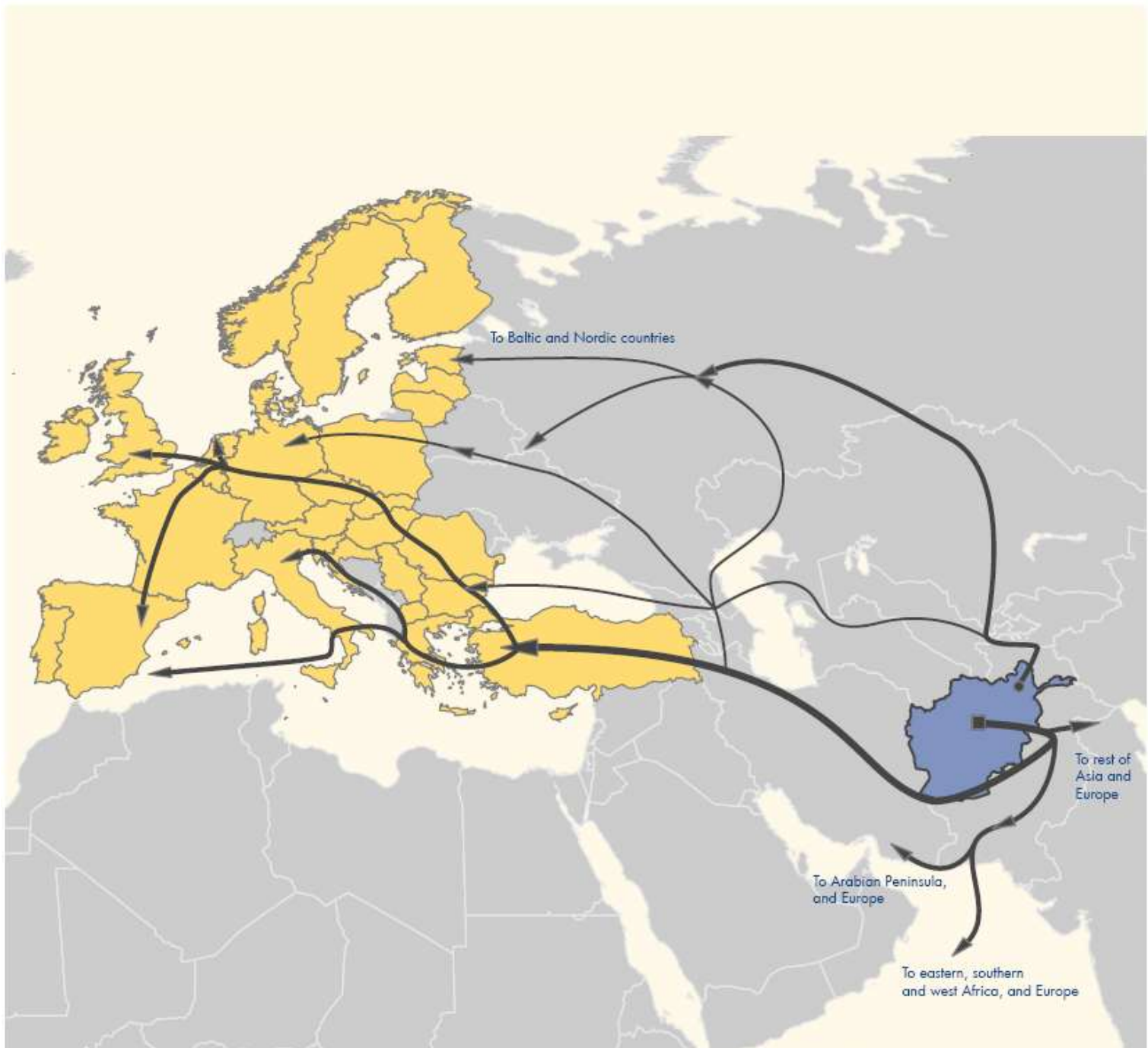


## The drug situation in Europe — new perspectives and some old realities

1. A strong voice from **Europe** in an important year for reflection and policy formation.
2. Drug use and the application of **criminal sanctions**: a mixed picture
3. **New survey** explores young people's attitudes to drug use
4. Drug use **prevention**: evidence base grows but practice is slow to change
5. Drug **treatment**: more emphasis on outcomes and client needs
6. Stronger signals that the **popularity of cannabis** use may be declining
7. **Domestic cannabis** production: the big unknown
8. **Cocaine** use still growing in a segmented European market for stimulant drugs
9. Developments in **synthetic drug** production in Europe increases concerns about environmental costs
10. Cocaine trafficking through west Africa: an area of concern and action
11. **Heroin problems** not diminishing alongside reports of increased use of synthetic opioids
12. **Drug injecting and HIV**: overall picture positive but important national differences
13. **Drug-related deaths**: a major burden on public health
14. **Internet** and market innovation pose challenges to drug policy
15. Growing recognition of the importance of dialogue with **civil society**
16. European drug **research** and the need for **transnational cooperation**

