European Monitoring Centre for Drugs and Drug Addiction

Denmark

Denmark Drug Report 2018

This report presents the top-level overview of the drug phenomenon in Denmark, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2016 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

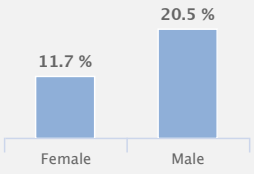
THE DRUG PROBLEM IN DENMARK AT A GLANCE

Drug use

"in young adults (16-34 years) in the last year"

Cannabis

15.4 %



Other drugs

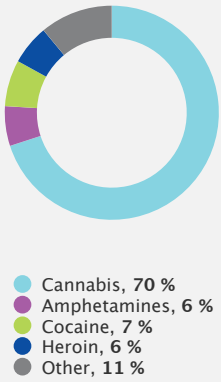
MDMA	**1.5 %**
Amphetamines	**1.4 %**
Cocaine	**3.9 %**

High-risk opioid users

No Data

Treatment entrants

by primary drug



Opioid substitution treatment clients

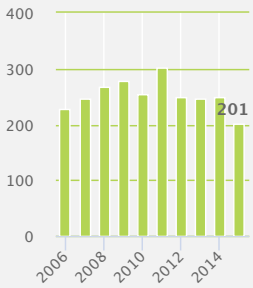
7 050

Syringes distributed

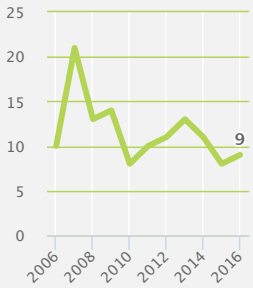
through specialised programmes

No Data

Overdose deaths



HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

20 425

Top 5 drugs seized

ranked according to quantities measured in kilograms

1. Cannabis resin
2. Herbal cannabis
3. Amphetamines
4. Cocaine
5. Methamphetamines

Population

(15-64 years)

3 672 555

Source: EUROSTAT Extracted on: 18/03/2018

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or reported numbers through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnosis, drug law o?ences and seizures). Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin.

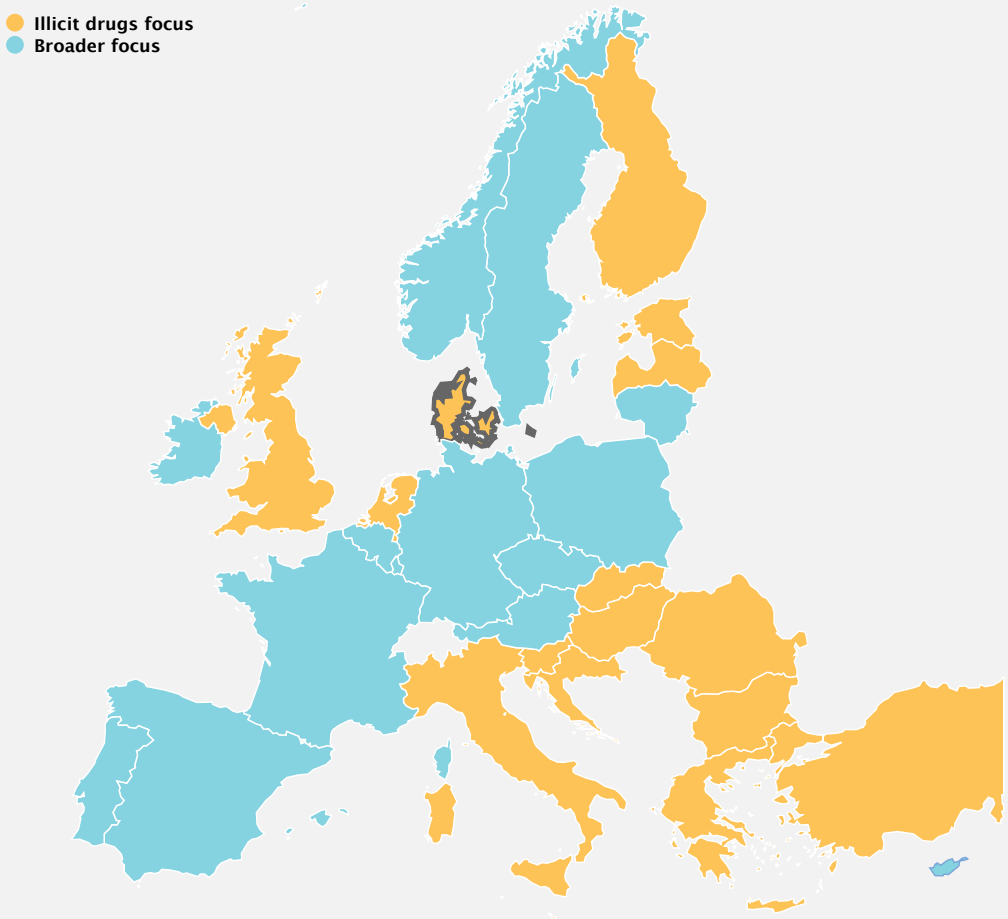
National drug strategy and coordination

National drug strategy

Denmark's national illicit drug policy is comprehensive and covers prevention and early intervention, treatment, harm reduction and law enforcement. Although Denmark does not have a national drug strategy document, the national drug policy is defined in strategic documents in different policy areas and implemented in legislation and concrete actions. As a result, Danish drug policy covers all the areas that are relevant to a comprehensive approach to drug issues.

As in other European countries, Denmark evaluates its drug policy and strategy through ongoing indicator monitoring and specific research projects. This approach is used to assess the overall drug policy and to fine-tune specific interventions. For example, the Danish Health Authority regularly monitors a range of key epidemiological indicators that provide insights into drug problems and there have been recent specific evaluations of programmes for drug consumption rooms, heroin-assisted treatment and the provision of anonymous drug use.

Focus of national drug strategy documents: illicit drugs or broader



NB: Year of data 2016. Strategies with broader focus may include, for example, licit drugs and other addictions.

National coordination mechanisms

Denmark has no special body with the sole task of coordinating drug policy. The Ministry of Health is responsible for central coordination in the drugs field. Coordination is based on frequent informal contact between relevant national authorities. The Ministry of Health is responsible for legislation governing controlled substances; monitoring the legal use of controlled substances; and tasks at the national level concerning drug use prevention and medical drug abuse treatment, including, but not limited to, the treatment of drug users and harm reduction interventions.

The Danish Health Authority develops professional guidelines, monitors drug use through surveys of the population and the drug markets, and acts as the national focal point for the EMCDDA.

The Danish Medicines Agency issues authorisations to companies seeking to transport psychoactive substances for medical purposes and works with the International Narcotics Control Board in this respect.

The Ministry for Children and Social Affairs is the central authority responsible for tasks related to social drug abuse treatment and any other social services that are regulated by the Danish Social Services Act.

The National Board of Social Services is responsible for communicating information on effective social intervention practices and methods for drug users, as well as assisting in providing general and special advice to the municipalities and regions.

The Ministry of Justice governs the police force and is in charge of interventions that target prisoners with a drug use problem. The Ministry of Taxation and the Danish Customs and Tax Administration is responsible for customs, including the monitoring and control of the legal use of and trade in drugs precursors. The Ministry of Foreign Affairs is responsible for the overall foreign, security and development cooperation policies, including support to initiatives that aim to assist drug-producing countries and transit countries in their work to limit the supply of and demand for drugs. At a local level, the municipalities are responsible for carrying out prevention and harm reduction interventions, as well as the medical and social treatment of drug users, which is the responsibility of the regions during hospitalisation. The role of the municipalities in this context is supported by the central authorities in the form of monitoring, providing overall guidelines and documentation, facilitating the exchange of data, etc.

Public expenditure

Understanding of the costs of drug-related actions is an important aspect of drug policy. Some of the funds allocated by governments for expenditure on tasks related to drugs are identified as such in the budget ('labelled'). Often, however, most drug-related expenditure is not identified ('unlabelled') and must be estimated using modelling approaches.

In Denmark, multiannual drug budgets are associated with a number of interventions in the field of drugs under the Social Reserve Grants Agreement. Available data on drug-related public expenditure are multiannual and include only labelled expenditure. Reported data show that the Social Reserve Grants Agreement had a planned budget of EUR 19.5 million for drug-related initiatives between 2004 and 2007. In 2006, this budget was reinforced, reaching EUR 33.6 million over the period 2006-09. In 2008 and 2009, this budget was provided with an additional EUR 16.4 million and, in 2011, received EUR 9.6 million more. In 2012, a total of EUR 3.2 million was budgeted for 2012-15. Later, for the period 2013-18, a budget of EUR 13.8 million was assigned to central government. In 2015, several treatment and social reintegration programmes were launched (e.g. EUR 4.7 million to co-finance drug consumption rooms; EUR 9.2 million to support programmes for anonymous treatment of drug users; EUR 1 million for naloxone programmes; EUR 1.2 million for interventions reaching young people with cannabis-related psychosis; and EUR 0.4 million for prevention programmes among students). In 2016, the treatment of drug users in prison had a budget of EUR 15 million, which represented an increase on previous years.

The data available for local government expenditure indicate that EUR 120.9 million and EUR 124 million were spent on drug treatment in 2014 and 2015, respectively. As regards social treatment, a slight increase was registered between 2013 and 2016; in 2016, spending reached EUR 129 million (DKK 961 million), compared with EUR 126 million (DKK 942 million) in 2015, at 2017 prices. However, no data are available for municipal expenditure on prevention and medical treatment.

Drug laws and drug law offences

National drug laws

According to the Consolidated Act on Controlled Substances of 2016, the import, export, sale, purchase, delivery, receipt, production, processing and possession of drugs are defined as criminal offences. The penalty under this act is a fine or imprisonment for a maximum of two years. Drug use is not mentioned as an offence. Illegal possession for personal use usually results in a fine, the size of which varies depending on the type and quantity of drugs involved and prior offences. In some cases, the possession of dangerous drugs for personal use can also result in a penalty of short-term imprisonment. Since 2004, the distribution of drugs in restaurants, discotheques or similar places frequented by children or young people has been deemed to be a significantly aggravating circumstance that should always be punished with a prison sentence.

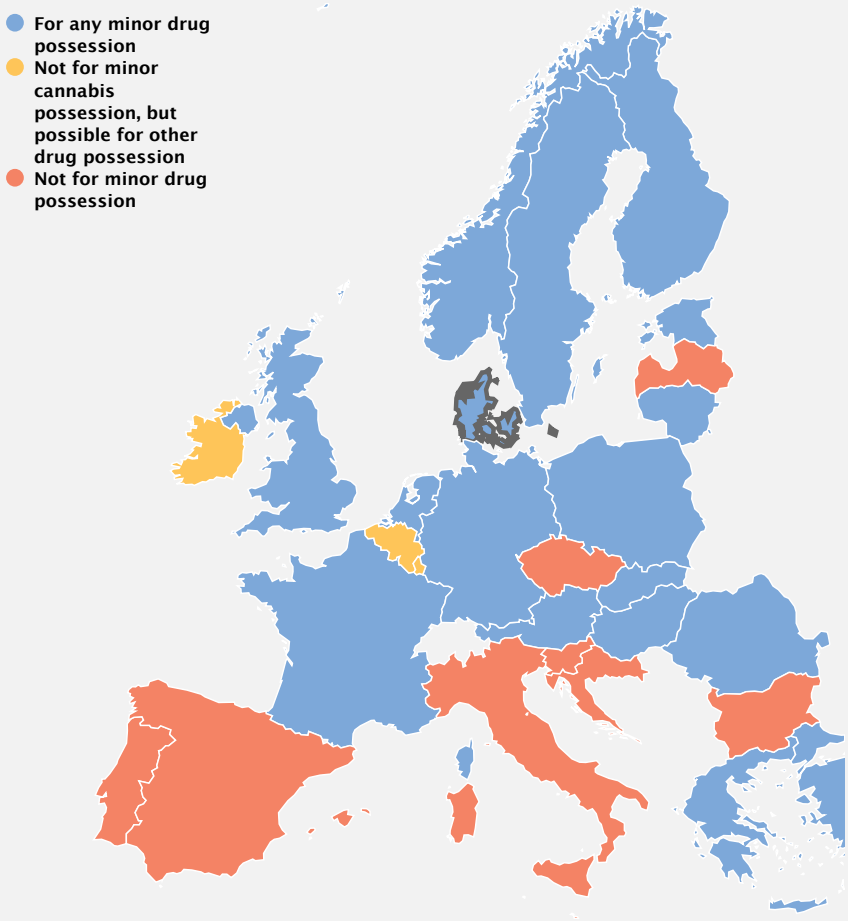
More serious offences are punished under Section 191 of the Criminal Code, rather than the Act on Controlled Substances, if they involve the transfer of, or the intention to transfer, at least 25 g of heroin or cocaine, 50 g of amphetamines or 10 kg of cannabis. Since 2004, the maximum penalties under Section 191 of the Criminal Code have been imprisonment for 10 years or 16 years if a considerable quantity of a particularly dangerous drug is involved.

