

Government Resolution

**on a Drug Policy Action Programme in
Finland 2004 - 2007**



SUMMARY

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In its programme the Finnish Government commits itself to preparing a drug policy action programme for the years 2004 - 2007. The present action programme confirms the direction of national drug policy in accordance with the previous decisions and presents the Government's strategies for reducing harm from drugs during its term of office. The objective of the actions is to bring about a permanent change for the better in the drug situation in Finland.

The Government continues its work against drugs and drug use in accordance with the specific resolutions made in 1998 and 2000. In its drug policy strategies the Government stresses the importance of continuing and developing the long-term work, increasing co-operation between various actors, and of a uniform drug policy approach with balanced and compatible measures to reduce drug demand and supply. In the action programme the Government defines as a special objective for the years 2004 – 2007 to address topical drug problems whose solution requires co-operation of a new type between the competent authorities.

The actions encompassed by the action programme focus on co-ordination of drug policy, reduction of drug demand and supply, alleviation of harm from drugs, international measures, research and monitoring. Cross-sectoral co-operation is promoted in order to reduce drug demand and supply and harm from drug use, as well as to refer drug abusers to treatment and to bring persons who have been involved in illegal actions to justice.

The different sectors of central government must plan their activities for implementing the objectives of this programme within the framework of the state budget. Local authorities and non-governmental organisations decide on their activities within the framework of their own resources. A separate co-ordination group on drug policy has been appointed to be responsible for the implementation and monitoring of the programme. The group will give a progress report on an annual basis.

Key words

Drugs, drug policy, intoxicants

GOVERNMENT RESOLUTION ON A DRUG POLICY ACTION PROGRAMME IN FINLAND 2004 - 2007

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GOVERNMENT RESOLUTION ON A DRUG POLICY ACTION PROGRAMME IN FINLAND 2004 - 2007

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The different sectors of central government must plan their activities for implementing the objectives of this programme within the framework of the state budget. Local authorities and non-governmental organisations decide on their activities within the framework of their own resources. A separate co-ordination group on drug policy has been appointed to be responsible for the implementation and monitoring of the programme. The group will give a progress report on an annual basis.

The introductory chapter I presents the Finnish drug policy and its future challenges. The present drug situation and its development are dealt with in chapter II. Chapter III consists of the Drug Policy Action Programme. Appendix 1 contains statistics on the drug situation in Finland.

I DRUG POLICY IN FINLAND AND FUTURE CHALLENGES

Government Resolution on Drug Policy 1998

In accordance with the Government Resolution of 1998, Finnish drug policy is based on general sociopolitical measures, national legislation and international treaties. The aim of drug policy is to prevent the importation, spread and use of drugs as well as to reduce individual, social and economic damages caused by drug use. The measures to reach this objective include intensification of the drug control based on a total ban, prevention of experimental and habitual drug use, adequate provision of treatment services, and facilitating the access to treatment. The individual, social and economic damages caused by drugs and through the prevention, treatment and control measures relating to them are tried to be reduced to a minimum.

Finland applies to its drug policy the objectives defined at the special session on drugs of the United Nations' General Assembly in 1998, the drug strategy and action plan of the European Union (2000 - 2004), the guidelines for the EU's foreign and security policy, and the objectives of the action programme of the Council of Europe's Pompidou Group.

Implementation of drug policy and national co-ordination

At the national level, the issues relating to prevention and reduction of drug use, drug legislation and drug-related social and health services are the responsibility of the Ministry of Social Affairs and Health, which also answers for the national co-ordination of drug policy.

Matters concerning educational institutions and youth, cultural and sports services and activities come under the administrative sector of the Ministry of Education. The drafting of penal legislation aiming to prevent drug use is the responsibility of the Ministry of Justice. The police under the Ministry of the Interior and the Customs under the Ministry of Finance limit in particular drug supply by ensuring that there is a high risk of being caught for drug offences. The task of prosecutors is to undertake measures to bring offenders to justice. The Prison Service and the Probation Service are responsible for the enforcement of sentences of imprisonment and they aim to prevent drug supply and use in penal institutions, as well as to promote non-criminal lifestyles of former prisoners. Projects in Finland's neighbouring areas in Northwest Russia and in the Baltic States and development co-operation projects are financed mainly by the Ministry for Foreign Affairs.

The Government set up in 1999 a co-ordination group on drug policy to co-ordinate the national drug policy and to implement and monitor the Government Resolution on Drug Policy of 1998. The co-ordination group – reappointed in 2002 by the Ministry of Social Affairs and Health – consists of representatives of the relevant ministries. Apart from developing and implementing the national drug policy, the co-ordination group shall intensify the co-operation between authorities.

Intensification of drug policy in 2001 - 2003

As a result of the aggravated drug situation the Government decided by its resolution of 5 October 2000 to intensify the national drug policy. In the resolution the Government assigned the co-ordination group on drug policy to prepare a long-term action programme for this purpose.

The action programme was implemented by the ministries responsible for drug issues from 2001 to 2003. The objective of the cross-sectoral programme was to reduce drug demand and supply and to stop the increase in drug crime.

It can be stated based on the studies carried out during the implementation of the action programme that the experimental use of drugs, that had grown steadily from the 1990s, still increased slightly but there was no increase between the years 1998 and 2002 any more. Even the HIV epidemic caused by intravenous drug use that spread rapidly in 1998 and 1999 appears to have abated. The measures to prevent communicable diseases and the vaccination programmes have been successful. In 1999 the proportion of HIV infections caused by intravenous drug use was 60 per cent of all HIV infections. In 2000 and 2001 these proportions had been reduced to 38 and 37 per cent respectively. In 2002, 21 per cent of the infections (27 out of 129 infections) were due to intravenous drug use. A study of the prevalence of the infection made at low-threshold treatment units likewise indicated that the proportion of the infected fell in 2002 to about 1 per cent. After comparable epidemics in many West European cities the proportion has remained at the level of 20 – 40 per cent.

Changes in drug policy environment and future challenges

Owing to the transboundary nature of drug problems it is important to take into account international developments when planning drug policy measures. The enlargement of the European Union and the accession of the new Member States to the Schengen Agreement will bring about considerable changes in the drug policy environment of Finland. The fact that there will be no more border inspections between Finland and the Baltic States, in particular Estonia, will pose a special challenge for Finland since production and smuggling of drugs, and drug use and harm from it, such as infectious diseases, have increased alarmingly in Finland's neighbouring areas in recent years.

According to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) the HIV epidemic is spreading in Estonia and Latvia more rapidly than anywhere else in the world. In 2000 – 2003 the new HIV infections registered in Estonia numbered on average 800 per year. Their number is on a steep rise in Russia, too. It has been characteristic of these epidemics that they are linked with injecting drug use. In 2002 the growth rate of the new registered cases of HIV slowed in the Baltic States and Russia to almost a half compared with 2001. According to experts this is not, however, an indication of a real reduction in the infections but it shows that the health care system does not reach new infected persons.

The expansion of the EU makes drug trafficking across borders easier. Finnish criminals collaborate in particular with criminal gangs operating in the Baltic States and Russia. The production of synthetic drugs in Europe has increased, and therefore it is important to intensify both the national and international co-operation between the competent authorities on controlling drug precursors. Today, these substances are also imported to Finland to be mixed inside the country's borders, since their smuggling is easier and the risk of being caught is smaller.

All of the new Member States have not the financial and administrative resources to implement the objectives laid down in the EU's Drug Strategy and Action Plan. Furthermore, a new uniform drug strategy and action plan will be needed after 2004. Finland will play an active role in preparing it since Finland is one of the countries responsible for the EU presidency in 2006.

In the international context, also developments in the developing countries producing drugs have to be taken into account. One of the most important countries of origin for e.g. the heroin smuggled to Finland is Afghanistan, whose unstable conditions affect negatively the development of the drug situation.

In the future, it is increasingly necessary to tackle transboundary problems, which presupposes joint measures at the European and UN levels. In Finland, responding to changes in the drug policy environment and challenges brought by them requires a closer co-operation between the different administrations.