Figure 6: Main heroin trafficking flows from Afghanistan to Europe



# Responding to drug problems in Europe — an overview

## Introduction

This page presents an overview of the responses to drug problems in Europe, where possible highlighting trends, developments and quality issues. The set of measures reviewed here includes prevention, treatment, harm reduction and social reintegration, which taken together form a **comprehensive demand-reduction system**. The page also includes a review of the available data on the needs of **drug users in prisons** and the existing responses in this particular setting. In addition, future monitoring challenges in another field of drug policy, **drug supply reduction**, are briefly discussed.

## Topics

1. Prevention
2. Treatment
3. Harm reduction
4. Social reintegration
5. Health and social responses in prison

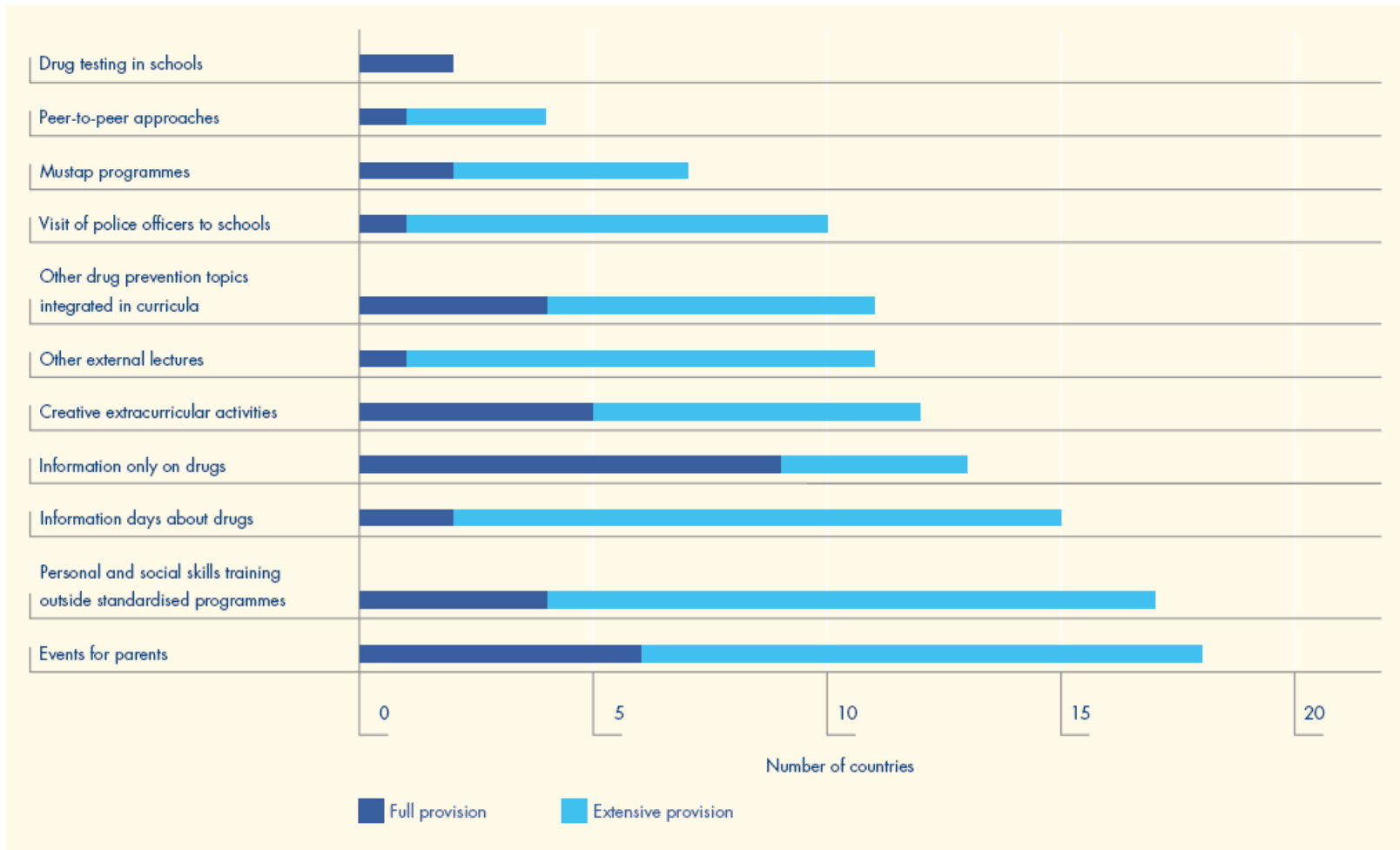


# Prevention

Drug prevention can be divided into different levels or strategies, from environmental to indicated prevention, which ideally do not compete but complement each other.

