



emcdda.europa.eu

Country Overview Guidelines

July 2010

TABLE OF CONTENTS

INTRODUCTION	3
1. SOCIAL DEMOGRAPHIC OVERVIEW.....	4
2. DRUG USE AMONG THE GENERAL POPULATION AND YOUNG PEOPLE	4
3. PREVENTION.....	5
4. PROBLEM DRUG USE.....	6
5. DRUG TREATMENT DEMAND	6
6. DRUG RELATED INFECTIOUS DISEASES	6
7. DRUG RELATED DEATH	7
8. TREATMENT RESPONSES	7
9. HARM REDUCTION RESPONSES	8
10. DRUG MARKETS AND DRUG RELATED OFFENCES	8
11. NATIONAL DRUG LAWS	9
12. NATIONAL DRUG STRATEGY.....	9
13. COORDINATION MECHANISM IN THE FIELD OF DRUGS.....	9
TERMINOLOGY AND GLOSSARY OF TERMS.....	10

Introduction

What is a Country overview ?

A Country Overview is a structured synopsis of the trends and characteristics of the national drug problem and responses to it. Country Overviews are available for the 28 EMCDDA Member States, Candidate Countries, Potential candidate countries and neighbouring countries.

What is the purpose of a Country Overview ?

The main purpose of the Country Overview is to provide policy makers, researchers, journalists and the general public with a brief synopsis of up-to-date data, trends and core characteristics of the state of the national drug problem and responses to it. As such it is not intended to be used for comparison of data across Member States, which is provided by other EMCDDA-designed products.

What is the periodicity ?

For **EMCDDA Member States, Turkey and Croatia**, the reporting period of each Country Overview is based on the latest National Reports, Standard Tables and Standard Questionnaires submitted by National Focal Points on a yearly basis.

What is the basic structure of the Country Overview ?

The structure of the Country Overview is based on a standard reporting template which is made up of 13 chapters.

Chapter 1 to chapter 9 gives an overview on the drug situation and the (public) health, social and legal responses to drug use in the country. Chapter 10 to chapter 13 give an overview on drug markets, law and coordination mechanism in the field of drugs.

What is the average length of the Country Overview ?

In total the Country Overview should be approximately 8 to 10 pages long.

What are the aims of these guidelines ?

These guidelines aim to provide a clear and structured step-by-step process to facilitate the process of drawing up the first Country Overview. Furthermore, these guidelines aim to ensure that all country overviews have a consistent structure and outline.

Where are the Country Overviews published?

Country Overviews are published on the EMCDDA website through the following link:
<http://www.emcdda.europa.eu/publications/country-overviews>

1. Social Demographic overview

Aim: To provide a general demographic data overview about the country

	Year	Country	EU (27 countries)	Source
Surface area	2009			
Population	2009		499 695 154	Eurostat
GDP per capita in Purchasing Power Standards ⁽²⁾	2009		100	Eurostat
Inequality of income distribution	2008		5.0	Eurostat
Unemployment rate	2009		8.9%	Eurostat
Prison population rate (per 10 ⁵ of national population)	2008		17%	Council of Europe, SPACE I 2008.1

2. Drug use among the general population and young people

Aim: To provide a brief overview on drug use in the general population, in the school population and in youth population in general, and drug use among specifically defined groups (such as clubbers / dance partygoers), respectively.

GPS is one of the [Five EMCDDA Key Indicators](#), providing prevalence of drug use in the general population.

- ✚ Provide a brief overview of surveys undertaken on drug use among the [general population](#) for the specified population – e.g. residing in a specific city, region or the whole country) quoting target population, year of survey, sample size, drug use prevalence (lifetime, last year, last month), patterns of use, attitudes to drug use and trends in anything above if available.
- ✚ Provide a brief overview of surveys undertaken on drug use among young people such as the ESPAD schools survey project and the HBSC (WHO) School Survey on health behavior among school-aged children. If other school surveys were undertaken in the country, quote target (age) group and geographic coverage, year, etc. (see above).

3. Prevention

Aim: To provide a concise overview of the prevention interventions at national level on three main areas of intervention, namely: universal prevention, selective and indicated prevention interventions.