II THE PRESENT DRUG SITUATION AND A SCENARIO 2004 - 2007

Developments in the drug situation and starting points for the assessment

The drug situation in Finland had been stable for years but changed in the 1990s. Then the second 'drug wave' started, and drug use reached a higher level than ever before. The proportion of population that had experimented with illicit drugs increased from 5 per cent in 1992 to 12 per cent in 2002. The most popular drug was cannabis. Almost every fifth young person (15 to 19-year-olds) reported to have experimented with it. Among young adults (20 to 29-year-olds), about 33 per cent of men and 25 per cent of women had experimented with cannabis. Use of amphetamine has also increased, and heroin, whose use was before relatively rare, has got new users in Finland. In the very recent years heroin has, due to the difficult access to this drug, been substituted by an increased use of medicinal opioids (in particular Subutex). Use of ecstasy and other stimulants as substances linked with young people's dance culture has increased. Although regular use of them is considerably more rare than experimental use, also the number of problem users has increased. In 1999 there were approximately 11,000 – 14,000 problem users of amphetamine or opiates in Finland.

In the 1990s Finland saw the growth of a new generation interested in drugs. Drug supply increased and prices fell as a result of changes in Finland's international position and in neighbouring areas. The increased drug use aggravated the social consequences of use, which manifested itself e.g. in increased crime, demand for treatment and drug-related mortality, and in a worsened situation in regard to HIV and infectious diseases. Very recently, the growth in drug-related harm has however stopped for the first time in a decade, and in some cases it has even began to decrease. In particular heroin-induced deaths and HIV infections of drug users decreased.

Developments in drug situation are predicted by means of three scenarios. Concepts outlining the use situation are *prevalence* (frequency of experimentation/use among population) and *incidence* (number of new users emerging in a certain period of time). The review classifies drug use into experimentation, recent use and problem use. Attention is also paid to harm from drug use. Background factors for the development that are taken into account include attitude climate, youth culture, development of welfare and wellbeing in society and international factors. Finally, such measures are discussed that could possibly influence the development. It has to be remembered that any prediction of future developments is associated with several elements that are difficult to foretell, such as infectious diseases, market situations and new substances.

Scenario A: Drug situation is aggravated

Drug use and harm from it will increase. The increase can take place smoothly (+) or in an accelerated way (++). The minimum and maximum estimates presented in the table below are based on calculations using data from the 1990s and the beginning of this decade. For instance, according to the growth pattern, in 2007 22 – 30 per cent of 15 – 19-year-olds would have experimented with cannabis some time in their life (at present 13 – 21 %) and 14 – 20 per cent during the last 12 months (at present 8 – 12 %). According to the growth estimate, the hospital spells caused by drug use would number in 2007 about 2,500 – 3,500 (at present 2,000 – 2,400), drug offences 15,000 – 20,000 (at present 13,000 – 15,000) and drug-related deaths confirmed on the basis of drug findings in connection with autopsies 150 – 200 (at present 130 – 150). It has to be noted that any calculations are only indicative.

Factors that could boost an increase in drug experimentation and use include a continuous liberalisation of young people's and young adults' attitudes towards drug use, spread of drug use to smaller localities and throughout the entire country, and an increased importation and supply of drugs. The EU's enlargement in 2004 will probably increase at least the supply of amphetamine, ecstasy and other stimulants. Depending on the market situation, also the importation of cannabis and heroin could increase. Based on earlier experience, the anticipated increase in alcohol consumption can also increase drug use. A more frequent use of antidepressants and self-medication may likewise increase drug use. The debate carried on in Europe about drugs and policy changes regarding cannabis (e.g. United Kingdom, Belgium, Switzerland and Austria) may also change Finnish young people's attitudes towards cannabis in a more favourable direction. The information on drugs made available by the Internet may encourage young people to experiment with new drugs. The increased competition in society, long-term unemployment and social exclusion provide, according to studies, a favourable foundation for a growth in drug abuse. Other threats involving an increased harm from drug use could be a 'comeback' of heroine, the quality of substances available on the drug market and manners of use facilitating the spread of infectious diseases.

Scenario B: Drug situation remains unchanged

Another scenario is that there will be a halt in the growth trend and drug use, and drug-related problems remain in that case approximately at the present level. A slight increase in occasional experimentation may fit into the pattern, if the situation in regard to regular use, prob-

lem use and damages remains at the same level as before or is improved. What is essential is that there is no major change in the number of persons recruited as regular users. As regards active use, a number of regular users corresponding to newcomers should cease drug use.

The linkage of drugs to international trends in youth culture has largely taken place through music and other popular culture. So happened in Finland towards the end of the 1960s and in the 1990s. A dimmed glory of drugs in youth cultures could reverse the increase in drug use. More negative attitudes towards alcohol use and drinking to inebriation would probably also diminish interest in drug use. Favourable societal development could contribute by encouraging positive future expectations among young people. Factors that would promote the realisation of the scenario are a more difficult drug supply and higher prices.

As far as social development is concerned people should have equal opportunities for employment and education. The development of welfare in society is one of the key factors influencing the development of problem use and related harm. It is important to prevent development of regressive and vulnerable housing areas and suburbs in Finland. Ethnic issues are also important. If ethnic minorities are excluded from social life, drugs and other problems will easily become intertwined. On the other hand, the situation could level off only if the role of drugs in leisure activities of well-to-do young people and young adults is weakened.

A prerequisite for a more difficult access to drugs would be more stable legal and social conditions in Tallinn and St. Petersburg. In the best of cases the Estonian membership of the European Union will boost this prospect. By support from Finland and other EU states the Estonian membership can increase social stability and openness in the country, reduce corruption and increase co-operation between various authorities.

According to literature, it can be expected that the increase in drug use will cease sooner or later, but it is difficult to predict the exact point of time. Even in that case drug use and harm from it will remain at a higher level than Finland was used to before the 1990s.

Scenario C: A turn for the better in drug situation

According to this scenario drug use will begin to decline and related harm will be reduced. This scenario presupposes that the incidence will markedly decline among the next generations (those born at the end of the 1980s and in the 1990s) beginning their drug experimentation phase and that part of the present users cease to use drugs. The rest of the users would be sorted out into their own groups and the supply would be concentrated around them. Drug use would be limited to a marginal subculture, and drug use would further have a markedly negative image among the majority population. The scenario could be realised if the present drug use were merely a fashion so that the interest in drugs in youth culture would be sometimes *in* and sometimes *out*.

A decrease in experimentation and use would presuppose strengthened anti-drug attitudes among young age groups. Another possibility would be that the drug market is reduced to the extent that it will be essentially more difficult to obtain drugs. A third possibility would be that society will develop so that it can provide positive and challenging 'life projects' to the extent that there will be no room or role for drug use, as well as promote a better integration of abusers into society.

The prospects for drug markets, social development, attitude climate and youth culture do not promise a reduction in drug use in the next few years, however. Although young people's attitudes towards drugs are relatively reserved, there is at the moment no significant anti-drug trend in youth culture. On the contrary, drugs appear to play a fairly significant role in young people's partying and night life in both Finland and internationally. The search for experiences and seeing drug use as a personal matter, that are typical of the present day, more probably further than prevent experimentation with drugs. In the 1990s drug use trends varied rapidly in European centres, but it was not question of drugs as a whole being either *in* or *out*, but drug users changed over from one substance to another. Dynamics and variations of this kind tend to maintain trend use of drugs and tempt new experimenters.

As far as drug supply is concerned, apart from the problems in the neighbouring areas, the new communication methods (especially the Internet) and the development of new synthetic drugs contribute to making the drug market more difficult to control than before. In all, there is not much probability that this scenario will be realised in the short term. It is difficult to predict the possibility in the long term, but at least in principle it exists. So happened in the 1970s.

The scenario models and public measures

It can be summarised from the above scenarios that it is difficult to predict at the moment what direction the future will take. The situation will probably level out some time. In the longer term it can be possible that drug use is reduced and effects of use are alleviated. On the other hand, a possible levelling-off phase can be followed by a new increase. A summary of various development alternatives and factors influencing them is given on the next page. Some public measures that could possibly affect the development are also specified.

