

Denmark

Denmark Country Drug Report 2019

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 2017 (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 %

11.7 %

Female

20.5 %

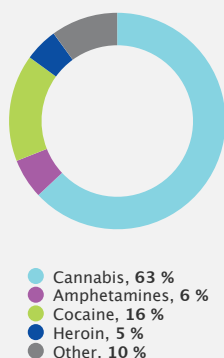
Male

Other drugs

MDMA	1.5 %
Amphetamines	1.4 %
Cocaine	3.9 %

All treatment entrants

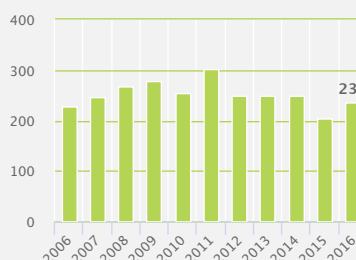
by primary drug



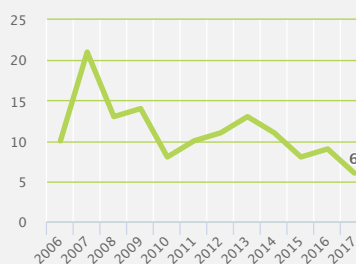
Opioid substitution treatment clients

6 600

Overdose deaths



New HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

26 717

Top 5 drugs seized

ranked according to quantities measured in kilograms

1. Cannabis resin
2. Amphetamine
3. Herbal cannabis
4. Cocaine
5. MDMA

Population

(15-64 years)

3 692 029

Source: Eurostat Extracted on: 18/03/2019

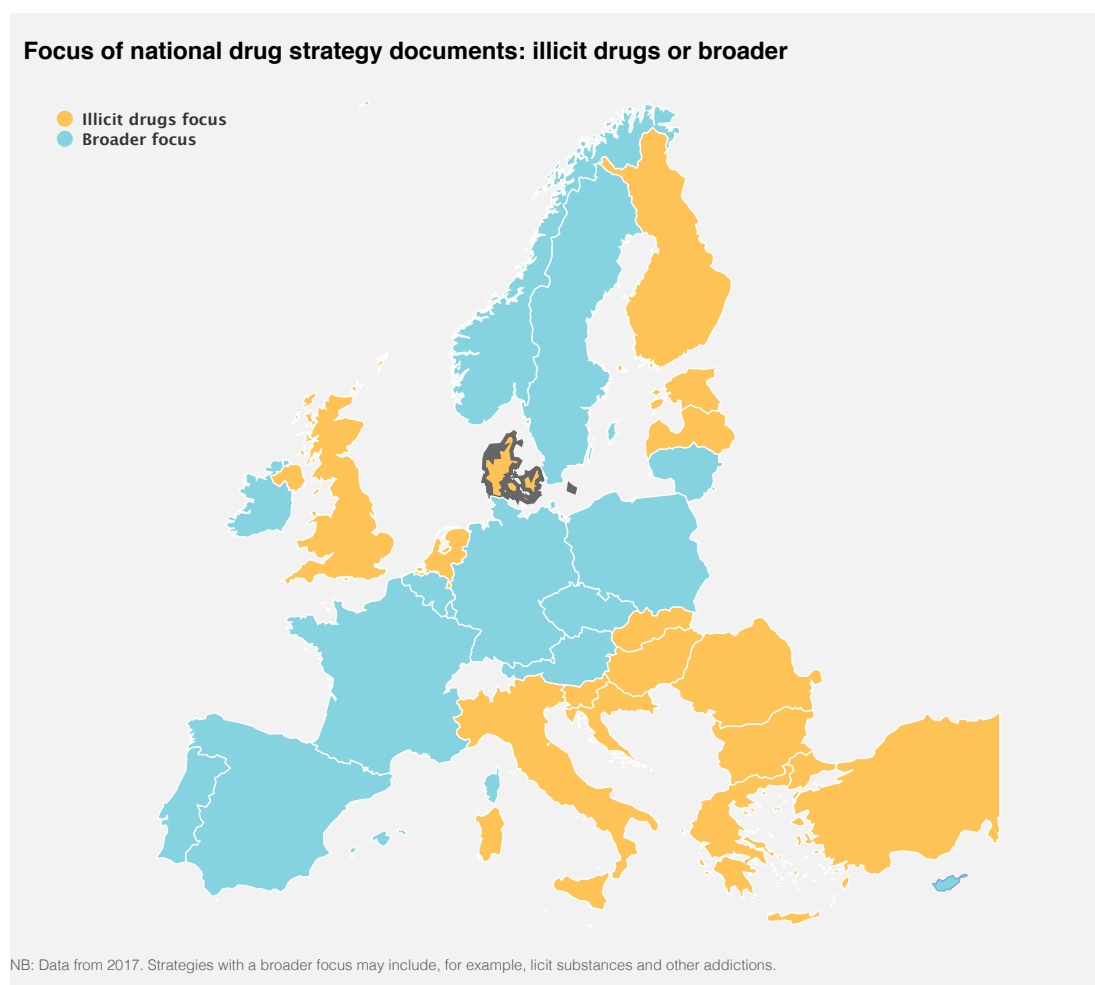
NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or numbers reported through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnoses, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations 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. Currently, Denmark does not have a national drug strategy document. However, the national drug policy is defined in strategic documents in different policy areas and in legislation and concrete actions. As a result, Danish drug policy covers the areas that are part of a comprehensive approach to drug issues.

