



Parliamentary Assembly
Assemblée parlementaire

<http://assembly.coe.int>



Declassified/ Déclassifié*

AS/Jur/Inf (2019) 12
05 November/novembre 2019
afjdoc12 2019

[Original language only]

**Committee on Legal Affairs and Human Rights
Commission des Questions Juridiques et Droits de l'Homme**

**Drug policy and human rights in Europe: a baseline study
Politique en matière de drogues et droits de l'homme en Europe:
une étude de référence**

Replies to questionnaire / Réponses au questionnaire

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* Document declassified by the Committee on 15 November 2019. / Document déclassifié par la Commission le 15 novembre 2019.

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SYNOPSIS / RÉSUMÉ

[English]

1. In order to collect information for my report, I sent a questionnaire to national parliaments' research services, through the ECPRD network, requesting information on drug-related policies across Europe. I received 28 replies (see table of contents) and should like to warmly thank all participating parliaments for their helpful feedback. The original replies are available below, in the language in which they were received.

2. There is little consensus on what a 'human rights-based approach' means for the design, implementation, monitoring and evaluation of drug policies. The absence of such a consensus complicates member States' efforts to implement effective, harmonised policies. Less than half of the replies to my questionnaire state that human rights are explicitly referred to as a fundamental principle in their drug-related strategies.

3. But progress is being made. Member States are shifting towards greater balance between actions to relieve people who use drugs from addictions and marginalisation and fighting drug trafficking and other related crime. Such a shift is usually accompanied by the transfer of the overall competence for the coordination of drug policy from the Ministry of Interior to the Ministry of Health.

4. Nearly a third of the replies to my questionnaire indicated that their countries refrained from prosecuting minor drug-related offences, in order to prioritise public health, avoid worsening vulnerabilities and relieve prisons from overcrowding. Young people are an important target group for drug-related interventions. Some replies also referred to gender-sensitive approaches in drug-related services.

5. It is not clear from the answers whether States systematically assess the impact of their drug policy measures on the enjoyment of human rights. Although existing monitoring mechanisms, data collection methods and indicators give some understanding of human rights aspects, a comprehensive human rights-based review seems to be generally lacking at national level.

[Français]

1. Afin de recueillir des informations pour mon rapport, j'ai envoyé un questionnaire aux services de recherche des parlements nationaux, par l'intermédiaire du réseau du CERDP, demandant des informations sur les politiques en matière de drogue en Europe. J'ai reçu 28 réponses (voir la table des matières) et je voudrais remercier chaleureusement tous les parlements ayant participé pour leurs commentaires utiles. Les réponses originales sont disponibles ci-dessous, dans la langue dans laquelle elles ont été reçues.

2. Il n'y a guère de consensus sur la signification d'une « approche fondée sur les droits de l'homme » de la conception, de la mise en œuvre, du suivi et de l'évaluation des politiques en matière de drogue. L'absence d'accord en la matière complique les initiatives prises par les États en vue de mettre en œuvre des politiques efficaces et harmonisées. Moins de la moitié de ceux qui ont répondu à mon questionnaire mentionnent explicitement les droits de l'homme comme un principe de base de leur stratégie en matière de drogues.

3. On observe toutefois des progrès. Les États membres adoptent progressivement une approche arbitrant mieux entre les actions visant à libérer les personnes consommant des drogues de leurs addictions et de leur marginalisation, et la lutte contre le trafic et autres activités criminelles connexes. Ce passage s'accompagne généralement du transfert de la compétence générale de la coordination de la politique en matière de drogues du ministère de l'Intérieur au ministère de la Santé.

4. Près d'un tiers des pays qui ont répondu à mon questionnaire ont indiqué qu'ils ne poursuivent pas les délits mineurs liés à la drogue, préférant privilégier la santé publique, éviter d'aggraver les vulnérabilités et décongestionner la surpopulation carcérale. Les jeunes constituent un groupe cible important pour les interventions liées à la drogue. Certaines réponses mentionnent également des approches respectueuses du genre dans les services liés à la drogue.

5. Les réponses n'indiquent pas clairement si les États évaluent systématiquement l'impact de leurs actions liées à leurs politiques en matière de drogue sur la jouissance des droits de l'homme. Bien que les mécanismes de suivi, les méthodes de collecte de données et les indicateurs existants permettent de mieux comprendre les aspects relatifs aux droits de l'homme, un examen complet axé sur les droits de l'homme semble faire généralement défaut au niveau national.

ECPRD QUESTIONNAIRE

[English]

The present request was intended to provide information for the preparation of the report by Ms Hannah Bardell (United Kingdom, NR) on the integration of human rights in drug policy development as well as the evaluation of the policies' success and coherence, in Council of Europe member States.¹

Two questions were asked through the system made available by the European Centre for Parliamentary Research and Documentation (Request No. 4114) :

1. Is there a strategy to adopt a human-rights based approach to drug policies? If yes, how do national drug policies (i.e. laws, regulations, funding) integrate human rights?
2. How does your country evaluate the impact and costs of drug policies on individuals and society? Please provide information on existing monitoring mechanisms and data collection methods.

[Français]

La présente demande visait à fournir des informations pour la préparation d'un rapport de Mme Hannah Bardell (Royaume-Uni, NI) sur l'intégration des droits de l'homme dans l'élaboration des politiques en matière de drogue ainsi que l'évaluation du succès et de la cohérence de ces politiques dans les Etats membres du Conseil de l'Europe.²

Deux questions ont été posées via le système mis à disposition par le Centre Européen de Recherche et de Documentation Parlementaires (Demande N°4114) .

1. Existe-t-il une stratégie pour adopter une approche fondée sur les droits de l'homme pour les politiques en matière de drogues? Dans l'affirmative, comment les politiques nationales en matière de drogues (lois, règlements, financement) intègrent-elles les droits de l'homme?
2. Comment votre pays évalue-t-il l'impact et les coûts des politiques en matière de drogues sur les individus et la société ? Nous vous remercions de fournir des informations sur les mécanismes de suivi et les méthodes de collecte de données existants.

¹ Further information on the background to the report can be found in the motion for a resolution: [Doc. 14587](#). See also, the declassified introductory memorandum, [AS/Jur \(2019\) 25 Rev \(English\)](#), 26 June 2019.

² De plus amples informations sur le contexte du rapport sont disponibles dans la proposition de résolution : [Doc. 14587](#). Consulter également la note introductive déclassifiée, [AS/Jur \(2019\) 25 Rev \(français\)](#), 26 juin 2019.

ORIGINAL REPLIES

ALBANIA / ALBANIE

Replies received on 02/10/2019³

1. Is there a strategy to adopt a human-rights based approach to drug policies? If yes, how do national drug policies (i.e. laws, regulations, funding) integrate human rights?

The Albanian legislation, Law 8750/2001 on prevention and fight against cultivation and trafficking of illicit drugs doesn't have an article or specific legislative component related to the human rights of people who used drugs. As regards the integration of human rights in the drug policy, we refer to the National Plan for Drug Control 2019-2023, as the only document available, with the strategic objective of reducing the supply and demand for drugs. The drafting of this strategic document constitutes an important institutional act within the framework of state social efforts in general to tackle the phenomenon of drugs and minimize the consequent consequences.

The National Plan on Drug Control 2019-2023 has been drafted and is expected to be adopted soon. In its entirety, the National Plan comprises the principles of protection of human rights. Given the various aspects that this strategic plan addresses, a number of measures and interventions are defined which directly or indirectly consider the protection of human rights.

More specifically, the most significant interventions on this subject are presented below:

In terms of primary prevention, in the sub-chapter "Strategic objectives for the general population and at risk groups, as well as recommended interventions", one of the significant interventions foreseen are: Targeting and addressing vulnerable groups such as the Roma community, sex workers, LGBT community, people infected with HIV-AIDS and other sexually transmitted infections (STIs), immigrants, homeless people, people with mental health problems, convicts, etc., in raising their awareness through education and prevention of abuses with illegal drugs.

The respect of human rights` principles is highlighted as fundamental during the implementation process.

In this document, human rights are integrated in *Chapter VI*, which deals with the aspect of "Reducing the harm from drugs", and specifically to the principles of "Harm reduction", "Human Rights" as a separate principle. Harm reduction respects the basic human dignity and the rights of people who use drugs. It recognises the drug user's decision to use drugs as a fact and does not adjudicate or condemn or endorse drug use. Harm Reduction acknowledges the individual right of the drug user to self-determination and supports informed decision making in the context of active drug use. Emphasis is placed on personal choice, responsibility and self-management.

In terms of "Decriminalisation of drug users", the key recommendations set out are:

- Drug laws, policies and practices should be revised to remove criminal penalties for drug use, possession of drugs for personal use, possession of drug administration devices, and cultivation and purchase for personal use;
- The golden standard of decriminalisation is the abolition of all penalties for drug use and the provision of voluntary health and social services, including harm reduction interventions and addictive treatment programs. If an administrative sanction for drug use is imposed, it should be implemented as part of a framework that encourages access to health and social services and does not lead to network expansion;
- Decriminalisation measures should be accompanied by investments in health and social programs to ensure maximum health outcomes;
- The drafting and the approval of an "Act on Drug Abuse".

³ Reply prepared by the Ministry of Interior of Albania. Information provided mainly from the Ministry of Health and Social Protection as leader institution on drug policies and the Albanian State Police as a contributor in the area.

In terms of "Drug Treatment in the Penitentiary System", a number of recommended interventions consider and respect human rights principles, such as:

- Inclusion in the prison system of multidisciplinary psychosocial and health services, with the basic composition of a pathologist, a psychologist, a laboratory, a dentist and a nurse trained to treat inmates with psycho-physical dependence on substances.
- For women prisoners or detainees, conditions must be created in accordance with their multiple vulnerabilities.

2. How does your country evaluate the impact and costs of drug policies on individuals and society? Please provide information on existing monitoring mechanisms and data collection methods.

The work plan in the National Drug Control Strategy clearly sets out the financial cost of the interventions envisaged, as well as the financial contributors. The Strategy also sets out the format to be used for monitoring and evaluating this document in order to achieve timely and quality objectives and activities set out in this plan, more specifically:

- *Chapter XII*, in this document, specifically addresses the "Data Collection and Drug Information System" aspect, which includes:
 - o *Purpose*: The data collection and information system on drugs aims to collect valuable and reliable data on the use of drugs in our country, a better understanding of all aspects of the drug phenomenon and the impact of drug measures obtained, as well as using this data for situational analysis and evidence-based decision making.
 - o *Basic principles of drug information system*.
 - o *General analysis*.

Chapter XV addresses respectively the Monitoring and Evaluation aspect, addressing them in the appropriate elements and format, in order to determine the level of fulfilment of the objectives and priorities of the National Strategy against Drugs and their effectiveness through modern monitoring and evaluation instruments. The main basis of the strategy's monitoring and evaluation framework will be the set of qualitative and quantitative indicators set out in the work plan. The challenge for a more complete functioning of the monitoring and evaluation framework remains the interaction with regional level structures. The work plan also foresees the publication of annual progress reports.

AUSTRIA / AUTRICHE

Replies received on 04/10/2019 and 09/10/2019⁴

1. Is there a strategy to adopt a human-rights based approach to drug policies? If yes, how do national drug policies (i.e. laws, regulations, funding) integrate human rights?

Austria's first Addiction Prevention Strategy, which was adopted by a decision of the Council of Ministers in 2016, reflects the human-rights based approach in Austria's drug policy. The goal and purpose of the Strategy is to provide a guideline for all stakeholders in this field, linking the socio-scientific state of the art in the disciplines concerned with medical and psychosocial practice, and with all relevant actors in the areas of politics and administration. Rather than laying down a list of detailed measures, the Strategy aims at defining a common social approach to the issue of addiction, with clearly set goals and a framework that provides orientation for the development and implementation of measures at various levels and in various areas of responsibility. It thus serves as an 'umbrella' under which all activities, measures and developments are united.

The Strategy defines addiction as a disease, which must be treated as a disease. It is stressed that addiction is not just lack of willpower or a moral failure. People suffering from an addiction disease or displaying problematic patterns of use have a right to treatment, care and rehabilitation. In accordance with the principle of "treatment instead of punishment", advice as well as medical, psychological and social interventions are given priority over criminal prosecution. This principle is based on the premise that persons who traffic in illicit drugs on a professional basis shall be prosecuted, while largely refraining from punishing illicit drug users. Repressive measures must be taken in a carefully considered way. If they lead to the marginalisation of users and their having to resort to illegal scenes, this can result in elevated health risks. The strategy emphasises that adequate measures are needed to ensure public security.

The goals and principles of Austria's prevention and addiction policy are:

- to reduce to a minimum the harmful effects of psychotropic substance use and of behavioural addictions, i.e. to take preventive measures in order to minimize the development of addiction problems, or, if problems have become manifest, to control and resolve them through advisory interventions, treatment and rehabilitation, emergency interventions/harm reduction, as well as social and occupational (re)integration;
- to provide services, in the context of the health and social care system, to support addicted persons, whose disease often takes a chronic course, in line with their needs;
- to take appropriate steps to help persons suffering from addiction problems get healthier, from both an objective and subjective viewpoint, and to reintegrate them into social life or prevent their marginalisation;
- to enable addicted persons to gain control over their lives and to find a meaning in life through (re)integration into the labour market and social (re)integration;
- to foster the socially acceptable coexistence of all people in public spaces and in society.

A key role of addiction policy in Austria is to take ethically acceptable and appropriate measures in order to minimise the sum of all problems related to substance abuse and to addiction. This goal requires an addiction policy that is neither moralistic nor populist. Any decisions on which measures to take must not be influenced by economic or political interests on the part of decision-makers. The strategy provides that addiction policy in Austria must be oriented towards those who are suffering from addiction or are in danger of becoming addicted.

Nowadays, the importance of gender-sensitive approaches in order to avoid gender-related disadvantages has become an acknowledged fact, and therefore plays a key role in the context of Austria's addiction prevention and addiction help services as well. This requires a high level of awareness among practitioners in these fields of interventions, and continuous reflection on one's own patterns of behaviours towards clients or patients and towards cooperation partners and colleagues, to enable gender equality in patterns of thought, language and action.

⁴ Reply provided by the Federal Ministry of Labour, Social Affairs, Health and Consumer Protection for the Nationalrat and Bundesrat.

In the context of health policy questions, one must bear in mind that being a member of a democratic society includes the right to the best possible health (e.g., the UN Covenant on Social Rights; European Social Charter; EU Charter of Fundamental Rights), whereas there is no 'obligation towards health'. Wherever people are unable, due to social inequality, to change their situation in life for the better, or whenever they fail to gain access to the health care system, it is the task of the community to provide support to those people and to include marginalized groups, as well as people with disabilities.

The strategy states that addiction is a multifactorial disease, which is often chronically recidivating, and is associated with physical, psychological and social harm. Addiction is neither lack of willpower nor a moral failure. A large proportion of addicted patients suffer from other psychiatric and physical diseases as well. It is important to offer help services to persons who abuse substances or show problematic patterns of behaviour, even when they have not yet become dependent, in order to prevent addiction disease from becoming manifest. Following the addiction strategy the institutions of the health and social care system need to ensure that prevention, addiction services and security measures are implemented in an appropriate way. In order to enable long-term planning, funding must be guaranteed over a longer period.

2. How does your country evaluate the impact and costs of drug policies on individuals and society? Please provide information on existing monitoring mechanisms and data collection methods.

Outcome orientation is a central public management principle in Austria. Therefore, monitoring systems – of differing scope and degree of detail – have been established at the federal and political levels in order to keep track of the drug situation and to help advance the existing system of addiction/drug support services and strategies. Internal evaluations are also carried out to this effect, and in addition, external evaluations are commissioned in certain cases. The Austrian Addiction Prevention Strategy also mentions evaluation and quality assurance as key instruments of planning and control. The collection of routine data, as well as monitoring, serve as the background for research-led questions that are relevant for service provision, because observations or trends that become apparent in the context of routine data collection often give rise to scientific questions of practical relevance for addiction policy. Austria uses EMCDDA's five key epidemiological indicators in order to gain factual, objective, reliable and comparable information on drugs and drug addiction at national level. These indicators are based on the following elements of drug monitoring which exist in Austria:

- regular surveys on drug users among pupils (ESPAD) – most recent 2019
- regular surveys on drug use among the general population – next planned in 2020
- national treatment documentation system on drug related treatment DOKLI
- eSuchtmittel (online data collection system) including national data on opioid substitution treatment, notifications by the police, drug-related death data and drug-related data from health officers
- regular data collection concerning HCV and HIV in some treatment and low threshold facilities
- regular prevalence estimates of high-risk drug use based on capture-recapture method
- mortality cohort study on clients in OST
- early warning system on new psychoactive substances and risky consumption patterns

All information available is analysed in a synopsis (cross indicator analysis to compose the epidemiological puzzle) and published in two reports each year ("Report on the drug situation", "Epidemiologiebericht Sucht"). All data available has been harmonized with EMCDDA requirements as far as possible and is part of the yearly data collection of EMCDDA.

BELGIUM / BELGIQUE

Replies received in French on 20/09/2019⁵

1. Existe-t-il une stratégie pour adopter une approche fondée sur les droits de l'homme pour les politiques en matière de drogues ? Dans l'affirmative, comment les politiques nationales en matière de drogues (lois, règlements, financement) intègrent-elles les droits de l'homme ?

Les droits de l'homme sont inscrits comme une balise universelle dans la Constitution belge, le Code pénal et le Code de procédure pénale. La politique belge en matière de drogue s'appuie également sur les traités internationaux. La Belgique (SPF Justice) participe d'ailleurs aux travaux du Groupe Pompidou du Conseil de l'Europe. Ce groupe met l'accent sur les droits de l'homme dans les différents aspects de la lutte contre la drogue.

La politique belge en matière de drogue se caractérise par une approche globale et intégrée qui met l'accent sur la réduction de la consommation (problématique) de drogue, la réduction des risques pour les individus et la société, une amélioration de la santé et une réduction de la criminalité.

Dès lors que la politique belge en matière de drogue prend en compte et est conforme au cadre politique susmentionné, les droits de l'homme sont pris en compte lors de l'élaboration des lois et de la politique pénale. Il n'existe cependant pas de mécanisme spécifique qui contrôle que les droits de l'homme sont pris en compte dans la politique antidrogue.

2. Comment votre pays évalue-t-il l'impact et les coûts des politiques en matière de drogues sur les individus et la société ? Nous vous remercions de fournir des informations sur les mécanismes de suivi et les méthodes de collecte de données existants.

Compte tenu de la structure de l'État belge, la politique en matière de drogue relève à la fois des compétences de l'autorité fédérale ainsi que de celles des communautés et régions. Un accord de coopération a été conclu en 2002 entre les différentes autorités compétentes pour une politique de drogues globale et intégrée. Cette approche commune relève de la Conférence interministérielle sur la drogue (CIM). La Cellule générale de Politique en matière de Drogues (CGPD) vient en appui.

Consulter les [activités et réalisations pour la période 2014-2019, ainsi que les recommandations](#).

La CGPD assure également le suivi des dépenses publiques relatives aux drogues illicites, à l'alcool, au tabac et aux substances psychoactives. Deux rapports ont été réalisés. Le [dernier rapport](#) disponible présente les dépenses publiques pour les années 2014-2015. Le rapport relatif aux années 2016-2017 est en cours de préparation. Ce suivi permet de faire le point, le plus précisément possible, sur les dépenses directes des pouvoirs publics (de l'Etat fédéral, des Communautés et Régions) liées aux substances psychoactives. Il n'a cependant pas pour objectif d'évaluer les conséquences indirectes de leur consommation (comme les maladies causées par le tabac, par exemple). Ce travail est le fruit d'une large coopération entre les ministres impliqués dans la politique en matière de substances psychoactives. La méthodologie utilisée peut être consultée sur le lien mentionné ci-dessus.

Une étude a par ailleurs été réalisée en 2016 sur " Le coût social des drogues légales et illégales en Belgique " (SOCOST). Cette étude a été financée par le Bureau fédéral de la politique scientifique (BELSPO). L'étude SOCOST évalue les coûts sociaux des substances addictives (alcool, tabac, drogues illicites et médicaments psychoactifs) en Belgique pour l'année 2012. Le rapport prend en compte les coûts liés à la santé, à la criminalité et aux accidents de la circulation. L'étude compare la situation actuelle à une situation hypothétique dans laquelle la consommation de substances addictives n'aurait jamais existé.⁶ BELSPO mène également une étude scientifique qui vise à évaluer la politique globale et intégrée en matière de drogues (EVADRUG) évoquée ci-dessus. Les résultats de cette étude ne sont cependant pas attendus avant la fin de l'année 2021.

⁵ Replies provided by the Federal Parliament of Belgium for the House of Representatives and the Senate.

⁶ Elle est publiée sous: Lievens, D., Vander Laenen, F., Verhaeghe, N., Schils, N., Putman, K., Pauwels, L., Hardyns, W., & Annemans, L. (2016). The social cost of legal and illegal drugs in Belgium; Antwerpen, Maklu. Un résumé de l'étude est disponible en ligne, en [français](#) et en [anglais](#).

¹ Further information on the background to the report can be found in the motion for a resolution: [Doc. 14587](#). See also, the declassified introductory memorandum, [AS/Jur \(2019\) 25 Rev \(English\)](#), 26 June 2019.

CROATIA / CROATIE

Replies received on 30/09/2019⁷

1. Is there a strategy to adopt a human-rights based approach to drug policies? If yes, how do national drug policies (i.e. laws, regulations, funding) integrate human rights?