## 1. Universal prevention

Figure 3: Most frequent intervention types in universal school-based prevention



NB: Mustap = multisession, standardised programmes with printed material.

Sources: Reitox national focal points.

## 2. Selective prevention

Selective prevention is guided by social and demographic indicators, such as unemployment, delinquency or truancy rates. It intervenes with **specific groups, families or entire communities**, where people, due to their **scarce social ties and resources**, may be more likely to develop drug use or progress into dependency.

## 3. Indicated prevention

Indicated prevention aims to identify **individuals with behavioural or psychological problems** that may be predictive for developing problem substance use later in life, and to target them individually with **special interventions**. Such individuals include school dropouts, and those with psychiatric disorders, antisocial behaviour or early signs of drug use.

### **Efficacy and risks of interventions**

Drug use among **children and in families** remains the main focus of targeted prevention in Europe. (...) Both selective and indicated prevention may moderate the effect of an **early developmental disadvantage, its translation into social marginalisation and subsequent progression into substance abuse**. Several research studies have shown that interventions delivered during the early school years, aimed to improve **educational environments and reduce social exclusion**, also have a moderating effect on later substance use.

## Treatment

The present section aims to provide an overview of drug treatment in Europe, describing the organisation and provision of services.

### Organisation

In general, drug-treatment services are mainly provided through the public sector in EU Member States, though non-governmental organisations (NGOs) may play an equal role), or even be the main provider of treatment services. Nevertheless, funding for drug treatment is mostly provided by the public purse or is linked to social or health insurances.

### Provision

Drug treatment takes place in a variety of settings, including outpatient and inpatient treatment centres, general practice, low-threshold agencies and prison.

**Outpatient settings**, including general practice, account for most of the treatment for drug use in Europe, mainly because substitution treatment is usually delivered in these settings.

Treatment in **inpatient settings** takes place mostly in therapeutic communities, psychiatric hospitals and specialised departments in general hospitals. The services provided range from short-term detoxification to prolonged psychiatric and abstinence-based treatment programmes. Residential services can be particularly suited for drug users with complex treatment needs, due to co-morbid physical and mental health problems.

## Harm reduction

The prevention and **reduction of drug-related harm** is a public health objective in all Member States and in the EU drug strategy and action plan. The main interventions in this field are **opioid substitution treatment** and **needle and syringe exchange programmes** (NSPs), which target overdose deaths and the spread of infectious diseases.

In addition, most countries provide a range of **healthcare and social services** at low-threshold agencies. However, some countries report that the implementation of harm-reduction measures has been delayed due to the lack of political support.

Due to the specific profile of the Baltic States and Romania with regard to HIV/AIDS, international donors continue to play an important role in these countries. Financial support for harm-reduction activities is provided by the Global Fund '**Programme to fight against AIDS, malaria and tuberculosis**', while in Estonia, Lithuania and Latvia, UNODC has recently launched the project 'HIV/AIDS prevention and care among injecting drug users and in prison settings'.

## Social reintegration

**Drug users in treatment** often report high levels of **unemployment and homelessness**. Such disadvantage tends also to be more widespread among specific groups of users, particularly women, heroin and crack users, those who belong to ethnic minorities and those with co-morbid psychiatric problems.

In practice, reintegration services may offer **vocational counselling, work placements** and **housing support**, while prison-based interventions may link inmates to community-based housing and social support services in preparation for their release.

Helping drug treatment clients find employment is a key element in social reintegration, as one in every two clients entering treatment is unemployed.

## Health and social responses in prison

Prisons represent an important setting for the delivery of health and social interventions to drug users.

### Drug use

Data available from a variety of studies continue to point to an **over-representation** of drug users in European prisons, compared to the general population (... 50 % in most studies, and up to 84 % in a women's prison in England and Wales).

The **most damaging forms** of drug use may also be concentrated among prisoners, with some studies reporting that more than a third of those surveyed have ever injected drugs.

The fact that drugs find their way into most prisons, despite all measures being taken to reduce the supply of drugs, is recognised by both prison experts and policymakers. (...) This raises concerns around the potential spread of **infectious diseases**, especially in relation to the sharing of injection equipment.

### Healthcare

The responsibility for healthcare in prison lies, in most countries, with the ministry of justice.