-A	THC Monitor
France-A	Laboratory of the Scientific Police in Lyons (Laboratoire de la Police Scientifique de Lyon)	Austria	Federal Ministry of the Interior
		Poland	Central Forensic Laboratory
France-B	Customs Laboratory (Laboratoire des Douanes)	Portugal	Criminal Police Scientific Laboratory - Toxicology
Italy	Ministry of the Interior, Central Directorate for Anti-Drugs Services	Slovakia	KEÚ PZ
		Finland	National Bureau of Investigation: UN/ARQ 2003
Latvia	Forensic Service Department of the State Police	United Kingdom	Forensic Science Service
Luxembourg	Judicial Police, Special Drug Unit	Norway	The National Bureau of Crime Investigation
Hungary	Criminal Professional and Researchal Institute		

Table PPP-5 part (iii). Potency of cannabis products at retail level, 2003. Sampling frame/type of study

Country	Sampling frame/type of study	Country	Sampling frame/type of study
Belgium	All seizures/routine analysis of seizures.	Malta	All seizures/routine analysis of seizures.
Czech Republic	All seizures/routine analysis of seizures.	The Netherlands-A	User's level: random tests purchases in coffee shops/monitoring system.
France-A	All seizures/routine analysis of seizures.		
France-B	All seizures/routine analysis of seizures.	Austria	All seizures/routine analysis of seizures.
Italy	Analysis of seizures were requested for prosecution/identification purposes. Average potency of cannabis resin is based on seizures of less than 20 grams and of cannabis leaves on seizures of less than 40 grams.	Poland	All seizures/routine analysis of seizures.
		Portugal	All seizures/routine analysis of seizures.
		Slovakia	Dealer's level and user's level: all seizures/routine analysis of seizures.
		Finland	All seizures/routine analysis of seizures.
Latvia	All seizures/routine analysis of seizures.	United Kingdom	All seizures/routine analysis of seizures.
Luxembourg	All seizures/routine analysis of seizures.	Norway	Analysis takes place only in special circumstances/routine analysis of seizures.
Hungary	All seizures/routine analysis of seizures.		

Table PPP-6 part (i). Purity of heroin at retail level, 2003. Minimum, maximum and average purity (percentage)

Country		Heroin (undistinguished)				Brown heroin				White heroin			
		Sample size	Min.	Max.	Ave.	Sample size	Min.	Max.	Ave.	Sample size	Min.	Max.	Ave.
Belgium	(1)	98	0.1	68	19.4								
Czech Republic	(2)					20	3.3	20.3	11.8				
Denmark	(3)						1	76	25		34	81	64
Germany	(4)									3930			10
Estonia										111	0.2	63	37
Greece	(5)								15.7				
Spain									32				
France-A		332	<5	>50	18.7								
France-B		808	<10	80-90	27								
Italy		9	2	15	7.3								
Latvia						114	1	91	14				
Lithuania		102	0.2	81	8								
Luxembourg							0.9	47.8	12.5				
Hungary	(6)	123	3	35	15								
Malta							15	45	40				
Netherlands-B		27		76	32.5								
Austria							3	50	6				
Portugal						220	0.1	69.9	17.3				
Slovakia						926	1	30.7	10.2				
Finland											2.7	31	6
United Kingdom						5072	0.1	88	32.7				
Norway						280	1	70	23	8			70

Notes:

Min = minimum purity recorded; Max = maximum purity recorded; Ave = average purity recorded.

Data were not available in 2003 for the un-listed EU member states.

(1) In 2003, for 57 samples no colour was given, for the others 'brown' was indicated.

(2) Figures reported as averages are actually middle points between minimum and maximum purities.

(3) Figures reported as averages refer to median values.

(4) figures reported as averages refer to mode values.

(5) The colour of heroin samples in 2003 ranged from beige to brown.

(6) White heroin is rarely in circulation, so there is no separate data collection of white and brown heroin.

Source:

Reitox national focal points, see Table PPP-6 part (ii) (page 12.11).