- ✚ Provide a general brief description on drug (illegal drugs use) [prevention](#) strategies and/or interventions and indicate which sectors (governmental, NGO, private) are involved in each prevention interventions / complex programs.
- ✚ A brief description of the [universal prevention](#) interventions that address the entire population (such as; national, local community, school, neighborhood) with messages and programmes aimed at preventing or delaying the abuse of illegal drugs accompanied by a brief description of what approach is being used, such as development of health lifestyle skills, or information dissemination and evaluation..
- ✚ A brief description of the [selective prevention](#) intervention that target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment, e.g. children of adult alcoholics, dropouts, or students who are failing academically, or youth in night entertainment setting. If such information is available, please state whether such activities are evaluated and what approach is being used.
- ✚ A brief description of [indicated prevention](#) interventions specifically targeted at individuals who are exhibiting early signs of substance abuse (but not ICD-10 criteria for addiction) and other problematic behavior. Please state whether such activities are evaluated and what approach is being used.

4. Problem drug use

Aim: To provide an overview of problem drug use estimates

[Problem Drug Use](#) (PDU) is one of the [Five EMCDDA Key Indicators](#), providing prevalence estimates of problem drug use.

- ✚ Please describe:
 - the method of how the estimate of problem drug use was obtained (if you quote expert opinion / guesstimate, state which expert or group of experts provided it)
 - and/or estimation produced by Rapid Assessment methods (author/s, year) - and/or nomination method in studies using snowball sampling and similar methods,
 - and/or some of the more sophisticated statistical modeling methods (additionally to the figure, provide author/s, method/s, and citation if the estimate was published).

5. Drug treatment demand

Aim: An overview of the population of drug users entering or in treatment

The [Treatment Demand Indicator](#) (TDI) is one of the [Five EMCDDA Key Indicators](#), describing the population of drug users entering [treatment](#).

- ✚ Provide figures about drug users entering treatment (medical and non-medical)
 - Those who entered treatment in the given year for the first time in their lives (First Treatment Demand)
 - All who were in the treatment at least once in the given year (ATD)
- ✚ List all important sociodemographic, drug use patterns and treatment related data about those two groups of patients in a comprehensive way.
- ✚ If FTD and ATD / treatment prevalence data reflecting the EMCDDA definition is not available then show “registered patients,” or whatever treatment-related indicator exists nationally. Describe ways how the people can fall under that registration; if possible, break down according to those ways categories; if more types of data for Treatment Demand Indicator is available, define each of them explaining differences in definition compared to the key indicator as defined by EMCDDA

6. Drug related infectious diseases

Aim: An overview of drug related infectious diseases such as HIV/AIDS, HCV and HBV among drug users

[Drug Related Infectious diseases](#) (DRID) is one of the [Five EMCDDA Key Indicators](#).

- ✚ HIV/AIDS and HCV in drug users should be described as a minimum; use standard UNAIDS reporting format well known to HIV-centre in your country (socio- demography; ways of transmission; stages of the disease; trends).

- ✚ If applicable, please indicate number of known HIV-seropositive¹ drug users and those confirmed as positive.
- ✚ Indicate if any seroprevalence study in the population of drug users was performed and if so, than how the population was (city district, city, region, nation);
- ✚ If available, include data on other diseases related to drug use in your country (such as; TBC, Sexually Transmitted Diseases, etc.).

7. Drug related deaths

Aim: An overview of the number of drug related deaths.

[Drug Related deaths](#) (DRD) is one of the [Five EMCDDA Key Indicators](#).

- ✚ Show the number of known fatal overdoses.
- ✚ Indicate your assessment of the quality of input data that is, the standard practice with unnatural deaths (who issues the death certificate?), how many percents of the deceased by unnatural death undergo autopsy and how many percents are checked for presence of illegal drugs in body tissues and/or fluids. Which substances were found?
- ✚ State, if any (cohort) studies on mortality of drug users were performed in your country.

8. Treatment responses

Aim: Brief overview on drug treatment comprising of institutional framework, availability of treatment services, substitution treatment and the legal framework on substitution treatment.

- ✚ Provide a brief overview of the [drug treatment](#) institutional framework comprising of policy, organisation and financing.
 - *Policy:* Is there a national drug treatment policy, action plan and what are its objectives?
 - *Organisation:* At what level is drug treatment coordinated (national/federal/local level)? Who is responsible for coordination of drug treatment if anyone (national/regional/local government body, public health system)?
 - *Financing:* Who provides funding for different kinds of drug treatment? Are health insurance schemes (mandatory / governmental / private) covering it (or only some drug treatment modalities, or none)?
- ✚ Provide a brief overview on the availability of drug treatment (approx. 5 lines).
 - State the availability of different types of treatment and the number of different treatment types available in the country according to:
 - ✓ [Outpatient psychosocial treatment](#);
 - ✓ [Inpatient psychosocial treatment](#);
 - ✓ [Maintenance treatment](#);
 - ✓ [Detoxification treatment](#);
 - ✓ Rehabilitation / resocialisation (describe the lengths and types of it).