The implementation of national drug policy advocates and promotes the principles arising from the Constitution of the Republic of Croatia, Croatian legislation, United Nations conventions, EU regulations and Council of Europe instructions. Therefore, all National Drug Strategy to date include principles that ensure, among other things, the protection of human rights. The same is reflected in the following.

The National Strategy is in line with Croatian legislation, ratified international conventions and treaties and EU regulations which the Republic of Croatia has integrated into its legal system. The national strategy recognizes and promotes common international and European values, which includes respect for human dignity, freedom, democracy, equality, solidarity, responsibility, the rule of law and human rights including the right to health, health care and equal access to services. People with addiction problems are confronted with different forms of stigma and social exclusion, and it is therefore necessary to ensure the equal status of these persons in all spheres of social life and equal inclusion in the educational, social, health and labour markets, with equal treatment during the court trial and serving a prison sentence.

The principle of protection of children, young people and families is one of the fundamental rights arising from the Constitution of the Republic of Croatia and international conventions and represents the right of individuals, especially children, young people and families, to a healthy life, which includes the responsibility of society to ensure protection from those life circumstances that favour development of risk and behavioural dependencies and the emergence of various forms of addiction. Therefore, the state is obliged to implement programs within the health, social and educational system with the aim of preventing, delaying and reducing the use of certain addictive substances.

The principle of equality ensures that all persons affected by some form of addiction and their families have, regardless of gender, age, religion, sexual orientation, socio-economic and legal status, language, culture and other personal characteristics, equal access to services and care that are appropriate to individual needs and health status. This principle also includes respect for the specificity of the gender dimension in the design and implementation of programs arising from the area of the National Strategy. The principle of individual approach imposes the need for programs and interventions to be developed and implemented in accordance with the needs of individuals, in order to be appropriate to their life circumstances and individual needs, and that the services provided fulfil the purpose. The principle of inclusiveness and continuity implies a holistic approach that views the problem of addiction as a consequence of a multi-level, individual and broader social event involving stakeholders from different sectors in the fields of social care, health, education, justice, home affairs, NGOs. The principle of an integrated, balanced, responsible and multidisciplinary approach implies interventions that ensure progressive policies, taking into account current trends, specificities and patterns of use of legal and illegal means of addiction. In order to achieve this principle, the state support the balance development of all professionally and scientifically based approaches and programs. The principle of decentralisation implies the equal representation and availability of services, programs and interventions at local community level in accordance with the specificities and needs of each community.

Based on a Decision of the Government of Republic of Croatia on reducing the number of agencies, institutes, funds, trade associations, foundations and other legal entities with public authorities from 2nd August 2018 and by entry into force of Law on healthcare (OG 100/18) from 1st January 2019, the Croatian National Institute for Public Health incorporated all affairs, financial funds, rights and obligations held by the ex-Office For Combating Drug Abuse Of The Government Of The Republic Of Croatia. In accordance with the aforementioned Law, affairs of drug policy coordination and national

⁷ Reply provided by the Service for Combating Drugs Abuse, Croatian Institute of Public Health.

informational unit are now being carried out within the scope of work of the National Institute for Public Health. The National Institute for Public Health together with the Ministry of Health are responsible for drug policy and coordination.

The third strategic document in the Republic of Croatia on the drugs issue, the National Strategy on Combating Drug Abuse for the period 2012-2017, was adopted by the Croatian Parliament on 26 October 2012 for a six-year period. The strategy is being implemented through the second of the two action plans, which was adopted by the Croatian Government on 2 April 2015 for the period 2015-2017. The National Strategy and the Action Plan on Combating Drug Abuse provide exact tasks of respective ministries and state administration bodies, local and regional self-government units, civil society organisations and other entities in implementing the drug demand and supply reduction programme, but also in the area of coordination, monitoring and evaluation of the National Strategy implementation.

The National Strategy encompasses seven major areas: demand reduction (through addiction prevention among children and youth at all levels (universal, selective and indicated), prevention programmes at the local community level, addiction prevention in the workplace, medical and psychosocial treatment, including measures for treatment of addicts in the penal system, harm reduction, resocialisation and social reintegration of addicts), supply reduction (through suppression of drug supply and availability, suppression of illegal production and trafficking in precursors, penal policy in the area of drugs), education, national information system (monitoring, research, evaluation), coordination, international cooperation and financial resources needed for the implementation of the strategy. Each area of the National Strategy has defined objectives and priorities directly linked to action plans aimed at their realisation and implementation at the state and local level, and within international cooperation.

The National Action Plan on Combating Drug Abuse for the period 2015-2017 provides a more detailed description of respective objectives and methods for the implementation thereof, implementation deadlines, estimate of financial resources needed for the implementation of respective measures, as well as concrete tasks of respective implementation bodies for the observed budgetary period. The Action Plan has 24 specific objectives which are elaborated in 20 components through individual measures and specific activities.

In 2018 new strategic documents that represented a shift and new approach to the creation of an integrated and coherent policy in this area were completed. The new draft National Strategy to Combat Addiction for the 2019-2028 period and the draft Action Plan, defining the national objectives and priorities of addiction and behavioural addiction policies, as well as the key activities, principal actors and deadlines. Taking into consideration new trends and challenges, a draft National Strategy and Action plan is the result of consultation and debate on the need to redefine and redirect the current national strategic framework in the domain of behavioural addiction policies for various psychoactive substances in a manner that – in place of the individual strategies in force in the prior period and under the competences of various departments – a single strategic document be created that will target all types of addiction, in particular psychoactive substances, alcohol, tobacco, drugs and addiction, gambling/betting, excessive use of the Internet and social networks, etc.

The vision of previous and the new National Strategy is to reduce supply and demand of drugs, and through an integrated and balanced approach provide adequate protection of the lives and health of children, young people, families and individuals, maintain a state of widespread use of various means of addiction and the emergence of behavioural addictions within the limits of socially acceptable risk, so as not to impair the fundamental values of society and endanger the safety of the population, reducing associated health and social risks, and implementing an effective policy to reduce the availability of illicit addictions (drugs a) and associated organized crime at all levels. These new documents, therefore, provide an all-encompassing national orientation to policies targeted at addictions and behavioural addictions with the aim to reduce the use of legal and illegal psychoactive substances and the development of behavioural addictions.

National strategic documents are in line with the objectives, priorities and measures established in drugs strategic EU documents, but they also take into account nation-specific needs and conditions. The National Strategy and Action Plan promote a multidisciplinary, integrated and well-balanced approach that combines both demand and supply reduction as two main policy areas. Demand

reduction includes measurable decrease in use of drugs, addiction and other related health and social effects by developing and improving the efficient, integrated, comprehensive and evidence-based drug reduction system, including the measures for prevention, early intervention, treatment, harm reduction, rehabilitation and social reintegration of addicts. Supply reduction includes measurable decrease of drug supply and availability by improving successful, efficient and research-based applicability of law related to drug and precursors production and transport, organized crime, street reduction and money laundering connected to organized drug-related crime.

The objectives laid down in the National Strategy and Action Plan:

- Prevent and reduce use of drugs and other psychoactive substances, in particular in among children and youth
- Decrease the scope of problems related to drug abuse and addiction, as well as drug-related health and social risks
- Reduce the availability of drugs at all levels, reduce all forms of attendant crime
- Enhance, upgrade and network the system for combating drug abuse and addiction at the national and local level

The mechanisms established for the purpose of combating drug abuse and circulation of drugs, alternatives to imprisonment, special obligations, the measure of compulsory addiction treatment, special evidentiary measures and other instruments relating to the penal and misdemeanour aspects of drug abuse are governed by the Criminal Code, Criminal Procedure Act, Probation Act, Misdemeanour Act and by the Drug Abuse Prevention Act as the central act governing all major issues relating to drug abuse. Since 2013, the possession of drugs for personal use is sanctioned as a misdemeanour offence. Production and circulation of drugs are criminal offences for which several qualifying circumstances have been foreseen in the Criminal Code (selling in specific places, or the perpetrator is a particular person, or a child is used for distribution, or the offence has been committed by an official in connection with their service or public authority).

There are several instruments in place offering alternatives to punishment. Possession of drugs in quantities for personal use is sanctioned as a misdemeanour and includes imposing of a fine or imprisonment up to 90 days and a compulsory measure of treatment in compliance with the provisions of the Drug Abuse Prevention Act. Pursuant to the Criminal Code, if the perpetrator of a criminal offence is also an addict, in addition to community work, the court may impose special obligations and protective supervision (probation), including treatment or continuation of treatment of alcohol, drug or other addiction in a health care institution or withdrawal in a therapeutic community. The Criminal Procedure Act provides the so-called principle of opportunity, enabling the State Attorney's Office to discontinue criminal proceedings in the case of a report for a criminal offence punishable by a fine or imprisonment of up to 5 years, if the defendant is serving a punishment or a security measure, and there is no purpose in instituting the proceedings for another criminal offence due to its gravity, nature of the offence and motives leading to its commitment, as well as to results the criminal law sanction had on the perpetrator in disabling them from committing criminal offences in the future, and if the defendant takes on the obligation of performing community service work or submitting themselves to treatment of drug abuse or other addictions pursuant to special regulations. The principle of opportunity is mostly used by state attorneys specialized in youth, and the reports involving the younger members of the public are rejected pursuant to this principle. Criminal reports can also be dismissed under Criminal Code, which provides that there shall be no criminal offence, although its material elements have been realised, if the offence is obviously insignificant with regard to perpetrator's culpability and the incurred consequences and it is not necessary to punish the perpetrator (the so-called insignificant offence).

Treatment of drug users is primarily carried out in the health system, and certain forms of NGOs, and within the prison and probation system. Within the healthcare system, the treatment of drug users or drug addicts is divided into inpatient and outpatient treatment systems. Treatment in the hospital system is provided for drug users who wish to abstain and have considerable physical and mental comorbidities. However, the basic form of drug treatment organization in Croatia is outpatient treatment, which is carried out in the mental health, prevention and outpatient services of county public health institutes. For drug addicts who can be motivated to complete withdrawal (a drug-free procedure), there is the possibility of providing services in the home for children or adults addicted to alcohol, drugs and other psychoactive agents and therapeutic communities.

Certain forms of treatment are also implemented within the associations and therapeutic communities that are organized and operate as NGOs. Treatment are also implemented in prisons and the probation system, and the main principle of treatment in the prison system is to provide people with substance abuse appropriate treatment under the same principles and conditions as in the healthcare system. Treatment of drug addicts and drug users is implemented through two basic forms of intervention: substitution therapy and psychosocial treatment. The Guidelines for psychosocial treatment of drug addicts in the healthcare, social welfare and prison system in the Republic of Croatia were adopted in 2014. They defined the standards for the implementation of psychosocial treatment. The main goal of the guidelines is to enhance the drug addiction treatment quality by defining and setting standards of evidence-based psychosocial interventions aimed at drug abusers. The purpose of the guidelines is to provide assistance to experts conducting specific types of treatment when determining appropriate psychosocial intervention in particular circumstances.

Guidelines for programmes conducted in the area of harm reduction in connection with drug abuse were developed in 2015. The Guidelines contain a description of harm reduction areas and the provision of services according to the specific categories of service beneficiaries. The overall goal of the Guidelines is to give recommendations for the optimum implementation of the programmes, while providing access to interventions in all areas of the Republic of Croatia, and to present good practice and innovative programmes

Methadone substitution therapy in addiction treatment in the Republic of Croatia has been applied since 1991, whereas the controlled application of methadone use was established by the National Strategy on Combating Narcotic Drug Abuse in 1996. Since 2006 the costs of buprenorphine pharmacotherapy of addicts has been borne by the Croatian Health Insurance Fund. In the second half of 2009 buprenorphine was supplemented by the buprenorphine / naloxone combination. Both medications are available to addicts. Due to the complexity of the addiction treatment procedures and different effects of opioid agonists and possible abuse, treatment with opioid agonists as a special programme is laid down in the Guidelines for methadone pharmacotherapy of opioid addicts, which were adopted by the Croatian Government in 2006, and the Guidelines for buprenorphine, which were adopted by the Ministry of Health in 2007. The above Guidelines set out in detail the indications and criteria for referral to and withdrawal from a program, types of program, methods to set therapy dosage, persons authorized to conduct respective parts of the therapy procedure, administration of medications, records-keeping and expert supervision over the implementation of the programme. Since the therapy of persons in treatment is prescribed according to a strictly defined procedure on the basis of the medical opinion by an authorized physician in line with the Guidelines, any use and possession of the therapy, which is not based on medical documentation and which is not found in quantities determined by an authorized physician, constitutes abuse.

Medical products and cannabis-based preparations in the form of oil solution have been available on the Croatian market since 2015 and are available at prescription in pharmacies of the selected primary care physician, based on the recommendation of a specialist doctor. The Law on Amendments to the Anti-Drug Abuse Act (Official Gazette, No. 39/19) allows the cultivation and production of hemp for medical purposes. The Ministry of Health will only grant approval for the cultivation of hemp for medical purposes to legal entities holding a manufacturing license of the Agency for Medicinal Products and Medical Devices for the manufacture of a medicinal product or active substance.

Addiction recovery and rehabilitation programs through the provision of packages of services aimed at successfully maintaining abstinence and their social reintegration in Croatia have been systematically implemented since 2007 as part of the Drug Addiction Resocialization Project. In order to encourage the employment of socially vulnerable groups, including drug addicts, the implementation of measures to encourage education and employment of drug addicts through vocational guidance and active co-financing and financing of education and employment are provided.

In order to ensure the availability of various programs and contents throughout the Republic of Croatia in accordance with the real needs of individual local communities, addiction prevention programs are implemented at the level of 21 counties. On July 19, 2017, the Ministry of Science and Education adopted Minimum Standards for the Prevention of Addiction for Children and Youth in the Education System, and in accordance with its scope of responsibility in cooperation with the Agency for Education, ensures implementation and supervision over the application of the Minimum Standards.

All projects implemented in schools and other educational institutions must comply with the Minimum Standards.

2. How does your country evaluate the impact and costs of drug policies on individuals and society? Please provide information on existing monitoring mechanisms and data collection methods.

Since the existing National Strategy on Combating Drug Abuse in the Republic of Croatia and the accompanying Action Plan were in force until 31 December 2017, in early 2017, evaluation of the National Strategy on Combating Drug Abuse in the Republic of Croatia for the 2012 – 2017 period was carried out. The aim of the evaluation was to conduct an evidence-based analysis of the effects of the measures laid down in the National Strategy, the proportion of the achieved goals in the total goals set out in the Strategy, and the results achieved in the implementation of the priority activities thereunder.

The evaluation results were compiled in a separate report available in English, together with the summary of results in Croatian, available on the website: <https://drogeiovisnosti.gov.hr/vijesti/predstavljani-rezultati-evaluacije-nacionalne-strategije-suzbijanja-zlouporebe-droga/1304>.

The evaluation methodology was based on the analysis of the report on implementation of the Strategy in the previous 6-year period, interviews with the key stakeholders responsible for implementation of measures from both the Strategy and Action Plan and a structured questionnaire.

A standardized, online survey questionnaire was used in March 2017 on a sample of representatives of ministries and other public bodies, county commissions for combating drug abuse, services for mental health protection, addiction prevention and outpatient treatment and civil society organizations. The objective of the survey was to get input about the existing National Strategy: whether it covered all the relevant areas in the domain of combating drug abuse, to what degree the set goals have been met, whether its implementation contributed to an increase in quality in terms of policy and capacity building in this area and changes in epidemiology and drug-related crime in the period from 2012, what the main goals and priorities of the new National Strategy for the 2019-2028 period should be and whether the implementation of the Strategy had any impact on achievements in terms of the national drug policy. All in all, 353 respondents – representatives of key stakeholders responsible for implementation of measures from both the National Strategy and Action Plan – were included in the process (107 representatives of state administration and public bodies, 49 representatives of CSOs, 175 representatives of local and regional (self) government units and 22 representatives of experts and hospitals), whereas 175 of them responded to the survey. All 175 responses were complete.

The final evaluation phase included interviews (focus group meetings) with representatives of key stakeholders responsible for implementation of measures from both the National Strategy and Action Plan at national and local level. The interviews were based on the data collected in the survey that allowed for additional insights in terms of the current implementation of the National Strategy. This was analysed through discussions with experts / practitioners who dealt with different aspects of addiction and drug-related problems in their daily work and who had hands-on experience in coordination of drug policies at the local level, prevention/education/treatment, law enforcement/judicial activities, treatment at the level of prison system, NGO sector, social integration and public opinion.

The overall conclusion of the evaluation was that the majority of planned activities as described in the National Strategy and Action Plans had been successfully completed. The national response to the issue of drugs was developed in line with recommended EU standards, guidelines and experiences and can, in many ways, be considered an example of good practice. The overall drug policy had changed from response to a domestic "heroin" crises in late 90s and 00s towards an integrated and comprehensive drug treatment system over the previous decade. The period of the implementation of the existing National Strategy clearly showed tangible results in addressing some critical issues in the past such as reducing supply, demand and harm related to heroin use, rebalancing law enforcement and health interventions, and unburdening of the criminal and prison system. In respect of significant progress made during the implementation of the Strategy, the evaluators have emphasised the following:

- Data regarding “people in treatment” and “new entries” showed a clear and steady decrease in treatment demand for heroin-related problems. The data provided a clear picture of a steady population of aging (ex) opiate users the majority of whom were in OST treatment and under medical care. There were no signs of the presence of a substantial population of opiate users who were not in treatment. In line with internationally considered good practice, the drug treatment system provided a number of in-patient and out-patient treatment options of which the main ones included psychosocial interventions, detoxification, therapeutic communities and opiate substitution treatment.
- Changes in the criminal code and the establishment of a penal rehabilitation programme, both in 2013, led to a decline in the number of imprisonments. These changes (providing alternatives to imprisonment such as suspended sentencing, conditional release or community service) resulted in a decrease of incarceration sentences and decreased the pressure on the prison system. A second benefit was a substantial reduction of (young) people with criminal records.
- The Quality Assurance systems had been improved during the period of the implementation of the last National Strategy. The standards for various sorts of treatment and care were developed and implemented throughout the country. Ongoing training and capacity building in respect of the standards, guidelines, trends and developments contributed to the increased levels of professionalism among practitioners in the field.
- The National Strategy and the attendant Action Plans proved to be effective in achieving a number of key objectives and had contributed to significant progress in terms of anti-drug activities and the related problems. However, a number of issues regarding the overall coordination of implementation of the Strategy and related activities remained to be addressed.
- One critical issue mentioned by many stakeholders was the need for high quality prevention and education among youth. Young people had limited knowledge on the effects and risks of use of new psychoactive substances (NPS), while on the other hand NPS were perceived as less risky than “classic” drugs. The evaluators pointed out that it was necessary to make a clear distinction between real issues (e.g. problematic use or increase in health-related risks related to use of these drugs) and perceived (“media”) issues and noted that there was a lack of clear, factual information about drugs among young people, which drove young people to “experiment by trial and error”.
- Another related issue touched upon by many experts and stakeholders was the need for a comprehensive strategy on all addictive substances, including alcohol, tobacco and prescription substances and addictive behaviour such as problematic gambling or internet use.
- Prevailing drug treatment in Croatia was largely focused on heroin use and generally gave a choice between opiate substitution treatment (OST) or a long stay in a therapeutic community. Several experts warned against the lack of treatment options, especially online interventions and part-time programmes. There was a need for a more integrated model for prevention, treatment and care for addictive substances and addictive behaviour.
- Diversion and non-medical use of OST medications was considered one of the main issues in the current drug treatment system. There was inadequate insight into the background, nature and extent of the diversion onto the illegal market. It was not known how to properly address the problem.
- In cases when policies needed adjustments, the drug policy system was less capable of addressing new needs and challenges. The Office for Combating Drug Abuse had a limited mandate, limited enforcing capacity and options to make actual policy adjustments without the approval and direction at the political level. Such a structure (the Office without mandate and authority to make major adjustments) hampered effective policy making and coordination.

The data collected through interviews and survey findings were used to identify a number of priorities and guidelines that the new National Strategy should be based on. In general, the evaluators recommended continuing the current approach and direction of the National Strategy and maintaining the basic principles on a “balanced approach”, policies based on “evidence, health and human rights” and the guiding coordination and cooperation structures. The evaluation results pointed a number of priority areas that needed to be highlighted in new strategic documents:

- Include all addictive substances and addictive behaviours in one overarching National Strategy.

- More attention and focus should be placed on the areas of prevention and education. Promote ongoing innovation in the prevention sector, develop new approaches and methods.
- Continue the legal reform (such as the 2013 decriminalization of possession of drugs for personal use) in order to provide better health/social outcomes and unburden the law enforcement systems.
- Invest in early interventions and diversification of treatment options in between OST treatment and therapeutic communities that enabled individuals to access health care and treatment that might be more suitable for them and in line with their life circumstances such as e-health (online) treatment or interventions, rehabilitation day programmes etc.
- A need and quality assessment was recommended. It should also include a client satisfaction survey and an overview of the existing OST system to amend the current methods and practice.
- Increase access to reliable and factual information on the nature and content, health effects, preventive and other demand reducing measures for (potential) consumers, media and the general public on substances, including illicit ones.
- Increase the quality and effectiveness of the Early Warning system (EWS) on NPS for practical use by the general public and experts.
- Streamlining and strengthening of the overall policy making system and process was recommended in this area.

The evaluation conclusions and recommendations served as a basis to define the priorities of the National Strategy to Combat Addiction for the 2019 – 2028 period.