Table PPP-6 part (ii). Purity of heroin at retail level, 2003. Sources of information

Country	Source	Country	Source
Belgium	EWS (Laboratory Network)	Italy	Ministry of the Interior, Central Directorate for Anti-Drugs Services
Czech Republic	Police Forces & Criminalistic Institute Prague		
Denmark	Institute of Forensic Medicine, University of Aarhus	Latvia	Forensic Service Department of the State Police
		Lithuania	Forensic Service
Germany	Bundeskriminalamt (Federal Criminal Office)	Luxembourg	Judicial Police, Special Drug Unit
Estonia	Estonia Forensic Service Centre	Hungary	Criminal Professional and Researchal Institute
Greece	Central Anti-Drug Coordinating Unit/State General Chemical Laboratory, 2004	Malta	Forensic Science Laboratory
		Netherlands-B	DIMS Trimbos Institute
Spain	Drugs National Central Office, Ministry of Interior	Austria	Federal Ministry of the Interior
		Portugal	Criminal Police Scientific Laboratory - Toxicology
France-A	Laboratory of the Scientific Police in Lyons (Laboratoire de la Police Scientifique de Lyon)	Slovakia	KEÚ PZ
		Finland	National Bureau of Investigation: UN/ARQ 2003
France-B	Customs Laboratory (Laboratoire des Douanes)	United Kingdom	Forensic Science Service
		Norway	The National Bureau of Crime Investigation

Table PPP-6 part (iii). Purity of heroin at retail level, 2003. Sampling frame/type of study

Country	Sampling frame/type of study	Country	Sampling frame/type of study
Belgium	All seizures/routine analysis of seizures.		purity of heroin is based on seizures of less than 2.5 kg.
Czech Republic	All seizures/routine analysis of seizures.		
Denmark	User's level/monitoring system.	Latvia	All seizures/routine analysis of seizures.
Germany	All seizures (although street level for heroin)/routine analysis of seizures.	Lithuania	All seizures/routine analysis of seizures.
		Luxembourg	All seizures/routine analysis of seizures.
Estonia	All seizures/routine analysis of seizures.	Hungary	All seizures/routine analysis of seizures.
Greece	Total population (all seizures)/routine analysis of seizures. Average purity of heroin is based on samples weighting less than 100 grams.	Malta	All seizures/routine analysis of seizures.
		Netherlands-B	User's level: samples supplied by potencial users to care institutions/monitoring system.
Spain	Average purity of a 'gram': total population/routine analysis of seizures.	Austria	All seizures/routine analysis of seizures.
		Portugal	All seizures/routine analysis of seizures.
France-A	All seizures/routine analysis of seizures.	Slovakia	Dealer's level and user's level: all seizures/routine analysis of seizures.
France-B	All seizures/routine analysis of seizures.		
Italy	Analysis of seizures were requested for prosecution/identification purposes. Average	Finland	All seizures/routine analysis of seizures.
		United Kingdom	All seizures/routine analysis of seizures.
		Norway	All seizures/routine analysis of seizures.

Table PPP-7 part (i). Purity of cocaine products at retail level, 2003. Minimum, maximum and average purity (percentage)

Country		Cocaine				Crack			
		Sample size	Min.	Max.	Ave.	Sample size	Min.	Max.	Ave.
Belgium		225	0.18	100	71.4				
Czech Republic	(1)	5	31.7	31.7	31.7				
Denmark	(2)		7	81	37				
Germany	(3)	2775			32	168			73.2
Estonia		35	14	99	50				
Greece					42.6				
Spain					51				
France-A		1080	<10	>90	63.7				
France-B		2013	traces	89	63	109	21	88	65
Italy		17	10	95	45.4				
Latvia		17	23	99	72				
Lithuania		30	16	86	45	1			94
Luxembourg			0.3	91.3	62.5				
Hungary		116	25	90	40				
Malta			40	60	50				
Netherlands-B		217		99	65.4				
Netherlands-C		73		89	50				
Austria			3	90	40				
Poland		6	20	88	83				
Portugal		168	8.4	98.9	39.4	15	10.9	91.7	72.5
Slovakia		15	7.7	82.5	60.4				
Finland							59	74	70
United Kingdom		2058	0.1	95	51.2	2778	0.4	100	69.6
Norway		80	30	100	63				

Notes:

Min. = minimum puriy recorded; Max. = maximum puriy recorded; Ave. = average puriy recorded.