No alternatives to punishment are specified for drug-related offences. However, probationary measures can be applied at the sentencing stage, if the court finds punishment unnecessary (these may be applied in the case of any crime) and the law mentions an obligation to undergo treatment as one of these measures.

A new law to allow the medical prescription of heroin to addicts became effective on 1 July 2008. In 2012, the Act on Controlled Substances was amended to allow the Minister of Health to grant permission for drug consumption rooms to be opened and operated. It was further amended in 2016 to allow assisted injection by another person (excluding staff) in drug consumption rooms.

On 1 July 2012, group bans on psychoactive substances came into force following the amendment of the Act on Controlled Substances, and Denmark can apply a generic classification to control certain new psychoactive substances entering the country.

Legal penalties: the possibility of incarceration for possession of drugs for personal use (minor offence)

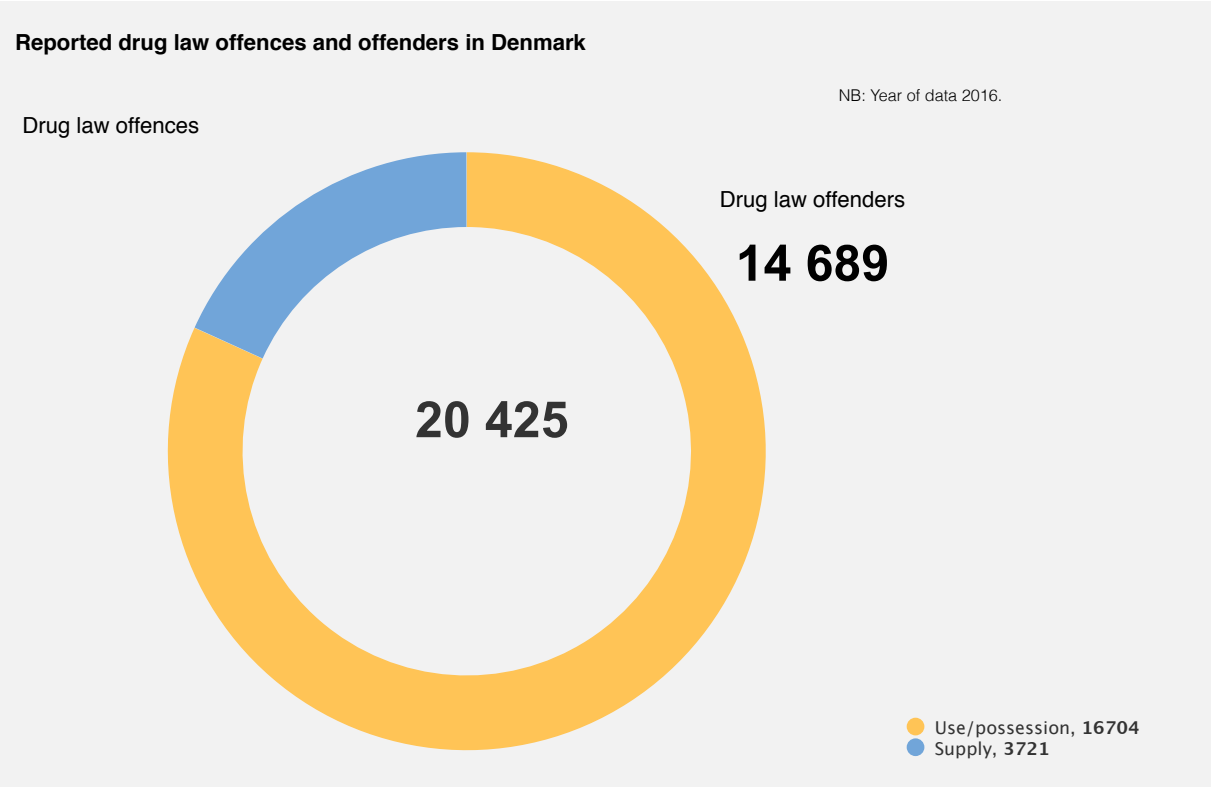


NB: Year of data 2016

Drug law offences

Drug law offence (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

The statistical data from Denmark indicate some reduction in the number of reported DLOs in recent years. The majority of DLOs are linked to the use/possession of illicit drugs, while less than one fifth of offences are related to supply.