With the aim to evaluate the addiction treatment system and to determine to what extent existing treatment interventions in Croatia are available and suitable to meet the needs of users entering treatment, in 2016, the Office and the Netherlands Institute of Mental Health and Addiction (Trimbos Institute) initiated a project that will be conducted in two stages. The first stage was conducted from September to December 2016 and it included an evaluation/study of the quality, effectiveness and capacities of the services that provide therapy/treatment to persons with drug problems. The study was focused on the drug market, inpatient and outpatient treatment system, analysis of the coordination and cooperation between different systems and identification of key challenges and evaluation issues. It also provided recommendations for further research in this area. The second stage of the project started in the second half of 2017. It focused on the evaluation of the substitution therapy administration within addiction treatment. The evaluation methods included focus groups with various stakeholders on national and local level (in Zagreb, Rijeka, Osijek and Split), representatives of competent authorities and services for mental health protection, addiction prevention and outpatient treatment, family medicine physicians who distribute substitution therapy, police officers dealing with drug crime, representatives of associations who conduct harm reduction programmes, users on substitution therapy and addicts who are not included in substitution therapy.

With a view to develop the evaluation process and related implementation tools further, a compliance analysis on the management of public resources in comparison with the strategic priorities laid down in the National Strategy and the Action Plan in the period 2009-2012 was conducted under the Study of public expenditures and establishment of performance indicators in the field of combating drug abuse in the Republic of Croatia.

Activities on combating abuse of drugs and drug addiction were monitored in five groups of activities:

- addiction prevention,
- treatment of addicts,
- social reintegration,
- harm reduction programmes and,
- penal system.

The study proposed indicators for monitoring results in these areas and measuring success in the accomplishment of strategic objectives in combating drug abuse. Within the framework of the research "Assessment of public expenditure effectiveness in combating drug abuse in the Republic of Croatia", conducted in 2013 by the Office for Combating Drug Abuse in cooperation with the Institute of Economics in Zagreb, a new set of indicators was developed with a view to assess the performance and realization of goals in combating drug abuse and addiction in the Republic of Croatia. These indicators are used to quantify the achieved results and outcomes. They can be

monitored on an annual basis. The above-mentioned indicators are integrated into the Action Plan and consist of 26 performance indicators in total: 5 performance indicators for prevention activities, 7 performance indicators for treatment activities, 6 performance indicators for social reintegration activities, 4 performance indicators for drug-related harm reduction activities, and 4 performance indicators for activities in the penal system.

Activities conducted by public bodies in the area of combating drug abuse and financed from state or county budgets, i.e. the financial plans of institutions, have been grouped according the classification provided by Reuter (2006).

Labelled public expenditures have been split into five groups of activities: addiction prevention, treatment, social reintegration, harm reduction programs and the penal system; and as total public expenditures in the area of combating drug abuse into five main public functions in line with international classification of the functions of government (COFOG) of the United Nations, namely general public services, public order and safety, health, education and social protection. Labelled public expenditures in the area of combating drug abuse were established by way of a survey, thus collecting data directly from public institutions at the national and regional level and from civil society organizations. The survey served to collect data on different types of current and development expenditures for the implementation of a number of measures for combating drug abuse in the areas of addiction prevention, treatment, social reintegration, harm reduction programmes and the penal system.

Most public bodies do not have labelled public expenditures intended for combating drug abuse and drug addiction in their budgets, i.e. there are no special-purpose programmes, activities and/or projects and a plan for the allocation of appropriate resources to activities aimed at combating drug abuse and drug addiction; rather they are financed within regular activities. Despite the fact that the budgets of these public bodies do not allow a conclusion on the amounts spent on combating drug abuse, for many public bodies it can be well said that a part of their total resources was intended for combating drug abuse. Such expenditures, called unlabelled public expenditures hereunder, are therefore to be estimated because they cannot be identified and extracted from the data on the public body budgets.

The methodology for estimating unlabelled public expenditures is based on the assumption that unlabelled public expenditures constitute the part of public expenditures which remain after labelled public expenditures for combating drug abuse are deducted from the total public expenditures of a public body. The part of public expenditures relating to unlabelled expenditures can be established approximately by using certain indicators of the expenditures used for combating drug abuse. The calculation of unlabelled expenditures of a public body is achieved using the following formula:

$$\text{Unlabelled expenditures} = \text{indicator} * (\text{total expenditures} - \text{labelled expenditures})$$

The indicators applied herein are based on adequate data assessed as referring to the total amount of resources of a particular public body intended for combating drug abuse. These indicators are relative figures establishing a relationship between an amount strictly connected with drugs and the respective area. When selecting the indicators, data contained in publicly available international databases were used to enable the application of the methodology of similar indicators in other countries and in the following years. Where international sources were inaccessible, publicly available Croatian statistics and data from competent public bodies were used. In this way respective indicators used for estimating total unlabelled expenditures and expenditures by public functions (COFOG) were used. Estimated total public expenditures in 2018 amounted to HRK 882.741.355, 40. Although the presented estimate may lead to the conclusion that a high amount of public expenditure is allocated to combating drug abuse, on average they only account for 0.59% of total public expenditures or 0,23% of the GDP.

CYPRUS / CHYPRE

Replies received on 29/07/2019

1. Is there a strategy to adopt a human-rights based approach to drug policies? If yes, how do national drug policies (i.e. laws, regulations, funding) integrate human rights?

The National Strategy for Addressing Dependence from Illicit Substances and the Harmful Use of Alcohol 2013-2020 is the basic policy paper on dependencies and guides the actions and initiatives of the Cyprus government for the eight-year period. The National Strategy is enacted through the implementation of two Action Plans covering 2013-2016 and 2017-2020. The Action Plans assign responsibility for implementation and/ or coordination in relation to specific actions for each pillar, while the Cyprus National Addictions Authority (NAAC) has the responsibility for the overall coordination and monitoring of their implementation.

The National Strategy is mainly based on the EU Drugs Strategy, which is formed by the fundamental principles of the EU law and the founding values of the Union such as respect for human dignity, liberty, democracy, equality, solidarity, the rule of the law and human rights. At the same time the National Strategy expresses the acceptance of the problem of drug addiction and establishes the issue as a public health issue.

Through the Action Plan 2017-2020, NAAC gives priority to ensuring accessibility to treatment to all (regardless race, ethnicity, disability), including actions to develop specialized interventions in drug services for people with co-morbidity, women and immigrants, to refer people who have a problem with dependency and are in contact with the criminal justice system to treatment services as well as to implement the "Law for the Treatment of Drug user and dependent accusers".

Additionally, the Action Plan promotes social reintegration issues focusing on supporting the social reintegration of people with a history of dependence through the promotion of their vocational training and active participation in the community.

Finally, supporting vulnerable groups by enhancing the access of children and young people belonging to vulnerable groups to supportive services, is another example of how the National Strategy integrates human rights.

2. How does your country evaluate the impact and costs of drug policies on individuals and society? Please provide information on existing monitoring mechanisms and data collection methods.

The Cyprus National Addictions Authority (NAAC) through its Monitoring Department monitors the drug situation in the country and provides the state with factual, objective, reliable and comparable information on drugs and their consequences. It aims to provide evidence to inform policymaking and guide initiatives to tackle drugs.

The situation is monitored through key epidemiological indicators (collection and analysis on an annual basis), to achieve its goal of providing factual, objective, reliable and comparable on a European level information on drugs and drug addiction. The key indicators include:

- Drug Use Among the General and Student Population
- Treatment Demand Indicators
- High Risk Drug Use
- Drug related Deaths
- Infectious Disease among Intravenous Drug Users

In addition, indirect indicators are being used to describe the situation, which include drug seizures, drug related arrests, drug prices, purity of drugs being seized, as well as wastewater analysis (all collected on an annual basis).

Furthermore, in an attempt to assess the impact of illicit drug use on society, NAAC is also carrying out research on the social cost of illicit drug use, which includes both direct cost (e.g. allocated budget for supply reduction, cost of treatment, cost of imprisonment etc) as well as indirect cost (lost years of productivity etc.). The most recent social cost research was published in 2018.

CZECH REPUBLIC / RÉPUBLIQUE TCHÈQUE

Replies received on 23/07/2019⁸

1. Is there a strategy to adopt a human-rights based approach to drug policies? If yes, how do national drug policies (i.e. laws, regulations, funding) integrate human rights?

Generally, human rights are one of the main principles of our national addiction strategy. More information on this strategy is available on (Czech version only): http://www.vlada.cz/cz/ppov/protidrogova-politika/strategie-a-plany/narodni-strategie-prevence-a-snizovani-skod-spojnych-se-zavislostnim-chovanim-2019_2027-173695/

In addition to the human rights framework, there is also legal framework regarding health and social services provided to people with addictive disorders:

- Act No. 65/2017 Coll. on the protection of health from the harmful effects of addictive substances, as amended
- Act No. 108/2006 Coll., on social services, as amended
- Act No. 372/2011 Coll., on health services, as amended
- Act No. 373/2011 Coll., on specific health services, as amended

2. How does your country evaluate the impact and costs of drug policies on individuals and society? Please provide information on existing monitoring mechanisms and data collection methods.

Drug policy evaluation:

- Annual report on drug situation and gambling (Czech version only): <https://www.drogy-info.cz/publikace/vyrocnni-zpravy/>
- Regular evaluation of the national strategy and its action plans (Czech version only): <http://www.vlada.cz/scripts/detail.php?pgid=384>

The whole coordination structure of drug policy is based on continuous evaluation and feedback mechanisms. For more information, please see the website of the Government Council for Drug Policy Coordination. English version is available on: <https://www.vlada.cz/en/ppov/protidrogova-politika/government-council-for-drug-policy-coordination-72748/>

Czech version: <http://www.vlada.cz/cz/ppov/protidrogova-politika/protidrogova-politika-72746/>

⁸ Reply provided by the Government Council for Drug Policy Coordination.

ESTONIA / ESTONIE

Replies received on 04/09/2019⁹

1. Is there a strategy to adopt a human-rights based approach to drug policies? If yes, how do national drug policies (i.e. laws, regulations, funding) integrate human rights?

Estonian drug is set out in the white paper of the drug prevention policy (currently being evaluated and updated for the period 2020-2030). The policy document sets out common vision and goals for drug demand and supply reduction, including guidelines for treatment and harm reduction. The policy document doesn't mention human rights as a specific area, but throughout the document there is a focus in integrating human rights into every field of drug policy. The examples of this could be found in the chapters on principles of the drug prevention policy or prerequisites for policy's successful enactment. Document can be found at:

https://www.siseministeerium.ee/sites/default/files/dokumendid/Ennetus/white_paper_on_drug_policy_estonia_2014.pdf

2. How does your country evaluate the impact and costs of drug policies on individuals and society? Please provide information on existing monitoring mechanisms and data collection methods.

Drug trend and costs monitoring is being done by the National Institute for Health Development, who in their best capacity conducts several qualitative and quantitative research activities to monitor the changes in market behaviour and drug use patterns; treatment, harm reduction and other services entrance and success rates etc. The publications can be found at:

https://tai.ee/et/valjaanded/trukised-ja-infomaterjalid?limit=15&filter_catid=13&filter_year=0&filter_typeid=0&filter_languageid=4&filter=&filter_order=p.publish_year&filter_order_Dir=DESC

⁹ Reply provided by the Legal and Research Department, Chancellery of the Riigikogu.

FINLAND / FINLANDE

Replies received on 27/09/2019

1. Is there a strategy to adopt a human-rights based approach to drug policies? If yes, how do national drug policies (i.e. laws, regulations, funding) integrate human rights?

In Finland, fundamental and human rights are universal rights enjoyed equally by all individuals. The Constitution of Finland guarantees fundamental rights for all. Human rights, in turn, are guaranteed by international human rights conventions. The Constitution of Finland guarantees the inviolability of human dignity and the individual's freedom and rights, and promotes fairness in society. Pursuant to section 22 of the Constitution, the public authorities shall guarantee the observance of basic rights and liberties and human rights.

There is no specific human rights strategy for drug policy but there is an overarching National Action Plan in Fundamental and Human Rights 2017-2019. Each ministry is responsible for the implementation of fundamental and human rights within its own administrative branch.

2. How does your country evaluate the impact and costs of drug policies on individuals and society? Please provide information on existing monitoring mechanisms and data collection methods.

In Finland, we have a tradition of calculating the expenditures of alcohol and drug related harm together and separately. New data is published about every 2 years. The last one is from 2016, and it can be found from "The Yearbook of alcohol and drug statistics 2018". There is no text but the tables are in Finnish, Swedish, and English. The table by the main category of harm expenditure is on page 93, table number 70.

The statistics cover the quantifiable direct costs to public sector. Detailed report on the methodology is available only in Finnish. Methodology is mostly based on top-down (gross-costing) budgetary procedure where drug-related attributable fraction is estimated on the basis of statistics and research. Some of the costs (e.g. inpatient care) can be obtained directly from Finnish Institute for Health and Welfare's (THL) benchmarking database, which contains data i.e. on costs of hospital activities. Data sources are national statistics and registers from the Finnish Institute for Health and Welfare (THL), Statistics Finland and the Social Insurance Institution and on the final accounts of the Government, institutions and organizations. The statistics are used for decision-making, policy planning, research and international comparisons and databases (e.g. EMCDDA). Results are also published as part of the EMCDDA's drug-annual report and the information submitted to the EMCDDA's database. Classification used in the statistics follows Eurostat COFOG classification (Classification of the Functions of Government): http://epp.eurostat.ec.europa.eu/cache/OTY_OFFPUB/KS-RA-07-022/EN/KS-RA-07-022-EN.PDF.

The accuracy of the information depends on the accuracy of the data collected and delivered by different institutions. To avoid errors during calculation the data is compared to the data from the previous years, and if errors are suspected, they are checked from the source.

FRANCE / FRANCE

Replies received in French on 01/10/2019¹⁰

1. Existe-t-il une stratégie pour adopter une approche fondée sur les droits de l'homme pour les politiques en matière de drogues ? Dans l'affirmative, comment les politiques nationales en matière de drogues (lois, règlements, financement) intègrent-elles les droits de l'homme ?

La [loi n°70-1320 du 31 décembre 1970](#) relative aux mesures sanitaires de lutte contre la toxicomanie, et à la répression du trafic et de l'usage illicite des substances vénéneuses fait de l'usage de drogues une infraction pénale et considère parallèlement le consommateur, quel qu'il soit, à la fois comme un délinquant et un toxicomane, c'est-à-dire un malade.

Selon un avis de la Commission nationale consultative des droits de l'Homme (CNCDH) rendu en 2016¹¹, cette législation pose toutefois un certain nombre de questions au regard des droits de l'homme, et notamment du principe de liberté individuelle, à travers l'articulation entre droit à disposer de son corps (*Habeas corpus*) et droit de l'État à « *contrôler, au travers de l'application du droit pénal général, les activités préjudiciables à la vie et à la sécurité d'autrui* », selon un arrêt de la Cour européenne des droits de l'homme.¹²

La CNCDH considère que la place du curseur de l'intervention de l'Etat dans la protection de la personne contre elle-même en matière de drogues est difficile à trouver. Une difficulté renforcée par la diversité des dispositifs juridiques (*prohibition pure et simple pour les stupéfiants ; administration sur prescription médicale avec prise en charge par l'assurance maladie pour les médicaments psychotropes, et vente réglementée pour l'alcool et le tabac*). Selon la CNCDH, ces régimes juridiques différents ont toutefois tous vocation à s'exercer dans le cadre du principe posé par l'article 4 de la Déclaration des droits de l'homme et du citoyen, lequel dispose : « *La liberté consiste à pouvoir faire tout ce qui ne nuit pas à autrui : ainsi, l'exercice des droits naturels de chaque homme n'a de bornes que celles qui assurent aux autres membres de la société la jouissance de ces mêmes droits. Ces bornes ne peuvent être déterminées que par la loi* ».

Pour la CNCDH, « la liberté individuelle suppose la possibilité de pouvoir faire des choix sur son propre corps et sur son mode de vie, même si ceux-ci sont minoritaires. Il en va de l'épanouissement de la personne et de son droit à l'autodétermination ».

Concernant l'usage de drogues, « la question de la vulnérabilité de la personne doit être prise en compte : par exemple lorsqu'il concerne des adolescents, dont l'âge peut être un facteur de surexposition aux risques liés à la consommation de drogues ; mais également lorsqu'il touche des toxicomanes dont la précarité sociale et la santé doivent justifier une attention particulière des pouvoirs publics et du corps médical ».

La question de savoir « de quel droit, dans quel but, avec quelle efficacité, la société prohibe-t-elle certaines drogues et fait de l'usager de celles-ci un délinquant (...) mérite de réintégrer la question de la liberté individuelle dans la définition d'une politique publique de lutte contre les addictions et, conformément au modèle républicain fondé sur les principes de liberté, d'égalité et de fraternité, d'apporter à la question de la consommation de drogues, quelles qu'elles soient, une réponse qui soit fondée sur une approche médicale et sociale plutôt que sur une logique répressive ».

S'agissant des droits de l'homme, en France, « malgré le principe d'égalité devant la justice, la législation sur les stupéfiants peut conduire à des situations méconnaissant le droit à un procès équitable. L'usage de stupéfiants est un délit sans victime : la plupart du temps, les services de police et de gendarmerie n'interviennent pas après le dépôt d'une plainte, mais de leur propre initiative. Ainsi, dans 90% des cas, l'interpellation pour usage ou pour détention en vue d'usage se fait soit en flagrant délit, soit suite à un contrôle d'identité ou un contrôle routier justifiés par un soupçon d'infraction ».

¹⁰ Réponse préparée par le Service des Affaires Européennes, Division des études européennes et du droit comparé, Assemblée nationale.

¹¹ https://www.cncdh.fr/sites/default/files/161108_avis_usages_de_drogues_et_droits_de_lhomme_a5_0.pdf

¹² Pretty c/ Royaume-Uni, requête n° 2346/02, 2002, para. 74.

« Plusieurs recherches ont démontré que les contrôles policiers souffraient de biais sociaux et/ou ethno-raciaux, conduisant à cibler certaines populations plutôt que d'autres. Les contrôles policiers tendent à cibler plus fréquemment les jeunes hommes issus des minorités visibles ou à s'exercer particulièrement à l'encontre des personnes en situation de grande précarité comme les personnes sans domicile fixe ou les toxicomanes les plus désaffiliés. Il y aurait donc un effet de sélection sociale dans la réponse pénale apportée aux infractions à la législation sur les stupéfiants, sélection liée à la gestion du contentieux au moment de l'interpellation ». Ces discriminations sociales au moment de l'interpellation se retrouvent au stade judiciaire et touchent les chômeurs, les personnes nées à l'étranger, les personnes sans domicile fixe et les prévenus les plus impécunieux.

Au titre des politiques nationales en matière de drogues, le ministère de la Justice a, depuis la fin du XX^{ème} siècle, invité les autorités judiciaires à privilégier le recours aux alternatives aux poursuites pour l'usage simple de stupéfiants.

La loi n°2007-297 du 5 mars 2007 relative à la prévention de la délinquance instaure des stages de sensibilisation aux dangers de l'usage de produits stupéfiants comme alternatives aux poursuites. La CNCDH constate toutefois « un effet de sélection sociale dans les peines prononcées ou dans le choix des alternatives aux poursuites » puisque « les stages de sensibilisation ont tendance à être écartés par le juge quand la personne n'a pas les moyens de les payer ». Cette exclusion est corroborée par la circulaire de la direction des affaires criminelles et des grâces du 9 mai 2008 relative à la lutte contre la toxicomanie et les dépendances¹³. Celle-ci réserve en effet le stage « aux personnes socialement insérées, disposant d'un revenu leur permettant d'en assumer les frais ».

La CNCDH estime que « de telles dispositions sont contestables du point de vue de l'égalité devant la loi. Si de rares juridictions ont écarté cette interprétation, en allant jusqu'à proposer des stages gratuits non prévus par les textes », force est de constater que « la grande majorité des stages concerne des groupes dont la situation financière est plus favorable », entraînant une « individualisation des peines et une prise en compte des ressources des personnes ».

Afin d'adopter une approche fondée sur les droits de l'homme pour les politiques en matière de drogues, la CNCDH recommande notamment de « faire évoluer la législation pénale sur les stupéfiants à travers la mise en œuvre d'une politique plus respectueuse des droits de la personne, et non plus de privilégier une approche répressive.

Selon la Commission, « un consensus général existe pour considérer la loi pénale comme un instrument pertinent pour empêcher certains comportements susceptibles de mettre en danger des tiers : ainsi l'interdiction de la conduite sous l'emprise de toute substance qui altère les capacités du conducteur, ou l'interdiction de la consommation de substances modifiant l'état de conscience des personnes travaillant sur des postes de sécurité, de sûreté et à risques constituent des interdits légitimes dont la transgression doit être sanctionnée en ce qu'elle met autrui en danger ».

« En revanche, lorsque le comportement touche à la liberté de faire usage de son propre corps et de modifier son état de conscience, il ne s'agit plus de protéger autrui, mais d'informer la personne sur les risques qu'elle prend et de l'aider autant que possible à les minimiser ». Face à cela, « l'intervention sociale n'a de légitimité et de sens que si elle aide l'utilisateur à en comprendre les limites et à adopter des conduites qui les respectent. Il s'agit non pas d'interdire l'usage, mais de favoriser un usage responsable, comme déjà c'est le cas pour l'alcool ou le tabac.

La CNCDH invite toutefois « à rétablir la hiérarchie entre logique de santé et logique de sanction, en mettant l'accent sur la première. Or, le cadre pénal actuel constitue un obstacle à la réduction des risques et à la protection de la santé ».