International comparable studies suggest that drug policies are more successful in influencing the prevention of harm from drug use than the level of drug experimentation and use.¹

¹ Indicated by the following comparable studies: Karl-Heinz Reuband, Drug use and drug policy in Western Europe, European Addiction Research 1-2, 1995 and EMCDDA's project on problem use, Drug Net Europe, March-April 2000.

Table 1. Summary of development alternatives in drug policy and factors affecting them

Content	Scenario A: the situation aggravates (+,++)	Scenario B: the situation remains unchanged (+/-)	Scenario C: the situation is relieved (-)
<i>Level of indicators in 2007</i>			
Experimentation with drugs			
15-19-year-olds	22 – 30 %	13 – 21 %	under 13 %
20-29-year-olds	33 – 40 %	25 – 32 %	under 25 %
Recent use *			
15-19-year-olds	14 – 20 %	7 – 13 %	under 7 %
20-29-year-olds	14 – 20 %	7 – 13 %	under 7 %
Number of problem users	14 – 20 000	11 – 14 000	under 11 000
Hospital spells	2 500 – 3 500	2 000 – 2 400	under 2 000
Drug offences	15 – 20 000	13 – 15 000	under 13 000
Serious drug offences	900 – 1 200	700 – 900	under 700
Drug deaths	150 – 200	130 – 150	under 130
HIV infections among drug users	50 – 100	30 – 50	under 30
Factors supporting reali- sation	attitude climate favour- able to drugs, glory of drugs in youth culture, social exclusion devel- opment and problem use, elitist and recrea- tional use, supply and EU enlargement, alcohol consumption, use of medicines	more critical attitudes towards drugs, attitudes towards alcohol, role of drugs in popular cul- ture, youth movements, employment situation, access to education, reduced supply, devel- opments in neighbour- ing areas, development of drug prices	in addition to those men- tioned in point B: drugs out of fashion, positive life projects, supply dries up
Public measures that can contribute to the realisation of the sce- nario	prevention is not effec- tive, stopping supply is not successful, lack of treatment places, gaps in social protection, harm reduction is not effective	intensified prevention of demand and supply, early intervention and improved treatment, harm reduction, influ- encing the attitude cli- mate, promotion of welfare policy in Finland and in neighbouring areas, innovations	preventive work is suc- cessful, the police and customs manage to stop supply, local authorities focus on treatment and treatment helps people to get rid of drug use, social protection supports, measures to reduce harm are successful

* Recent use = use during the last 12 months

III ACTION PROGRAMME 2004 - 2007

Co-ordination of drug policy

1. Co-ordination of drug policy at the national level is strengthened

Objective

National drug policy is implemented and developed in a co-ordinated way. The co-operation of the competent authorities is intensified.

Means

The Ministry of Social Affairs and Health reappoints the co-ordination group on drug policy – this time for the years 2004-2007. The co-ordination group is assigned to continue and develop cross-administrative co-operation in order to co-ordinate national drug policy, to follow national and international developments in the drug situation and to monitor the implementation of this action programme. In the future the co-ordination group also aims to increase co-operation with actors other than authorities, including NGOs, churches and companies.

Grounds

In accordance with the Government Resolution on Drug Policy of 22 December 1998 the Ministry of Social Affairs and Health set up in March 1999 a co-ordination group on drug policy to co-ordinate, implement and develop the national drug policy. Owing to the aggravated drug situation the Government decided on 5 October 2000 to intensify its drug policy, requiring, among others, that the co-ordination group intensify its work. The Ministry reappointed the co-ordination group for the period from 30 January 2002 to 31 December 2003. The group has managed to increase significantly the co-operation between the competent authorities, and its work is appreciated at both the national and EU level.

In the future, it is important that even actors other than authorities are involved in the work. For instance non-governmental organisations and the Evangelical-Lutheran Church of Finland are preparing their own strategies on intoxicants. Co-operation with other communities and companies should be promoted as well.

Responsible agencies and co-operation partners: Ministry of Social Affairs and Health, ministries responsible for drug issues.

2. Co-operation between the competent authorities relating to drug precursors is intensified

Objective

Drug precursor matters are dealt with in a centralised way in a national working group whose members are appointed from among the responsible authorities. The co-operation regarding precursors between the authorities is intensified markedly.

Means

The Ministry of Social Affairs and Health appoints a working group for the period 2004 – 2007 with the task of handling matters related to drug precursors and their co-ordination at the national level.

Grounds

The production and use of synthetic drugs are increasing in Europe. With the enlargement of the EU, issues relating to precursors will be more and more to the fore in the work of the European Community.

At the international level, the control of precursors, i.e. substances used in making drugs, is based on the United Nations' Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances of 1988. Issues related to precursors are dealt with at several international forums: within the UN, Customs Union Working Party and the Horizontal Working Party on Drugs of the Council of Europe and the European Commission's Committee on Precursors.

At the national level, the responsibility for the handling of issues related to drug precursors is divided between several ministries and authorities. The Ministry of Social Affairs and Health is mainly responsible for the legislation, the permissions needed for the handling of substances are processed by the National Agency for Medicines, the Customs is responsible for the control of illicit trafficking into and from the country, and the police is in charge of the control of illicit production of drugs.

The national co-ordination work regarding precursors has been based on unofficial co-operation of various authorities. Their precursor group has included representatives of the Ministry of Finance, the National Board of Customs, the Customs Laboratory, the National Bureau of Investigation and the National Agency for Medicines. With an official working group the co-ordination of the national handling of precursor issues is clarified, and the work of the group gains more emphasis.

Responsible agencies and co-operation partners: Ministry of Social Affairs and Health, Ministry of the Interior, Ministry of Finance, National Public Health Institute, National Agency for Medicines, the Customs.

Reduction of drug demand and supply

3. Local co-operation between the social and health service, education authorities, youth service, the police and the prosecutor is increased in order to prevent social exclusion among young drug users and refer abusers to treatment

Objective

Municipal social and health services, education authorities, representatives of municipal youth service, the police and the prosecutor collaborate in order to prevent drug use as well as intensify their co-operation in referring drug abusers to treatment. A much greater number of drug users than at present are covered by social and health care services. The consequences for drug use offences are differentiated to a greater extent than today. At the same time, other crime related to drug crime (concomitant crime) is reduced.

Means

Authorities agree on measures and the schedule for their implementation as a part of the local and regional security planning. In this respect the national security planning is co-ordinated with the local alcohol and drug strategy or welfare programme. Local authorities provided acute services within the framework of social work, and a social worker is placed to work in conjunction with the police, as far as possible, in districts with at least 50,000 inhabitants.

Security planning includes a joint action plan of the social, health, school, youth and police authorities on early intervention in regard to young people. The responsible bodies increase the dissemination of drug information promoting an early intervention to key stakeholders, such as teachers and other educators, school health nurses, youth and sports staff and other people working with children and young people.

The duty laid down in section 40 of the Child Welfare Act to notify the social authorities of cases in which a child is in evident need for child welfare measures is applied by the police comprehensively so that the police always make a notification of such cases.

When a person under 18 years has been caught for the first time for a drug use offence the authorities intervene in the situation by arranging, among others, hearings in which the young person, his or her parents or guardians, a representative of the social welfare authorities, the police and the prosecutor are present. The goal of the hearing is to waive prosecution and to issue, instead, a verbal admonition.

The committee on youth crime has prepared a proposal for revising the legislation on sanctions for young recidivists. Accordingly, the prosecutor could postpone a decision on raising charges or waive charges if the young person seeks social and health services or takes part in a programme promoting social coping.

Action is taken to prevent the vicious circle of social exclusion of drug abusers with multiple problems who have been caught for drug offences by the social and health care authorities, representatives of services for substance abusers, the police and the prosecutor, according to

locality. An intense co-operation by the local authorities aims to promote an early access to treatment and supportive services for groups at risk and to prevent recidivism.

Sanctions for drug use offences, including waiving measures, are graded also in regard to persons other than those under 18 according to the seriousness of the drug use offence.

Grounds

It is vital that the social welfare and drug control authorities co-operate to enable an early intervention in young people's drug abuse. The aim is to prevent social exclusion. An important means is to facilitate the access of those in need of help to social work and child welfare services as soon as possible. A social worker employed or on duty at a police station can start at once examining the situation of a young person trapped in a vicious circle of substance abuse and crime and take necessary further measures.