Special attention should be paid to:

¹ that may be different from “confirmed HIV cases“ in some countries / situations

- ✚ Brief description of treatment for specific target group drug (e.g.: migrants, adolescents etc.)
- ✚ Brief (up to 10 lines) description of [substitution treatment](#) (if not available, state it and briefly describe discussion/s about its introduction or its absence):
 - Methadone and/or buprenorphine;
 - A brief description of the legal framework and practice of substitution treatment initiation (who is allowed to initiate substitution treatment, e.g.: any medical doctor or only specialised medical doctors or only doctors in specialised treatment centres). Is this stipulated in the national law or guidelines (quote law or guidelines);
 - If available, include the number of patients/[clients](#) in substitution treatment for the year of reporting and trends. Is there any substitution register existing ?

9. Harm reduction responses

Aim: An overview on harm reduction responses and the sectors which are involved in harm reduction

- ✚ Describe the amount, coverage and modalities of [harm reduction](#) responses (needle/syringes exchange/distribution, education of users about safer ways of drug use, vitamin help, motivation to treatment etc.).
- ✚ If available: describe the number of harm reduction beneficiaries in the country and the origin of the number (methodology how it was reported / estimated).
- ✚ State which sectors (governmental, NGOs, private) are involved in treatment responses and how.

10. Drug markets and drug related offences

Aim: To provide overview of major trafficking routes, drug related offences, and street price and purity of drugs.

- ✚ A brief description of major drug trafficking routes (from and towards the country).
- ✚ Major developments such as first discovery of clandestine laboratory.
- ✚ The quantity per drug in terms of number of [seizures](#) and quantity of seizures.
- ✚ [Price and purity](#) per drug at street level.
- ✚ Provide available numbers and trends for on [drug law offences](#):
 - (police) arrests,
 - cases brought to court,
 - sentenced criminals,
 - inmates;
 for each of the above, state source of the data, numbers and trends; where important, some socio-demographic data of offenders may be shown.

11. National drug laws

Aim: An overview of national drug laws related to drug use, drug trafficking and possession of drug/s

- + What are penalties for different types of drug crimes?
- + Is use or possession regarded as a criminal offence or decriminalised?
- + Describe any important milestones in the law (changes of law)
- + Are laws and penalties the same for all illegal drugs, or are different drugs classified differently (similarly to UK, Belgium or other countries)? What is the position of cannabis in this context?

12. National drug strategy

Aim: An overview of the national drug strategy

- + Does your country have a national drug strategy?
- + If yes, when was it approved?
- + By whom?
- + Time frame?
- + What are the objectives?
- + Is it the first national drug strategy?
- + Are there regional drug strategies?
- + Will it be evaluated?

13. Coordination mechanism in the field of drugs

Aim: A brief overview of the overall coordination mechanism in the field of drugs

- + Who is responsible for implementing the national drug strategy? If no strategy exists, is there any subject responsible for coordination of drug related intervention / policy? (governmental body, state institution, etc.)
- + Is this tasks shared by several institutions?
- + Is there an overall coordinating body or is this done by regional authorities?
- + Who will be responsible for the evaluation of the strategy / drug related intervention/s?

Terminology and Glossary of Terms

Clients

Refers to total number of clients during the course of the reporting year, preferably corrected for double-counting.

Detoxification treatment

Is a medically supervised intervention to resolve withdrawal symptoms. Usually it is combined with some psychosocial interventions for continued care. Detoxification could be provided as inpatient as well as a community-based outpatient programme.

Drug law offences (DLO)

'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.

Drug related death (DRD)

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'.

Drug related infectious diseases (DRID)

This area develops indicators for more reliable and comparable monitoring of hepatitis B/C and HIV in injecting drug users. This is necessary for identifying priorities for preventing further infections, for forecasting health-care needs and costs, and for monitoring the impact of preventive interventions.

Drug seizures data

EU countries provide data on the number of drug seizures and the quantities seized. Data are available for cannabis, heroin, cocaine, amphetamine, LSD and ecstasy.

Drug treatment

Treatment is any activity that directly targets individuals who have problems with their drug use and which aims to improve the psychological, medical or social state of those who seek help for their drug problems. This activity often takes place at specialised facilities for drug users, but may also occur in the context of in general services offering medical and/or psychological help to people with drug problems (Pompidou Group-EMCDDA Treatment Demand Indicator Protocol version 2.0, 2000).