Pour la Commission, « promouvoir une nouvelle politique de santé publique, fondée sur la prévention de toutes les formes d'addiction (à l'alcool, au tabac, aux psychotropes et aux produits actuellement classés comme stupéfiants), et sur la prévention des risques et des dommages associés à leur consommation, suppose de sortir de la logique répressive ». Il conviendrait alors, selon la CNCDH, de mettre en place un cadre législatif assurant la contraventionnalisation de l'usage

¹³ <https://www.drogues.gouv.fr/sites/drogues.gouv.fr/files/atoms/files/guide-methodologique.pdf>

de stupéfiants, la décriminalisation de l'usage du cannabis, la contraventionnalisation de l'usage des autres produits classés stupéfiants, et la décriminalisation de l'usage de stupéfiants et la régulation de l'accès aux produits.

Pour lire l'avis complet de la CNCDH :

https://www.cncdh.fr/sites/default/files/161108_avis_usages_de_drogues_et_droits_de_lhomme_a5_0.pdf

2. Comment votre pays évalue-t-il l'impact et les coûts des politiques en matière de drogues sur les individus et la société ? Nous vous remercions de fournir des informations sur les mécanismes de suivi et les méthodes de collecte de données existants.

Dans une étude du 11 septembre 2015, l'Observatoire français des drogues et des toxicomanes (OFDT) a évalué le coût social du tabac, de l'alcool, des drogues illégales et du trafic de ces dernières. Cette évaluation mesure le coût monétaire des conséquences de la consommation et du trafic des drogues licites et illicites. Ce calcul intègre le coût externe (valeur des vies humaines perdues, perte de qualité de vie ainsi que les pertes de production des entreprises et des administrations). S'y ajoute le coût pour les finances publiques (différence entre les dépenses de prévention, de répression et de soins et les recettes des taxes, ainsi que les économies en lien avec les retraites non versées).

Selon l'OFDT, le tabac, l'alcool et les drogues illicites coûtent chaque année aux finances publiques et appauvrissent la collectivité. Le coût social de l'alcool et du tabac sont équivalents, 120 milliards d'euros par an, suivi par les drogues illicites, 8,7 milliards. Les drogues illicites engendrent un faible coût social en comparaison du tabac et de l'alcool parce qu'elles sont moins consommées (respectivement 300 000 consommateurs réguliers d'opiacés et de stimulants et/ou personnes qui s'injectent une drogue, 13,4 millions de fumeurs quotidiens et 3,8 millions de consommateurs d'alcool à problèmes). Toutefois, les drogues illicites engendrent un fort coût social par consommateur (28 953 euros contre 8 959 euros pour le tabac et 31 688 euros pour l'alcool).

Quant au poids des drogues sur les finances publiques, l'OFDT note que « les dépenses du budget de l'État se sont élevées à 380 milliards d'euros en 2010. Les dépenses nettes liées aux drogues représentent près de 20 milliards d'euros, soit 5 % des dépenses publiques ». L'État paye en effet annuellement 14 milliards d'euros pour le tabac, 4,9 milliards d'euros pour l'alcool et 2,4 milliards d'euros pour les drogues illicites. 33 % du déficit budgétaire est constitué par le poids négatif des drogues sur les finances publiques. Les recettes des « taxes » prélevées sur l'alcool et sur le tabac ne permettent pas de compenser le « coût des soins » et ne représentent respectivement que 42 % et 40 % du « coût des soins ».

Pour lire le rapport de l'OFDT sur le coût social des drogues en France :

<https://www.ofdt.fr/BDD/publications/docs/epfxpkvc.pdf>

GEORGIA / GÉORGIE

Replies received on 30/09/2019¹⁴

1. Is there a strategy to adopt a human-rights based approach to drug policies? If yes, how do national drug policies (i.e. laws, regulations, funding) integrate human rights?

Georgian Drug Laws and policy document set out common vision and goals for drug demand and supply reduction, including guidelines for treatment and harm reduction. The policy document and drug laws do not mention human rights as a specific area, but there is a focus in integrating human rights into some field of drug policy.

The main documents of the Georgian drug policy are:

- [Georgian Anti-Drug Strategy](#)
- [Law of Georgia on Narcotic Drugs, Psychotropic Substances and Precursors, and Narcological Assistance](#)
- [Law of Georgia on Combating Drug-Related Crime](#)

In 2007, the Parliament of Georgia adopted a document setting out the main directions of the National Drug Strategy. This document was prepared by the National Drug Policy Council, which functioned in 2005–07 under the umbrella of the Ministry of Labour, Health and Social Affairs (Ministry of Health, Labour and Social Affairs, 2006). The national priorities were defined as follows: treatment and rehabilitation; prevention; harm reduction; staff capacity building; informing the public; establishing a drug information system; coordination. The elaboration of the action plans according to the approved priorities and main aims was delegated to the relevant ministries, but no action was taken. Hence, the country was left with no formal or comprehensive drug strategy until 2012. In 2012 the Ministry of Justice of Georgia took the lead and started to facilitate strategy elaboration. The process is still ongoing.

According to National drug strategy §2.1: *“Every citizen of Georgia is entitled to a healthy, dignified and productive life, which means being safeguarded from the negative effects of drug use”*. Georgian Anti-Drug Strategy must be based on the following basic values:

- Promoting a harmonious development of an individual;
- Protection of individual safety;
- Respect for human dignity;
- Promoting the education and development of society;
- Human rights protection;
- Protection of the safety of family;
- Protection of the rights of the child.

In this respect, the adolescent generation today is most vulnerable, particularly in terms of being informed. Under Article 33 of the Convention on the Rights of the Child, *“States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances”* (under this Convention, any individual under 18 is a child). Georgia ratified the Convention on April 21, 1994, committing itself to fulfilling the obligations under the Convention. Therefore, one of the critical objectives is to formulate a conceptual, holistic approach to the prevention of drug addiction. The use of drugs by even one member of the family seriously affects the entire family: psychological, medical, material problems, collapse of family relations and traditions, physical, emotional and sexual violence, and social isolation. This bears most heavily upon the physical and mental health of children – the children’s needs are ignored, there is no enough contact with the parents as they are difficult for children to access to. Every child is entitled to be raised in a safe and caring environment. Such families require attention and support from the State. When it comes to the rights of the drug user and his freedom of choice whether to use the drug or not, it should be noted that the society finds it unacceptable to use drugs for non-medicinal purposes. Therefore, the personal choice that directly clashes with the interests and rights of another individual or the whole society cannot be encouraged by the society and state. The freedom of individual choice entails responsibility as well and such choice must not limit the choices or rights of others.

¹⁴ Reply prepared by the Leading Specialist of Research Department, Parliament of Georgia.

National drug laws

Drug use *per se* constitutes an offence under Georgian legislation. It is punishable with both administrative and criminal sanctions. Illegal consumption of psychoactive drugs without a doctor's prescription is punishable by an administrative fine of GEL 500 (approximately EUR 250) for the first offence (Article 45 of the Code of Administrative Offences). The same offence committed during the same calendar year for a second time puts the person under criminal liability; the crime of 'repeated drug use' is punishable by imprisonment of up to one year and with a fine with a mandatory minimum of GEL 2 000 (approximately EUR 1 000) and no upper limit.

Court decisions on drug use offences are mostly based on rapid (stripe) test results (positive urine test for either illicit drugs themselves or the inactive metabolites of drugs) conducted by the forensic laboratory of the Ministry of Internal Affairs. Unlike developed countries, the confirmatory laboratory tests are not done as part of standard administrative and criminal proceedings, unless there is an appeal from the plaintiff's side.

Any individual towards whom police reportedly develop so-called 'reasonable suspicion' that s/he is intoxicated by illegal drugs can be subjected to 'street drug testing'. Although the term 'reasonable suspicion' was introduced as a legal justification for 'street drug testing' in the joint order N1049-233n issued by the Ministers of Internal Affairs and Health of Georgia in 2006, the document itself does not define the term of 'street drug testing'. However, such testing has become widespread. Out of 27 138 people tested for drugs and metabolites in 2011, less than a third (8 138) gave a positive result using the rapid (stripe) tests.

Possession of any amount of drugs is a criminal offence under the Penal Code of Georgia (Article 260), with no differentiation between the possession of drugs for personal use or for trafficking. This article provides for quite strict punishment: up to 11 years' imprisonment for a small quantity of drugs; 7–14 years for large amounts; and 8–20 years or life imprisonment for very large amounts of drugs. For the majority of substances that are widespread in Georgia there is no legal definition of what constitutes a small quantity, and therefore any amount found in the illegal possession of a person is deemed a large amount, leading to severe punishment.

2. How does your country evaluate the impact and costs of drug policies on individuals and society? Please provide information on existing monitoring mechanisms and data collection methods.

Drug trend and costs monitoring is being done by the Ministry of Health, who in their best capacity conducts several qualitative and quantitative research activities to monitor the changes in market behaviour and drug use patterns. According to the Georgian Ministry of Corrections and Probation, support of people convicted for drug-related crimes costs the government up to GEL 40 million (or about EUR 15.5 million) a year.

The Ministry of Health spends GEL 5 million (or about EUR 1.5 million) on drug treatment and rehabilitation, including substitution therapy. There are two State programs in Georgia. The program provides treatment and replacement therapy for people with drug addiction (the so-called "methadone program"). The State spends GEL 2000 (around EUR 700) on the treatment of one person. Replacing the methadone program costs 300 (around EUR 100) lari. One program is co-funded by the State and the patient and the other one is funded by the international organisation Global Fund.

Documents can be found at:

- [ნარკომანიის წინააღმდეგ ბრძოლის სახელმწიფო სტრატეგია](#)
- [დაბალანსებული ნარკოპოლიტიკა](#)
- [საქართველოს ნარკოპოლიტიკის რეფორმის რეგულირების გავლენის შეფასება](#)
- [საქართველოს ნარკოპოლიტიკის რეფორმის გენდერული გავლენის შეფასება](#)
- [The drug situation in Georgia, 2015](#)
- [Gender impact assessment of Georgia's drug reform](#)
- [EMCDDA Country overview: Georgia](#)
- [State program for people with drug addiction](#)

GERMANY / ALLEMAGNE

Replies received in German on 26/09/2019¹⁵

1. Is there a strategy to adopt a human-rights based approach to drug policies? If yes, how do national drug policies (i.e. laws, regulations, funding) integrate human rights?

• Grundsätze der deutschen Drogen- und Suchtpolitik

Die Drogenpolitik in Deutschland zielt darauf ab, so früh wie möglich den Konsum von legalen und illegalen Drogen zu stoppen oder zu reduzieren.¹⁶ Sie verfolgt einen integrativen, ausgeprägt gesundheitspolitischen Ansatz und unterscheidet sich darin von Staaten, die das Drogenproblem vor allem mit polizeilichen oder militärischen Mitteln bekämpfen. Entsprechend unterstützt die Bundesregierung die Ziele und Grundsätze der internationalen Drogenpolitik: Danach sei im Wesentlichen eine umfassende Strategie zu verfolgen, die gleiches Gewicht auf die Angebots- wie auf die Nachfragereduzierung lege, in allen Bereichen die Menschenrechte beachte, die sektorenübergreifende und –integrierende, auf wissenschaftliche Erkenntnisse und praktische Erfahrung gestützte Maßnahmen ergreife sowie auf internationale Zusammenarbeit aufbaue.¹⁷ Die Drogenbeauftragte der Bundesregierung hat im März 2019 vor der Suchtstoffkommission der Vereinten Nationen die Vorstellung der Leitlinien für Menschenrechte und Drogenpolitik¹⁸ begrüßt und betont, zu einer gesundheitsorientierten und menschenzentrierten Drogenpolitik gehörten der Zugang zu medizinischer Versorgung, Nichtdiskriminierung und Nichtstigmatisierung, faire Prozesse sowie die Angemessenheit von Strafen.¹⁹ Die nationale Strategie²⁰ ruht auf den vier Säulen Suchtprävention, Beratung und Behandlung, Schadensreduzierung sowie Angebotsreduzierung und Strafverfolgung.

○ Suchtprävention

Die Prävention ist ein zentraler Bestandteil der Sucht- und Drogenbekämpfung in Deutschland. Ihr Hauptziel ist die Förderung der Gesundheit jedes Menschen. Die rechtliche Grundlage bildet das Präventionsgesetz (PrävG)²¹, das die Vorbeugung des Suchtmittelkonsums erfasst und die Grundlage für die Zusammenarbeit von Sozialversicherungsträgern, Ländern und Kommunen ist. Die Suchtprävention zielt dabei auf drei Faktoren ab:

- die Vermeidung bzw. das Hinauszögern des Einstiges in den Konsum legaler und illegaler Drogen,
- die Früherkennung und -intervention bei riskantem Konsumverhalten sowie
- die Verringerung von Missbrauch und Sucht.

¹⁵ Reply prepared by the German Bundestag for both the Bundestag and Bundesrat.

¹⁶ Grundlegende Information zur nationalen Strategie in der Drogenpolitik: Drogen- und Suchtbericht Oktober 2018, hg. von der Drogenbeauftragten der Bundesregierung, abrufbar unter: https://www.drogenbeauftragte.de/fileadmin/dateien-dba/Drogenbeauftragte/Drogen_und_Suchtbericht/pdf/DSB-2018.pdf; sowie Pfeiffer-Gerschel, Tim/Dammer, Esther/Schneider, Franziska/Bartsch, Gabriele/Friedrich, Maria, Bericht des nationalen REITOX-Knotenpunkts an die EMCDDA (Datenjahr 2017/2018), hg. von der Deutschen Beobachtungsstelle für Drogen und Drogensucht (DBDD). Die einzelnen Kapitel sind als „workbooks“ abrufbar unter: <https://www.dbdd.de/publikationen/jahresbericht-situation-illegaler-drogen-in-deutschland/>.

¹⁷ Antwort der Bundesregierung auf eine Kleine Anfrage der Abgeordneten Niema Movassat, Dr. André Hahn, Gökay Akbutut, weiterer Abgeordneter und der Fraktion Die Linke, BtDrs. 19/5199 vom 7. November 2018, S. 1f.

¹⁸ International Guidelines on Human Rights and Drug Policy, hg. von International Centre on Human Rights and Drug Policy u.a., März 2019, https://magazin.hiv/wp-content/uploads/2019/03/HRDP20Guidelines202019_FINAL.pdf.

¹⁹ Drogenbeauftragte der Bundesregierung, Pressemitteilung vom 14. März 2019, abrufbar unter: https://www.drogenbeauftragte.de/fileadmin/dateien-dba/Drogenbeauftragte/4_Presse/1_Pressemitteilung/2019/2019_I.Q/190314_PM_CND.pdf; Drogenbeauftragte der Bundesregierung, Redebeitrag zur Eröffnung der 62. Commission on Narcotic Drugs (Suchtstoffkommission), abrufbar unter: https://www.drogenbeauftragte.de/fileadmin/dateien-dba/Drogenbeauftragte/3_Internationales/1_Vereinte_Nationen/Downloads/Redebeitrag_Marlene_Mortler_CND_2019.pdf.

²⁰ Drogenbeauftragte der Bundesregierung, Nationale Strategie zur Drogen- und Suchtpolitik, Februar 2012, abrufbar unter https://www.drogenbeauftragte.de/fileadmin/dateien-dba/Drogenbeauftragte/2_Themen/1_Drogenpolitik/Nationale_Strategie_Druckfassung-Dt.pdf.

²¹ Gesetz zur Stärkung der Gesundheitsförderung und der Prävention vom 17. Juli 2015 (BGBl. I S. 1368), in Kraft getreten am 25. Juli 2015.

Die Zielgruppen werden dabei systematisch in ihren Lebenswelten angesprochen, um eine gesundheitsförderliche Veränderung von Wissen, Einstellung und Verhaltensweisen zu bewirken.²² Mit dem Ziel, jedem Einzelnen den höchstmöglichen Gesundheitsstandard zu ermöglichen, erbringt in Deutschland die Gesetzliche Krankenversicherung (GKV) gemäß §§ 20 - 20b des Fünften Buchs Sozialgesetzbuch (SGB V)²³ innerhalb der Primärprävention und Gesundheitsförderung auch Leistungen zur Verhinderung von Suchtmittelabhängigkeit und möglichen Folgeerkrankungen des Konsums.

○ Beratung und Behandlung

Die zweite Säule der nationalen Drogenstrategie sind umfassende Beratungs- und Behandlungsangebote für Drogenkonsumenten, einschließlich einer Substitutionsbehandlung für Opioid abhängige²⁴. Weitere rechtliche Grundlagen für die Behandlung von Drogenerkrankten ergeben sich aus den Sozialgesetzbüchern, dem Gesetz für den öffentlichen Gesundheitsdienst (ÖGDG)²⁵ sowie aus Gemeinwohlverpflichtungen. In der Regel können die Betroffenen die Behandlungs- und Beratungsangebote kostenlos wahrnehmen. Eine Ausnahme besteht nur dann, wenn eine Kostenzusage der in den Sozialgesetzen definierten Sozialleistungsträger erforderlich ist.¹¹²⁶

Neben der hausärztlichen Versorgung gibt es Deutschland ca. 1.660 Sucht- und Behandlungsstellen, niedrigschwellige Einrichtungen und Institutsambulanzen. Weitere Behandlungsmaßnahmen werden in 388 stationären Therapieeinrichtungen (Rehabilitation) und 1.036 Einrichtungen der Sozialtherapie durchgeführt. Das Angebot zielt dabei nicht nur auf die Entgiftung der Patienten ab, sondern umfasst auch Kriseninterventionen und die Behandlung psychischer Begleiterkrankungen.²⁷

○ Schadensreduzierung

Eine weitere Säule der nationalen Drogenstrategien umfasst Maßnahmen zur Schadensreduzierung. Diese zielen auf eine Minimierung der negativen gesundheitlichen und sozialen Folgen des Drogenmissbrauchs. Zu den gesundheitlichen Begleiterscheinungen und Folgen des Drogenkonsums zählen Infektionskrankheiten wie HIV oder Hepatitis.²⁸ Aus diesem Grund sieht die nationale Drogenpolitik verschiedene Maßnahmen zur Verhinderung der Übertragung von Krankheiten vor:

- Vergabe von Spritzen und anderen Safer-Use-Utensilien,
- Bereitstellung von Testmöglichkeiten auf Infektionserkrankungen und
- Behandlung von Hepatitis C bei Drogenkonsumierenden.¹⁴²⁹

Um Todesfälle durch Überdosierungen, vor allem im Bereich des Opioid Konsums, zu vermeiden, werden für die Erkrankten Notfalltrainingseinheiten angeboten und der Einsatz mit Naloxon³⁰ geschult. Eine weitere Maßnahme zur Schadensminimierung ist die Einrichtung von Drogenkonsumräumen. Das sind Einrichtungen, die die Ausstattung für einen risikominimierenden

²² Sipp, Werner/Dammer, Esther/Pfeiffer-Gerschel, Tim/Schneider, Franziska/Bartsch, Gabriele/Friedrich, Maria, Bericht des nationalen REITOX-Knotenpunkts an die EMCDDA (Datenjahr 2017/2018), Workbook Rechtliche Rahmenbedingungen, DBDD, S. 22 f.

²³ Das Fünfte Buch Sozialgesetzbuch – Gesetzliche Krankenversicherung – (Artikel 1 des Gesetzes vom 20. Dezember 1988, BGBl. I S. 2477, 2482), das zuletzt durch Artikel 12 des Gesetzes vom 9. August 2019 (BGBl. I S. 1202) geändert worden ist.

²⁴ Verordnung über das Verschreiben, die Abgabe und den Nachweis des Verbleibs von Betäubungsmitteln (BtMVV) vom 20. Januar 1998 (BGBl. I S. 74, 80), die zuletzt durch Artikel 2 der Verordnung vom 2. Juli 2018 (BGBl. I S. 1078) geändert worden ist.

²⁵ Gesetz über den öffentlichen Gesundheitsdienst (Artikel 1 des Gesetzes Nr. 1429) vom 19. Mai 1999, zuletzt geändert durch das Gesetz vom 22. August 2018 (BGBl. I S. 674).

²⁶ Bartsch, Gabriele/Friedrich, Maria/Schneider, Franziska/Dammer, Esther/Pfeiffer-Gerschel, Tim, Bericht des nationalen REITOX-Knotenpunkts an die EMCDDA (Datenjahr 2017/2018), Workbook Behandlung, DBDD, S. 5.

²⁷ Sipp, Werner/Dammer, Esther/Pfeiffer-Gerschel, Tim/Schneider, Franziska/Bartsch, Gabriele/Friedrich, Maria, Bericht des nationalen REITOX-Knotenpunkts an die EMCDDA (Datenjahr 2017/2018), Workbook Rechtliche Rahmenbedingungen, DBDD, S. 23 f.

²⁸ Drogen- und Suchtbericht Oktober 2018, hg. von der Drogenbeauftragten der Bundesregierung, S. 20; abrufbar unter: https://www.drogenbeauftragte.de/fileadmin/dateien-dba/Drogenbeauftragte/Drogen_und_Suchtbericht/pdf/DSB-2018.pdf.

²⁹ Dammer, Esther/Schneider, Franziska/Pfeiffer-Gerschel, Tim/Bartsch, Gabriele/Friedrich, Maria, Bericht des nationalen REITOX-Knotenpunkts an die EMCDDA (Datenjahr 2017/2018), Workbook Gesundheitliche Begleiterscheinungen und Schadensminderung, DBDD, S. 19 ff.

³⁰ Naloxon ist ein Gegenmittel (Antidot) bei Opioid-Vergiftungen, das seit über 40 Jahren erfolgreich in der Notfallmedizin eingesetzt wird, und welches auch durch Laien angewendet werden kann.