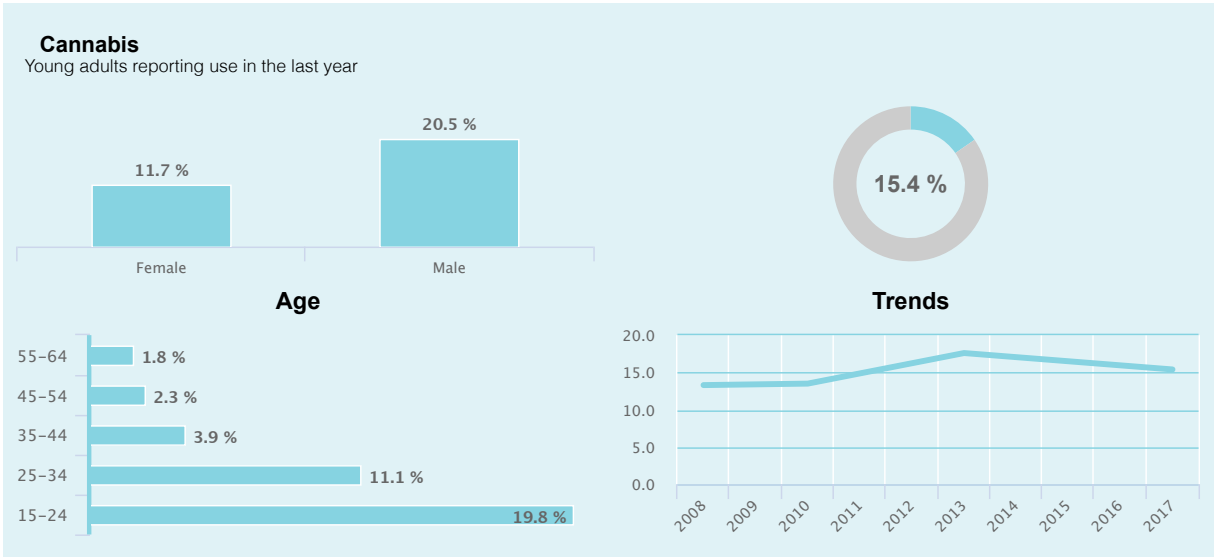


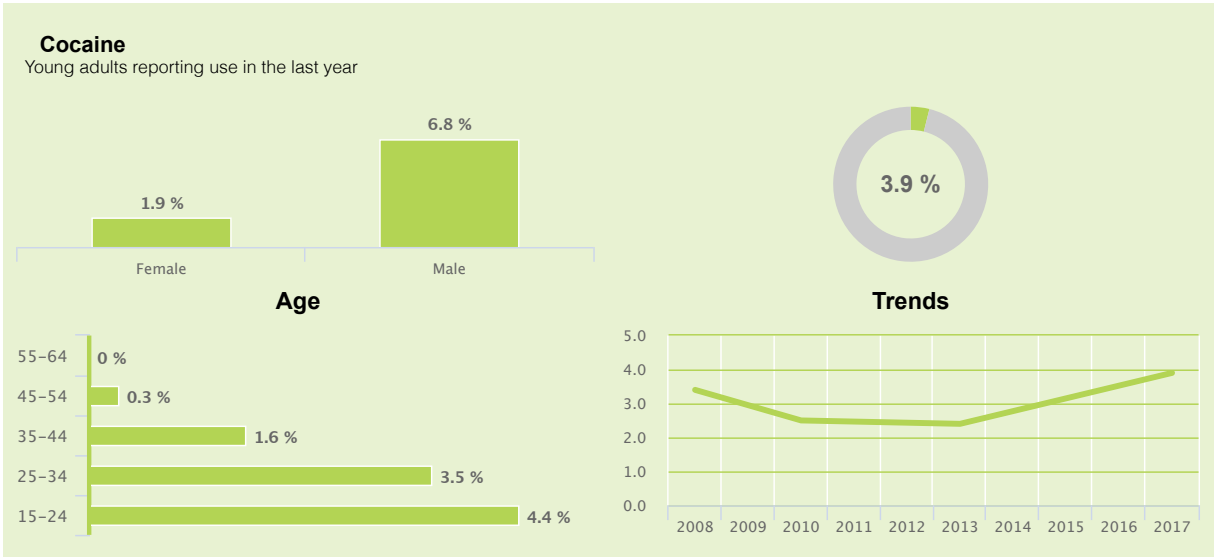
Drug use

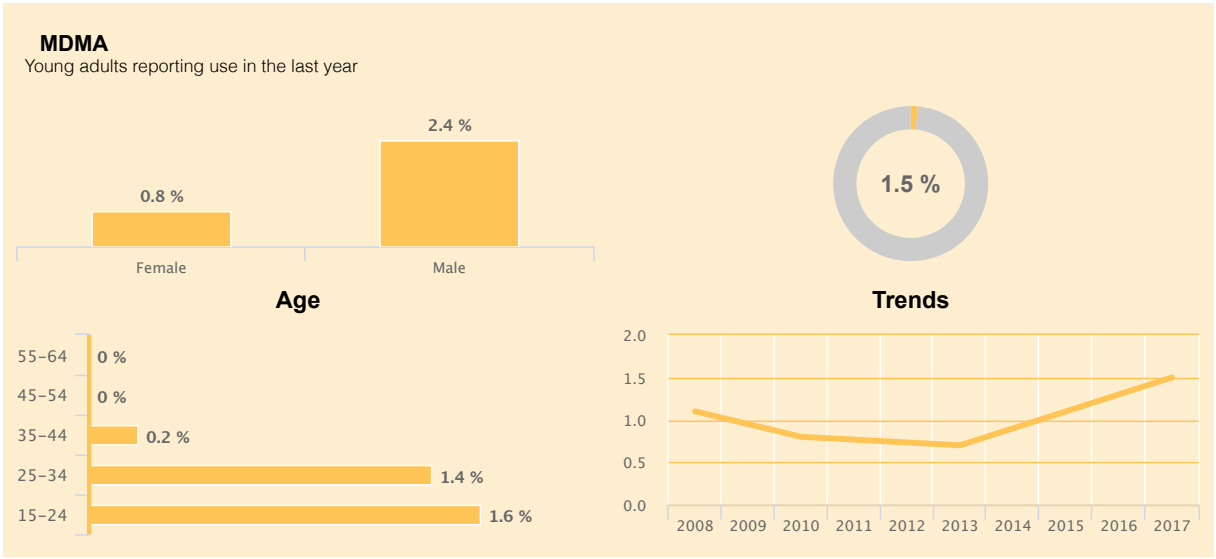
Prevalence and trends

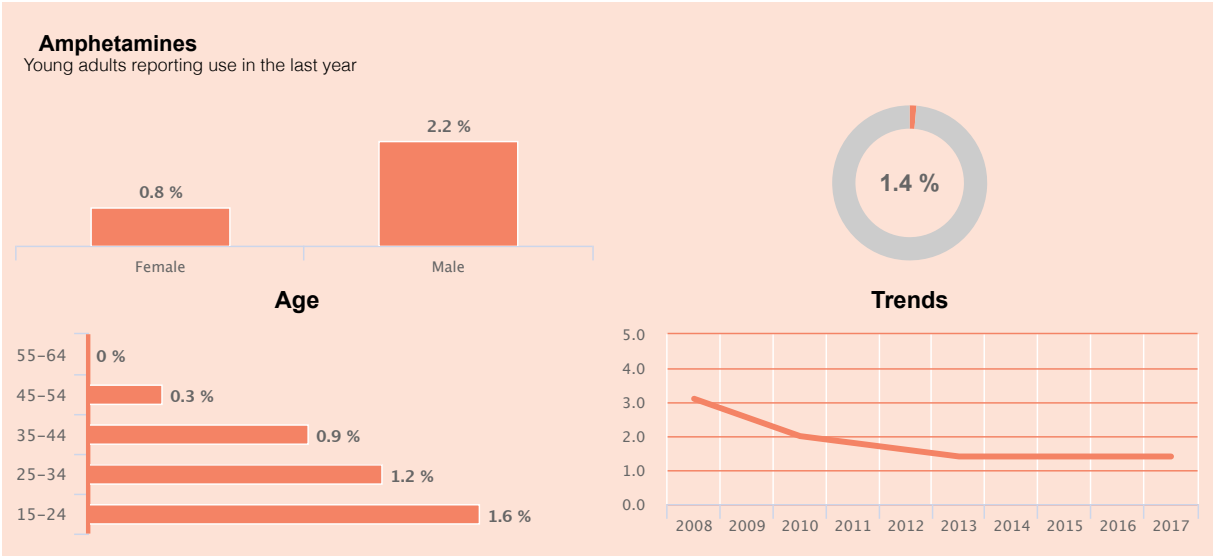
In Denmark, the overall level of drug use among the adult general population has remained more or less stable in recent years. Cannabis is the most commonly used illicit drug among the Danish adult general population, followed by cocaine, MDMA/ecstasy and amphetamines. Drug use is concentrated among young people and experimentation with illicit drugs peaks at 16-19 years. A 2017 general population survey indicates that almost half of young adults aged 16-34 years had tried cannabis, with those aged 16-24 years reporting the highest last year prevalence of cannabis use. The most recent data suggest a slight drop in the prevalence of cannabis use among the Danish general population over the period 2013-17, while a slight increase in the use of illicit drugs other than cannabis can be observed. The long-term trend also indicates a decline in last month consumption of amphetamine among those aged less than 25 years since 2000, whereas consumption of cocaine has increased since that date. Illicit drug use is more common among men than women, and the increase in cocaine use over the period 2013-17 is more evident among men than women.

Estimates of last-year drug use among young adults (16-34 years) in Denmark



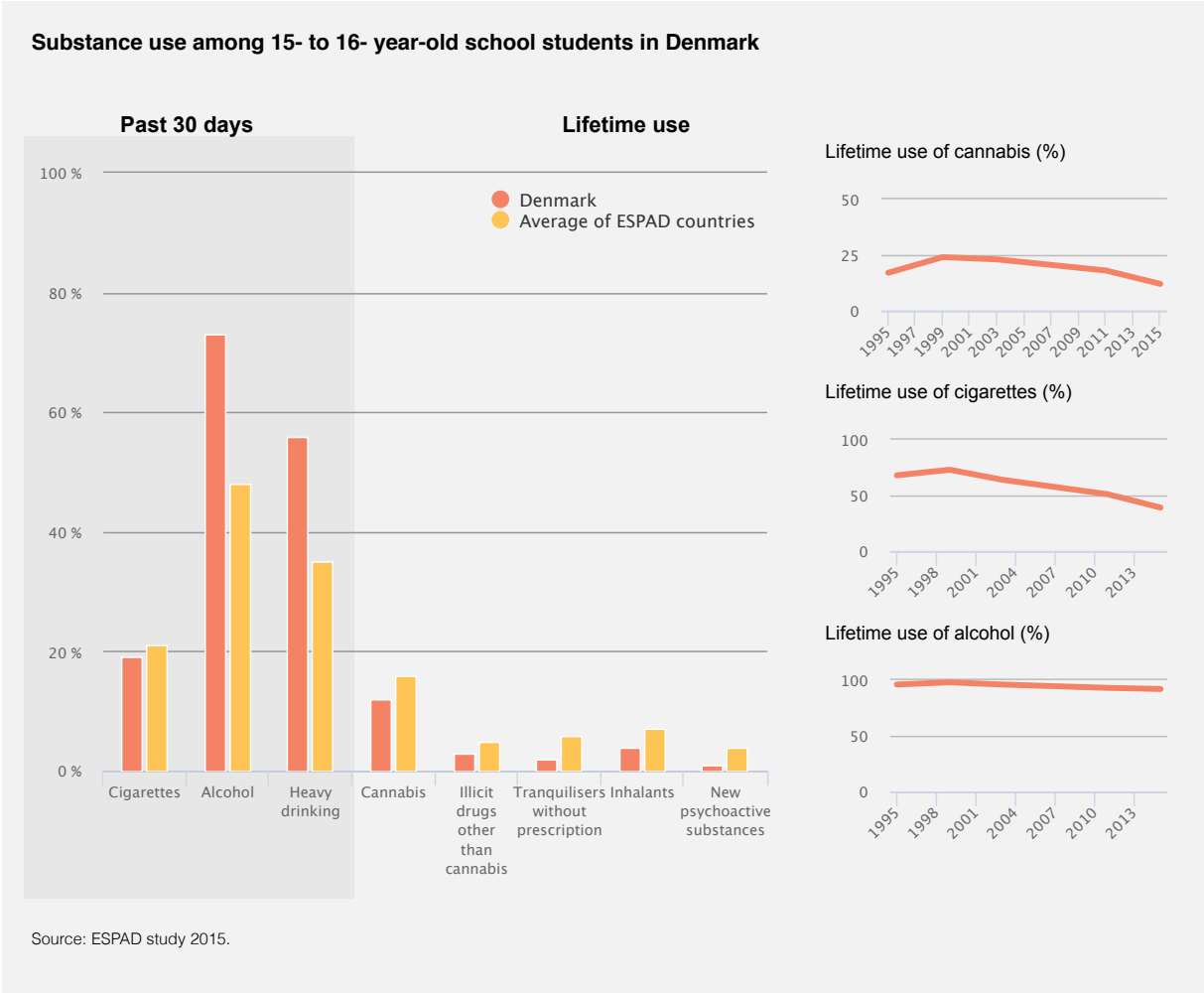






NB: Estimated last-year prevalence of drug use in 2017.

Drug use among students aged 15-16 years is reported in the 2015 European School Survey Project on Alcohol and Other Drugs (ESPAD). This survey has been conducted regularly in Denmark since 1995. Lifetime use of cannabis, use of illicit drugs other than cannabis and use of new psychoactive substances (NPS) in 2015 were all lower than the ESPAD averages (35 countries). Trends show that lifetime prevalence of cannabis use increased until 1999, stabilised between 1999 and 2003 and has declined since then. In 2015, Danish students reported prevalence rates considerably higher than the ESPAD averages for alcohol use in the last 30 days and for heavy episodic drinking during the last 30 days.



Source: ESPAD study 2015.

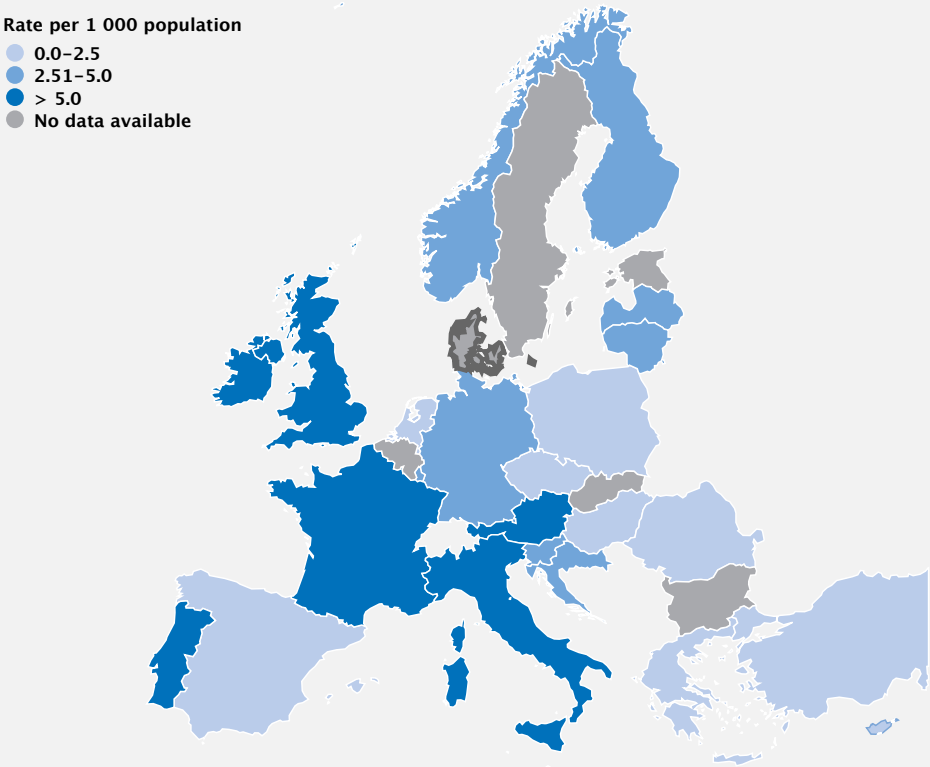
High-risk drug use and trends

Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform an understanding of the nature of and trends in high-risk drug use.

The general population survey suggested that approximately 0.7 % of the Danish population aged 15-64 years used cannabis daily or almost daily in 2017. The long-term analysis indicates an overall increase up to 2009 in the estimated number of people who may experience physical, psychological and social consequences related to drug use, including cannabis use.