As in other European countries, Denmark evaluates its drug policy and strategy through on-going 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, the provision of anonymous drug treatment and evaluation of the implementation of the 14 days treatment guarantee.



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 also 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 use 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 use 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 methods and practices addressing drug use, 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 providing 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. There are no estimates for total drug-related expenditure.

Data on public spending on some specific drug-related interventions are available. A total of EUR 3.2 million was budgeted for drug-related initiatives for the period 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, and budgets were assigned to them (e.g. EUR 4.7 million to co-finance drug consumption rooms).

The data available for local government expenditure indicate that EUR 120.9 million and EUR 124 million was spent on drug treatment in 2014 and 2015, respectively. As regards social treatment, an average increase close to 1 % a year was registered between 2013 and 2017, in nominal terms. In 2017, this spending reached EUR 130 million (DKK 966 million).

Drug laws and drug law offences

National drug laws

In 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 2 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. 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.

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. The maximum penalties under Section 191 of the Criminal Code are imprisonment for 10 years, or 16 years if a considerable quantity of a particularly dangerous drug is involved.

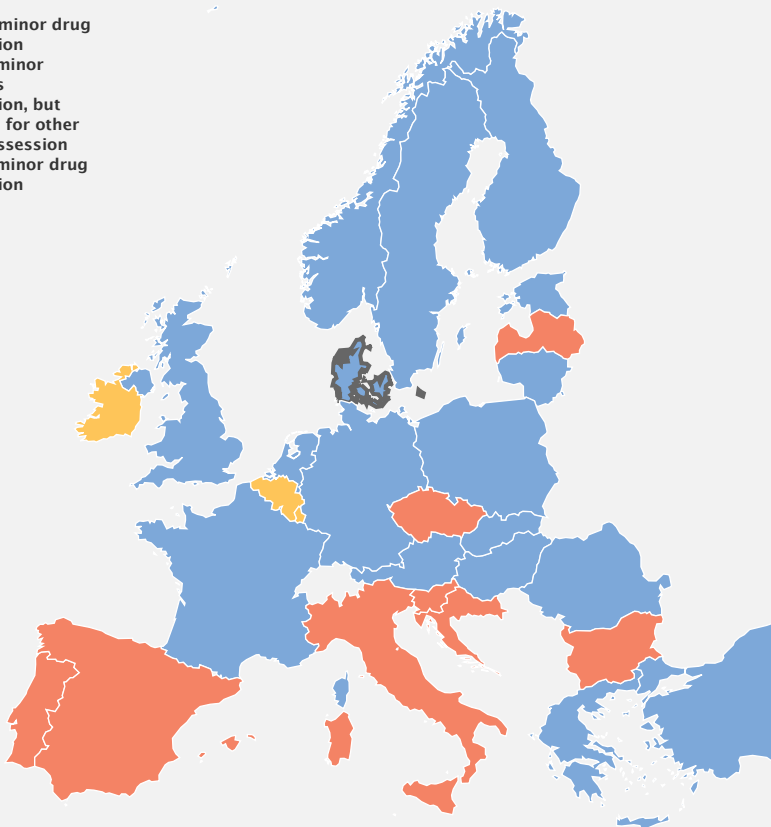
No alternatives to punishment are specified for drug-related offences. However, probationary measures can be applied at the sentencing stage, if the court finds punishment unnecessary (these may be applied in the case of any crime) and the law mentions an obligation to undergo treatment as one of these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

Medical prescription of heroin to people with a drug dependency has been legally possible since 2008, and legislation enabling the establishment and operation of drug consumption rooms has been in place since 2012. In 2016, the law was amended to allow assisted injection by another person (staff excluded) in drug consumption rooms.