Data were not available in 2003 for the un-listed EU Member States.

(1) Figures reported as averages are actually middle points between minimum and maximum purities.

(2) Figures reported as averages refer to median values.

(3) Figures reported as averages refer to mode values.

Source:

Reitox national focal points, see Table PPP-7 part (ii).

Table PPP-7 part (ii). Purity of cocaine products at retail level, 2003. Sources of information

Country	Source	Country	Source
Belgium	EWS (Laboratory Network)	Latvia	Forensic Service Department of the State Police
Czech Republic	Police Forces & Criminalistic Institute Prague	Lithuania	Forensic Service
Denmark	Institute of Forensic Medicine, University of Aarhus	Luxembourg	Judicial Police, Special Drug Unit
		Hungary	Criminal Professional and Researchal Institute
Germany	Bundeskriminalamt (Federal Criminal Office)	Malta	Forensic Science Laboratory
Estonia	Estonia Forensic Service Centre	Netherlands (B,C)	DIMS Trimbos Institute
Greece	Central Anti-Drug Coordinating Unit/State General Chemical Laboratory, 2004	Austria	Federal Ministry of the Interior
		Poland	Central Forensic Laboratory
Spain	Drugs National Central Office, Ministry of Interior	Portugal	Criminal Police Scientific Laboratory - Toxicology
		Slovakia	KEÚ PZ
France-A	Laboratory of the Scientific Police in Lyons (Laboratoire de la Police Scientifique de Lyon)	Finland	National Bureau of Investigation: UN/ARQ 2003
		United Kingdom	Forensic Science Service
France-B	Customs Laboratory (Laboratoire des Douanes)	Norway	The National Bureau of Crime Investigation
Italy	Ministry of the Interior, Central Directorate for Anti-Drugs Services		

Table PPP-7 part (iii). Purity of cocaine products at retail level, 2003. Sampling frame/type of study

Country	Sampling frame/type of study	Country	Sampling frame/type of study
Belgium	All seizures/routine analysis of seizures.	Latvia	All seizures/routine analysis of seizures.
Czech Republic	All seizures/routine analysis of seizures.	Lithuania	All seizures/routine analysis of seizures.
Denmark	User's level/monitoring system.	Luxembourg	All seizures/routine analysis of seizures.
Germany	All seizures (although street level for cocaine)/routine analysis of seizures.	Hungary	All seizures/routine analysis of seizures.
		Malta	All seizures/routine analysis of seizures.
Estonia	All seizures/routine analysis of seizures.	The Netherlands-B	User's level: samples supplied by potencial users to care institutions/monitoring system.
Greece	Total population (all seizures)/routine analysis of seizures. Average purity of cocaine is based on samples weighting less than 100 grams.	The Netherlands-C	User's level: seizures by security at discotheques and clubs/monitoring system.
Spain	Average purity of a 'gram': total population/ routine analysis of seizures.	Austria	All seizures/routine analysis of seizures.
		Poland	All seizures/routine analysis of seizures.
France-A	All seizures/routine analysis of seizures.	Portugal	All seizures/routine analysis of seizures.
France-B	All seizures/routine analysis of seizures.	Slovakia	Dealer's level and user's level: all seizures/routine analysis of seizures.
Italy	Analysis of seizures were requested for prosecution/identification purposes. Average purity of cocaine is based on seizures of less than 2.5 kg.	Finland	All seizures/routine analysis of seizures.
		United Kingdom	All seizures/routine analysis of seizures.
		Norway	All seizures/routine analysis of seizures.