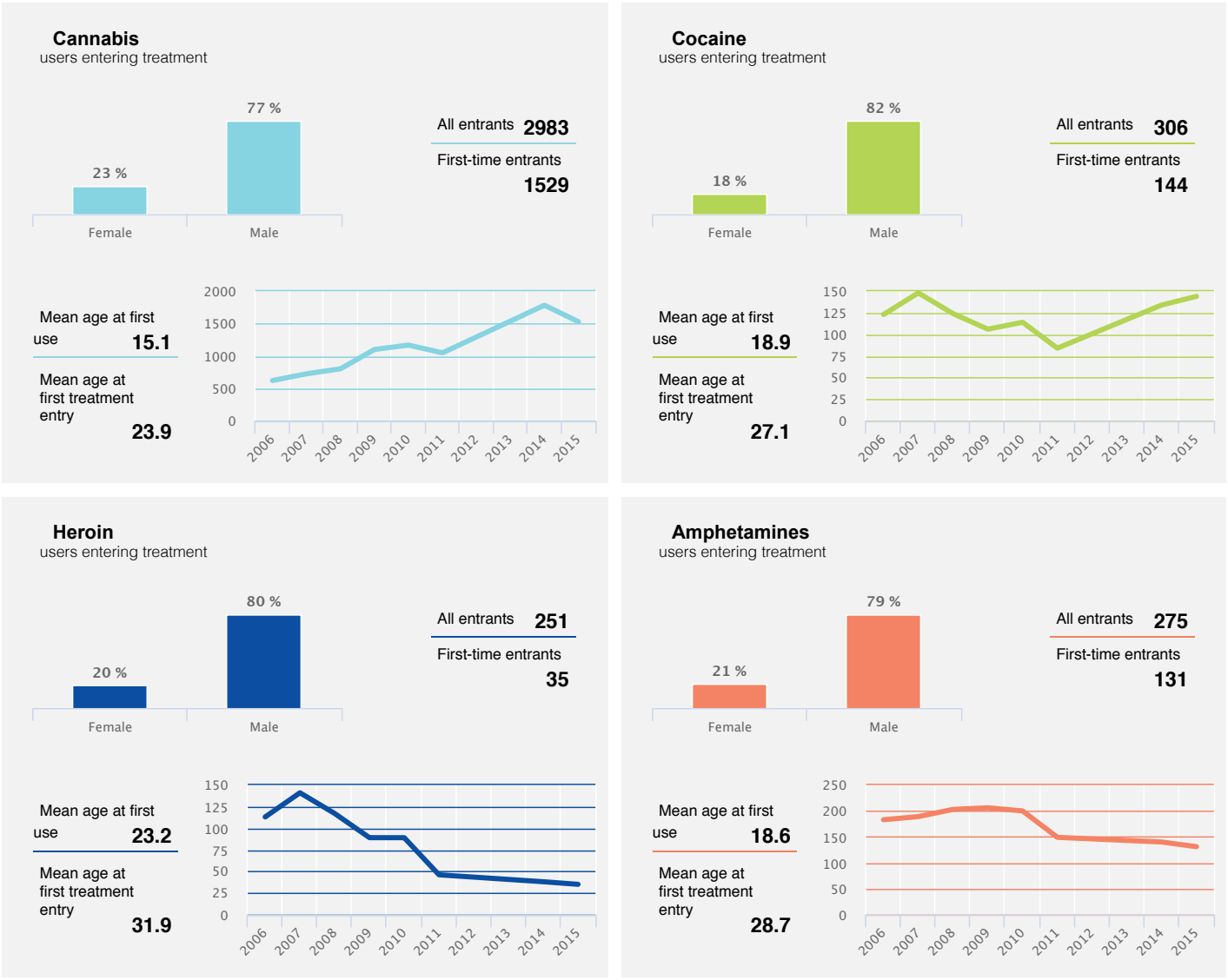
Cannabis is the most frequently reported primary drug among clients entering specialised treatment. In contrast to the increasing trend observed among cannabis users, the number of new clients seeking treatment as a result of primary heroin use has declined over recent years. Injecting is becoming less common among heroin users and, in particular, among those entering treatment for the first time. In general, most of those entering treatment for the first time are younger than 30 years. Approximately one quarter of the clients in treatment are women; however, the proportion of women in treatment varies by type of drug and type of programme.

National estimates of last year prevalence of high-risk opioid use



NB: Year of data 2016, or latest available year

Characteristics and trends of drug users entering specialised drug treatment in Denmark



NB: Year of data 2016. Data is for first-time entrants, except for gender which is for all treatment entrants.

Drug harms

Drug-related infectious diseases

In Denmark, notifications of human immunodeficiency virus (HIV) infection are based on diagnostic reporting following voluntary testing and are registered by the Statens Serum Institut. The number of newly diagnosed HIV cases that can be attributed to drug injecting is relatively low and has remained stable over recent years. The latest data on HIV prevalence among people who inject drugs (PWID) are from 2004-08, when a study indicated that the HIV prevalence rate among PWID was 2.1 %.

Hepatitis C virus (HCV) infection remains the most common drug-related infectious disease among PWID. In contrast, hepatitis B virus (HBV) infection is less frequently linked to drug injecting. The proportion of chronic HBV cases that can be attributed to injecting drug use has varied between 2 % and 7 % in the last decade, whereas, for chronic HCV, this proportion has varied between 56 % and 75 %. The proportion of acute HBV cases linked to injecting drug use has varied between 4 % and 42 %, and acute HCV cases have varied between 0 and 86 %. The latest data on the prevalence of HCV among PWID date back to a 2008 study that reported a rate of around 52.5 %. It is estimated that approximately one quarter of drug users are infected with HBV.

Drug-related emergencies

Drug and alcohol-related emergency data originate from the National Patient Register and refer, from 2014, to patients contacting outpatient facilities owing to acute health problems related to substance use.

In 2016, a total of 2 346 cases of poisoning with illicit substances were reported. The long-term trend indicates an overall increase in the total number of poisonings since 2007, which is mainly attributed to the increase in poisonings related to opioids other than heroin (including methadone) and stimulants (primarily amphetamine and cocaine), while a small decline in the number of heroin-related poisonings over the period 2010-16 was observed. The majority of opioid-related poisonings and one third of those who sought treatment for cocaine-related problems were aged 30 years or older, while those seeking help for other stimulant-related problems were generally younger.

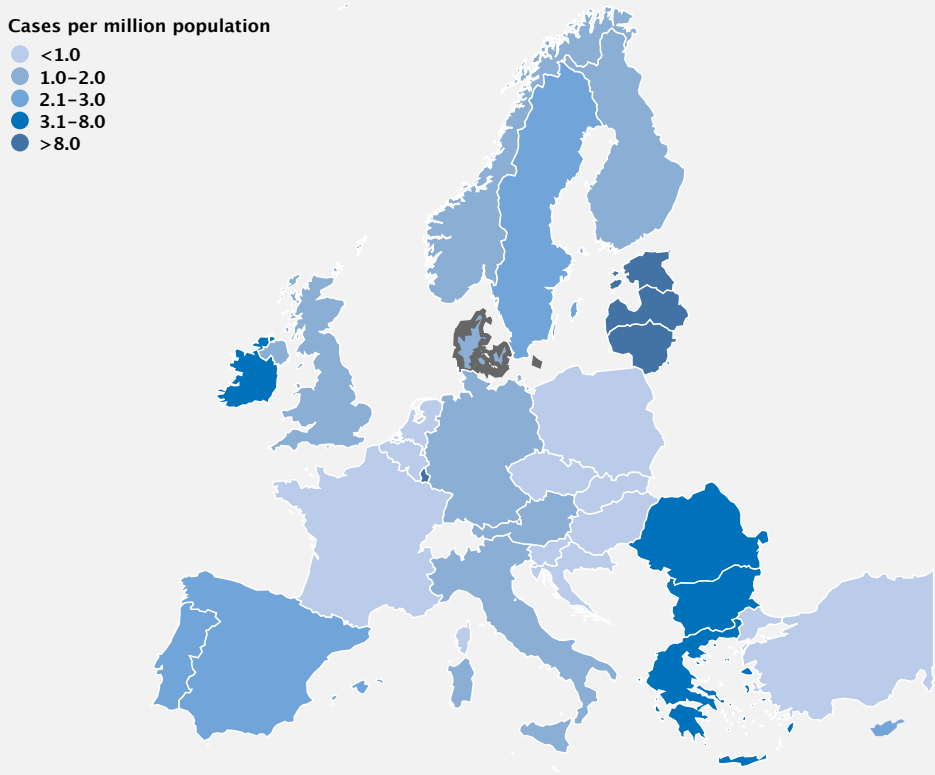
Prevalence of HIV and HCV antibodies among people who inject drugs in Denmark (%)

region	HCV	HIV
National	:	:
Sub-national	:	:

Year of data: 2016

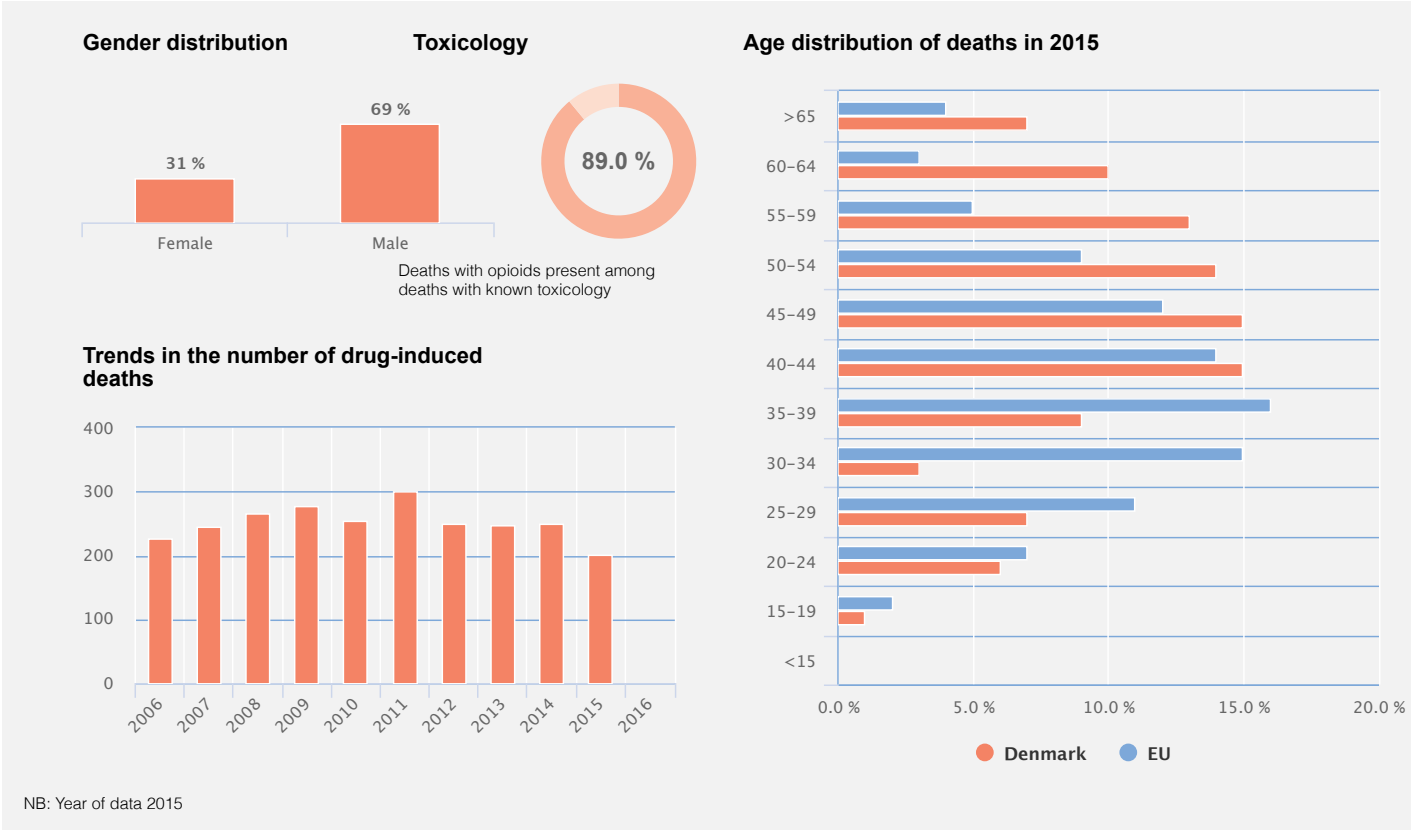
An emergency room in a Roskilde hospital participates in the European Drug Emergencies Network (Euro-DEN Plus) project, which was established in 2013 to monitor acute drug toxicity in sentinel centres across Europe.