Since 2012, group bans in the Act on Controlled Substances 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)

- For any minor drug possession
- Not for minor cannabis possession, but possible for other drug possession
- Not for minor drug possession



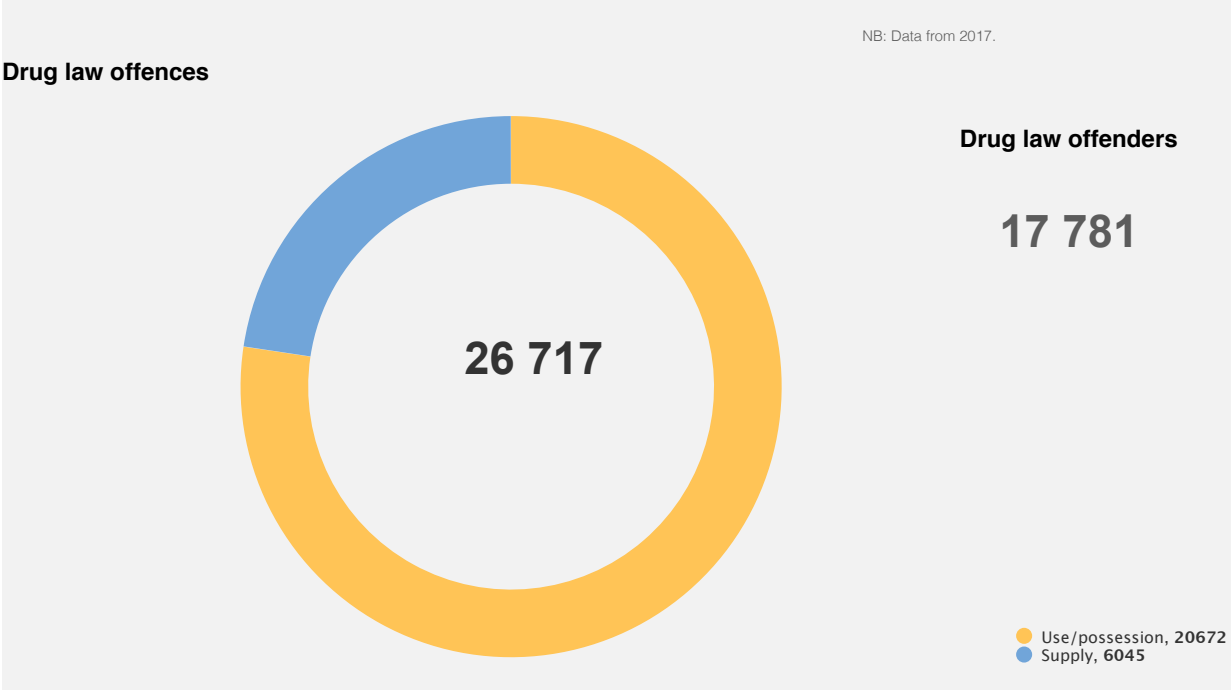
NB: Data from 2017.