In the context of the law amendment concerning drug use offences, which took effect on 1 September 2001, Parliament considered it important that when the police or the prosecutor waive measures in regard to a young person who has been caught of a drug use offence, a verbal 'reprimand' should be arranged for the person. A reprimand arranged on a multiprofessional basis is an efficient means of influencing a young person's behaviour.

It was likewise stressed in the context of the law amendment that it is important to develop the co-operation of social and health care, services for substance abusers, the police and the prosecutor in referring drug abusers to treatment. The relevant authorities must avail themselves of all opportunities for giving drug abusers guidance and establishing a drug user-care staff relationship. According to the trials carried out at a police department the referral of drug abusers to treatment is more efficient if a social worker works on duty at the police department.

The reform concerning drug use offences enabled the application of summary penal proceedings to cases of drug use. The facilitated fining procedure should not, however, lead to a practice that a fine is automatically imposed in the case of all drug use offences. Therefore it is stressed in the law drafting, on the one hand, that it must be possible for the police to waive pre-trial investigation for the pettiest offences and to give a verbal admonition on them and, on the other hand, that the prosecutors shall apply the provisions on waiving of charges in summary penal proceedings as well.

The aggravated drug situation is reflected in particular in theft offences. Thefts are increasingly committed to finance drug use. According to the studies carried out by the Ministry of the Interior substance abusers commit at least 50 per cent of all property offences. By intensifying the referral to treatment of persons subjected to drug control measures it is possible also to reduce concomitant crime.

Responsible agencies and co-operation partners: Ministry of Social Affairs and Health, Ministry of the Interior, Ministry of Justice, Ministry of Education, Office of the Prosecutor-General.

4. Collaboration of the police, the customs, the Frontier Guard, the prosecutor, and the private security branch is increased to reduce drug supply

Objective

The importation of drugs meant for the Finnish market is already prevented in the country of origin and attempts at smuggling drugs are stopped at the Finnish borders. Recovery of the proceeds of crime is intensified in the context of disclosing and investigation of offences and in co-operation by the police, the customs, and the execution and fiscal authorities. The new provisions on recovery of the proceeds of crime in chapter 10 of the Penal Code are applied maximally. Guardians of public order and guards know how to recognise and intervene adequately in trafficking and other distribution of drugs and in drug use.

Means

The co-operation of the police, the customs and the Frontier Guard with Russia and the Baltic States is intensified and the operations of local authorities in these countries are supported. The possibilities of the liaison prosecutors stationed in Tallinn and St. Petersburg to promote the start of criminal proceedings in the country of origin are utilised to a greater extent.

The police, the customs and the Frontier Guard authorities establish, taking into account the available resources, appropriateness and necessity considerations, regional crime investigation and analysis units and a nation-wide crime investigation and analysis centre. Furthermore, the operations of the authorities are developed by increasing the joint use of registers and by expanding co-operation in the acquisition and introduction of new technology and equipment.

The police, the customs and the execution and fiscal authorities take part in stopping the operations of significant criminal actors. The term of office of the eight prosecutors specialised in drug offences, who have been appointed by the Prosecutor-General, is lengthened. Their main goal is to ensure that criminal liability is imposed for the most serious professional drug crime.

Joint training is increased and the application of the new provisions on forfeiture is taken into account. The exchange of information between the police and the Prison Service is improved in accordance with the co-operation agreement concluded in 2000 with the aim to prevent the directing of drug trafficking from prisons.

Instructions for how to combat drug crime are included in the training of guardians of public order and guards in order to identify and intervene in trafficking and other distribution of drugs and in drug use.

Grounds

Not only the co-operation at the national level but also the international co-operation of the police, the customs and the Frontier Guard with the authorities of the neighbouring areas must be intensified. This is aimed at by improving the operative exchange of information and supporting the preparedness for action of authorities in the neighbouring areas. The co-operation in combating drug crime is focused on the Baltic States and Russia, from which the bulk of drugs are smuggled to Finland and from which the gangs of criminals come that control the most part of the drug market in Finland. It is particularly vital to improve the co-operation

with the Baltic States as a result of the enlargement of the EU and, in due course, the Schengen area.

The National Bureau of Investigation and the National Board of Customs co-ordinate in respect of the police administration and the customs administration, respectively, the combat of professional, organised and international drug crime with a view to linking together offences and series of offences in real time and according to offender. The information systems of the authorities supervising the observance of the law enable them to monitor the prevention, disclosure, investigation, confiscation and forfeiture measures in the context of drug offences and their results.

The National Bureau of Investigation co-ordinates and, as necessary, directs the covert operations of the police and the controlled deliveries carried out by the police. The National Board of Customs for its part co-ordinates the controlled deliveries carried out by the customs authorities and is in charge of the prevention of illegal importation of drugs together with the customs districts and other police, customs and Frontier Guard authorities. The police and the customs improve telelistening, telecontrolling and technical monitoring by reforming their technical systems and purchasing appropriate equipment.

The basic and further police education concerning the combat and investigation of drug crime has been reformed. The police and customs authorities and the Frontier Guard introduce a joint training programme for the prevention of drug crime and offer each other opportunity to take part in the education they arrange.

Responsible agencies and co-operation partners: Ministry of the Interior, Ministry of Justice, National Board of Customs, Frontier Guard, Office of the Prosecutor-General.

5. Access to appropriate treatment services for drug abuse is secured

Objective

High-quality and diversified treatment services are available for drug abusers. Obstacles to access to both non-medicinal treatment and substitute therapy are reduced. After-care support and rehabilitation are improved and the spread of communicable diseases among drug users is prevented.

Means

Effective services for drug abusers are secured by raising the capacity of the treatment services for substance abuse all over the country to the level required in the quality recommendations for services for substance abusers by the end of 2007. The development of these services at the regional level according to the quality recommendations continues in co-operation by the municipalities and non-governmental organisations and by drawing up a uniform quality assessment form for the disposal of municipalities.

The access to treatment services for drug abusers is improved within the framework of special services for substance abusers and primary health care. The emphasis is on low-threshold services and on substitute and maintenance treatment, which are the most efficient services to prevent social and health harm from drug use, such as spread of related infectious diseases, deaths from poisoning, and crime.

The awareness of the general public and professionals of the content and availability of treatments is improved by keeping and developing a specific database on places of treatment. Furthermore, the need for services for drivers caught of driving under the influence of drugs is investigated.

Grounds

The development of the service system for substance abusers is guided by the Act on Welfare for Substance Abusers and the quality recommendation issued by the Ministry of Social Affairs and Health and the Association of Finnish Regional and Local Authorities. The service system is developed on the basis of the local authorities' and NGOs' estimations of the sufficiency and appropriateness of local and subregional services. Services shall be provided so as to meet the demand in the municipality.

In particular the use of intravenous drugs is linked with a risk of infectious diseases that are transmitted via blood. In Finland as much as about 90 per cent of the hepatitis C infections have been caught through injecting drug use. Although the HIV epidemic that started in Finland in 1998 among injecting drug users is at present under control, it is possible that infections are transmitted through dirty needles and syringes and sexual contacts. Social exclusion and aggravated socio-economic circumstances caused by drug use expose drug users to tuberculosis and hepatitis A virus, too. A careful monitoring and prevention of infections among drug users also contribute to reducing the risk of infections among the population at large. Several studies have shown that it is important to make every effort to persuade drug users to avail themselves of low-threshold health advice services, including testing, health counselling and referral to treatment and continued investigation, and to secure access to clean needles and syringes – not only with a view to preventing the risk of infections but also to reducing drug use.

These measures are in harmony with the policy lines of the European Union, according to which the Member States should, as a part of the overall prevention of drug abuse and treatment of drug addicts, introduce risk-reducing measures of different types in order to decrease considerably the social and health-related harm and mortality from drug use.

Responsible agencies and co-operation partners: Ministry of Social Affairs and Health, National Public Health Institute, National Research and Development Centre for Welfare and Health, NGOs in the field of welfare for substance abusers.