Newly diagnosed HIV cases attributed to injecting drug use



NB: Year of data 2016, or latest available year. Source: ECDC.

Characteristics of and trends in drug-induced deaths in Denmark



NB: Year of data 2015

Drug-induced deaths and mortality

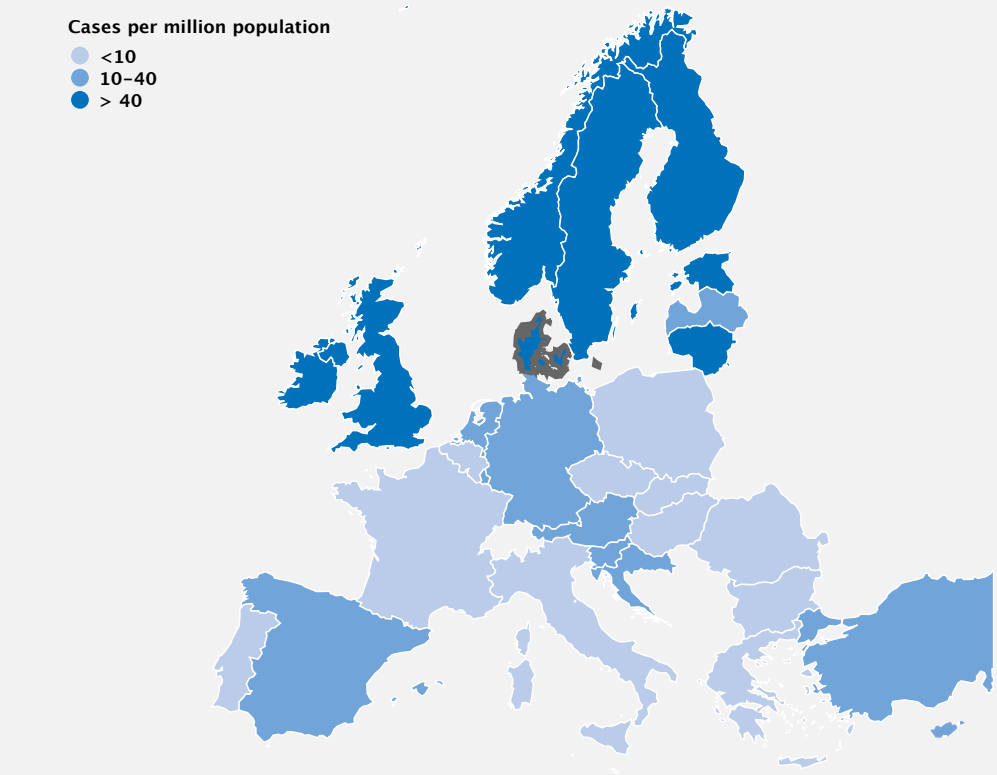
Drug-induced deaths are deaths directly attributable to the use of illicit drugs (i.e. poisonings and overdoses).

In Denmark, drug-induced deaths are recorded in the Cause of Deaths Register of the Statens Serum Institut and the National Police Register. The number of drug-induced deaths recorded in the Cause of Deaths Register in 2015 was the lowest in the last decade. The toxicological results show that opioids were the principal drug involved in drug-induced deaths. The victims are generally older than the average age of victims of drug-induced death in Europe.

The latest European average drug-induced mortality rate among adults (aged 15-64 years) was 21.8 deaths per million. In Denmark, this rate was 49.28 deaths per million in 2015. Comparisons between countries should be undertaken with caution. Reasons include different reporting systems and case definition and registration processes, as well as under-reporting in some countries.

The National Police Register collates information on all reported deaths for the purpose of post-mortem examination. An increase was noted in the number of direct drug poisonings reported through the register in 2016 compared with 2015. The majority of the poisoning deaths reported through the National Police Register involved more than one psychoactive substance, which indicates that polydrug use is a common cause of death by poisoning in Denmark. Nevertheless, the presence of opioids (heroin, morphine or methadone) was detected in four out of five cases.

Drug-induced mortality rates among adults (15-64 years)



"NB: Year of data 2016, or latest available year. Comparison between countries should be undertaken with caution. Reasons include systematic under-reporting in some countries, different reporting systems and case definition and registration processes."

Prevention

In Denmark, drug prevention is provided within the wider context of comprehensive measures that are implemented by various actors with the aim of enhancing mental health and overall well-being by reducing inequalities among different social groups. In this context, the prevention of illicit substance use is usually addressed together with the prevention of alcohol and tobacco use.

Prevention interventions in Denmark are based on a comprehensive and cross-sectoral approach, with young people being a main target audience for activities. A particular focus in recent years has been prevention activities in high schools and for young people with mental problems.

The Ministry of Health in Denmark coordinates and is responsible for national drug prevention interventions, with the assistance and support of the Danish Health Authority. The municipalities are responsible for organising prevention activities in close cooperation with local stakeholders, while the Danish Health Authority provides support by producing information material, developing prevention projects, and monitoring and providing overall guidance.

Prevention interventions

Prevention interventions encompass a wide range of approaches, which are complementary. Environmental and universal strategies target entire populations, selective prevention targets vulnerable groups that may be at greater risk of developing substance use problems and indicated prevention focuses on at-risk individuals.

The Danish Health Authority has developed a health promotion package focusing on prevention of drug use. It includes evidence-informed recommendations for municipal health promotion interventions, subdivided into sections on structural interventions, health promotion services, information and education, and early detection.

Universal prevention interventions are increasingly implemented in educational institutions and cover both licit and illicit substances. The health promotion package focusing on prevention of drug use also includes national guidelines on the form, content and scope of interventions for school-based prevention, and manual-based prevention programmes are rarely implemented. The municipalities usually recommend several interventions for implementation. Prevention-related subjects are very often taught in grades 6 to 9, and teachers are responsible for the lessons. Municipality alcohol and drug counsellors support this work. Six model communities were involved in testing new ways of developing cooperation between the educational system and alcohol and drug counsellors during 2011-14. In 2015, the Social Reserve Grants Agreement allocated funding to develop cannabis prevention initiatives in vocational schools and technical colleges.

Selective prevention is mostly carried out in recreational settings, with close cooperation between the main players (municipalities, police and restaurant owners). The municipalities' licensing boards are increasingly using plans for restaurants as a mean of prevention in the nightlife context and are working closely with restaurant owners' associations.

Numerous municipalities offer courses on prevention to restaurant owners. Although they are focused on alcohol, the evidence from similar projects elsewhere indicates that these activities have also contributed to a reduction in the prevalence of drugs. An evaluation found a high level of interest among all actors in cooperating with and contributing to a safer nightlife environment. The Danish Health Authority implements annually a major prevention campaign, Music Against Drugs, at music festivals and music venues.

Several web-based services are available in Denmark and are intended to reach those who experiment with drugs. For example, an internet-based portal provides information and advice on cannabis and other drugs for young people.

In the area of indicated prevention, Copenhagen has established a prevention and early detection centre, U-Turn, which offers services to drug (mainly cannabis) users who are under the age of 25 years. The U-Turn model has been extended to six other municipalities and targets young people in vocational education settings who have drug use problems that do not require treatment interventions.

Harm reduction

Harm reduction interventions

The harm reduction concept is embedded in all relevant areas of Danish drug policy. The Ministry of Health has overall responsibility for harm reduction initiatives at the national level, while the municipalities play a crucial role in the organisation and funding of harm reduction activities, including medical and social treatment of people who use drugs.

Harm reduction interventions

In Denmark, the harm reduction response includes the provision of needle and syringe distribution schemes, take-home naloxone programmes, drug consumption rooms and heroin-assisted treatment. In addition, prevention of and treatment for drug-related infectious diseases is provided, including counselling, screening and vaccination against the hepatitis A and B viruses. Recently, programmes to facilitate access to general health services for marginalised drug users have also been implemented.

Needle and syringe programmes have been established in Denmark since 1986. Syringe provision is administered through the free dispensing of syringes and syringe sales in pharmacies, through treatment institutions, in drop-in centres and through machines dispensing syringes in public places. Some municipalities also dispense needles and syringes at shelters and hostels. The provision of sterile water and other injecting equipment is common.

Since 2013, a take-home naloxone programme to prevent opioid-induced deaths has been available in a number of municipalities.

Five supervised drug consumption facilities operate in four municipalities. A recent report indicated that over the period 2012-16 drug consumption rooms provided services to more than 9 400 drug users and supervised more than 920 000 drug use episodes, without any fatal outcomes. In 2016 alone, 7 155 individuals used these facilities and were supervised during 303 403 consumption episodes.

Heroin-assisted treatment has been available for hard-to-treat opioid users in five locations across Denmark since 2010.

Availablity of selected harm reduction responses in Europe

Country	Needle and syringe programmes	Take-home naloxone programmes	Drug consumption rooms	Heroin-assisted treatment
Austria	Yes	No	No	No
Belgium	Yes	No	No	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czech Republic	Yes	No	No	No
Denmark	Yes	Yes	Yes	Yes
Estonia	Yes	Yes	No	No
Finland	Yes	No	No	No
France	Yes	Yes	Yes	No
Germany	Yes	Yes	Yes	Yes
Greece	Yes	No	No	No
Hungary	Yes	No	No	No
Ireland	Yes	Yes	No	No
Italy	Yes	Yes	No	No
Latvia	Yes	No	No	No
Lithuania	Yes	Yes	No	No
Luxembourg	Yes	No	Yes	Yes
Malta	Yes	No	No	No
Netherlands	Yes	No	Yes	Yes
Norway	Yes	Yes	Yes	No
Poland	Yes	No	No	No
Portugal	Yes	No	No	No
Romania	Yes	No	No	No
Slovakia	Yes	No	No	No
Slovenia	Yes	No	No	No
Spain	Yes	Yes	Yes	No
Sweden	Yes	No	No	No
Turkey	No	No	No	No
United Kingdom	Yes	Yes	No	Yes