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

Reported drug law offences and offenders in Denmark

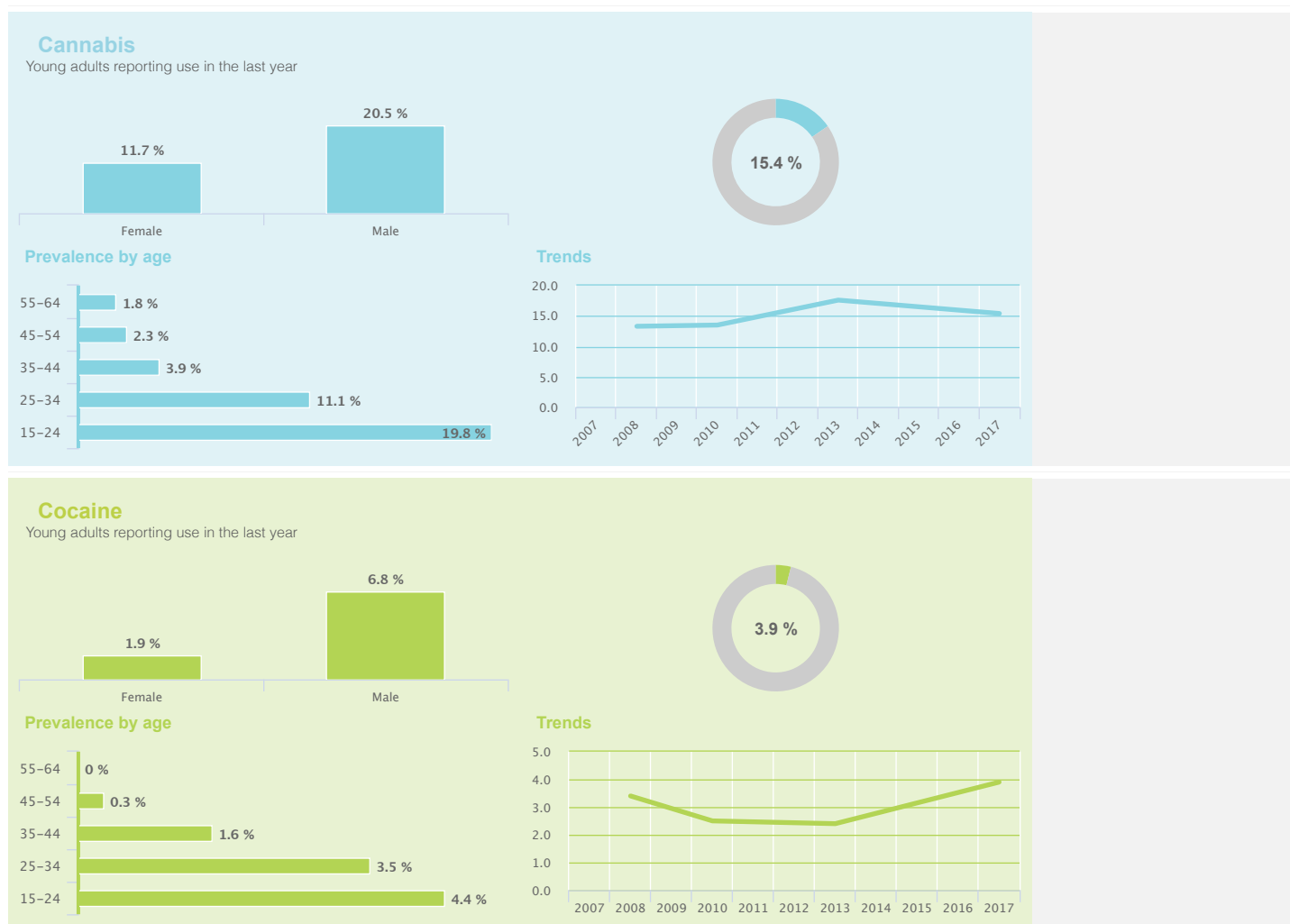


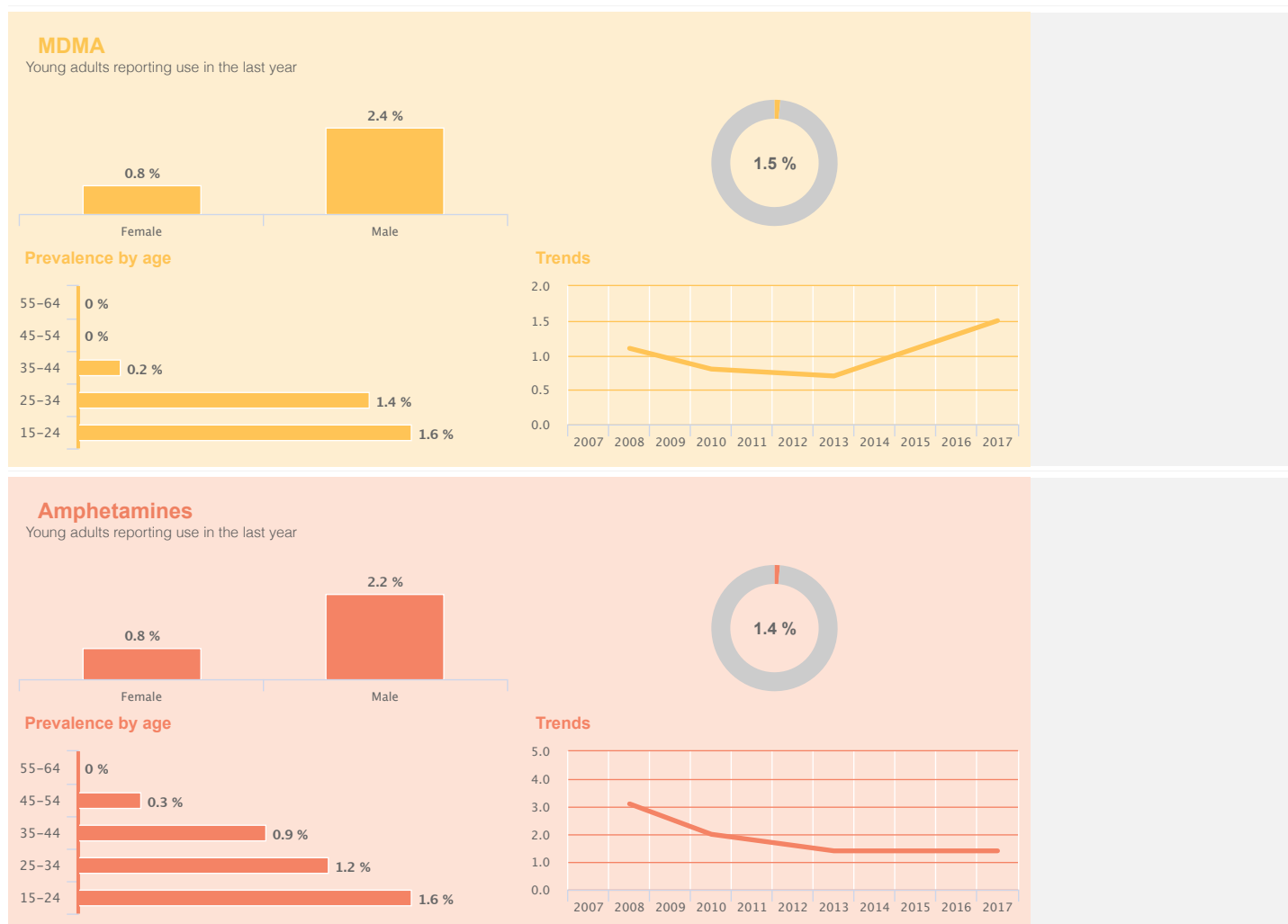
Prevalence and trends

In Denmark, the overall level of drug use among the adult general population has remained relatively 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. In a 2017 general population survey, almost half of young adults aged 16-34 years reported lifetime use of 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 amphetamines among those aged less than 25 years since 2000, whereas consumption of cocaine has increased since then. Illicit drug use is more common among men than among women.

Copenhagen participated in three campaigns of the Europe-wide annual wastewater campaigns undertaken by the Sewage Analysis Core Group Europe (SCORE). This study provides data on drug use at a municipal level, based on the levels of illicit drugs and their metabolites found in wastewater. In 2018, all four illicit stimulants monitored in the study — cocaine, MDMD, amphetamine and methamphetamine — were detected in wastewater in Copenhagen, albeit at relatively low levels for methamphetamine.