EMCDDA Five key indicators

The EMCDDA five key indicators are:

- prevalence and patterns of drug use among the general population (population surveys);
- prevalence and patterns of problem drug use (statistical prevalence/incidence estimates and surveys among drug users);
- drug-related infectious diseases (prevalence and incidence rates of HIV, hepatitis B and C in injecting drug users);
- drug-related deaths and mortality of drug users (general population mortality special registers statistics, and mortality cohort studies among drug users);

- demand for drug treatment (statistics from drug treatment centers on clients starting treatment).

General population surveys (GPS)

General population surveys aim to obtain comparable and reliable information on: the extent and pattern of consumption of different drugs in the general population; the characteristics and behaviors of users; and the attitudes of different population groups towards drug use. The information collected is then used to assess the situation, identify priorities and plan responses.

Harm Reduction

The aims of a harm reduction approach are to reduce the incidence of drug use-related infections and overdose, and encourage active drug users to contact health and social services.

Indicative prevention

Indicated prevention aims to identify individuals who are exhibiting early signs of substance abuse (but not DSM-IV criteria for addiction) and other problem behavior and to target them with special interventions.

Inpatient treatment

Is treatment in which the patient spends the night in the treatment centre.

Outpatient treatment

Is treatment where the patient does not spend the night at the premises.

Prevention Intervention

Prevention intervention describes an activity that will be carried out in order to prevent substance use behavior. Prevention interventions can be realized in different settings and with different methods and contents. The duration can vary between one-off activities and long-term projects running for several months or more.

Price and purity information

Street prices of cannabis, heroin, cocaine, amphetamine, LSD and ecstasy in the different EU countries are provided in Euro. Also data on the potency of cannabis products and the purity of heroin (white and brown), cocaine products (cocaine and crack) and amphetamine are presented.

Problem Drug Use (PDU)

Injecting drug use or long duration/regular use of opioids, cocaine and/or amphetamines

Selective prevention

Selective prevention strategies target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment, e.g. children of adult alcoholics, dropouts, or students who are failing academically.

Substitution/Maintenance treatment

Treatment of drug dependence by prescription of a substitute drug (agonists and antagonists) for which cross-dependence and cross-tolerance exists, with the goal to reduce or eliminate the use of a particular substance, especially if it is illegal, or to reduce harm from a particular method of administration, the attendant dangers for health (e.g. from needle sharing), and the social consequences, (Demand Reduction – A Glossary of terms, UNDCP, no year).

Treatment centre

A treatment centre is any agency that provides treatment to people with drug problems. Treatment centers can be based within structures that are medical or non-medical, governmental or non-governmental, public or private, specialised or non-specialised. They include in-patient detoxification units, outpatient clinics, drug substitution programmes (maintenance or shorter-term), therapeutic communities, counselling and advice centres, street agencies, crisis centers, drug-treatment programmes in prisons and special services for drug users within general health or social-care facilities (Pompidou Group-EMCDDA Treatment Demand Indicator Protocol version 2.0, 2000).

Treatment demand indicator (TDI)

This indicator measures the yearly uptake of treatment facilities by the overall numbers entering treatment for drug use, and by the numbers amongst these of people entering for the first time (treatment incidence). 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 principally from outpatient clinics' treatment records.

Universal prevention

Universal prevention strategies address the entire population (national, local community, school, and neighborhood) with messages and programmes aimed at preventing or delaying the abuse of alcohol, tobacco, and other drugs.

Country overviews from the EU drugs agency
www.emcdda.europa.eu/publications/country-overviews

Over 30 national drug situations at a glance
 Synopsis
 Trends
 Key statistics
 Country rankings

Key statistics	Country	EU average
Number of people entering treatment for drug use (per 100,000 population)	1840	270
Number of people entering treatment for drug use (per 100,000 population) - first time	1420	270
Number of people entering treatment for drug use (per 100,000 population) - repeat	420	0
Number of people entering treatment for drug use (per 100,000 population) - maintenance	240	0
Number of people entering treatment for drug use (per 100,000 population) - shorter-term	180	0
Number of people entering treatment for drug use (per 100,000 population) - detoxification	120	0
Number of people entering treatment for drug use (per 100,000 population) - other	60	0
Number of people entering treatment for drug use (per 100,000 population) - total	1840	270

23
20
19
50
15
30
10