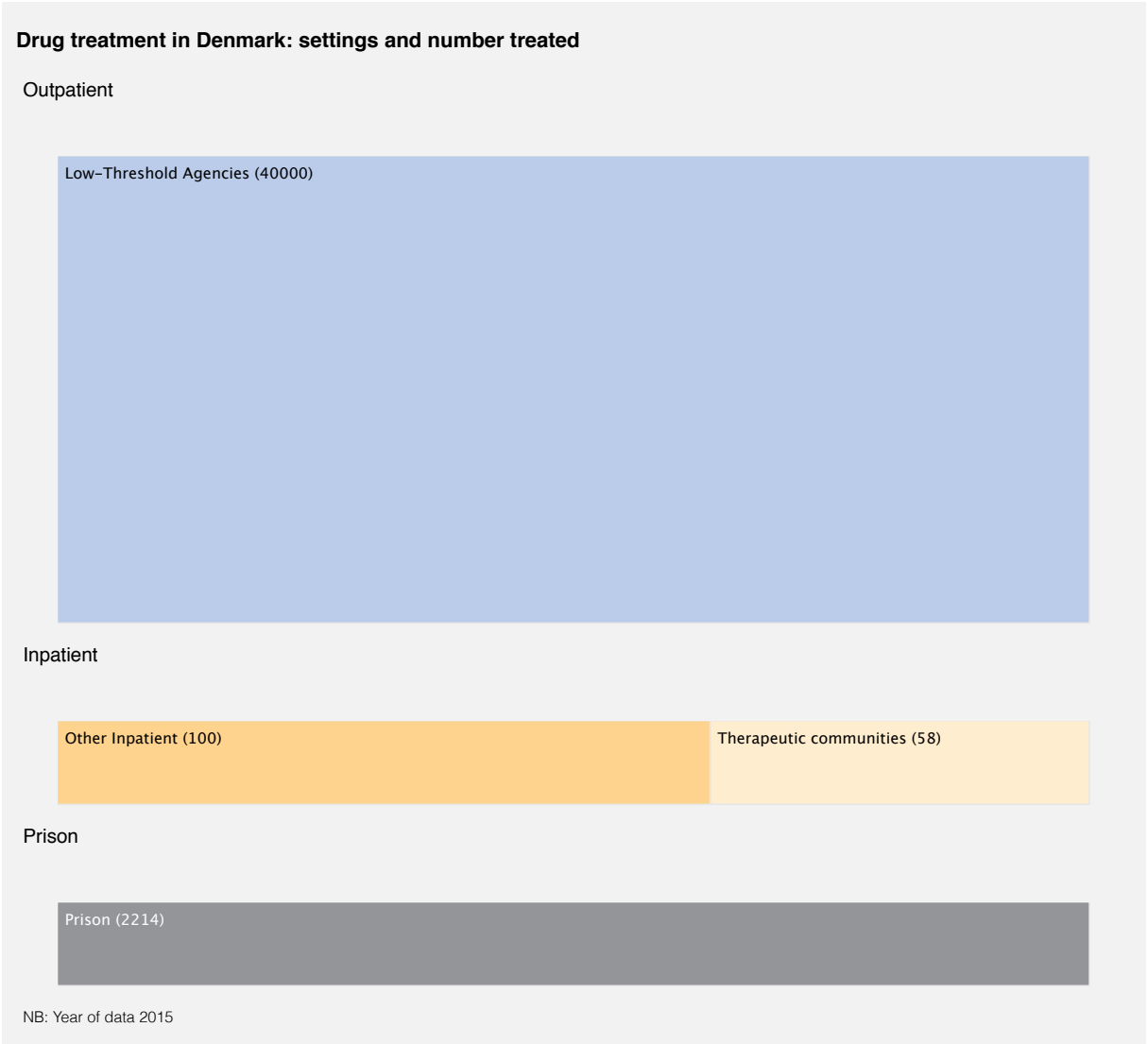
Treatment

The treatment system

The main goals of Danish drug treatment policy are to achieve a reduction in drug use or to attain full abstinence through enhanced use of psychosocial interventions and systematic follow-up of treatment and to tackle problems other than those of illicit drug use. The municipalities are responsible for organising both the social and medical treatment of drug users, while the regions are responsible for psychiatric, primary and public healthcare. However, the Danish Health Authority and the National Board of Social Services bear responsibility at the central level for advising service providers on balanced and effective treatment interventions. The municipalities are responsible for referrals for medical and social treatment for drug use, and the preparation of a treatment plan is a mandatory action according to the Social Services Act.

Access to drug treatment is guaranteed within 14 days of the first contact or request from drug users over the age of 18 and, in some cases, for users who are under 18. People who are entitled to treatment may choose between public and private treatment programmes within the framework of a prescribed treatment plan, which is free of charge to the client. Drug treatment includes medical and social interventions and is delivered in close cooperation between the health and social sectors.

The most prevalent approaches to treatment in Denmark are cognitive, socio-educational and solution focused. Opioid users are predominantly treated in opioid substitution treatment (OST) programmes, in which pharmacological treatment is accompanied by psychosocial counselling. Outpatient treatment is available through specialised drug treatment centres, in drop-in centres and in low-threshold services. Inpatient treatment services mainly provide assessment for OST, focus on detoxification and provide non-hospital-based residential treatment programmes (such as ‘halfway houses’). Many inpatient units are privately owned. In recent years, new initiatives, such as a cannabis and cocaine project in Copenhagen, have been developed to address a specific demand for the treatment of cannabis and cocaine users, and several initiatives for socially marginalised drug users, drug users with concurrent mental disorders and underage young people are also supported.

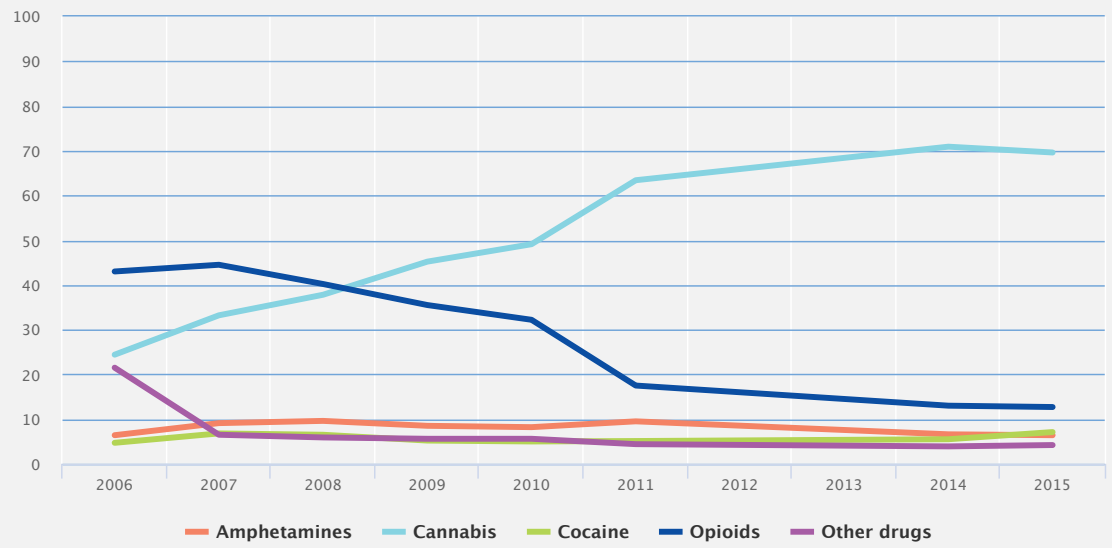


Treatment provision

Most clients admitted for treatment in 2015 were treated in outpatient settings, and the number of clients treated in inpatient settings has decreased significantly over the years. Nevertheless, the Danish treatment system permits flexibility and a client may be referred for day or inpatient treatment if a change in environment and/or a more structured intervention is needed.

Most clients admitted to treatment in 2015 were treated for primary cannabis use. Moreover, approximately half of clients entering treatment reported the use of more than one illicit drug. The provision of OST decreased slightly over the period 2010-14, while some increase was reported for 2015.The majority of clients in OST are treated with methadone. However, among new OST clients, the proportions treated with methadone and with buprenorphine-based medication are about equal. Approximately 450 people were admitted for treatment with medically prescribed heroin in 2015.

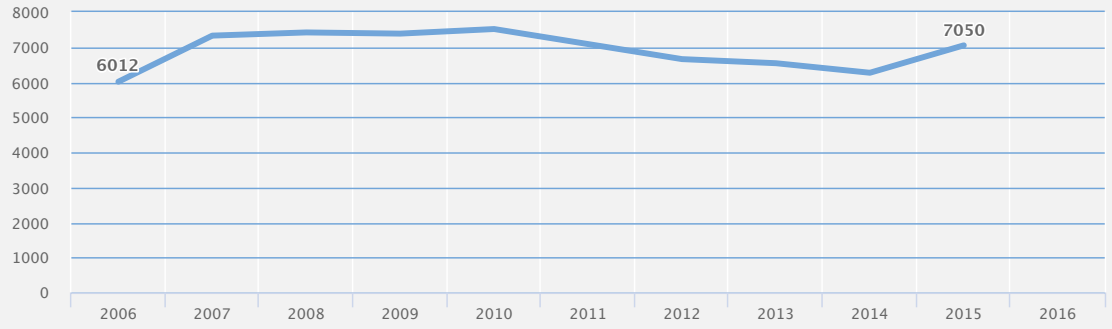
Trends in percentage of clients entering specialised drug treatment, by primary drug, in Denmark



NB: Year of data 2016.

Opioid substitution treatment in Denmark: proportions of clients in OST by medication and trends of the total number of clients

Trends in the number of clients in OST



NB: Year of data 2015.

Drug use and responses in prison

In 2016, approximately 6 out of 10 prisoners reported using illicit drugs in the past, most frequently cannabis, followed by stimulants, opioids and misused benzodiazepines.

The national strategy for drug user treatment in prisons is primarily based on the 'import model', where external providers offer drug treatment in close collaboration with the Prison and Probation Service's staff. Drug treatment is provided on the basis of the principles of equity and continuity of care. Prisons have introduced a treatment guarantee, which means that treatment should be provided to all inmates who request it within two weeks. Treatment is available through health and social programmes, which include motivation, pre-treatment assistance, intensive inpatient treatment in special treatment units, opioid substitution treatment (OST), post-treatment programmes and treatment of withdrawal symptoms. Special programmes for those who use cannabis, cocaine and other stimulants are available. OST and other long-term drug treatment programmes are coordinated with public treatment services to ensure continuation in the post-release period. Drug-free prison wings are also available.

To prevent drug-related infectious diseases, chlorine is available for disinfection, and vaccination against hepatitis A and B viruses is also provided.

Quality assurance

The Social Services Act and the Health Act set the main quality assurance-related objectives for medical and social treatment in cases of drug dependence. One of 'The 10 goals for social mobility', launched in 2016, is to increase the percentage of people who finish drug dependence treatment either drug free or with reduced or stabilised use of drugs, and its implementation requires the adoption of an evidence-based approach to treatment.

The general promotion of the quality assurance of medical services is the responsibility of the Danish Health Authority, which supports the municipalities through information provision and dissemination of guidelines for interventions. With regard to the social treatment of people who use drugs, the National Board of Social Services collects and disseminates examples on effective methods and practice in this area through a network of relevant institutions. The National Board of Social Services implements the Drug Abuse Package, which includes a comprehensive list of methods for the treatment of young people who use drugs. The National Guidelines for the Social Treatment of Drug Abuse , published in February 2016, provide a joint platform for quality assurance of social treatment of drug dependence, and funding has been provided for the implementation of these guidelines in 2016-19. The Act on Social Supervision sets the context for the quality assurance of treatment and social residential care facilities, and regional social inspections re-evaluated all treatment facilities over the period 2014-15. All providers of social services must be approved by the social supervisory authorities and data about these service providers are publicly available. The drug treatment programmes under the Prison and Probation Service are also subject to an accreditation process.

There are no specific education systems for professionals working in the field of demand reduction. However, Aarhus University offers a European Master of Drug and Alcohol Studies in cooperation with Avogadro University in Italy. This master's programme is aimed at professionals working in the field of demand reduction and offers a theoretical and knowledge-based perspective on interventions, policies, evaluations, etc., in the field.

Drug-related research

Drug-related research in Denmark is funded mainly by government grants and can be characterised as applied research. It is often based on the evaluation of public services and is commissioned mainly by ministries and undertaken by academic centres and government institutes. Healthcare planning and the setting of priorities are also primary concerns in this area, and surveys are therefore often initiated and partly funded by the national focal point at the Danish Health Authority. Dissemination of results takes place through a wide variety of channels, including reports, websites, conferences and thematic days. The Danish Health Authority has formulated a number of research-based principles on which schools should base their drug prevention interventions (prevention package). Recent drug-related studies have focused mainly on aspects related to population-based (including ethnographic) studies and on responses to the drug situation; however, other topics, such as supply and markets and drug policy, have also been investigated.

Drug markets

Cannabis products, cocaine and amphetamines are the most prevalent drugs in the Danish illicit drug market. The market is highly structured and is regulated by domestic organised crime groups and gangs (except for heroin and new psychoactive substances (NPS)).

Cannabis remains the most frequently seized drug in Denmark and, in the last two consecutive years, record numbers of cannabis resin seizures for the last 16 years have been reported. Morocco continues to be the primary producing country for the cannabis resin that reaches the Danish market. Domestic production of cannabis resin has been reported, albeit on a very small scale, based on few seizures of 'home-made' resin. In recent years, there has been a moderate increase in reported indoor cultivation and investigations indicate that most of the herbal cannabis seized is from domestic cultivation. In some cases, distribution of cannabis grown in Denmark to neighbouring countries, such as Sweden, Germany and the Netherlands, has been documented.