Konsum von illegalen Drogen bereitstellen, etwa mit sterilen Spritzen und Einweghandschuhen sowie der Möglichkeit zur Desinfektion von Händen und Einstichstellen.³¹

○ Angebotsreduzierung und Strafverfolgung

Die Reduzierung des Drogenangebots sowie die Strafverfolgung stellen die vierte Säule der nationalen Drogenstrategie dar. Bei der Beurteilung der Legalität von Suchtstoffen hält sich Deutschland an die Drogenkonvention der Vereinten Nationen³². Auf nationaler Ebene ist das Betäubungsmittelgesetz (BtMG)³³ das zentrale Instrument, um den Gebrauch von Betäubungsmitteln – auch mit strafrechtlichen Vorschriften³⁴ – zu regeln. Je nach Schwere und Art der Straftat können danach Sanktionen in Form von Geldbußen oder Freiheitsstrafen verhängt werden. Um ein angemessenes Sanktionssystem zu garantieren, sieht das Gesetz von der Strafverfolgung ab, wenn sich Anbau, Kauf und Besitz der Drogen ausschließlich auf den Eigenbedarf beziehen.³⁵ Bei der Bekämpfung der Drogenkriminalität in Deutschland steht insbesondere die Aufdeckung von übergreifenden Zusammenhängen im Vordergrund, die ein Vorgehen gegen kriminelle Organisationen ermöglichen. Dies erfordert eine Kooperation zwischen Bundes- und Landesbehörden, sowie mit internationalen polizeilichen Kooperationspartnern und Organisationen wie zum Beispiel Europol.³⁶

2. How does your country evaluate the impact and costs of drug policies on individuals and society? Please provide information on existing monitoring mechanisms and data collection methods.

● **Auswirkungen und öffentliche Ausgaben für Drogenpolitik**

Aufgrund der föderalen Struktur Deutschlands besteht bei der Finanzierung und Umsetzung der nationalen Drogenpolitik ein komplexes Gefüge zwischen Bund, Ländern, Kommunen und den Sozialversicherungsträgern. Eine Berechnung von Kosten der Drogenpolitik für die Gesellschaft insgesamt ist daher mit erheblichem Aufwand verbunden. Tatsächlich gibt es derzeit keine bundesweit erhobenen und zusammengefassten Daten zu den finanziellen Mitteln, die die Länder und Kommunen für Drogen- und Suchtmaßnahmen aufbringen.³⁷ Zudem wird in Deutschland keine Differenzierung zwischen legalen und illegalen Substanzen vorgenommen, sodass der Kostenanteil von illegalen Drogen nicht zu ermitteln ist. Nicht zuletzt machen einen erheblichen Teil der Gesamtkosten die nicht als suchtspezifisch gekennzeichneten Ausgaben in Querschnittsbereichen wie Polizei, Gerichtsbarkeit, Strafvollzug oder Sozialhilfe aus.³⁸

Eine Datenerhebung und umfassende Schätzung der drogenbezogenen Ausgaben der öffentlichen Haushalte und Sozialversicherungsträger erfolgte im Jahr 2008 durch das Bundesministerium für Gesundheit (BMG) und die Deutsche Beobachtungsstelle für Drogen und Drogensucht (DBDD). Dabei wurde für das Referenzjahr 2006 ein Intervall zwischen 5,2 und 6,1 Milliarden Euro an öffentlichen Ausgaben für den Bereich illegaler Drogen ermittelt. Der größte Anteil der ermittelten Staatsausgaben fiel dabei im Bereich Sicherheit- und Ordnung mit 3,4 – 4,4 Milliarden Euro (65 – 70

³¹ Mindestanforderungen sind in § 10a BtMG geregelt, vgl. dazu Sipp, Werner/Dammer, Esther/Pfeiffer-Gerschel, Tim/Schneider, Franziska/Bartsch, Gabriele/Friedrich, Maria, Bericht des nationalen REITOX-Knotenpunkts an die EMCDDA (Datenjahr 2017/2018), Deutschland, Workbook Rechtliche Rahmenbedingungen, DBDD, S. 27f.

³² Das Übereinkommen der Vereinten Nationen gegen den unerlaubten Verkehr mit Suchtstoffen und psychotropen Stoffen vom 20. Dezember 1988 ist ein internationales Vertragswerk mit dem Ziel, die Verfügbarkeit von Betäubungsmitteln einzuschränken. Das Übereinkommen bindet als völkerrechtlicher Vertrag Deutschland als Vertragspartei aufgrund des internationalen Rechts.

³³ Gesetz über den Verkehr mit Betäubungsmitteln in der Fassung der Bekanntmachung vom 1. März 1994 (BGBl. I S. 358), das zuletzt durch Artikel 8 des Gesetzes vom 9. August 2019 (BGBl. I S. 1202) geändert worden ist.

³⁴ §§ 29 – 31a BtMG.

³⁵ Friedrich, Maria/Bartsch, Gabriele/Dammer, Esther/Schneider, Franziska/Pfeiffer-Gerschel, Tim, Bericht des nationalen REITOX-Knotenpunkts an die EMCDDA (Datenjahr 2017/2018), Workbook Prävention, DBDD, S. 11.

³⁶ Drogenbeauftragte der Bundesregierung, Drogen- und Suchtbericht 2018, S. 23 f.; abrufbar unter: https://www.drogenbeauftragte.de/fileadmin/dateien-dba/Drogenbeauftragte/Drogen_und_Suchtbericht/pdf/DSB-2018.pdf.

³⁷ Pfeiffer-Gerschel, Tim/Dammer, Esther/Schneider, Franziska/Bartsch, Gabriele/Friedrich, Maria, Bericht des nationalen REITOX-Knotenpunkts an die EMCDDA (Datenjahr 2017/2018). Workbook Drogenpolitik, DBDD, S. 3.

³⁸ Pfeiffer-Gerschel, Tim/Dammer, Esther/Schneider, Franziska/Bartsch, Gabriele/Friedrich, Maria, Bericht des nationalen REITOX-Knotenpunkts an die EMCDDA (Datenjahr 2017/2018), Workbook Drogenpolitik, DBDD, S. 14 f.

Prozent) an. Die Ausgaben für Gesundheitswesen und soziale Sicherung betragen 1,8 – 1,9 Milliarden Euro, was einen Anteil von 30 – 35 Prozent ausmacht. Der Anteil der Ausgaben für die allgemeine öffentliche Verwaltung lag bei 40,2 Millionen Euro und damit bei unter 1 Prozent.³⁹ Wegen des hohen Aufwands und der methodischen Limitationen hat bisher keine Fortschreibung der Studie stattgefunden.

³⁹ Mostardt, Sarah/Flöter, Stephanie/ Neumann, Anja/Wasem, Jürgen/Pfeiffer-Gerschel, Tim, Schätzung der Ausgaben der öffentlichen Hand durch den Konsum illegaler Drogen in Deutschland, Das Gesundheitswesen 2010, S. 892.

GREECE / GRÈCE

Replies received on 01/10/2019

1. Is there a strategy to adopt a human-rights based approach to drug policies? If yes, how do national drug policies (i.e. laws, regulations, funding) integrate human rights?

Legal framework

The current Law on Drugs (4139/2013) is by consensus a rational and useful tool for all parties involved in the drugs problem. The changes compared to the previous laws are mainly directed towards enhancing respect of the human rights of the offender user during all stages of the penal procedure. Although drug use is still considered a crime, more lenient penalties are foreseen.

The main changes that the law incorporates are:

- Dependence is recognised as a disease, which once diagnosed cannot be punished. The procedure to diagnose dependence has become sounder, by establishing a more comprehensive system to diagnose and ascertain dependence, which the Court is obliged to take into consideration. Offenders diagnosed as dependent are not imprisoned, they are diverted to treatment either in special prison programmes or by programmes of the approved by the Law treatment agencies. The certified completion of treatment leads to the annulment of any sentence. This also applies to individuals convicted before Law 4139/2013 was put into effect. The right to complete treatment is safeguarded for all dependent users, including those convicted for drug law offences and those convicted for offences allegedly committed in order to facilitate drug use. This benefit does not apply to very serious crimes, such as murder, rape and armed robbery.
- Alternatives to prison are provided for, i.e. treatment in- and off-prison. Dependent users who opt for treatment undergo a three-week detoxification programme before being admitted to treatment in prison. Following the successful completion of the in-prison programme, they may be granted conditional release to attend a treatment programme outside the prison setting. The time spent in the treatment programme counts as time served.
- Possession and supply of drugs, as well as cultivation of cannabis for personal use, becomes a misdemeanour, punishable with 5 months maximum penalty, although the Court may decide to impose no penalty at all, taking into account the personality of the user, their penal history and in cases when it is established that the act is improbable to be repeated.
- More lenient criminal treatment of the supply of small quantities (misdemeanour), and the supply of drugs to close friends/relatives. Equally more lenient is the sentencing for dependent suppliers of large quantities of drugs, for whom the strictest penalty is envisaged (life sentence) or a prison sentence between 10 and 20 years and a € 500,000 fine. The supply of large quantities is determined by the financial yield, with a threshold of € 50,000.

The legally authorised organizations for the treatment of drug dependence, according to Law 4139/2013, are OKANA, KETHEA and the specialised programmes in the Psychiatric facilities of Athens (18-ano) and Salonika (IANOS and ARGO).

- *OKANA* (Organization against Drugs - www.okana.gr) is a Body Corporate Under Private Law, under the supervision of the Ministry of Health, established in 1993 by Law 2161/1993. It is the only legally responsible entity for the operation of the substitution programme (pharmacological treatment of drug dependence). The Agency has also harm reduction programmes and outreach interventions. This organisation also manages and coordinates the Prevention Services network.
- *KETHEA* (Therapy Centre for Dependent Individuals - www.kethea.gr) is a self-governing Body Corporate under Private Law, under the supervision of the Ministry of Health, established in 1987 by Law 1729/1987. The Centre initiated drug treatment in Greece. Its ultimate goal is the complete abstinence from drug use with no substitutes. It also operates harm reduction programmes and outreach interventions.
- *18-ANO* operates under the premises of the *Psychiatric Hospital of Attica* (www.18ano.gr), which was founded in 1969. It implements “drug free” treatment programmes, (psychosocial interventions) (inpatient and outpatient) in the region of Attica.

In the *Psychiatric Hospital of Thessaloniki* (PHT) there are two “drug free” treatment programmes:

- the Addiction Recovery Programme, "[IANOS](#)", that exists since 1992 and entails inpatient and outpatient programmes.

- the Alternative Addiction Treatment Programme, "[Argo](#)", an "open therapeutic "programme that covers the area from Larissa to Serres and Kavala.

National Strategy and Action Plan

The draft Greek National Drug Strategy 2014-20, as well as the National Action Plan 2014-2018, addressed illicit drugs and followed the EU's balanced approach to drug policy by placing equal emphasis on reducing drug demand and drug supply. It was developed by the National Committee for the Coordination and Planning of Drugs Responses. However, it was never endorsed and the term has expired.

In 2019, following the appointment of a new Drugs Coordinator, the Committee for the Coordination and Planning of Drugs Responses was re-convened and put forward the drafting of a new National Strategy for 2019-2024. The vision is to provide a 5-year framework based on a comprehensive and balanced policy on the response to the problem of illicit drug dependence at the first stage and of other substance and behavioural dependences, focused on the human beings and their families.

The main objectives of the new National Strategy (2019-2024), that is being developed, are:

- The development of consensus among the interested parts and the reduction of social stigma;
- The support of the country's policy on drugs, as a part of cooperation within the European Union and other international organizations;
- The achievement of the balance between supply and demand reduction actions;
- The promotion of collaboration among the competent ministries, the regional and local administration and other services;
- The maximization of efficiency and cost-effectiveness, avoiding overlap of agencies' actions, as well as the modernization of services provided;
- The safeguarding of the availability of substances for medical use and research without increasing the risk of abuse.

The Strategy (2019-2024) puts particular emphasis on its specific objectives:

- The unhindered flow of information and support between the two main axes of the Strategy (demand and supply reduction), to ensure its focused and steady implementation;
- Geographical sectorization of demand reduction services;
- Removal of any obstacles to access to treatment, to continuity of care and to completion of social reintegration;
- Encouragement of pluralism in treatment approaches and in the training of professionals on evidence-based practices;
- Engagement in solving social and other problems affecting drug users' lives in collaboration with the State and other agencies;
- Promotion of accountability to the society and of transparency, through continuous evaluation of agencies and services, as well as the promotion of research and leading edge practices.

The new Strategy (2019-2024) is planned to be finalized by the end of the year and submitted for endorsement.

General Secretariat of Transparency and Human Rights of the Hellenic Ministry Of Justice

According to the Human Rights National Action Plan 2014-2016, developed by the General Secretariat of Transparency And Human Rights of the Hellenic Ministry Of Justice, there is a set of actions provided for in order to protect the right to treatment and inclusion of addicts who are in exclusion or at risk of exclusion. The same Secretariat published in 2014 the "Charter of fundamental human rights of dependent individuals", in collaboration with the A' Psychiatric Clinic of the Athens University Medical School. The Charter constitutes the first, at European level, specialized document of recording, recognizing and ensuring the rights of dependent individuals on health and treatment issues⁴⁰.

⁴⁰ Hellenic Ministry of Justice - General Secretariat of Transparency and Human Rights, A' Psychiatric Clinic of the Athens University Medical School (2014). "Charter of fundamental human rights of dependent individuals" : http://www.ministryofjustice.gr/site/Portals/0/uploaded_files/uploads_09/Xarta_Dikaionaton_ton_Exartimenon_Atomon.pdf (only in Greek)

Funding

All the aforementioned drug services are funded mainly by the State. All drug services in Greece are free of charge. Regarding the aspect of funding, according to articles 45-47 of Law 4139/2013, revenues from penalties or penalty conversions are used to finance therapeutic programmes as well as to enhance the work of services that are responsible for the prosecution of drug law crimes.

2. How does your country evaluate the impact and costs of drug policies on individuals and society? Please provide information on existing monitoring mechanisms and data collection methods.

In Greece, the Greek Documentation and Monitoring Centre for Drugs (EKTEPN) is responsible for the collection and processing of official representative data on every aspect of the drugs phenomenon in Greece. It acts as the Greek REITOX Focal Point of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), as it is one of the National REITOX Focal Points which operate in the 27 Member States of the European Union, Norway, the European Commission and the candidate countries. According to the Annual Report that it publishes, EKTEPN monitors the drugs problem in Greece with the use of European indicators. The data are collected by a nationwide network consisting of over 800 agencies and individuals. Every year, EKTEPN publishes two Annual Reports on the State of Drugs and Alcohol in Greece (one in English for the EMCDDA according to their formatting and the other in Greek focusing primarily on the issues of national interest) and the Greek Bibliography on Drugs and Alcohol.

According to the Annual Report, the main methods used to monitor the drug problem are the following:

- General population surveys: Prevalence and patterns of drug use among the population, measured by probabilistic surveys of the adult and school population, is one of five key indicators that assess the drugs situation in the country. EKTEPN has been actively involved in the EMCDDA experts group working to compile guidelines for general population surveys since 1997.
- Early Warning System (EWS): For the purpose of operating the EWS in Greece, a National Information Network made up of the State General Laboratory, DPAs, forensic laboratories and treatment programmes was established in 1999 to collect information about the trafficking and use of new psychoactive substances, new patterns of use of known substances and new combinations of substances. The data collection and exchange procedure is as follows: Every network partner reports to the Greek REITOX Focal Point the information they draw from their area of activity in a specially designed questionnaire. The new information collected by the Greek REITOX Focal Point is assessed by an Expert Group made up of representatives of the EWS partners. The information assessed as first occurring in Greece is reported to the National Information Network and to the EMCDDA. The Greek REITOX Focal Point also reports back to all partners of the National Information Network the new information collected in Europe and reported to it by the EMCDDA.
- Treatment Demand Indicator (TDI): The TDI systematically records the profile of drug users who seek help from treatment programmes in the country (on a yearly basis). User registration, both at the national and at the European level, is carried out in such a way as to ensure data reliability and comparability. EKTEPN implements the TDI according to its protocol (Standard Protocol 2.0) and reports data to the EMCDDA on a yearly basis. EKTEPN collects data from a nationwide network, consisting of (drug-free and substitution) treatment programmes and low-threshold agencies. Data collection is carried out by means of interview-administered individual questionnaires during the drug users' first contacts with the services. The questionnaire includes an anonymous identification code, enabling the agencies to submit individual data to EKTEPN while avoiding double counting.
- Problem drug use (PDU) indicator: The PDU indicator provides comparable and evidence-based estimates of the number and the profile of problem (i.e. dependent) drug users in the country. EKTEPN started implementing the PDU indicator in 2002 by applying the multiple records or capture-recapture method to annual TDI data.
- Drug-related infectious diseases (DRID) indicator: DRID indicator collects data on the prevalence of infectious diseases (HIV, HCV and HBV) among injecting drug users (IDUs). Data are collected yearly, mostly through diagnostic tests for HIV, HCV and HBV infection performed on IDUs who contact treatment programmes in Greece. EKTEPN's reporting

system consists of a nationwide network, bringing together (drug-free and substitution) treatment programmes, low-threshold agencies, public laboratories and reporting centres. The network partners report individual data with the screening results for hepatitis B (based on the HBsAg, AntiHBc and AntiHBs markers), hepatitis C (anti-HCV (EIA) and Anti-HCV (RIBA), and HIV/AIDS (HIV1, 2 Ab). The individual data are reported to EKTEPN under an anonymous identification code to avoid double counting. The systematic collection of DRID data, on a yearly basis, makes it possible to monitor the prevalence of infectious diseases among IDUs over time and across Europe.

- The drug-related deaths (DRD) indicator: The DRD indicator provides comparable and reliable data on the number and the profile of individuals who die of acute poisoning directly attributable to drug use. The mortality indicator provides comparable and reliable data on the causes of death through long-term monitoring of drug users. Every year, EKTEPN collects data on overdose deaths from the Hellenic Police. The data are presented longitudinally in the annual reports of the Greek REITOX Focal Point. An obstacle to the full implementation of the mortality indicator in Greece and other European countries is legislation on the protection of sensitive personal data. EKTEPN collects preliminary data.

ISRAEL / ISRAËL

Replies received on 02/10/2019⁴¹

There is no particular human rights based drug policy in Israel, though drug policies generally respect human rights principles.

⁴¹ Reply provided by the Knesset Research and Information Center. The parliament of Israel - the Knesset - was granted observer status with the Parliamentary Assembly on 2 December 1957.

LATVIA / LETTONIE

Replies received on 12/09/2019⁴²

1. Is there a strategy to adopt a human-rights based approach to drug policies? If yes, how do national drug policies (i.e. laws, regulations, funding) integrate human rights?

There is no explicit reference to human rights, but drug policy generally respects human rights principles. For example, an evidence-based approach is applied in prevention - the measures used are harmless and are in compliance with ethical principles (Unplugged programs and FreD goes net programs). The activities undertaken to collect data and monitor the situation to make sure, that the programs are effective and harmless to ensure, that human rights are respected. In harm reduction, it involves syringe exchange programs, opioid substitution therapy. In medical care, this translates into improving accessibility (plans to withdrawal patient contributions). In the judicial system, it will be an alternative to punishment. In addition, other evidence of taking in consideration human rights are the establishment of an Addiction Centre and availability of opioid treatment in prison. Moreover, one major thing that needs to be mentioned is the general shift of paradigm – responsibility for developing and coordinating drug use and prevalence policy in Latvia will be transferred from the Ministry of the Interior to the Ministry of Health no later than in 2021. That means moving policy concept towards a more balanced approach, with a much greater focus on the health and social risk and harm reduction aspects and emphasis on human rights.

2. How does your country evaluate the impact and costs of drug policies on individuals and society? Please provide information on existing monitoring mechanisms and data collection methods.

Mechanisms for evaluation of estimation of drug related costs and impact of drug policies are analytical researches and evaluations of drug policies. Results of drug policy evaluation does not reflect the real expenditures for drug policy implementation, real expenditures are much higher. However analytical researches on drug related expenditures could be complementary mechanism for better evaluation of drug policy impact.

Centre for Disease prevention and control of Latvia in cooperation with Baltic International Centre of Economic Policy Studies prepared analytical research on Drug or related expenditures in Latvia in 2017. The last research was prepared in 2008. Aim of the research was to estimate budget and non-budget drug related expenditures in Latvia in 2017. For better understanding of the expenditures, results were classified by using two types of classification: COFOG and Roiter. The research methodology is provided by the EMCDDA.

Total drug related expenditures in 2017 are estimated as EUR 78.3 – 97.0 million or 0.29 – 0.36% of GDP. These estimates are similar to the 2008 estimates, where total drug related expenditures were 0.4% of GDP. Components of total drug related expenditures are budget costs, foregone budget revenues and external costs. Total drug related budget expenditures in 2017 were EUR 32.6 million or 0.33% of total budget expenditures.

According to the COFOG classification, the largest direct budget expenditures were for public policy provision and safety (40.5%), health care (33.3%) and social protection (26.2%). Most of public policy provision and safety expenditures are expenditures of the State Police on drug and psychotropic substance intoxication examinations. Much of the health care expenditure was accounted for by the provision of methadone substitution treatment and the provision of inpatient and outpatient health care services to drug users. A significant part of social protection expenditure is related to the building of the Addiction Centre for prisoners and staff training.