Table PPP-8 part (i). Purity of synthetic drugs at retail level, 2003. Minimum, maximum and average purity (percentage)

Country		Amphetamine			
		Sample size	Min.	Max.	Ave.
Belgium	(1)	179	0.5	100	30.5
Czech Republic	(2)	150	50	75	62.5
Denmark	(3)		2	34	9
Germany	(4)	1430			7.5
Estonia		415	1	100	29
France-A		46	<10	>90	25
France-B		63	1.5	72	19
Latvia		303	3	91	40
Lithuania	(5)	162	1	76	40
Luxembourg			6.8	30.75	15.8
Hungary		534	2	55	15
Malta			20	50	40
Netherlands-B		345		73	33.1
Netherlands-C		12		66	17.7
Austria			1	99	10
Poland		701	2	99	30-50
Slovakia	(6)	172	1.8	80	49
Finland		600	2.8	98	35
United Kingdom		1392	0.02	74	10.8
Norway		440	1	98	50

Notes:

Min = minimum purity recorded; Max = maximum purity recorded; Ave = average purity recorded.

Data were not available in 2003 for the un-listed EU member states.

(1) Both amphetamine and methamphetamine and combinations of the two are counted. There were 167 samples containing only amphetamine, 5 samples containing only methamphetamine and 7 samples that contained both. For the statistics, only the percentage of amphetamine is counted.

(2) Figures refer to methamphetamine (pervitin); figures reported as averages are actually middle points between minimum and maximum purities.

(3) Figures reported as averages refer to median values.

(4) Figures reported as averages refer to mode values.

(5) There is also data available for methamphetamine: sample size 432; min. 2; max. 69; average 40.

(6) Figures refer to methamphetamine.

Source:

Reitox national focal points, see Table PPP-8 part (ii) (page 12.14).

Table PPP-8 part (ii). Purity of synthetic drugs at retail level, 2003. Sources of information

Country	Source	Country	Source
Belgium	EWS (Laboratory Network)	Lithuania	Forensic Service
Czech Republic	Police Forces and Criminalistic Institute Prague	Luxembourg	Judicial Police, Special Drug Unit
Denmark	Institute of Forensic Medicine, University of Aarhus	Hungary	Criminal Professional and Researchal Institute
		Malta	Forensic Science Laboratory
Germany	Bundeskriminalamt (Federal Criminal Office)	Netherlands (B and C)	DIMS Trimbos Institute
Estonia	Estonia Forensic Service Centre	Austria	Federal Ministry of the Interior
Spain	Drugs National Central Office, Ministry of Interior	Poland	Central Forensic Laboratory
France-A	Laboratory of the Scientific Police in Lyons (Laboratoire de la Police Scientifique de Lyon)	Slovakia	KEÚ PZ
		Finland	National Bureau of Investigation: UN/ARQ 2003
France-B	Customs Laboratory (Laboratoire des Douanes)	United Kingdom	Forensic Science Service
Latvia	Forensic Service Department of the State Police	Norway	The National Bureau of Crime Investigation

Table PPP-8 part (iii). Purity of synthetic drugs at retail level, 2003. Sampling frame/type of study

Country	Sampling frame/type of study	Country	Sampling frame/type of study
Belgium	All seizures/routine analysis of seizures.	Malta	All seizures/routine analysis of seizures.
Czech Republic	All seizures/routine analysis of seizures.	Netherlands-B	User's level: samples supplied by potencial users to care institutions/monitoring system.
Denmark	User's level/monitoring system.		
Germany	All seizures/routine analysis of seizures.	Netherlands-C	User's level: seizures by security at discotheques and clubs/monitoring system.
Estonia	All seizures/routine analysis of seizures.		
Spain	Average purity of a 'gram': total population/routine analysis of seizures.	Austria	All seizures/routine analysis of seizures.
		Poland	All seizures/routine analysis of seizures.
France-A	All seizures/routine analysis of seizures.	Slovakia	Dealer's level and user's level: all seizures/routine analysis of seizures.
France-B	All seizures/routine analysis of seizures.		
Latvia	All seizures/routine analysis of seizures.	Finland	All seizures/routine analysis of seizures.
Lithuania	All seizures/routine analysis of seizures.	UK (England and Wales)	All seizures/routine analysis of seizures.
Luxembourg	All seizures/routine analysis of seizures.		
Hungary	All seizures/routine analysis of seizures.	Norway	All seizures/routine analysis of seizures.