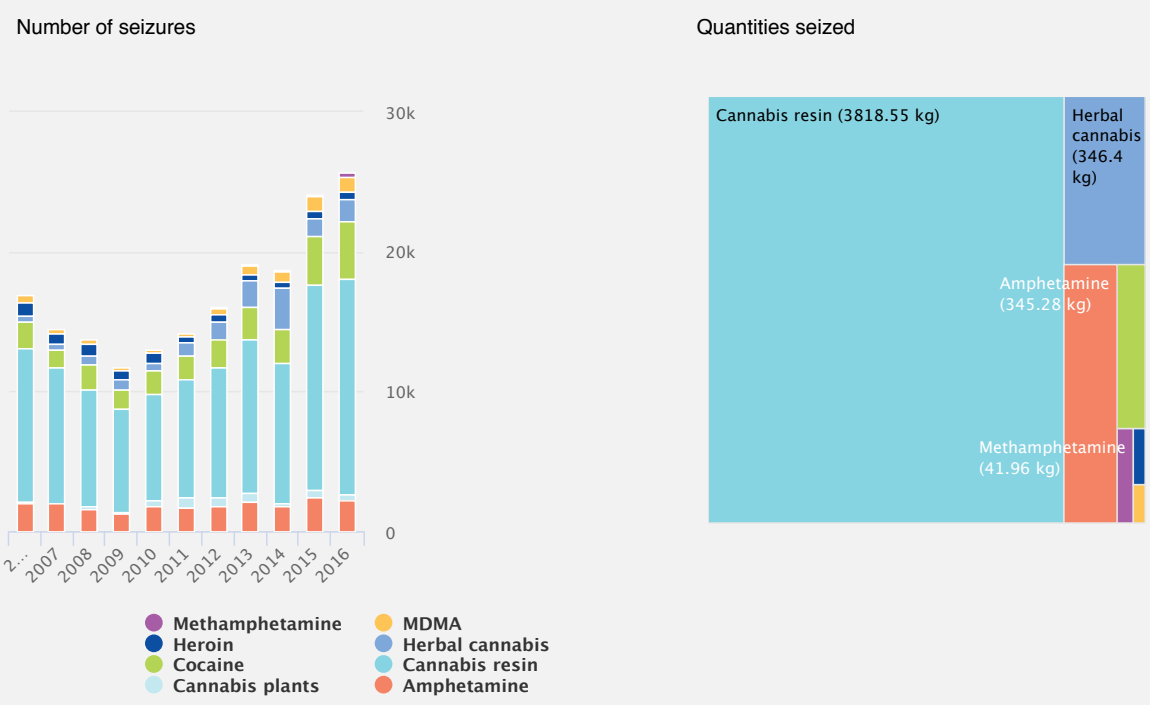
In 2016, cocaine was the second most frequently seized substance in Denmark, with the majority of seizures made at the retail level. Cocaine seized in Denmark originates from South America and is trafficked into the country via the Netherlands, Spain and the Balkans by land, or, on a lesser scale, by air via West Africa. However, it has increasingly been reported that cocaine has been trafficked directly from producer countries by sea or air. The available information suggests that some of the cocaine seized in Denmark is intended for distribution to other European countries.

Amphetamines seized in Denmark are produced in the Netherlands, and, to a lesser extent, in Poland and Lithuania. Small 'kitchen'-type laboratories that produce synthetic drugs (amphetamine and methamphetamine) for personal consumption are occasionally seized by police. The trafficking of amphetamines is mainly organised by domestic criminal groups, such as outlaw motorcycle gangs, and amphetamines are typically smuggled in motor vehicles and trains. Smaller quantities of these substances arrive in postal consignments. In 2016, a record amount of amphetamine seized was reported. MDMA/ecstasy seized in Denmark originates from the Netherlands and Belgium and the number of MDMA seizures has been rising in recent years. Increasingly, drugs are being distributed using closed Facebook groups and the darknet, while NPS are usually purchased online. Additionally, novel delivery methods through home delivery drug distribution networks have been reported. These are based on communication using unregistered phones and SMS ordering systems, posing investigative challenges.

The majority of heroin seized in Denmark is reported to originate in Afghanistan or Pakistan, and arrives in the country from transit hubs in Europe, often Germany. Heroin trafficking is carried out by small organised groups, individuals or family groups with connections to Pakistan or countries along the Balkan route. In the last decade, the number of heroin seizures has almost halved; the quantities of heroin seized show significant annual variations.

The data indicate that the levels of tetrahydrocannabinol in cannabis resin and the purity of cocaine have increased in recent years.

Drug seizures in Denmark: trends in number of seizures (left) and quantities seized (right)



NB: Year of data 2016

Key statistics

Most recent estimates and data reported

	Year	Country data	EU range Min.	EU range Max.
Cannabis				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	12.5	6.5	36.8
Last year prevalence of use - young adults (%)	2017	15.4	0.4	21.5
Last year prevalence of drug use - all adults (%)	2017	6.4	0.3	11.1
All treatment entrants (%)	2015	69.6	1.0	69.6
First-time treatment entrants (%)	2015	76.0	2.3	77.9
Quantity of herbal cannabis seized (kg)	2016	346.4	12	110855
Number of herbal cannabis seizures	2016	1589	62	158810
Quantity of cannabis resin seized (kg)	2016	3818.5	0	324379
Number of cannabis resin seizures	2016	15364	8	169538
Potency - herbal (% THC) (minimum and maximum values registered)	2016	n.a.	0	59.90
Potency - resin (% THC) (minimum and maximum values registered)	2016	7 - 41	0	70
Price per gram - herbal (EUR) (minimum and maximum values registered)	2016	n.a.	0.60	111.10
Price per gram - resin (EUR) (minimum and maximum values registered)	2016	5.35 - 10	0.20	38.00
Cocaine				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	1.7	0.9	4.9
Last year prevalence of use - young adults (%)	2017	3.9	0.2	4.0
Last year prevalence of drug use - all adults (%)	2017	1.6	0.1	2.3
All treatment entrants (%)	2015	7.1	0.0	36.6
First-time treatment entrants (%)	2015	7.2	0.0	35.5
Quantity of cocaine seized (kg)	2016	118.7	1	30295
Number of cocaine seizures	2016	4115	19	41531
Purity (%) (minimum and maximum values registered)	2016	1 - 92	0	99
Price per gram (EUR) (minimum and maximum values registered)	2016	40 - 133.4	3.00	303.00
Amphetamines				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	0.9	0.8	6.5
Last year prevalence of use - young adults (%)	2017	1.4	0.0	3.6
Last year prevalence of drug use - all adults (%)	2017	0.7	0.0	1.7
All treatment entrants (%)	2015	6.4	0.2	69.7
First-time treatment entrants (%)	2015	6.5	0.3	75.1
Quantity of amphetamine seized (kg)	2016	345.2	0	3380
Number of amphetamine seizures	2016	2205	3	10388
Purity - amphetamine (%) (minimum and maximum values registered)	2016	0.2 - 78	0	100
Price per gram - amphetamine (EUR) (minimum and maximum values registered)	2016	10 - 53.4	2.50	76.00
MDMA				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	0.5	0.5	5.2
Last year prevalence of use - young adults (%)	2017	1.5	0.1	7.4
Last year prevalence of drug use - all adults (%)	2017	0.5	0.1	3.6
All treatment entrants (%)	2015	0.7	0.0	1.8
First-time treatment entrants (%)	2015	1.0	0.0	1.8
Quantity of MDMA seized (tablets)	2016	13810	0	3783737
Number of MDMA seizures	2016	1104	16	5259
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2016	n.a.	1.90	462
Purity (MDMA % per tablet) (minimum and maximum values registered)	2016	n.a.	0	88.30
Price per tablet (EUR) (minimum and maximum values registered)	2016	3.4 - 13.4	1	26.00
Opioids				
High-risk opioid use (rate/1 000)	n.a.	n.a.	0.30	8.10
All treatment entrants (%)	2015	12.7	4.8	93.4
First-time treatment entrants (%)	2015	6.7	1.6	87.4
Quantity of heroin seized (kg)	2016	15.9	0	5585

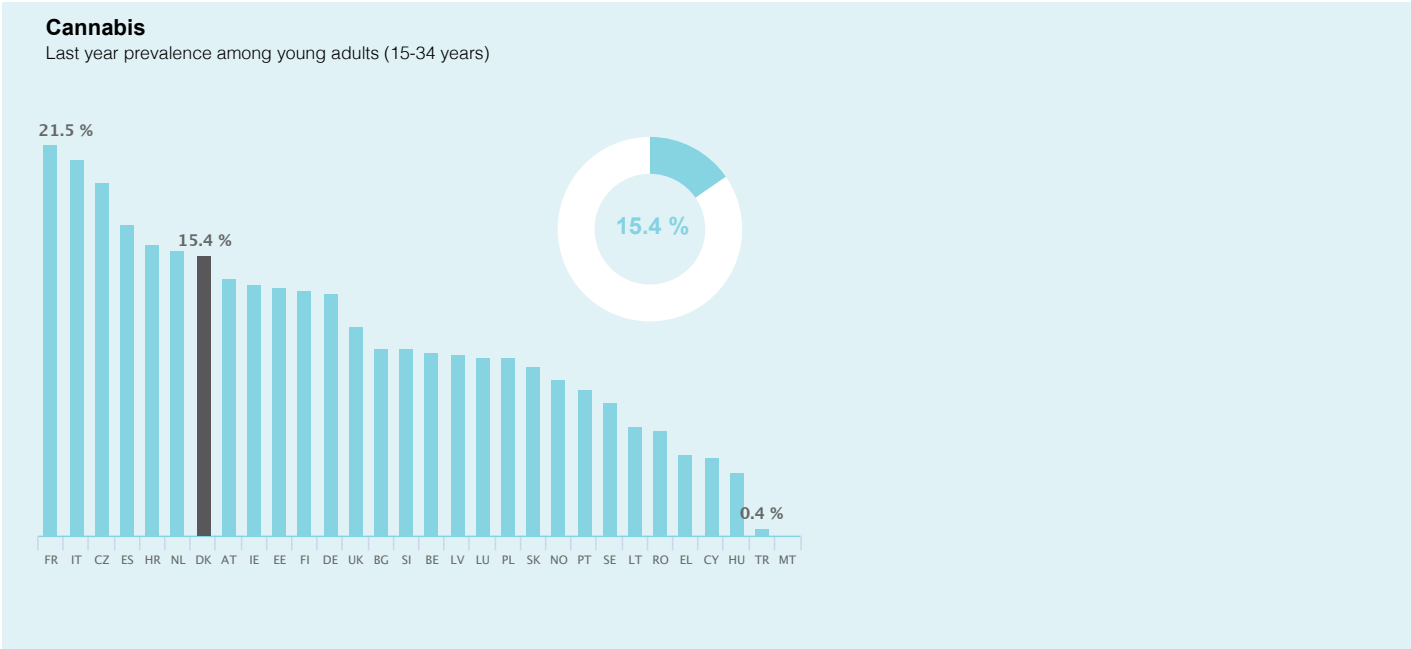
Number of heroin seizures	2016	568	2	10620
Purity - heroin (%) (minimum and maximum values registered)	2016	7 - 41	0	92
Price per gram - heroin (EUR) (minimum and maximum values registered)	2016	66.7 - 133.4	4.00	296.00
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to Injecting drug use -- aged 15-64 (cases/million population, Source: ECDC)	2016	1.6	0	33.00
HIV prevalence among PWID* (%)	n.a.	n.a.	0	31.50
HCV prevalence among PWID* (%)	n.a.	n.a.	14.60	82.20
Injecting drug use -- aged 15-64 (cases rate/1 000 population)	n.a.	n.a.	0.10	9.20
Drug-induced deaths -- aged 15-64 (cases/million population)	2015	49.28	1.40	132.30
Health and social responses				
Syringes distributed through specialised programmes	n.a.	n.a.	22	6469441
Clients in substitution treatment	2015	7050	229	169750
Treatment demand				
All entrants	2015	5626	265	119973
First-time entrants	2015	2454	47	39059
All clients in treatment	2015	16500	1286	243000
Drug law offences				
Number of reports of offences	2016	20425	775	405348
Offences for use/possession	2016	16704	354	392900

* PWID — People who inject drugs.