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

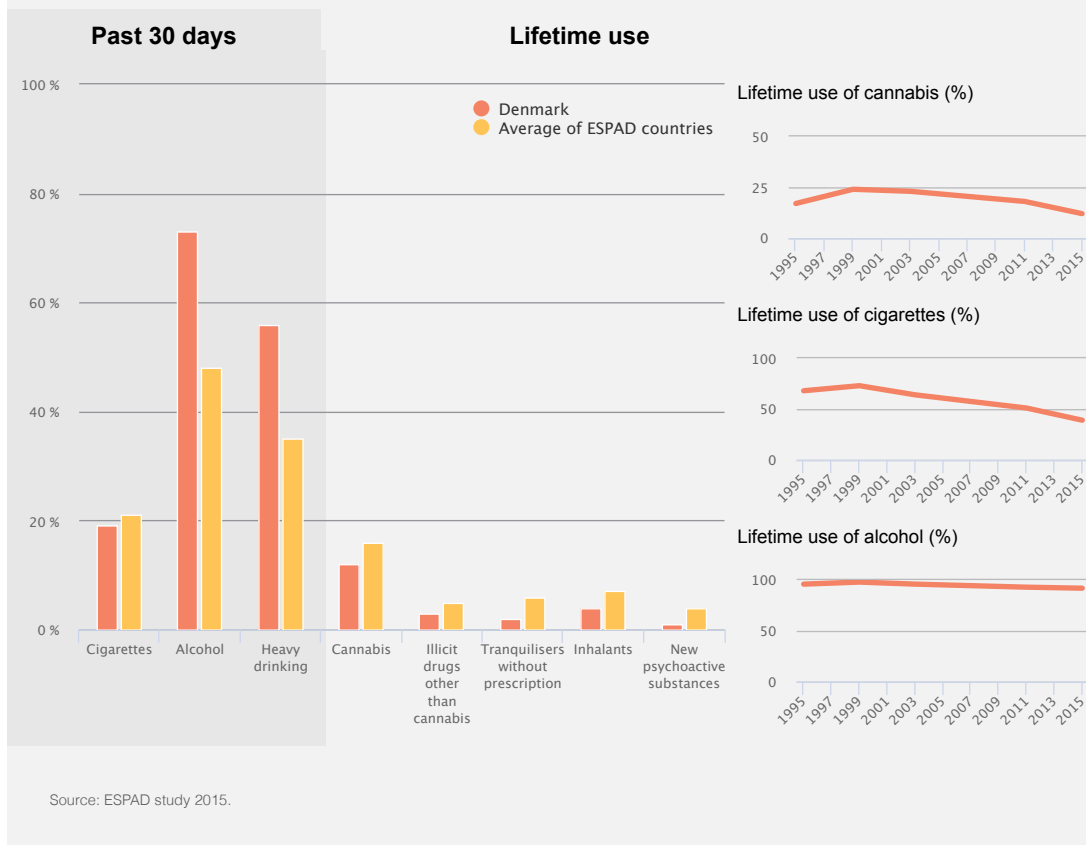




NB: Estimated last-year prevalence of drug use in 2017. Data under the label 15-24 years corresponds to 16-24 years.

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 (based on data from 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, the prevalence rates among Danish students were considerably higher than the ESPAD averages for alcohol use in the last 30 days and for heavy episodic drinking during the last 30 days.

Substance use among 15- to 16- year-old school students in Denmark



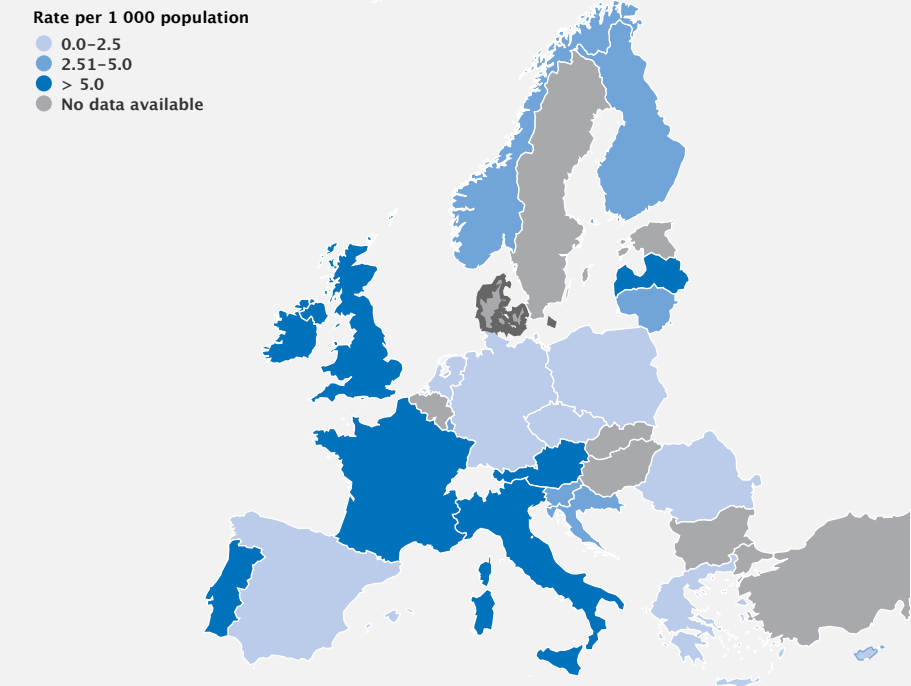
High-risk drug use and trends

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.