6. Use of treatments in the context of penal sanctions is increased

Objective

Treatment measures are linked more closely to penal sanctions. The time of imprisonment is used more efficiently than at present for introducing treatments for substance abuse and promoting prisoners' motivation to accept treatment. Local, sub-regional and national co-operation with social welfare and health care authorities in the enforcement of both sentences of imprisonment and community service sanctions is intensified. Services for former prisoners and for those subject to community service sanctions are ensured as a part of the national and sub-regional development projects for social services. The number of persons serving a prison sentence in units outside prison increases, and the rehabilitation of persons released from prisons is intensified.

Means

Prison staff estimate prisoners' substance use in the context of arrival examinations. Prisons increase placement contracts with care institutions for substance abusers. Legislation on contractual treatment is implemented and a trial with sentences including contractual treatment is launched. Institutions providing treatment for substance abusers adjust their services so as to meet better the needs related to placement of prisoners and contractual treatment. Development project financing is targeted to municipal and sub-regional projects aiming to develop case management and systematic long-term rehabilitation for persons who are at the moment or have been recently subject to measures of the sanction system.

Grounds

It is necessary to provide treatment for convicted persons with drug abuse problems in order to integrate them into society, either as a part of the sentence or as an alternative to it. Social exclusion can be prevented and tackled in accordance with the Government's strategy document so that appropriate services are secured for risk groups by strengthening social work, jointly provided services and a multidisciplinary approach as well as by targeting measures to prevent homelessness to these groups. It is in the interests of society that offenders with substance abuse problems are referred to social and health care services. Care services for substance abusers help prisoners in analysing their own abuse problem and life situation. On certain conditions a prisoner who is compliant with rehabilitation and makes progress in it can be placed for a fixed period in a care institution for substance abusers outside prison.

A Government bill concerning a trial with contractual treatment and related legislation is planned to be introduced to Parliament in spring 2004, and the trial could be launched at the beginning of 2005 at the earliest. Contractual treatment is meant for those offenders sentenced to unconditional short-term imprisonment whose commitment of offence has been significantly influenced by abuse problems and who can be assumed to be compliant with the treatment programme imposed on them.

Responsible agencies and co-operation partners: Ministry of Justice, Ministry of Social Affairs and Health, Ministry of the Interior, Prison Service, Probation Service.

7. Staff skills related to prevention and treatment of drug problems are improved

Objective

Skills related to prevention and treatment of drug problems for staff meeting drug users in their work are improved.

Means

The Ministry of Social Affairs and Health and the Ministry of Education set up a working group to discuss the present state in education and training concerning the prevention and treatment of substance abuse problems. The working group will be assigned to examine inclusion of substance abuse matters in the curricula of universities, polytechnics and other degree-oriented basic education, as well as to put forward proposals for developing the education and training. Furthermore, training in how to refer substance abusers to treatment for police officers and referral to treatment via outreach social and health care work are strengthened.

Grounds

In recent years, a great deal has been done in the field of drug policy with a view to developing the prevention of drug use and the content of treatment for abusers. The Committee on the Prevention of Drug Use by Young People submitted its report in 2000, and the working groups on drug abuse treatment and on development of medicinal treatments for opioid addicts in 2001. The Ministry of Education is leading a project aiming to develop the potential of youth workshops to deal with drug and other substance abuse problems. In all these projects, one area that has been felt necessary to address specifically is education regarding alcohol and drug issues. Education and information regarding drugs, problems related to drug and other substance abuse and treatments for these problems should be provided – not only to those in direct contact with drug abusers – but even to other bodies, such as authorities responsible for education and youth issues and the police and other supervisory authorities.

An early identification of drug problems is important in view of the prevention of harm from substance abuse. The first contact with substance abusers is often established through primary social and health care services, but the initiative may also come from the police. Primary services staff should be able to identify substance abuse problems and refer these persons to appropriate treatment. Clients with substance abuse problems are often felt demanding and troublesome, but this can be partly due to deficient skills and potential to meet clients with substance abuse problems. As the ways of using intoxicants are becoming more and more diversified it is important that different actors have access to up-to-date and realistic information about the theme and the necessary skills to communicate with the target groups.

It has been established in several contexts that there are defects in the knowledge and attitudes relating to alcohol and drugs among the staff meeting clients with substance abuse problems. An extensive national further education programme should therefore be launched to remedy this defect. It should be examined in the same context how the basic education regarding alcohol and drugs of different groups of professionals could be developed.

Responsible agencies and co-operation partners: Ministry of Education, Ministry of Social Affairs and Health, Ministry of the Interior, National Public Health Institute, National Research and Development Centre for Welfare and Health.

8. Multiprofessional co-operation and prevention of substance abuse is strengthened in pupil and student welfare services

Objective

Prevention of drug and alcohol use among children and young persons is strengthened together with pupil and student welfare and other authorities engaged in the work to prevent substance abuse.

Means

The National Board of Education and the National Research and Development Centre for Welfare and Health (STAKES) produce information in support of multiprofessional co-operation in pupil and student welfare. Information on best practices in the work to prevent substance abuse is communicated to those preparing the local plans for pupil and student welfare so as to help to achieve the objectives recorded in the plans.

The National Board of Education defines together with the National Research and Development Centre for Welfare and Health the objectives and central principles for pupil and student welfare to be recorded in the bases of curriculum for all education stages except adult education. These objectives include prevention of tobacco smoking and substance use.

Grounds

The recent amendments to school legislation oblige the educational authorities to prepare the plan for pupil or student welfare to be included in the curriculum together with social welfare and health care authorities.

The amendments also cover upper secondary school and vocational education, involving that also young people at the threshold of adulthood obtain support for their wellbeing based on the same principles as in basic education.

Multiprofessional work is a challenge for municipal administrations, whose operational cultures and legislations are different. The social welfare and health care systems and the education system must know each other's work patterns and act in interaction to be able to coordinate their operational principles. Schools and educational institutions have developed and are further developing multiprofessional methods for pupil and student welfare for the work to prevent substance abuse, drug use included. It must be possible to make use of the best practices on a larger scale than by one educational institution only.

Pupil welfare encompasses the pupil welfare in accordance with the curriculum approved by the organiser of education, as well as pupil welfare services including the school health care referred to in the Primary Health Care Act (66/1972), and the support for child upbringing referred to in the Child Welfare Act (683/1983).

The local education plan is drawn up according to the bases for the curriculum, in which the organiser of the education defines together with the local social and health care authorities the objectives and procedures for the co-operation of pupil and student welfare, homes and the school/educational institution. The pupil and student welfare plans include plans to promote health and security, multiprofessional principles for supporting children and young people, and instructions for tackling problematic situations and crises. Such are absence from school, violence, harassment, mental health issues, tobacco smoking and substance use, and various accidents and deaths.

Responsible agencies and co-operation partners: National Board of Education, National Research and Development Centre for Welfare and Health, local multiprofessional co-operation teams, schools and educational institutions.

9. New methods for the work to prevent substance abuse are developed and local level co-operation between the authorities in drug prevention is strengthened

Objective

The work to prevent drug abuse is planned and carried out at the local level in co-operation by the youth, social welfare, school, health care and employment authorities. The role of contact persons in the work to prevent substance abuse as co-ordinators is strengthened. New methods targeted to special groups are introduced. Young people with drug problems and at risk of social exclusion are reached better, the systematic nature and role of the work to prevent substance abuse is strengthened, and substance use among young people will decrease.

Means

The status and actions of the contact person network in the prevention of substance abuse are supported by means of information, education and development of working methods. In particular the municipal leadership is addressed in order to strengthen the status of the contact person network. Working methods are developed and the participation of grassroots in the strategic and programme work is reinforced by means of a specific network.

New methods of prevention suitable for groups at risk are introduced, including physical activities and cultural activities such as drama, writing, music, visual arts and handicraft, mainly in the form of projects. Furthermore, concrete projects providing young people alcohol- and drug-free leisure opportunities are supported, including use of youth facilities on weekends and net cafés.