The largest indirect budget expenditures were for public policy provision and safety (73.1%) and healthcare (26.9%). Most of the expenses for public policy provision and safety are governed by the expenditure of the SRS Customs Police in relation to combating the illicit trafficking of drugs, prison expenses for the maintenance of prisoners and police expenses for investigating drug-related cases. Expenditures on reimbursable medications for the treatment of HIV/AIDS and hepatitis B and C is a major part of the health costs.

⁴² Reply provided by Sectoral Policy Department of the Ministry of the Interior.

According to Roiter's classification, the largest part of the budget (direct and indirect) expenditures were expenditures on enforcement control (70.1%). Approximately a fifth part (21.1%) was spent on treatment, less on prevention (5.0%) and drug harm reduction (4.1%). Similar breakdown of budget expenditures was in 2008. Breakdown of indirect costs by Roiter is similar to the total breakdown of costs with 5% for prevention. However, breakdown of direct budget costs shows, that largest part was spent on enforcement (40.0%), prevention (30.2%), less on harm reduction (19.7%) and treatment (13.5%). Direct budget expenditures on prevention in 2017 increased to 30.2%, in 2008 it was less than 10%, but harm reduction expenditures decreased from 35% to 20%.

The foregone budget revenue due to drug addiction was estimated at around EUR 2,6 – 3,9 million in 2017. Thus, the overall budgetary impact of drug use, i.e. expenditure plus revenue foregone, was EUR 35.0 – 36.2 million or 0.13% of GDP.

The total external expenditures of drugs in 2017 amounted to EUR 43.1 – 60.6 million or 0.16 – 0.22% of GDP. The largest share of external costs is attributable to the low employment rate of drug users.

Examples of some results of analytical research on drug related expenditures, which could help to evaluate results of National drug strategy for 2011 – 2017:

- Resultative indicator on employment of drug users increased, in 2017 it was 24%, but in 2011 it was only 16%. At the same time, external expenditures due low employment rate of drug users in 2017 decreased.
- Number of patients on opioid substitution treatment increased, in 2009 it was 189, but in 2017 already 669. Drug treatment related expenditures since to 2008 increased as well and in 2017 expenditures for provision of methadone substitution treatment were major part of health care direct budget expenditures.
- In 2017 harm reduction services received funding from harm reduction project and budget. Harm reduction expenditures increased since 2008. As the result of it, reflected in the evaluation of National drug strategy, number of distributed sterile needles/syringes significantly increased.

Existing monitoring mechanisms for drug policy resultative indicators are regular surveys on drug use and drug related harms in different populations (adults, students, prisoners, problem drug users, in nightlife settings), routine statistics from registries on treatment demand, routine statistics on number of drug seizures etc.

LITHUANIA / LITUANIE

Replies received on 24/09/2019⁴³

1. Is there a strategy to adopt a human-rights based approach to drug policies? If yes, how do national drug policies (i.e. laws, regulations, funding) integrate human rights?

*The National drug, tobacco and alcohol control and use prevention programme 2018-2028*⁴⁴ (hereinafter – the Programme) was adopted by the Seimas of the Republic of Lithuania in December 2018. This document provides principles, goals and priorities for long-term national drug policy, which aims to reduce demand and supply of psychoactive substances and harm caused by the use of such substances to the individual and society.

Fostering human rights is one of the core principles enshrined in the Programme. It should be implemented through respect for human dignity, liberty, democracy, equality, right to education, health care, social security and equal access to services. Humanistic, public health-based and evidence-based criminal policy against the users of psychoactive substances should be developed according to the Programme. In this context, the criminal policy review is an issue of great importance. In the course of this review, according to the Programme:

- less dangerous offences related to the use of narcotic and psychotropic substances should be decriminalised and the application of social, health care system interventions instead of criminal measures should be ensured;
- penalties provided for in the Criminal Code of the Republic of Lithuania should be reviewed in order to limit the excessive use of custodial sentences (or their excessive duration) in cases where goals of punishment can be achieved by applying less repressive sanctions and alternatives targeted at the assistance to the person;
- a review of the regulation concerning small, high and very high quantities of narcotic and psychotropic substances, based on common and scientifically based criteria, should be implemented.

2. How does your country evaluate the impact and costs of drug policies on individuals and society? Please provide information on existing monitoring mechanisms and data collection methods.

Some scientific researches concerning the implementation of drug policies are conducted in Lithuania. The *Analysis of the law, health and social systems related to drug policy in Lithuania*⁴⁵ (hereinafter – the Analysis) is one of them and one of the most recent (it was completed in 2018). The Analysis is a multi-criterion evaluation of Lithuania's drug policy conducted by scientists and researchers in cooperation with the Drug, Tobacco and Alcohol Control Department under the Government of the Republic of Lithuania.

The evaluation provided in the Analysis is based on the SWOT method (analysis of strengths, weaknesses, opportunities and threats concerning Lithuanian law, health and social systems in the context of drug policy). Data necessary for the Analysis were collected using the following methods: examination of documents (international documents, national laws, local legal acts, various studies and reports, etc.), qualitative research (interviews with experts and service users), questionnaire-based surveys from institutions directly or indirectly dealing with issues related to the use of psychoactive substances (e.g. hospitals, prisons, institutions providing social services, educational institutions, etc.).

The Analysis has been used in the drafting of the Programme mentioned in the answer to question 1.

⁴³Reply provided by the Office of the Seimas of the Republic of Lithuania, Information and Communication Department, Research Unit.

⁴⁴ [National drug, tobacco and alcohol control and use prevention programme, 2018-2028 \(Summary\)](#).

⁴⁵ Summary of analysis of the law, health and social systems related to drug policy in Lithuania, [Conclusions and recommendations](#).

REPUBLIC OF MOLDOVA / REPUBLIQUE DE MOLDOVA

Replies received on 24/10/2019⁴⁶

1. Is there a strategy to adopt a human-rights based approach to drug policies? If yes, how do national drug policies (i.e. laws, regulations, funding) integrate human rights?

Yes. The Government of the Republic of Moldova adopted by Government Decision No. 1208 of 27.12.2010, the Anti-Drug National Strategy for the years 2011 – 2018 (hereinafter - the Strategy). It is a key document of the Government, which defines the objectives, actions and measures needed, with clear responsibilities for all the actors involved in the activities of prevention and repression of illicit drug and/or trafficking. The Strategy has been developed in order to implement Law No. 382-XIV of 06.06.1999 on the Circulation of Narcotic Drugs, Psychotropic Substances, and Precursors and to fulfil the commitments assumed by the Republic of Moldova with respect to combating drug addiction and drug trafficking.

Drug policy is also a part of the National Health Policy, approved by the Government Decision No.886 of August 6, 2007. The Ministry is responsible for implementation and financing of all types of treatment related to substance abuse, health risk reduction, health education aimed at promoting a healthy lifestyle and professional growth of staff of the Ministry and the relevant health care providers.

According to the Strategy, the ultimate goal of a drug policy is to reduce consumption of all types of drugs and/or to reduce the potential risk and damage that can occur in people's lives and society. The Strategy proposes a comprehensive, multidisciplinary and balanced approach of issues related to drug use, based on a complex, interdepartmental, interdisciplinary and cross cooperation at all levels, with three components as the foundation of modern drug policy, that are not replacing but complementing each other:

- reduction of drug supply (*exercising legal control over the movement and combating drug trafficking and illicit distribution of drugs*);
- drug demand reduction (*primary prevention of drug treatment, the rehabilitation of drug users*);
- risk reduction.

In this regard, the drug policy will be based on four pillars:

- *primary prevention*;
- *treatment and rehabilitation*;
- *risk reduction*;
- *drug supply reduction*.

The actions of the Strategy are consistent with the general and specific objectives, as follows:

- General objectives
 - o reduction of drug trafficking to and through the Republic of Moldova and the supply and the accessibility of all types of drugs, in accordance with the law. Maintaining the trend of reducing the number of crimes by taking concrete actions, coordinated with the authorised bodies of other services. Increasing activism in order to detect primary drug traffickers, not consumers;
 - o reduction and stabilization of all types of drug consumption and related consequences that may affect the health of citizens and society as a whole, by stabilizing the recorded number of people and maintaining trends of decreasing the number of such persons.
- Specific objectives
 - o improving the quality of the current system;
 - o creation of an organizational and functional framework for achieving a set of measures on drugs.

⁴⁶ Reply provided by the Information-Analytical Division of the Parliament of the Republic of Moldova.

To achieve the stated objectives of reducing drug use and health and social risks, it is necessary to develop - as result of needs assessment - the network of prevention programs, treatment and reduction of risks. Tasks pursued by approving of the Strategy are:

- stabilization and reduction of drug use in society, especially among minors;
- reduction of risks for all types of drugs and economic, health, social, criminal and security impacts on citizens and society;
- quality of life for consumers of all types of drugs, of their families and others living close, by offering a wide range of quality services for risk reduction, treatment, rehabilitation and resocialization;
- reduction of the drug accessibility, particularly for minors, using appropriate legal and institutional instruments;
- stopping and reducing domestic cultivation of plants containing narcotic for production of drugs in the Republic of Moldova.

To achieve the necessary measures and to streamline their implementation is necessary to improve the quality and functionality of the existing system of coordination of interdisciplinary activities at all levels of government, held in drug supply, drug demand and harm reduction. To obtain the desired results is required:

- transformation of the legal and regulatory framework of the Government in order to reorganise the Interdepartmental Commission for Drug Abuse and Drug Trafficking into the National Anti-Drug Committee;⁴⁷
- institutionalization of the Permanent Secretariat of the Committee, which will be led by a secretary;
- establishment of the network of drug policy coordinators and of drug advisory interdisciplinary committees at local level;
- definition and allocation of responsibilities and skills of all key entities, including non-profit organizations involved in promoting drug policy at all levels;
- raising the initial and continuous training level of specialists in the field, including the involved authorities;
- preparation of training courses to strengthen the ability of drugs relevant professional groups, including those of nonprofit organizations.

2. How does your country evaluate the impact and costs of drug policies on individuals and society? Please provide information on existing monitoring mechanisms and data collection methods.

In order to achieve the planned measures, each responsible authority will provide financial resources in the annual budget for their enforcement. Each ministry involved in the development and implementation of the National Anti-Drug Strategy, will allocate the necessary resources from own budgets to fund all planned measures and specific interventions planned to be completed under the National Action Plan against drugs for the years 2011-2013 and thereafter, for the years 2014-2018. However, the Interdepartmental Commission for Drug Abuse and Drug Trafficking will participate in the measures stipulated as an advisory body.

The control of this Strategy execution is put in charge of the Interdepartmental Commission for Drug Abuse and Drug Trafficking and later, after reorganization, the National Anti-Drug Committee, which will cooperate with all institutions involved. The National Drug Observatory⁴⁸ of the National Center for Health Management of the Ministry of Health monitors the drug situation in drawing up annual

⁴⁷ The National Anti-Drug Commission is an interdepartmental body, established by the Government in order to promote the state policy in the field of the circulation of narcotic drugs and psychotropic substances and precursors. Jointly with the Ministry of Health, Labor and Social Protection, elaborates national programs for the organization of integrated medical-social assistance (medical, social assistance, rehabilitation, risk reduction, etc.) for drug users. (The Law No. 382-XIV of 06.06.1999 on the Circulation of Narcotic Drugs, Psychotropic Substances, and Precursors, Article 5 (1), f).

⁴⁸ National Drug Observatory is an organizational part of the National Center for Health Management of the Ministry of Health and is responsible for collecting, analyzing and disseminating data about drug use, effects of drugs policy and measures of anti-drug policy implemented at all levels. National Drug Observatory will coordinate and manage methodological other state institutions and nongovernmental organizations that will help to collect data within the indicators monitored. (the Government Decision No. 1208 of 27.12.2010 on approval of the Anti-Drug National Strategy for the years 2011 – 2018).

national report on drugs in the Republic of Moldova based on complex data about the situation in drug trafficking, drug use and their consequences. Annual Reports of the National Drug Observatory will serve as the basis for the necessary decisions and action plans of drug policies in the National Anti-Drug Strategy

MONTENEGRO / MONTÉNÉGRO

Replies received on 24/09/2019⁴⁹

1. Is there a strategy to adopt a human-rights based approach to drug policies? If yes, how do national drug policies (i.e. laws, regulations, funding) integrate human rights?

In February 2013, the Ministry of Health of Montenegro adopted a strategic document on drug policy, [Strategy of Montenegro for the Prevention of Drug Abuse 2013-2020](#), in cooperation with the United Nations Office on Drugs and Crime (UNODC) and the Pompidou Group of the Council of Europe. UNODC has positively evaluated the inclusion of the principle of human rights protection and its integration in the 2013-2020 Strategy and the associated Action Plan.

One of the main principles outlined by the Strategy is the principle of human rights protection. The Strategy recognizes the right of an individual to a healthy life as one of the fundamental human rights, which requires a comprehensive social engagement in activities designed to protect from the circumstances which are conducive to drug abuse. In accordance with this, the Strategy recognises the need for development and improvement of programmes aimed at the prevention of addiction diseases, reducing the availability of illicit drugs on all levels, as well as fight against all forms of drug-related criminal activities. This principle also explicitly recognizes the right of every individual to a dignified and professional treatment and help in the cases of illness or any other threatening social situations.

The Strategy states the need for the state authorities to ensure the constitutional rights to protection of health and social security of all citizens, while at the same time working to prevent the social exclusion of individuals and groups. In accordance with the principle of human rights protection, the penal system and legal protection of convicts suffering from drug addiction, who have the right to free medical services in prison, should promote the idea that the medical treatment within the prison system should be equal to available treatments within the public health system. By using this approach, Montenegro seeks to prevent the stigmatisation of persons suffering from addiction, since stigma and discrimination present the greatest obstacles to prevention and provision of necessary measures for the rehabilitation of affected persons.

2. How does your country evaluate the impact and costs of drug policies on individuals and society? Please provide information on existing monitoring mechanisms and data collection methods

N/A

⁴⁹ Reply provided by the Parliamentary Institute Research Centre of the Parliament of Montenegro.

NETHERLANDS / PAYS-BAS

Replies received on 04/10/2019

1. Is there a strategy to adopt a human-rights based approach to drug policies? If yes, how do national drug policies (i.e. laws, regulations, funding) integrate human rights?

Dutch drug Policy: The Netherlands tolerates the sale of soft drugs in 'coffee shops'. A coffee shop is an establishment where cannabis may be sold subject to certain strict conditions, but no alcoholic drinks may be sold or consumed. The Dutch government does not prosecute members of the public for possession or use of small quantities of soft drugs. However, in the Netherlands as elsewhere, drugs cause nuisance and crime. The government is responding by imposing tougher rules on coffee shops and acting to curb trafficking in hard drugs and dismantle cannabis-growing operations. Addiction care is available for those who are addicted to drugs.

The Dutch government wishes to initiate an experiment involving the cultivation of cannabis for recreational use. The purpose of the experiment is to determine whether and how controlled cannabis can be legally supplied to coffee shops and what the effects of this would be. See: [Controlled cannabis supply chain experiment](#). Numerous arrangements have to be made for an experiment of this nature. For one thing, the law must be amended. An [independent advisory committee](#) has issued recommendations about the design of the experiment. On 22 January 2019, the House of Representatives adopted the [controlled cannabis supply chain experiment bill](#). The bill is currently being [debated](#) in the Senate. An order in council is also being prepared. Among other things, this will set out the conditions that growers and sellers of cannabis must meet. A first draft of the order in council was published in November 2018, so that interested parties could suggest improvements to the draft decision in the order in council. The response is currently being reviewed. A new version of the order in council will be submitted to the House of Representatives in 2019.

Research: The regulated cultivation and trade of cannabis for recreational use is permissible on the basis of states' positive human rights obligations. This is the result of research by Legal scholars Piet Hein van Kempen and Masha Fedorova of Radboud University from the Netherlands "*International law and cannabis II. Regulation of cannabis cultivation and trade for recreational use: positive human rights obligations versus UN Narcotic Drugs Conventions, may 2016*" [International law allows for the legalisation of cannabis](#)

2. How does your country evaluate the impact and costs of drug policies on individuals and society? Please provide information on existing monitoring mechanisms and data collection methods.

The national focal point in the Netherlands is located within the National Drug Monitor, which was established in 1999 by the Minister of Health, Welfare and Sport in order to evaluate and review registration and survey research data at the national level and to report these data to the Lower Chamber of Parliament, concerned ministries and other stakeholders both nationally and internationally. The national focal point is part of the Drug Monitoring and Policy Department of the Trimbos Institute, the national research institute for mental health care, addiction care and social work, which is tasked with informing policymakers and politicians about the mental health issues that concern the Dutch population. There is close collaboration with the Research and Documentation Centre of the Ministry of Justice and Security. The National Drug Monitor (NDM) is the core publication of drug monitoring in the Netherlands. It provides a current picture of the drug situation in the Netherlands to policymakers at the national and municipal levels, as well as to researchers and professionals in addiction care. The National Drug Monitor gives an overview of policy developments, drug use in adults and school-aged children, addiction treatment demand, drug markets, and crime.

- Download the [summary](#) of the National Drug Monitor 2018
- Download [the National Drug Monitor](#)

Drug Incidents Monitoring System: Since 1992 the Dutch Ministry of Health enabled the testing of illicit drugs for drug users to prevent serious health hazards associated with unexpected dangerous substances. This illicit drug testing system is called the [Drugs Information and Monitoring System \(DIMS\)](#). DIMS is a national network of testing facilities that furthermore aims at gaining an insight into the market of controlled substances. DIMS also runs the [THC monitor](#) (by analysing cannabis

samples) and hosts the Monitor New Drugs, which focuses specifically on New Psychoactive Substances.

Download [the DIMS Annual Report](#) (pdf, English)

National Focal Point

The Netherlands REITOX National Focal Point for the EU drugs agency EMCDDA is based in the Drugs Program at the Trimbos Institute.

[Country Drug Report 2019 : The Netherlands](#): This report presents the top-level overview of the drug phenomenon in the Netherlands, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2017 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

More information on [Drugs: monitoring, research and prevention](#) by Trimbos Institute - the national research institute for mental health care, addiction care and social work.

NORTH MACEDONIA / MACEDOINE DU NORD

Replies received on 17/10/2019

1. Is there a strategy to adopt a human-rights based approach to drug policies? If yes, how do national drug policies (i.e. laws, regulations, funding) integrate human rights?

Drug policies of the Republic of North Macedonia are derived from the integrated approach to drug related problems, defined by the [National Strategy on Drugs 2014-2020](#) (available in Macedonian).

The National Strategy on Drugs 2014-2020 is based on the following fundamental principles: a balanced approach between reducing demand and reducing drug supply by reinforcing the core values of respect for human dignity, freedom, democracy, equality, solidarity, the rule of law and human rights.

2. How does your country evaluate the impact and costs of drug policies on individuals and society? Please provide information on existing monitoring mechanisms and data collection methods.

One of the cross-cutting issues defined in the National Strategy on Drugs 2014-2020 is the issue of information, research, monitoring and evaluation. The overall goal of the National Strategy regarding this issue is a better understanding of all aspects of the phenomenon of drugs and the impact of policies and measures related to drugs, in order to contribute to better monitoring, research and evaluation of results, strengthening mutual cooperation and avoiding duplication of effort.

The National Strategy defines the general measures aimed at achieving this goal as aligning methodologies, networking and fostering closer cooperation. Regarding these cross-cutting issues, the National Strategy aims to achieve the following results:

- Identifying, analysing and classifying of existing sources and databases relevant to the drug related issues by their reliability, quality and the applicability for the policy and practice;
- Further improvement of knowledge and strengthening of the infrastructure in the collection and transfer of data to the relevant bodies, with a view to more thorough research on drug situations, monitoring and evaluation, in particular in cooperation with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and Europol;
- Supporting and recognising the role of scientific approach and research especially in evaluating strategic goals and interventions, focusing on specific findings and indicators, as a key element in enhancing access to the drug related problems;
- Transforming the National Focal Point (Centre for Drug Monitoring and Drug Addiction, Department for Controlled Substances, Ministry of Health) into a Drug Observatory. The Centre has the legal task of collecting, analysing and disseminating objective, reliable and comparable drug status data on national level, in accordance with the five key EMCDDA epidemiological indicators and additional drug supply indicators. The National Drug Observatory is meant to build a reputation as a centre of expertise, to build credibility, to be proactive and reactive in informing, explaining data in their meaning;
- Networking (in terms of ICT hardware and software) of all health institutions involved in the treatment of drug-related issues, as well as harm reduction programs, with the aim of establishing an electronic system of data collection on indicators in accordance with the legislation, by the Centre for Drug Monitoring and Drug Addiction, Department for Controlled Substances, Ministry of Health.

NORWAY / NORVÈGE

Replies received on 30/09/2019⁵⁰

1. Is there a strategy to adopt a human-rights based approach to drug policies? If yes, how do national drug policies (i.e. laws, regulations, funding) integrate human rights?

The present government has a strong policy commitment towards human rights based for all people. Additionally, human rights approach was a major part of the policy outcome when Norway held the leadership of the Pompidou group from 2014-2018. Norway arranged a major side event during the UNGASS 2016 meeting addressing Human rights and drug policy control. The Government will pursue a knowledge-based policy on illicit substances, aiming to prevent, reduce, and limit the harmful effects of illicit substance use.

Both for people with addiction and dependency problems, and those at risk of developing such problems, criminal prosecution can consolidate and reinforce the problem. Our government will therefore help, not punish, those who have – or are at risk of developing – problems related to illicit substance use. Therefore a public committee to prepare the implementation of a reform has been established. The basis for the reform is that problems related to the use of illicit substances is essentially a health challenge – not a criminal offence. The committee is to deliver their suggestion to how a reform can be implemented in Norway by December 2019.