Data for Purity of MDMA available for powder: 0.2% - 78%

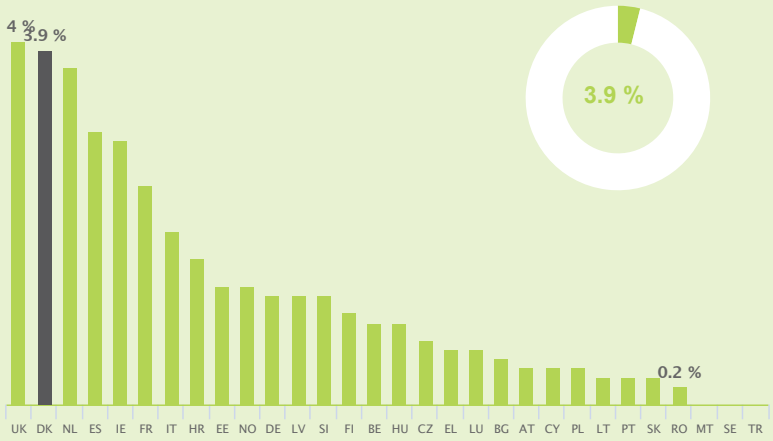
EU Dashboard

EU Dashboard



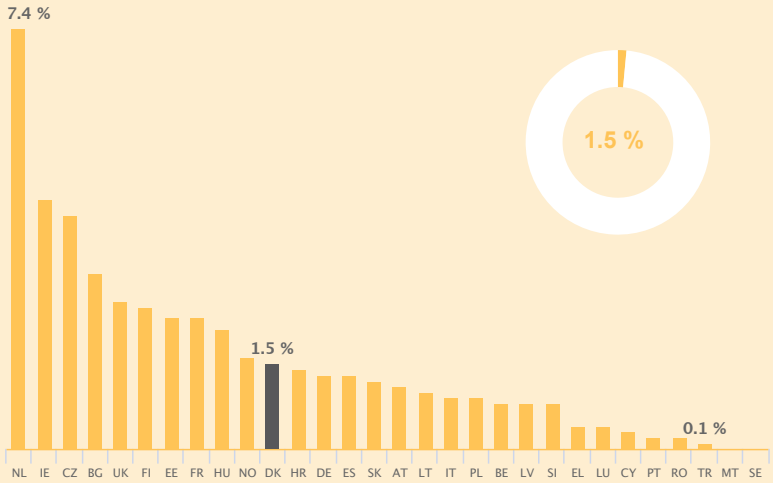
Cocaine

Last year prevalence among young adults (15-34 years)



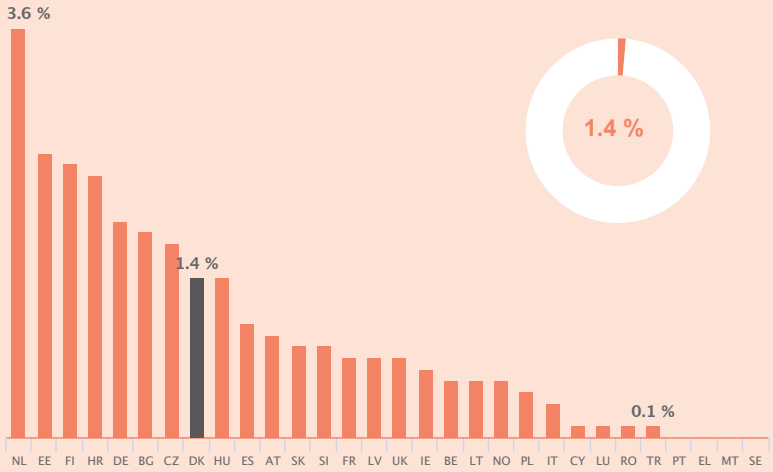
MDMA

Last year prevalence among young adults (15-34 years)



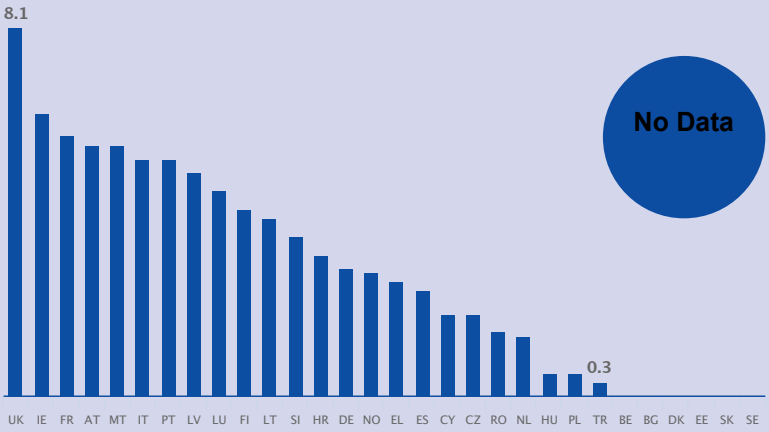
Amphetamines

Last year prevalence among young adults (15-34 years)



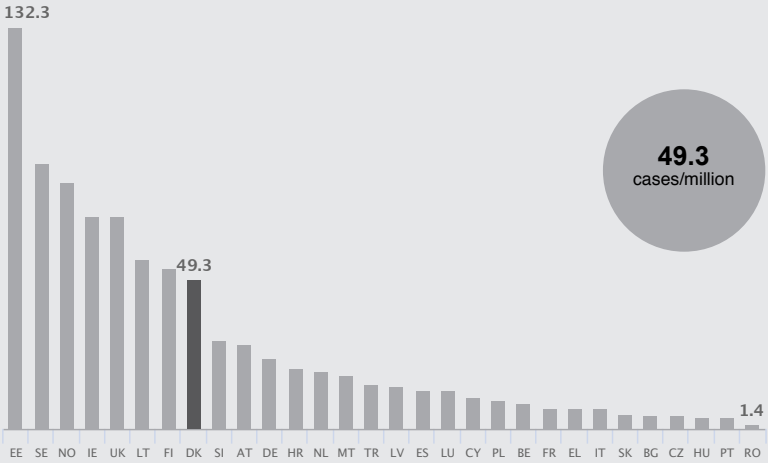
Opioids

High-risk opioid use (rate/1 000)



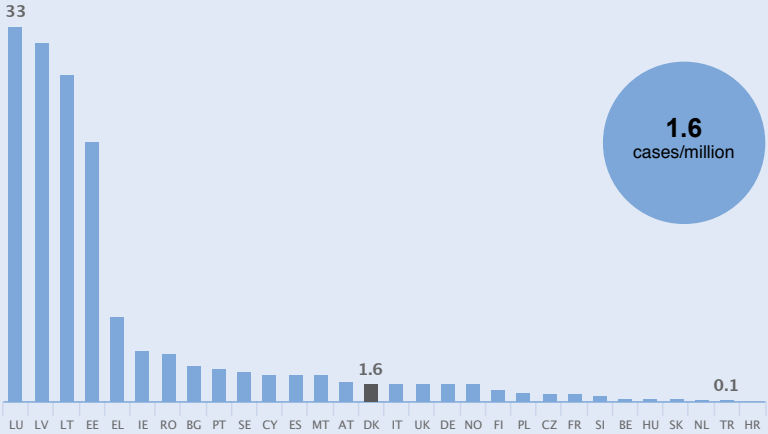
Drug-induced mortality rates

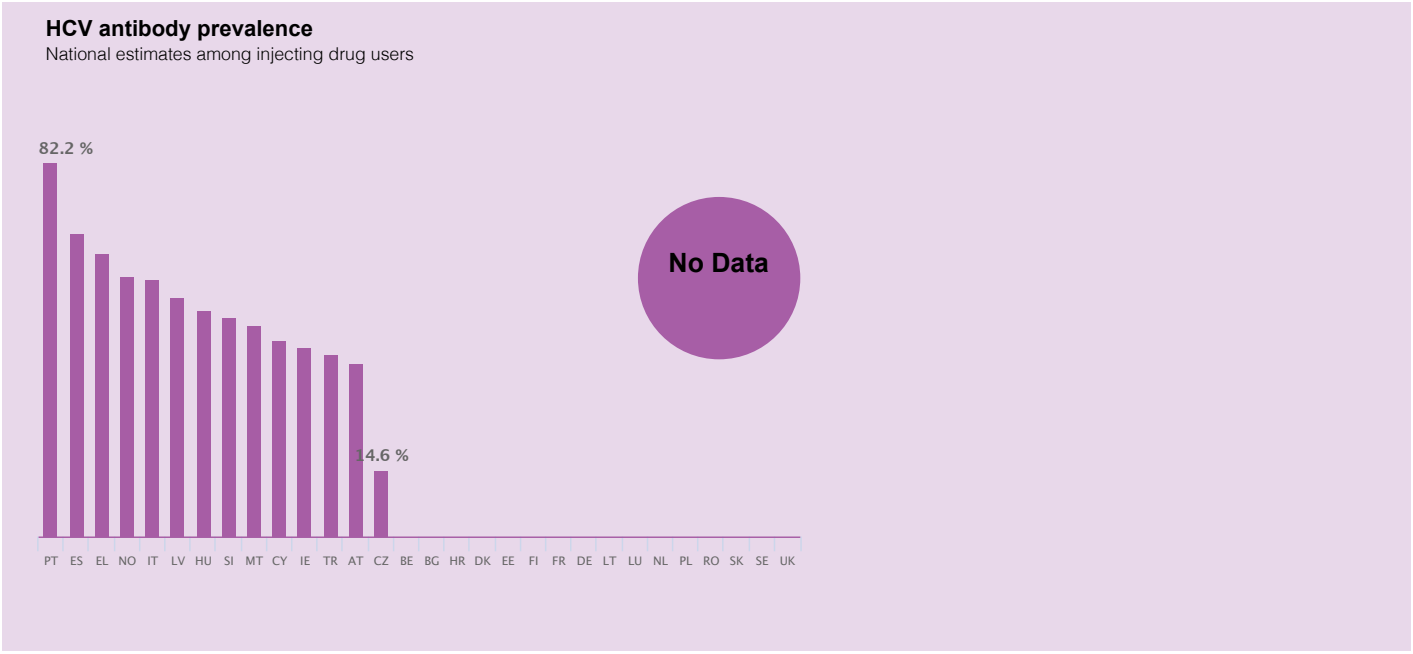
National estimates among adults (15-64 years)



HIV infections

Newly diagnosed cases attributed to injecting drug use





"NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, di?erences may be due to reporting practices. Detailed information on methodology, qualifcations on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Countries with no data available are marked in white. The age range for last year prevalence among young adults is 16 -34."

About our partner in Denmark

The national focal point is located within the Danish Health Authority, an autonomous Government agency linked to the Ministry of Health. The Danish Health Authority is made up of a number of divisions and centres, each dealing with its own area of expertise

Danish Health Authority

DANISH HEALTH AUTHORITY

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