Grounds

The work to prevent drug abuse must be strengthened as laid down in the Government programme. In accordance with the Target and Action Plan for Social Welfare and Health Care each municipality has to appoint a contact person for the prevention work. By the end of 2003 about 90 per cent of the municipalities had appointed the contact person. The duties of the contact person comprise promotion of the preventive work in the municipality through multi-professional co-operation, co-ordination of the municipal or regional strategic work and flow of information between the local authorities and various non-governmental organisations.

Effective prevention and target-oriented youth and social work prevent experimentation with alcohol and drugs among young people and enable early intervention. According to studies, the initiation age is linked to the risk of developing substance abuse problems later on. Substance abuse by young people is also associated with experiences of frustration depending on the lack of meaningful leisure activities. It is possible to activate greater numbers of young people by a more effective use of youth facilities in pleasant and pedagogically functional settings, which are possibly administered by young people themselves.

Particular modes of youth and social work should be arranged for young people at risk in order to reinforce their integration into society. For instance youth workshops and *Avartti* activities offer young people meaningful leisure activities in alcohol- and drug-free settings. The aim is to make workshop activities permanent during the present Government's term and to develop them at the regional level. These types of action also aim to support and rehabilitate young people with alcohol and drug problems in collaboration with the local social work with substance abusers. Cultural activities can according to studies increase people's resources so that they can find new potential in themselves and learn new ways of making use of them so as to enrich their wellbeing and content of life. Social and health-related goals can also be included in cultural activities. As a result of the work of the national Art and Artist Policy Committee the Government issued on 13 March 2003 a resolution aiming to promote the application of arts and cultural activities also in connection with social and health care services.

Responsible agencies and co-operation partners: Ministry of Education, Ministry of Social Affairs and Health, National Research and Development Centre for Welfare and Health, contact persons for the prevention of substance abuse, National Association of Workshops, national youth centres, NGOs in the field, Health from Culture network/Finnish Association for Mental Health.

10. The role of non-governmental organisations in drug prevention is strengthened

Objective

The role of NGOs as service providers, experts, providers of peer support and bodies maintaining voluntary activities is strengthened.

Means

Particular structures are created to support the co-operation between authorities and NGOs. It is ensured that the existing strategies regarding substance use at different levels are realised

and NGOs' role in them is taken into account. Attention is paid to how drug prevention could be given more emphasis in alcohol and drug education in the context of social and health care studies, contents of education in substance abuse prevention are harmonised, and the level of professionalism in the work against drugs by authorities and NGOs is improved.

Grounds

High quality work against drugs requires adequate professional skills. A lot is required of the quality of the work of NGOs, which presupposes adequate resourcing. NGOs also play a central role in developing new methods of work. Apart from professional work, NGOs' drug prevention work often includes activities that support or create new welfare structures

Responsible agencies and co-operation partners: Ministry of Social Affairs and Health, Finnish Centre for Health Promotion, NGOs in the field.

11. Finnish drug legislation is revised taking into account relevant amendments to the Community legislation and the entry into the market of new synthetic substances thus far not covered by drug control

Objective

The Finnish Narcotics Act and Decree are revised to comply with the Community legislation and the putting under control of substances used as narcotics is accelerated.

Means

The Ministry of Social Affairs and Health sets up in spring 2004 a working group to finalise the revision of the Narcotics Act and Decree on the basis of the proposal put forward by a working group that prepared the issue (17 December 2001 – 30 June 2002) and taking into account the amendments to EU legislation concerning drug precursors. The working group shall also deliberate other necessary amendments and assess the need for specifying the definition of generic narcotics.

In autumn 2004 the Ministry of Social Affairs and Health will introduce a Government bill to amend the Narcotics Act and issue a Government Decree amending the Narcotics Decree.

In addition, a law will be drafted enabling taking under control such substances whose risk assessment was started by decision of the European Union of 16 July 1997 on joint action (97/396/JHA) concerning the information exchange, risk assessment and control of new synthetic drugs. The law will enable putting under control substances used as narcotics other than those listed in the United Nations' Single Convention on Drugs of 1961 and Convention on Psychotropic Substances of 1971.

Grounds

The National Agency for Medicines has proposed that the Ministry of Social Affairs and Health undertake necessary legislative measures to amend the Narcotics Act so as to comply with the Community legislation in regard to substances used in the production of drugs. The present unsatisfactory situation causes problems for both companies handling precursors and the supervisory authorities.

The working group set up by the Ministry of Social Affairs and Health prepared its proposal on amending the Narcotics Decree so that it corresponds to the relevant Community legislation in regard to substances used in the production of drugs. The working group considered it necessary, with a view to harmonising the national legislation with the Community legislation, to make also some other amendments to both the Narcotics Act and Decree.

In addition, the Community legislation is again being revised. The European Commission made on 10 September 2002 a proposal for a Regulation of the European Parliament and of the Council on drug precursors. The joint position confirmed by the Council on issuing a Regulation of the European Parliament and of the Council on drug precursors was adopted on 30 September 2003. The new internal market control of drug precursors requires amendments to Finnish national legislation. Also the rules on the exterior market are being amended. The amendment is prepared during the first half of 2004 in the Council's Customs Union Group.

When revising the narcotics legislation the entry into the market of substances that are not yet covered by the drug control are taken into account. New so called design drugs (e.g. derivatives and congeners of amphetamines, phentanyls and tryptamines) can be produced easily in several forms. In some cases they vanish from the market before they are covered by control measures. Simultaneously, new substances that are not yet covered by control enter the market.

Responsible agencies and co-operation partners: Ministry of Social Affairs and Health, Ministry of Justice, Ministry of the Interior, Ministry of Finance, National Public Health Institute, National Agency for Medicines, the Customs.

International actions

- 12. International actions to prevent the use and spread of drugs are promoted. The national co-ordination of international co-operation on drug issues is intensified and measures are undertaken to prepare for the enlargement of the European Union**

Objective

There is progress in the achievement of the objectives presented in the Government Resolution of 1998 for international co-operation. The smuggling of drugs to Finland, drug trafficking, drug-related crime, and drug use and related social and health problems remain at as low

a level as possible. The co-ordination of international affairs in Finland and in international contexts is intensified.

Means

Finland participates actively in the planning and implementation of drug policy in EU working groups, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Europol, the Pompidou Group of the Council of Europe, the Nordic Council of Ministers, the UN Commission on Narcotic Drugs (CND) and the Dublin Group. The co-ordination of international and national actions is intensified. The participation by researchers and NGOs in international co-operation on drugs is supported taking account of regional aspects as well.

The 47th session of CND in 2004 focuses on co-ordinating the draft resolution on information management. Finland aims to reinforce the co-operation within the group of Western European countries (WEOG) and to intensify the co-operation with the USA and Russia. Finland continues to take part in the work of the main financiers of the United Nations' Office on Drugs and Crime (UNODC). The precondition for membership in that group is an annual contribution of USD 500,000 to the International Drug Control Programme (UNDCP). The Ministry for Foreign Affairs has committed itself to paying a contribution of EUR 100,000 up to 2005 and aims to continue with the payment. The Ministry of Social Affairs and Health assists UNODC by EUR 25,000 per year.

During the term 2004 – 2006 of the Pompidou Group Finland aims to promote the initiatives it has put forward and, linked to them, a consultative forum on prevention of drug use will be organised together with Russian authorities. Furthermore, the work to prevent drug use in Russia is supported based on the preparations made by Finland during the term 2001 – 2003.

The preparation for participation in international co-operation forums is intensified by increasing co-operation with the countries that are vital to Finland's interests. A cross-sectoral working group coordinating international co-operation on drug issues is set up again at the beginning of 2004 and its work is intensified.

Grounds

Co-operation at the global level and influencing it are an integral part of drug control since the drug problem is transboundary in nature. One channel for that work is the debate and normative work on drug policy conducted in above-mentioned bodies and organisations.

Finland's international co-operation is based on the Government's guidelines on international objectives and the UN conventions and conclusions regarding drugs, in particular the objectives set at the UN special session on 8 – 10 June 1998, to be achieved by 2003 and 2008. The monitoring and supplementing of these commitments takes place principally within UN bodies.

The enlargement of the EU will probably increase drug-related harm in Finland. Preparing for the enlargement requires co-operation with the new Member States in order to strengthen their frontier supervision, administration and rule of law. Prevention of communicable diseases and

treatment of drug addicts in Eastern Europe demand urgent measures. The co-operation of drug laboratories and information collection on drugs must be developed. The co-operation with the new Member States must take place both bilaterally and within the EU system.