2. How does your country evaluate the impact and costs of drug policies on individuals and society? Please provide information on existing monitoring mechanisms and data collection methods.

Funding and evaluation of an Action Plan on Psychoactive Substances (2016–2020): In 2016 the Government launched an Action Plan on Psychoactive Substances running in the period 2016-2020. The plan was approved by the Parliament same year. The present plan addresses the use of psychoactive substances and addiction. It provides an overview of the main challenges and sets out short- and long-term strategies.

The Government will increase the allocations to the substance use field by NOK 2.4 billion in the period 2016–2020. Additional patient places in MST treatment facilities will be made available by giving higher priority to increases in such treatment than to increases in physical health care. For 2016 the increase in costs is estimated at around NOK 185 million, which includes free choice of treatment institution. By budget year 2019, the following allocations to inter-ministerial priorities have been granted:

- NOK 1.800 million of the growth in the municipalities' unbound income for intensified efforts in the substance use field;
- NOK 30 million for the development of binding cooperation models, including the establishment of reception and follow-up centres and more low-threshold substitution treatment centres, for example modelled on the LASSO⁵¹ project in Oslo;
- NOK 68 million for the permanent establishment and expansion of the Drug Programme under Court Control;
- NOK 20 million to increasing the grant for vocational rehabilitation and adapted activity programmes under the auspices of voluntary organisations and through social entrepreneurship;
- NOK 15 million to strengthening the grant scheme for following up the children of individuals with substance use and/or mental health problems, on the basis of experience gained from the trial project Testing Municipal Follow-up Models in the municipalities;
- NOK 500 million to grant better housing and accommodation for drug users and homeless people.

Evaluation and monitoring: Predictable funding is needed for the special priority areas listed above, and the Government has increased allocations to the substance use field in line with the long-term

⁵⁰ Reply prepared by the Norwegian Parliamentary Research Service

⁵¹ The LASSO project offers a programme that aims to reduce the harm associated with opioid dependence through the use of the pharmaceutical drug Suboxone.

goals and measures set out in this action plan. The plan must also ensure sufficient flexibility to identify changing needs, take appropriate measures, and secure good progress. The plan therefore includes long-term goals and measures that are not tied to specified amounts of funding.

The measures listed in the plan will be evaluated in relation to the financial framework. A more detailed evaluation of the organisation and economic and administrative consequences will be required for a number of measures. There are many monitoring efforts being made and we several statistics surveys through our service that measures the number of people in integrated specialized treatment every quarter. There are numerous collection of statistics that show the number of employees dedicated to the service.

Evaluation shows that the in-phasing and priority of particular measures has gone well. The follow up study reaffirm some positive results. In 2017, nearly 2500 full time position more than in 2016 in the municipality organization providing health and care service for people who use drugs.

An interdisciplinary working group cooperate and follow the work with the Action plan.

POLAND / POLOGNE

Replies received on 01/10/2019 and 04/10/2019⁵²

A. SENAT

1. Is there a strategy to adopt a human-rights based approach to drug policies? If yes, how do national drug policies (i.e. laws, regulations, funding) integrate human rights?

In Poland there is no specifically designed human-rights based approach to drug policies. Drug possession and supply in Poland is regulated by the Act on Counteracting Drug Addiction of 29 July 2005. Article 7 of the Act states that the National Health Program provides the framework for actions in the field of fighting drug addiction.

An important objective of the National Drug Strategy 2016-2020, as a part of National Health Programme 2016-20, is to enhance the quality of drug prevention programmes. Prevention interventions cover a variety of approaches. Some strategies target entire populations, while others focus on vulnerable groups or individuals. The Ministry of National Education and the Centre for Educational Development are responsible for drug prevention in schools and educational facilities.

The National Drugs Strategy 2016-20 emphasises the need for

- better access to risk reduction programmes targeting occasional drug users,
- harm reduction programmes targeting drug-dependent individuals unwilling to change their behaviour and,
- infectious disease treatment programmes. Harm reduction interventions, implemented by non-governmental organisations, include such measures as educational programmes for drug abusers, individual consultations, motivation for behavioural change, safe injection training, support groups and group sessions for inmates.

Drug interventions in prisons include 6-month residential therapeutic programmes conducted in special wards, short-term interventions for individuals at different stages of substance addiction, self-help groups, and opioid substitution treatment. Human immunodeficiency virus (HIV)-positive inmates receive antiretroviral treatment.

The National Health Programme 2016-20 aims to increase the availability of outpatient drug services and opioid substitution treatment programmes. Other solutions to improve the quality of drug treatment services are provided in the National Drugs Strategy 2016-20.

The system of specialised drug services in Poland has been integrated into mental health care. Drug treatment, rehabilitation for drug abusers as well as a variety of measures aimed at facilitating their social reintegration are free of charge and – as a principle – offered on a voluntary basis.

A code of ethics for addiction therapists has been created by experts in cooperation with the National Bureau for Drug Prevention.

An [agency](#) of the Ministry of Health, the National Bureau for Drug Prevention has been charged with the implementation and coordination of actions related to prevention, treatment, rehabilitation, harm reduction and social integration objectives that are set out in the National Drugs Strategy.

In Poland, as laid down by Article 62 of the Act on Counteracting Drug Addiction, any drug or any psychotropic substance possession is a criminal offence, while the use of drugs itself is not penalised. However, article 62(a) offers the option to discontinue criminal proceedings for individuals who possess a small amount of drugs for personal use.

2. How does your country evaluate the impact and costs of drug policies on individuals and society? Please provide information on existing monitoring mechanisms and data collection methods.

⁵² The response was prepared on the basis of information provided by the Department of Public Health and Family of the Ministry of Health.

The [Information Centre for Drugs and Drug Addiction](#) is based in the National Bureau for Drug Prevention. The Centre is responsible for managing the national system of information on drugs and drug addiction as well as for monitoring actions against drug addiction at national and international level.

The Institute of Psychiatry and Neurology conducts scientific research, as part of its statutory activities related to drugs and drug dependence. Also involved in research projects are the National Institute of Public Health — National Institute of Hygiene (NIPH-NIH), universities and research agencies.

B. SEJM

1. Is there a strategy to adopt a human-rights based approach to drug policies? If yes, how do national drug policies (i.e. laws, regulations, funding) integrate human rights?

In the drug policy of the Republic of Poland the leading role is played by the Minister of Health and units subordinate to or supervised by the Minister of Health, i.e. among others National Bureau for Drug Prevention (Krajowe Biuro do Spraw Przeciwdziałania Narkomanii) and State Sanitary Inspection (Państwowa Inspekcja Sanitarna). According to information provided by the Ministry of Health, drug policy in Poland associated with the use of an approach based on human rights concerns both health of the individual and public health.

Counteracting drug addiction in Poland is associated with combating the supply of new drugs (so-called designer drugs) as well as with education, providing information and prevention. New drugs issues are considered as broadly defined area of the public health built on scientific, ethical and legal foundations. Actions connected with new drugs are carried out by the State Sanitary Inspection in cooperation with the Police, National Revenue Administration (Krajowa Administracja Skarbowa) and other units, as well as experts from scientific institutes and universities. Particular attention is paid to risk assessment. In the new drugs' composition acute toxicity is often found, and limiting their threats poses a serious challenge to both public health and public safety.

As states in the information prepared by the Ministry of Health, counteracting drugs activities in Poland provide a high level of protection of human health through consistent and effective implementation of measures, interventions and approaches to reduce the demand for and supply of new drugs at national level. These activities are based mostly on the basic principles of European Union law and international law (United Nations conventions and documents). Poland as one of the first EU member states has taken decisive systemic actions to combat "designers' drugs"⁵³. In 2010 two specific Polish solutions were introduced and used to prevent the introduction of new drugs to the market:

- State Sanitary Inspection (responsible for combating public health threats) has been included in the early warning system (EWS)
- the obligation for the healthcare entity to complete the appropriate form has been introduced, in the event of assistance to a person after use or suspected of using a new psychoactive substance; this form is then forwarded to the territorially competent state sanitary inspector, aggregated and developed centrally.

Conclusions and observations from the above mentioned measures were reflected in the Act of 20 July 2018 amending the Act on counteracting drug addiction and the Act on State Sanitary Inspection (*Ustawa z dnia 20 lipca 2018 r. o zmianie ustawy o przeciwdziałaniu narkomanii oraz ustawy o Państwowej Inspekcji Sanitarnej*), Journal of Laws (Dziennik Ustaw) of 2018, item 1490. The act introduced new article 30a in which an obligation to report poisoning and suspected poisoning and deaths caused by new drugs was imposed. According to the Ministry of Health, the value of this solution is not only to consolidate a well-functioning system, but above all to enable early recognition and adequate response to threats.

Under the amended provisions, criminal liability was imposed for possession, production, placing on the market and smuggling of new psychoactive substances (NPS), as well as administrative liability for the production and placing on the market of substitutes. Drug regulations in Poland are the most

⁵³ The first was the decision of Main Sanitary Inspector of 2.10.2010 to close all points of retail of "designers drugs" (1387).

restrictive towards drug manufacturers and traffickers. The Act of 20 July 2018 strengthened provisions on the conduct of risk assessment posed by NPS, introduced NPS poisonings register and Chief Sanitary Inspector was obliged to provide a register of poisonings and deaths due to the use of NPS and to publish an annual report on the epidemiological situation in this area. The aim of this new regulations is a reduction of poisoning cases, better use of operational methods and other measures used in combating organized crime, reduction of sales of “designers’ drugs” and improving the prosecution and punishment of drug offenders.

Cooperation in combating new drugs is organised on the basis of the Agreement of 26 November 2018 between Chief Sanitary Inspector, Chief Police Officer, National Prosecutor, Head of National Revenue Administration, Chief of Border Guard and Chief Pharmaceutical Inspector.⁵⁴ Based on the agreement, pilot actions were commenced – designing and creating maps of health threats (indicators, data analysis) connected with drugs in Poland.

Moreover, the prison health care provides healthcare for prisoners on the basis of, among others:

- Executive Penal Code of 6 June 1997 (Kodeks Karny Wykonawczy), Journal of Laws (Dziennik Ustaw) of 2019, item 676 with amendments – mainly article 102 and 115 – and implementing regulations issued on the basis of Executive Penal Code,
- Act of 15 April 2011 on medical activity (Ustawa z dnia 15 kwietnia 2011 r. o działalności leczniczej), Journal of Laws (Dziennik Ustaw) of 2018, item 2190 with amendments.

In every penitentiary institution and detention centre there are medical entities for persons deprived of liberty, within which prisoners are provided with health care services to the extent necessary for them. Prison health care cooperates also with other (outside of prison) medical entities. In all penitentiary units, substitution treatment for opiate addicts is carried out. In addition, in the penitentiary units there are also therapeutic wards for drug addicts or psychotropic substances organised.

2. How does your country evaluate the impact and costs of drug policies on individuals and society? Please provide information on existing monitoring mechanisms and data collection methods.

National Bureau for Drug Prevention commissions research on the estimation of social costs of drug use in Poland. As a part of this research, information on expenditure on drug prevention is collected. See the [latest report from the research conducted by the University of Economics in Katowice](#) (available only in Polish).

Chief Sanitary Inspectorate, among others, monitors the amounts spent by sanitary and epidemiological stations to carry out tests on questioned products to identify new drugs. Identification of psychoactive substances that are considered as substitutes occurs as a result of the actions conducted by the State Sanitary Inspectorate. The structures of the State Sanitary Inspectorate, located in the area of each poviát, allow for ongoing intervention in the area of emergence of a threat in the form of the production or marketing of substitute products. Chief Sanitary Inspectorate also initiates the preparation and conduct of scientific research in the field of new drugs.⁵⁵

⁵⁴ It replaced previous agreement signed in 2011.

⁵⁵ E.g. the study of the development and conduct of a pilot program for the registration, identification and analysis of poisoning - "DOPMED - Registration and Identification of Poisoning with New Psychoactive Substances in Poland as a key source of quick response to the adverse effects of their use", commenced in 2018 by the Institute of Occupational Medicine.

ROMANIA / ROUMANIE

Replies received on 07/08/2019

1. Is there a strategy to adopt a human-rights based approach to drug policies? If yes, how do national drug policies (i.e. laws, regulations, funding) integrate human rights?

For the time being, the 2013-2020 National Antidrug Policy is in effect. The third chapter of the Strategy, which is available for the public online, states its principles at Chapter III:

- reducing the level of drug use and dependence, as well as the consequences generated by them at public health, order and safety levels;
- contributing to reducing the availability of drugs on the market;
- promoting the knowledge of the phenomenon by systematically evaluating the tendencies and challenges, in order to substantiate the response of the public institutions and its partners;
- provides the necessary framework for dialogue and cooperation between the institutions involved and the civil sector NGO.

As it can be seen, none of the principles by which the strategy is conducted are centred around human rights as such. However, the [National Antidrug Agency](#) conducts its activity, according to its constitutive act, always having in mind the protection of human rights and civil liberties granted by the Constitution and International Law.

2. How does your country evaluate the impact and costs of drug policies on individuals and society? Please provide information on existing monitoring mechanisms and data collection methods

Yearly reports regarding the situation of the drug markets, individual users and drug-related health risks are conducted by the National Antidrug Agency.

Drug policies costs are evaluated at the levels of the Ministries of Health and Internal Affairs, taking into account the reports made by the National Antidrug Agency. As such, the Ministries and the Parliament are the only ones that can pass laws in this regard, however they will always do so according to the recommendations of the National Antidrug Agency.

The data collection mechanism is basically a network of information sharing between public institutions such as local police, prosecutors' offices, medical centres, homeless shelters and central authorities.

See the [latest situation evaluation](#).

SLOVAK REPUBLIC / RÉPUBLIQUE SLOVAQUE

Replies received on 02/10/2019⁵⁶

1. Is there a strategy to adopt a human-rights based approach to drug policies? If yes, how do national drug policies (i.e. laws, regulations, funding) integrate human rights?

The National Drug Strategy of the Slovak Republic for 2013-2020 (hereinafter referred to as the "Strategy") is the basic document dealing with drug policies in Slovakia. Approved on 10 July 2013, it is the fifth conceptual document for this agenda. The aim of the Strategy is to protect and enhance the well-being of the society, as well as individuals, to protect public health, provide high-level security to the general public and ensure multidisciplinary, integrated, balanced and fact-based approach to drug-related issues.

This strategy considers new approaches and focuses on new problems and needs which have been identified in the Slovak Republic over the past years, in particular:

- depending on individual needs, to extend the availability, accessibility and coverage of effective drug treatment in the Slovak Republic for drug-users, including users of non-opioid drugs, so that each person who wishes to treat his/her addiction can receive treatment;
- to provide quality and equal treatment to prisoners in accordance with the right to health care and human dignity as enshrined in the Constitution, the European Convention on Human Rights and the Charter of Fundamental Human Rights;
- to ensure more effective use of criminal sanctions in case of less serious drug-related crimes, particularly by increased application of alternative punishments,
- appropriate integration of measures and services in prisons aimed at reduction of risk related to drug use.

2. How does your country evaluate the impact and costs of drug policies on individuals and society? Please provide information on existing monitoring mechanisms and data collection methods.

Nor the Strategy and neither its action plans have a budget. Costs are not estimated on a regular basis even if partial data is collected by the central authority. In 2018, expenditure on subsidies granted to support activities amounted to 520.000 EUR and for drug policy coordination 123.000 EUR including monitoring.

The National Monitoring Centre for Drugs, which acts as the national reference point of the international network REITOX/EMCDDA, collects data according to the prescribed form in statistical charts/tables, questionnaires and workbooks. Slovakia and other member States are called upon by the European Drug Action Plan (2013-2020) to provide information through key indicators. Key indicators are harmonized epidemiological indicators of the EMCDDA, which form the essence of the EMCDDA information system. These are standard tools for collecting and reporting comparable data on drugs from EU Member States.

Key indicators are:

- prevalence and patterns of drug use in the population;
- estimates of problem drug use;
- demand for drug-related treatment (number of persons treated in healthcare facilities);
- drug-related infectious diseases (prevalence and incidence of HIV, hepatitis B and C);
- drug-related deaths and mortality of drug users (general death registry, special registry, cohort mortality studies).

Other areas of interest that help to obtain a more comprehensive picture of the drug problem include:

- drug crime - drug-related offences.
- drug markets, seizures, price and purity of street drugs.

⁵⁶ Reply provided by the Chancellery of the National Council of the Slovak Republic, Parliamentary Institute.

SLOVENIA / SLOVÉNIE

Replies received on 30/09/2019⁵⁷

1. Is there a strategy to adopt a human-rights based approach to drug policies? If yes, how do national drug policies (i.e. laws, regulations, funding) integrate human rights?

Our approach supports that drug policies should be based on human rights and public health, together with legally framed availability of the controlled substances for medical and scientific purposes. UN Drug Control Conventions together with the universal human rights instruments provides a good basis for such a policy.⁵⁸

The goal of the [Resolution on the National Programme on Illicit Drugs 2014–2020](#)⁵⁹ currently in force, is to reduce and contain the harm that illicit drug use may cause to individuals, their families, and society. It is composed of two parts, the National Strategy and Action Plan.

- The National Strategy lays down areas of activity, development trends and implementation mechanisms.⁶⁰
- At the operational level, the strategy is being implemented through two-year action plans with detailed priorities, implementation providers and timeline. At the same time, the action plan is a well-structured instrument that allows in-depth implementation monitoring and making ongoing adjustments to activities in response to pending issues and needs relating to drugs. The first action plan was passed by the Government of the Republic of Slovenia in April 2015.

The Ministry of Health is responsible for shaping the legislation and policy and for policy implementation coordination in the area of illicit drugs in Slovenia.⁶¹ The illicit drug legislation and policy remain limited to illicit substances despite past discussions about the possibilities of shaping a so-called Coherent Policy, which would cover the various forms of addiction in general or at least include alcohol and tobacco in addition to illicit drugs. Its implementation was hampered, however, by the legal distinction between individual areas, with each individual policy requiring a separate legal basis.

The area of illicit drugs is also covered by the Resolution on the National Crime Prevention and Control Programme for the 2012–2016 period.⁶²

2. How does your country evaluate the impact and costs of drug policies on individuals and society? Please provide information on existing monitoring mechanisms and data collection methods.

In Slovenia, drug-related research is mostly conducted by the National Institute of Public Health (NIPH) and the DrogArt Association.

The NIPH is an integrated organisation for implementing activities of public health as a public service, with key public service health functions which the state has to provide and are in the public interest, and defined as such by the World Health Organisation. It is actively involved in the problem area of drugs with a number of researches at the national level. In terms of comprehensive monitoring of the epidemiological situation and trends in the problem area of the use of drugs the data or data aggregation of different departments (ministries) are collected and analysed at the NIPH. The NIPH is

⁵⁷ Reply provided by the National Assembly for both the National Assembly and the National Council.

⁵⁸ See [Statement](#) by Ambassador Andrej Benedejčič, Permanent Representative of Slovenia and Head of Delegation, at the 61st Session of the Commission on Narcotic Drugs, General debate, Vienna, 12 March 2018.

⁵⁹ The [Resolution](#) was passed by the National Assembly of the Republic of Slovenia in April 2014.

⁶⁰ The Ministry of Health commissioned the Faculty of Social Work, as an independent scientific institution, to carry out an assessment of the implementation of the Resolution on the National Programme on Illicit Drugs. Additionally, the Ministry of Health commissioned the Association of Nongovernmental Organisations Working in the Area of Drugs to conduct an analysis to ascertain NGO's positions on the previous Resolution and, above all, expectations regarding the new document. For more see [Report on the drug situation 2017](#), The National Institute of Public Health (NIPH), September 2019.

⁶¹ In 1999 and 2000, Slovenia passed two fundamental laws governing the area of illicit drugs: the Act Regulating the Prevention of the Use of Illicit Drugs and on the Treatment of Drug Users and the Production of and Trade in Illicit Drugs Act.

⁶² Op. cit. [Report 2017](#), NIPH.

also an authorised institution for national health statistics, meaning that it has various databases, such as Hospital admission database, Mortality database, Drug prescription database etc. These databases enable the merging and analysis of different data. The NIPH also conduct surveys such as the European Health Interview Survey (EHIS), Health Behaviour in School-Aged Children (HBSC) and the General Population Survey on tobacco, alcohol and drug use. The NIPH, Koper Regional Unit, performs also an annual survey on the profile of users of harm reduction programme, which obtains data on usage and risky behaviours related to drug use in the target group. The Institute also provides data for health research to other research institutions and international organisations and publish data and different publications to make them available to the general public. The Institute is also the focal point of European network for drugs (REITOX) at EMCDDA.⁶³

Researches implemented by non-governmental organisations are also very important. For example,

- the DrogArt Association is a private non-profit volunteer organisation with the main purpose of reducing the harmful consequences of drug and alcohol use among young people. Its main areas of operation are informing and consulting, info point, field work at electronic music events, workshops and also publishing activity and research.
- the No Excuse Slovenia is a national public youth organisation that strives to achieve positive social changes and personal growth among young people. The organisation is active in public health and sustainable development, especially in the fields of tobacco, alcohol and cannabis use.
- the UTRIP Research and Development Institute is a private non-profit institution that collaborates on numerous European and national projects concerning alcohol, drugs and prevention.
- In local communities some NGOs, municipal organisations and institutions also perform research work in the area.⁶⁴

The University Medical Centre Ljubljana and the University Psychiatric Clinic Ljubljana are public health care institutions providing secondary and tertiary-level health care services and at the same time fulfilling an educational and research role. In doing so, they cooperate with some university faculties. The University Medical Centre in Ljubljana, i.e. the Clinical Institute of Occupational, Traffic and Sports Medicine conduct the European School Survey Project on Alcohol and Other Drugs (ESPAD) in Slovenia and publishes reports. It also deals with addiction at workplace and some other health promotion activities for working population.⁶⁵

[Report on the drug situation 2017 \(NIPH\)](#) includes available reports on the funding of various programmes in connection to illicit drugs. Most operations against illicit drugs in Slovenia are financed from the state budget and the Health Insurance Institute of Slovenia. Additionally, the funds are acquired from various foundations and are contributed also by Slovenian municipalities that help to acquire appropriate premises for programmes.⁶⁶

⁶³ Reports to the EMCDDA present the top-level overview of the drug phenomenon in Slovenia, covering drug supply, use and public health problems as well as drug policy and responses (for example see [Country Drug Report 2018](#)). Op. cit. [Report 2017](#), NIPH.