Responsible agencies and co-operation partners: Ministry for Foreign Affairs, Ministry of Social Affairs and Health, Ministry of the Interior, other ministries responsible for drug issues.

13. Finland continues to support the work against drugs in neighbouring areas and within the framework of development co-operation

Objective

Illegal transportation of drugs and social and health harms from drug use spread from the neighbouring areas to Finland to as minor extent as possible. The work against drugs in the neighbouring areas is strengthened. Prevention of the cultivation of narcotic plants in developing countries is improved.

Means

The work against drugs in the neighbouring areas and in countries where Finland carries on development co-operation is mostly supported by the appropriations specifically granted for these purposes. Projects to prevent harm from drug use, in particular communicable diseases, and projects to strengthen the rule of law, as well as comparable projects under the Northern Dimension partnership programme are supported together with the Nordic Council of Ministers. The co-operation of the police, customs and Frontier Guard authorities with Russia and the Baltic States is intensified. Cross-sectoral co-operation of the competent authorities in these countries is supported.

Projects to combat drugs in Latin America (Peru), Central Asia and Afghanistan are supported from appropriations for development co-operation. The focus in the co-operation with drug-producing countries must be on alternative cultivation, development of primary service systems and the rule of law, taking into account especially the position of women in those countries.

Apart from bilateral projects Finland also supports regional projects of the UN Drug Control Programme (UNDCP) from the appropriations for development co-operation and co-operation in neighbouring areas.

Grounds

The situation in Finland's neighbouring areas and in the developing countries producing drugs has repercussions on the drug situation in Finland. The increased drug use in the Baltic States and Russia and related harm, in particular the HIV epidemic transmitted through injecting

drug use, are a very serious social problem. Finland's co-operation in the neighbouring areas must support social welfare and health care projects that prevent drug use and reduce the harm from it.

Smuggling of drugs and, in consequence, supply of drugs in Finland can be reduced by co-operation of the competent authorities. The repercussions on Finland are minimised if those involved in smuggling drugs can be detected and sentenced to punishment in the country of origin.

Prevention of drug use is one of the five areas of emphasis in the Action Plan for Co-operation with Areas in North-West Russia and the Baltic States in the Field of Social Protection and Health 2003 – 2005 prepared by the Ministry for Foreign Affairs and the Ministry of Social Affairs and Health in Finland. The objective is to prevent young people from initiating drug use and to reduce the risks of use for those who already are drug users. The actions to prevent drug use support the implementation of the neighbouring areas' own drug programmes. The projects are carried out in co-operation by the competent authorities, NGOs and Finnish actors.

The aim in development co-operation should be to support the democratic development and to strengthen the rule of law in drug-producing countries. Alternatives to drug cultivation have to be promoted as well. The multifaceted nature of the drug problem and its links to organised crime, poverty, terrorism and corruption must be taken into account in the co-operation.

Responsible agencies and co-operation partners: Ministry for Foreign Affairs, Ministry of Social Affairs and Health, Ministry of the Interior, Ministry of Education, the Customs.

Research and monitoring

14. Knowledge basis and research regarding drugs are developed

Objective

Drug use and related images, consequences at different levels, the services system and treatments for users, drug-related crime and possibilities to intervene in it are studied, and the discussion on drug policy is analysed and evaluated. The knowledge and skills basis regarding drugs is strengthened.

Means

A series of studies surveying drug use among Finns (15 - 69-year-olds) will be carried out in 2004, 2006 and 2008. The development of drug use among young people is monitored by taking part in the European ESPAD study focusing on pupils aged 15/16 years. A school health questionnaire will provide information on drug use in different municipalities. An estimate based on the register data compiled by various authorities of the number of problem users is

made in 2004, and it is followed up at the interval of 2 to 4 years. Changes in the attitudes of the population at large are followed by studies. The drug information campaign is continued and an appropriate research element and evaluation is linked to it.

The basic monitoring of illnesses, deaths and other health and social harm caused by drug use is kept up to date. Reports on the situation in regard to communicable diseases are issued on a regular basis. The risk behaviour of injecting drug users is studied by means of a separate study. The social situation and exclusion of drug users is analysed by means of the information got from research. The Health 2000 study provides information on the relationship between drug problems and other health and mental wellbeing. The information collection regarding the effects of modified narcotic drugs (design drugs) and the expert work on them continues.

The census of intoxicant-related cases made within social and health care in the entire country provides information of how drug abusers are met in various service units. A more detailed picture of the problems and life situations of drug users is provided by the collection of information on drug treatments, which will be made a permanent information collection instrument in connection with the Data 2005 project of the Ministry of Social Affairs and Health. As a part of the monitoring of treatments, a database on places of treatment is created and the quality criteria for services for substance abusers are monitored. The effectiveness and quality of drug treatments used in Finland are evaluated in treatment practices and by international comparisons. Mechanisms of addiction, methods of medicinal treatment and development of low-threshold services are studied in addition.

Developments in drug crime and its various types are monitored continuously. The market of stolen goods affects considerably the drug economy. A separate project to be launched by the Finnish National Council for Crime Prevention will investigate crime closely related with drug use (concomitant crime). The monitoring of drug use related to traffic safety is developed both through international co-operation and, i.a., with the police and the Ministry of Transport and Communications. Prevalence of drugs in working life is studied especially in certain branches with major safety risks. Methods that are suitable for analysis of drugs and identification of new drugs are developed by laboratories. Projects regarding police operations focus on investigation of organised drug crime and the potential of the police to combat concomitant crime. A study will be made of the impact of the recent amendments to section 50 of the Penal Code (drug use offences).

Besides the analysis and assessment of Finnish drug policy, the discussion on drug issues in the Nordic countries and EU administration is followed.

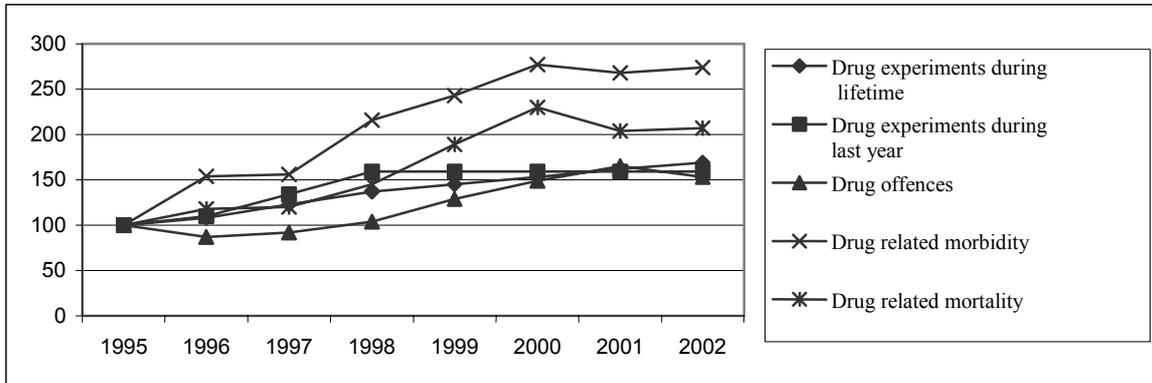
In-depth research is needed in support of basic research. Investigation of drug issues from various angles and in depth requires increased research and researcher education. In view of that, a proposal will be prepared for the Academy of Finland to initiate a research programme on drugs.

Grounds

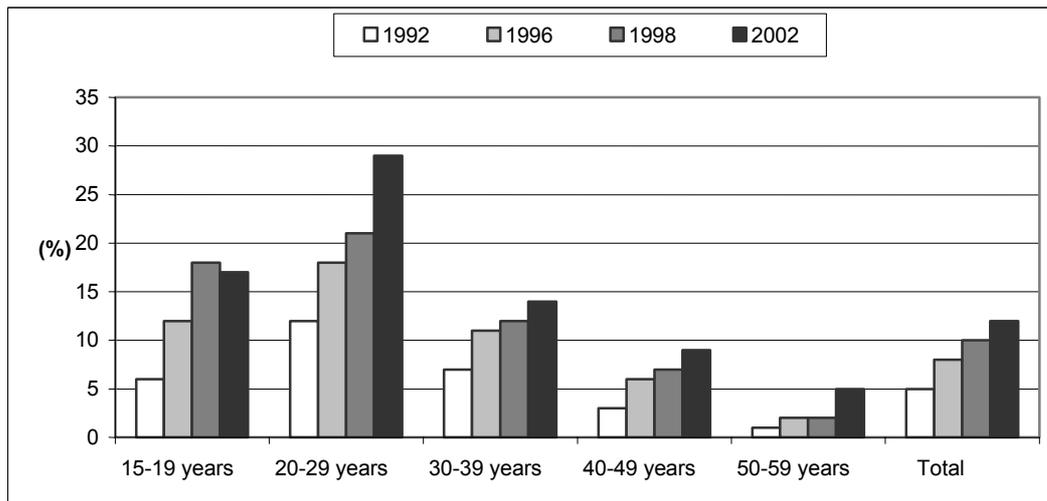
Evidence-based information and skills regarding drugs are the prerequisite for being able to plan, assess, develop and implement Finnish drug policy.

Responsible agencies and co-operation partners: Ministry of Social Affairs and Health, Ministry of the Interior, Ministry of Education, National Research and Development Centre for Welfare and Health, National Public Health Institute, National Research Institute of Legal Policy, Police College of Finland.

APPENDIX

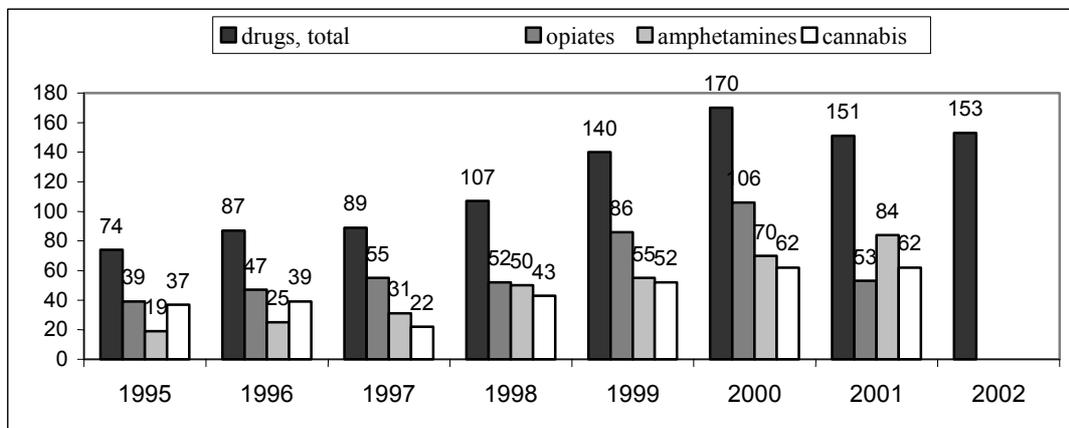
Figure 1. Development of the drug situation in Finland from 1995 to 2002

Source: Virtanen, Ari (ed.): Drug situation in Finland 2003.

Figure 2. Percentages of people who have experimented with cannabis sometime in their life by age category in 1992, 1996, 1998 and 2002.

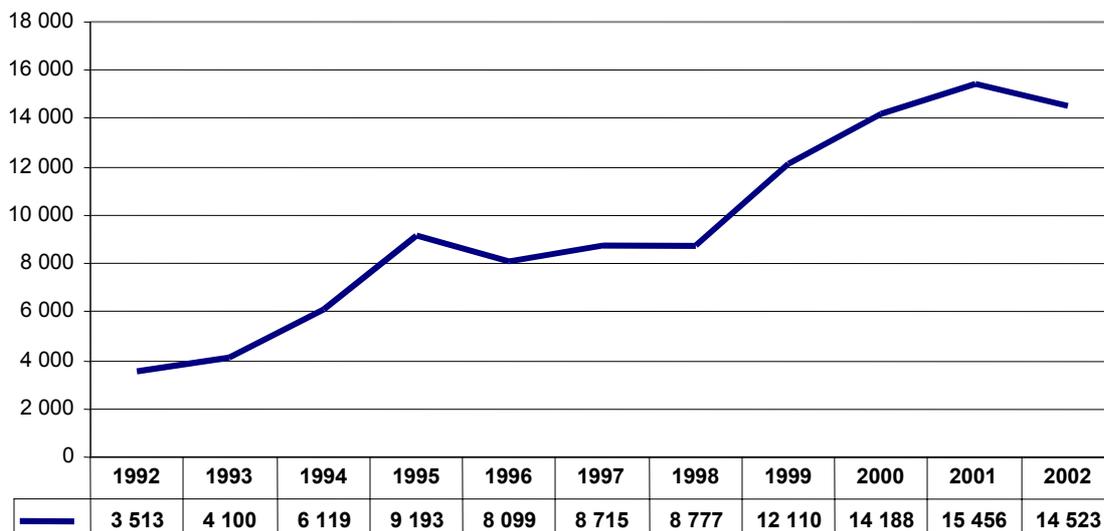
Source: Hakkarainen, Pekka & Metso, Leena: Drug use. The new generation. Yhteiskuntapolitiikka 68 (2003):3.

Figure 3. Drug related deaths on the basis of substance findings in 1995-2002.



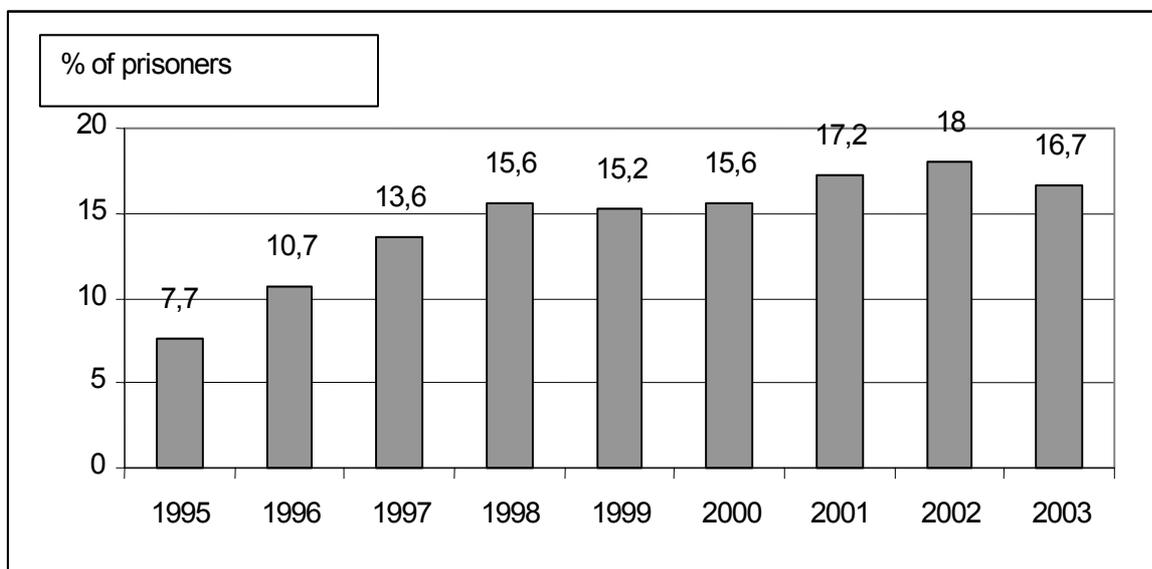
Source: Vuori, Erkki. University of Helsinki. Department of Forensic Medicine, 2003.

Figure 4. Drug offences that have come to the knowledge of the police and the customs in 1992-2002.



Source: Statistics Finland and National Board of Customs.

Figure 5. Proportion of persons sentenced for a drug offence as the principal offence (%) of convicts in 1995-2003.



Source: Probation Service, Prison Service.

- 2004: 1 Valtioneuvoston periaatepäätös huumausainepoliittisesta toimenpideohjelmasta vuosille 2004-2007.
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