⁶⁴ Op. cit. [Report 2017](#), NIPH.

⁶⁵ At the Faculty of Education, Faculty of Pharmacy, Faculty of Medicine, Faculty of Arts and Faculty of Social Work of the University of Ljubljana and also at the Faculty of Criminal Justice and Security of the University of Maribor different views of drug use in Slovenia are researched in theses, Master theses and Doctoral theses under the mentorship of experts. See: https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/np_2017_zadnja.pdf (p. 185 to 191).

⁶⁶ For a break-down of drug related expenditure, see: https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/np_2017_zadnja.pdf (p. 12 and 13).

SPAIN / ESPAGNE

Replies received on 04/07/2019 and 01/10/2019

A. Senado

- 1. Is there a strategy to adopt a human-rights based approach to drug policies? If yes, how do national drug policies (i.e. laws, regulations, funding) integrate human rights?**

No, there isn't a specific strategy on this basis.

- 2. How does your country evaluate the impact and costs of drug policies on individuals and society? Please provide information on existing monitoring mechanisms and data collection methods.**

There are some reports elaborated by private institutions, but there isn't a specific official mechanism of evaluation of such impact.

B. Congreso de los diputados

- 1. Is there a strategy to adopt a human-rights based approach to drug policies? If yes, how do national drug policies (i.e. laws, regulations, funding) integrate human rights?**

The National Strategy on Addictions 2017-2024 adopts a transversal approach towards human rights, integrating them through its values and strategic objectives, which must guide the national policies and actions while fighting drug addictions and drug sales and trafficking. In this regard, the National Strategy states that it "maintains the unbreakable commitment initiated by the first National Plan on Drugs (NPD) of 1985 of guaranteeing that every aspect of the reduction of the demand and supply and similar measures, as well as international cooperation, are tackled in accordance with the purposes and aims of the Charter of the United Nations, International Law and the Universal Declaration of Human Rights, as well as the recent agreements reached within the UN (UNGASS 2016) and the European Union".

Similarly, the Strategy adopts as one of its main strategic objectives the "monitoring and contribution to the fulfilment of the UNAGASS document's operative recommendations, *our shared commitment to effectively tackle and counteract the worldwide problem posed by drugs*, emphasising the defence of Human Rights".

The National Strategy integrates human rights by introducing a series of values and guiding principles that must be respected while implementing the national drug policies in Spain.

- Comprehensive Healthcare System, with an emphasis on the person, their family and social environment and the entire community;
- Universal and free access to healthcare services;
- Coherence and collaboration between public administrations, to improve the efficiency of the system;
- Attention to diversity, promoting the social integration and facilitating access and support to people with diverse identities;
- Social co-responsibility and public responsibility, with the active participation of every social agent and institution, both in the planning and implementation stages. It also implies the strengthening of participation spaces to ensure the foreseen measures are the result of a consensus between all the social agents and institutions involved.

- 2. How does your country evaluate the impact and costs of drug policies on individuals and society? Please provide information on existing monitoring mechanisms and data collection methods.**

The evaluation of every strategy and policy that has been implemented so far has been carried out by the Government Delegation for the National Plan on Drugs, dependent on the Ministry of Healthcare, Consumption and Social Welfare. This evaluation is carried out with the participation of the main social actors and institutions involved, which are coordinated by the Spanish Council on Drug

Dependency and other Addictions, a collegiate body whose main purpose is to give technical advice concerning the design, implementation and evaluation of the National Plan on Drugs. The Evaluation Reports are available [online](#). The most recent one published is the [2009-2016 Report](#). The 2000-2008 Report is also available [in English](#).

There are two other executive bodies with evaluation capacities concerning the National Plan on Drugs:

- *Sectorial Conference on Drugs*: it is the body coordinating the actions of the General State Administration and the Administrations of the Autonomous Communities, made up of representatives from both. One of its main activities is to monitor and evaluate the executed actions to implement the strategies of the NPD;
- *Interregional Committee on Drugs*: it is made up of the people in charge of the Regional Plans on Drugs in every Autonomous Community, and chaired by the Government Delegate for the National Plan on Drugs. It provides the Sectorial Conference with technical support and collaborates in the execution of its decisions, including the evaluation of the NPD.

From the Parliament, there is a Joint Committee for the Monitoring of the Drugs Problem, which carries out the parliamentary evaluation of the NPD. Its main activities consist of summoning members of the Government or the Administration in charge of implementing the NPD, passing Non-Legislative Motions to influence the Government's policies and actions on the matter, and publishing reports evaluating such policies.

SWITZERLAND / SUISSE

Replies received on 19/09/2019

1. Is there a strategy to adopt a human-rights based approach to drug policies? If yes, how do national drug policies (i.e. laws, regulations, funding) integrate human rights?

Swiss drug policy is already based on the protection of and respect for human rights. It puts emphasis on the well-being of people and regards addiction as a disease. The Swiss drug policy has been in place since the 1990s. It is based on four pillars: prevention, treatment, harm reduction and law enforcement. This approach has been successful, including for the protection of human rights and dignity. The drug problem has stabilised. Open drug scenes have disappeared and the prevalence of HIV among users has been reduced.

In international drugs policy, Switzerland has always been committed to a humane and health-oriented approach. It helped draw up the International Guidelines on Human Rights and Drug Policy and is still active in their promulgation. Switzerland has also participated in the Pompidou Group of the Council of Europe to ensure that human rights are once again included in its work plan.

The legal basis for the Swiss drug policy is the [Federal Act on Narcotics and Psychotropic Substances of 3 October 1951 \(SR 812.121\)](#).

[Overview article](#) by the Federal Office of Public Health on the Swiss drug policy.

2. How does your country evaluate the impact and costs of drug policies on individuals and society? Please provide information on existing monitoring mechanisms and data collection methods.

In recent years, Swiss drug policy has been developed into a more comprehensive addiction policy. In November 2015, the Federal Council (federal government) adopted the [National Addiction Strategy](#). It is based on the current programmes on drugs, alcohol and tobacco and also takes into account new forms of addiction. The strategy aims to prevent addiction, to support those at risk of becoming addicts at an early stage and to provide help to the people concerned.

The implementation of the National Addiction Strategy will be evaluated. The Federal Office of Public Health (FOPH) will submit an interim progress report to the Federal Council in 2020. The final report on the implementation of the addiction strategy will be submitted to the Federal Council in June 2024. The evaluation is based on an impact model to record the process and the impact of the National Addiction Strategy. The achievement of the efficiency and performance targets will be reviewed for the first time in the interim report. The final report of the evaluation will focus both on the implementation of the strategy (process) and on its effects.

The impact of the strategy on the population is primarily measured by indicators. The addiction monitoring system developed by the FOPH is used to periodically collect and compile these indicators. In addition to existing data sources, such as the Swiss Health Survey and the crime statistics, the results of the FOPH's own surveys are also taken into account.

Further information on the topics below is available on the following webpages of the FOPH:

- [Evaluation in the FOPH](#)
- Evaluation of the national strategies on 'Prevention of non-communicable diseases (NCDs)' and 'Addiction' (2017-2024), see under '[Ongoing studies](#)' (available in German and French)
- [Action plan for the National Addiction Strategy](#) and its implementation (available in German, French and Italian)

TURKEY / TURQUIE

Replies received on 02/10/2019⁶⁷

1. Is there a strategy to adopt a human-rights based approach to drug policies? If yes, how do national drug policies (i.e. laws, regulations, funding) integrate human rights?

Fundamental rights are guaranteed by the Constitution, relevant domestic law and international law and are taken into consideration within all policy areas in Turkey.

Since the fight against drugs requires a comprehensive policy, different parts of this fight are provided by different measures prescribed in a number of primary and secondary legislation. The main points in the present system, which can be regarded as related with a human rights approach are briefly following:

- According to the article 58/2 of the Constitution, which is under the chapter of “Social and Economic Rights and Duties”, “The State shall take necessary measures to protect youth from addiction to alcohol and drugs”.
- Turkish Penal Code (No:5237), the foremost one of the legal basis, defines the punishments of drug related crimes. Personal drug use (for those who purchase, receive or possess for use) is counted as an offence and requires prison sentence of 2-5 years. However, for the suspect who is subject to an investigation of this offence, suspension of opening of the criminal case for 5 years is decided. In the course of suspension period, a probationary measure is applied a minimum of 1 year for up to 2 years and if it is needed, treatment is provided. If the drug user complies with probation requirements, a non-prosecution decision is applied. If the offender refuses treatment or does not comply with the requirements, a criminal case is commenced (article 191).
- If a drug user applies to the official units or health services for treatment before a judicial investigation, no punishment is imposed. In these cases health personnel and civil servants are not under an obligation to report the offence (article 192).
- Drug treatment in prisons is managed by the Ministry of Health, following treatment guidelines and in accordance with the law. Family physicians are required to provide mobile/temporary healthcare services. Psychosocial support services provided in penal institutions are aimed at protecting and promoting the physical and mental health of both prisoners and staff. Drug treatment in prisons focuses on motivational interventions information awareness and the management of withdrawal symptoms through relaxation techniques.

In addition to the current situation, Turkey's National Strategy and Action Plan to Fight Illegal Drugs (2018-2023), country's fifth strategic drug policy document, was launched in 2018. The document was developed and endorsed in 2018. The document was developed and endorsed in conjunction with a range of key stakeholders. Its main aim is to protect the ones who never met the illegal drugs by preventing access. The second aim is to facilitate access to counselling, treatment and rehabilitation services for drug users/their relatives and reintegration of them into social life.

In this respect, the subtitles of these aims are :

- Prevention of drug supply,
- Prevention of drug demand,
- To enable a powerful communication between all stakeholders and so that to raise the awareness of society,
- Coordination, cooperation, monitoring and evaluation.

Prevention of drug demand consists of following key actions:

- To educate/train target groups (children and youngsters) through a wide variety of mechanisms. Target groups include the children in disadvantageous groups such as working

⁶⁷ Reply provided by the Research Service Department, Social Policy Section of the Grand National Assembly of Turkey.

- or being forced to work on the streets, being dragged into crime, subject to probation, under protection, and/or immigrants;
- To facilitate access to counselling, treatment and rehabilitation units for drug users and their relatives. In this respect,
 - o Trainings for family physicians, emergency services and auxiliary health personnel (especially against the prejudices);
 - o Increasing the number and capacity of treatment centres;
 - o Trainings for the staff who deals with children and youngsters in different institutions, are aimed.
- To ensure that drug users become individuals contributing to society through social adaptation mechanisms after treatment and rehabilitation. These mechanisms are on a voluntary basis.

For all these actions to come to life, relevant public institutions work with non-governmental organizations.

2. How does your country evaluate the impact and costs of drug policies on individuals and society? Please provide information on existing monitoring mechanisms and data collection methods.

It is stated in the fourth section of the National Strategy Document and Action Plan that the aim of the Strategy is to enhance coordination among the central and provincial public institutions, monitor and evaluate their work to fight against illegal drugs. The necessary steps and target indicators to reach the mentioned aims are revealed in the Strategy Document for the years 2018-2023.

Relevant national mechanisms in Turkey for the coordination, monitoring and evaluating of drug policies are mentioned below:

- The High Council for the Fight Against Addiction has been responsible for inter-ministerial coordination on drug and addiction policy issues in Turkey since 2017. Following the transition from a parliamentary system to a presidential system of government, which came into force on the 9th of July 2018, necessary legislative amendments were also made related to the fight against addiction. Accordingly, it is regulated by the Presidency Circular numbered 2019/2 that the High Council will conduct its meetings under the chairmanship of the Vice President of Turkey. The High Council is tasked with high-level strategy development, the development of inter-institutional coordination and monitoring of strategy implementation. It includes ministers from all relevant ministries involved in delivering the objectives of the national drug strategy.
- The Board for the Fight Against Addictions supports the work of the High Council. It is responsible for national strategic and operational coordination and is one of the several structures that has responsibility for overseeing the implementation and monitoring of the national drug strategy.
- The Technical Board for the Fight Against Addictions is an advisory body that assists the Board in its work and includes a range of specialised members.
- The Turkish monitoring Centre for Drug Addiction (TUBIM) operates under the Counter Narcotics Department of Ministry of Interior. It is responsible for the coordination and implementation of the national drug strategy on behalf of the Ministry of Interior and for monitoring the drug situation in the whole country. TUBIM does these duties through its network of provincial focal points around the country. TUBIM also manages Turkey's National Early Warning System for monitoring new psychoactive substances. Comprised of academics from a range of disciplines, TUBIM Scientific Committee reviews evidence that is related to drug policy issues and recommends to the government.
- There are currently 81 provincial and district Boards for the Fight Against Drugs, as part of local health authorities, covering all provinces of the country.

Relevant ministries in charge of implementing the drugs and addiction policies prepare evaluation reports for the National Strategy and Action Plan every 6 months. Furthermore, in order to evaluate the results of the steps taken to combat illegal drugs, relevant institutions also carry out some research projects. One of these projects is the “Research on Attitudes and Behaviors of General Population Consuming Tobacco, Alcohol and Substance in Turkey” which was done in 2011. The mentioned research was reapplied in 2018 and it is decided to repeat it every 2 years.

Another project called “Research for Measuring the Prevalence of Drug Use Among 14-19 Years Old Students” was applied in 2017. Similarly, another one called “Research for Measuring the Prevalence of Drug Use Among 19-25 Years old University Students” was applied in the same year. These two projects will also be repeated every year.

Finally, it is worth mentioning that a Parliamentary Inquiry Committee was established in January 2018 in order to investigate the causes of drug addiction, new types of addiction and determine the necessary steps to be taken. This Committee conducted meetings and listened to all relevant partners of the issue and finally a report was completed including all findings and submitted to the Turkish Parliament. A general debate was opened in the Plenary on the mentioned report on May 15, 2018.

UNITED KINGDOM / ROYAUME-UNI

Replies received on 01/10/2019

1. Is there a strategy to adopt a human-rights based approach to drug policies? If yes, how do national drug policies (i.e. laws, regulations, funding) integrate human rights?

The 2017 UK Drug Strategy:

The Home Office published its [Drug Strategy](#) in July 2017. Different parts of the strategy apply in different parts of the UK. There is little specific reference to human rights in most sections of the strategy. However, it does include a number of policies where human rights are incorporated, in line with the examples provided in the COE Committee on Legal Affairs and Human Rights report, [Drug policy and human rights in Europe: a baseline study](#), such as policies aimed at preventing substance use generally, and in children and young people, and providing treatment.

The Strategy provides some specific comment on a human rights approach to drug policy within the context of international efforts. The strategy states that one of its international wider cross-government objectives is to promote human rights. The Government referenced its history of delivering human rights obligations including guaranteed access to treatment, measures to reduce the harms of drug use and proportionate criminal justice responses. It also discussed its contribution to international human rights:

“We also have a strong record of championing human rights internationally, and will continue to use our networks to advocate for drug policies across the world to place human rights at their core. This will include:

- lobbying international partners to widen access to treatment and implement proportionate criminal justice responses;
- opposing the use of the death penalty in all circumstances as a matter of principle. We will urge all governments who use the death penalty for drug offences to abolish this unacceptable practice; and
- holding the international agencies we fund to account for compliance with their human rights obligations.”

There has been some comment on the UK Government's drugs policy and whether this has a human rights-based approach. I provide some examples of these below:

- The Drugs charity, Release provided [an assessment of drugs policy in the UK and its intersection with international human rights](#) in a submission to the UN High Commissioner for Human Rights in 2016;
- The 2017 Drugs Strategy was welcomed for more of an emphasis on harm reduction but a number of medical organisations, such as the British Medical Association, and the Royal College of Physicians, and others have called for drugs policy in the UK to be more focused on a public health approach. This 2018 [BMJ article](#) provides further information on this, and you may also find the 2016 Royal Society of Public Health report, [Taking a new line on drugs](#), useful. For general information on some of the responses to the 2017 strategy, you may find this [2017 Commons Library debate pack](#) useful (see section 1.7).

Drug Misuse Strategies in Scotland, Wales and Northern Ireland

The Scottish Government published its drug treatment strategy: [Rights, Respect and Recovery](#) in November 2018. It explains out that the legislation governing misuse of drugs is reserved and therefore under the responsibility of the UK Government, whereas some elements of drug policy, such as treatment, are devolved. It also describes how the strategy relates to ongoing work in the devolved administrations:

“The UK devolved administrations have their own approaches to tackling drug and alcohol misuse and dependence in areas where responsibility is devolved. Some of the policy areas covered by this Strategy such as healthcare, education, housing and social care therefore only cover England. The areas relating to the work of the police and the criminal justice system apply to England and Wales and the work of the Department for Work and Pensions to England, Scotland and Wales.”

It discusses the Scottish Government's aim to improve health by preventing and reducing alcohol and drug use, harm and related deaths, and stated that its delivery would involve:

“a Human Rights-based, person-centred response to individuals and families experiencing alcohol and drug related harm, ensuring a focus on those who are most at risk”.

The Strategy further expanded on the human rights approach, writing that this concerned using international human rights standards to ensure that people’s human rights are put at the very centre of policies and practice. The Strategy acknowledged people’s right to life and health and highlighted the need to ensure that this is the case for those who experience alcohol and drug problems. The Strategy identified a means for breaking down what a human-rights approach means in practice:

“The Panel principles are one way of breaking down what a human rights-based approach means in practice:

- *Participation*: People must be involved in decisions that affect their rights;
- *Accountability*: There should be monitoring of how people’s rights are being affected, as well as improvement action taken;
- *Non-Discrimination*: All forms of discrimination must be prevented and eliminated;
- *Equality*: People who face the biggest barriers to realising their rights should be prioritised;
- *Empowerment*: Everyone should understand their rights, and be fully supported to take part in developing policy and practices which affect their lives;
- *Legality*: Approaches should be grounded in the legal rights that are set out in domestic and international laws.

We need to apply this approach to how we respond to problem drug use, including service planning, development, delivery and regulation. We need to ensure that people have access to independent advocacy services to support this approach.

The Welsh Government’s 2008-2018 substance misuse strategy [Working Together to Reduce Harm](#), and the Northern Ireland Department of Health’s 2011-2016 framework; [New Strategic Direction for Alcohol and Drugs](#), do not provide specific reference to human rights but do include policies aimed at preventing harm and providing treatment.

2. How does your country evaluate the impact and costs of drug policies on individuals and society? Please provide information on existing monitoring mechanisms and data collection methods.

Apart from national Naloxone programmes in Wales and Scotland (see below), the impact and costs of drug policies are not directly monitored. However, there are a range of statistical sources used to track the prevalence of drug misuse, access to drug treatment, and drug related hospital admissions and deaths. Due to the devolved nature of this policy area, information is presented in separate sections.

England and Wales

Prevalence of drug misuse in England and Wales is estimated from the Crime Survey of England and Wales. An annual publication on [Drug Misuse Declared](#) is published by the Home Office and this allows tracking of trends since 1996.

The Office for National Statistics publish a consistent time series of drug related deaths in England and Wales from 1993 onwards: [Deaths related to drug poisoning in England and Wales](#).

NHS England publish administrative data on drug related hospital admissions in their [Statistics on drug misuse](#) publication and figures for Wales are published in Public Health Wales’ [Annual Profile for Substance Misuse](#).

Statistics on drug treatment in England are collected and published by the National Drug Treatment Monitoring System (NDTMS). These figures cover adults and young people accessing drug treatment in community settings and in the prison system: [NDTMS Alcohol and drug misuse and treatment statistics](#).

Figures on general drug treatment programmes are available from Public Health Wales' [Annual Profile for Substance Misuse](#).

In addition, because Wales has a National Naloxone Programme, the [Wales Naloxone Programme monitoring report](#) gives information on the number of take-home naloxone kits issued by the National Naloxone Programme (given to eligible individuals who have been in contact with drug treatment services in the community or in prisons).

Scotland

The Information Services Division (ISD) of the NHS in Scotland, publish a range of data tables relating to drug misuse. These include details of the number of people attending drug treatments services and waiting times for these services, as well as survey based estimates on the prevalence of drug use. See ISD Scotland [Drugs-Misuse](#)

In addition, because Scotland has a National Naloxone Programme, ISD Scotland also publishes a [Naloxone Programme Annual Report](#). This gives information on the number of take-home naloxone kits issued by the National Naloxone Programme (given to eligible individuals who have been in contact with drug treatment services in the community or in prisons). The number and percentage of opioid-related deaths that occurred within four or twelve weeks of prison release or hospital discharge are also monitored.

Northern Ireland

The [Department of Health for Northern Ireland](#) publishes survey based estimates on the prevalence of drug use, and administrative data on persons presenting to treatment services for problem drug misuse.