A recent general population survey suggested that, in 2017, approximately 0.7 % of the Danish population aged 15-64 years used cannabis daily or almost daily.

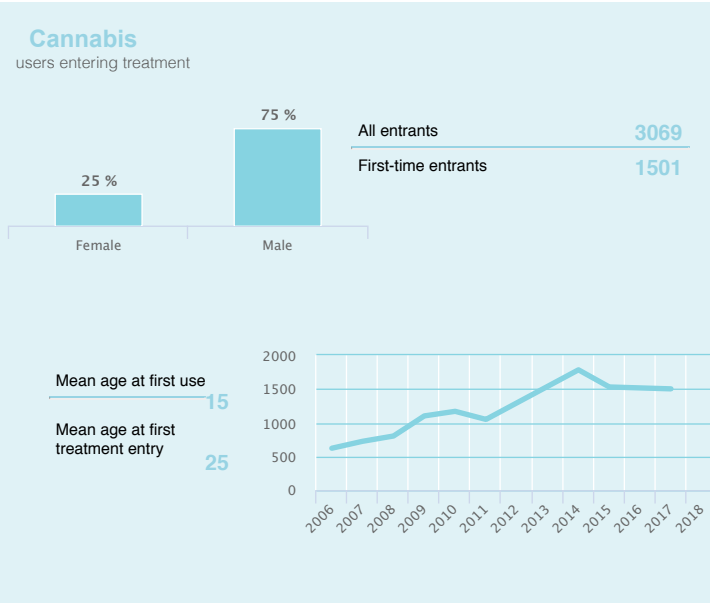
Cannabis was the most frequently reported primary drug among both first-time and repeat clients entering specialised treatment in 2017. In contrast to the increasing trend observed among cannabis users, the number of first-time clients seeking treatment as a result of primary heroin use has declined over the past decade. Injecting is becoming less common among heroin users and, in particular, among those entering treatment for the first time. There was a large increase in the number of primary cocaine clients entering treatment for the first time between 2015 and 2017. Approximately one quarter of the clients in treatment are female; however, the proportion of women in treatment varies by type of drug and by type of programme.

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



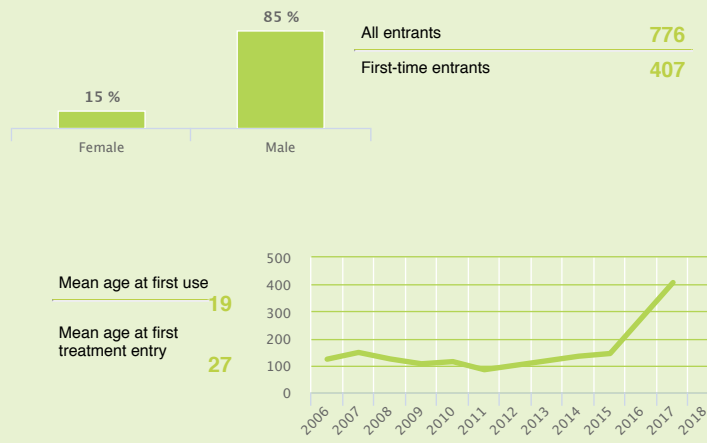
NB: Data from 2017, or the most recent year for which data are available.

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



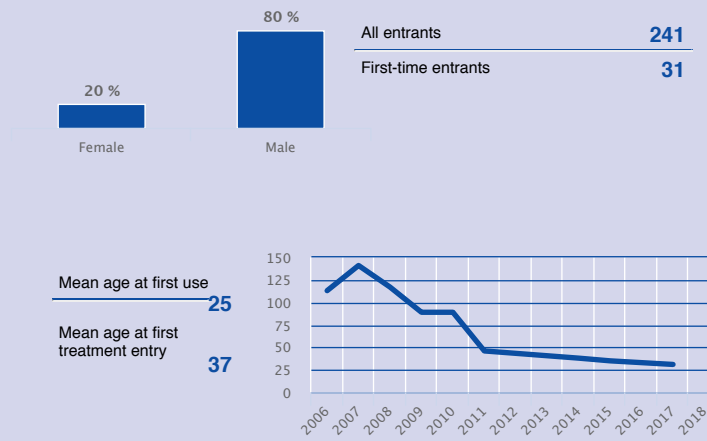
Cocaine

users entering treatment



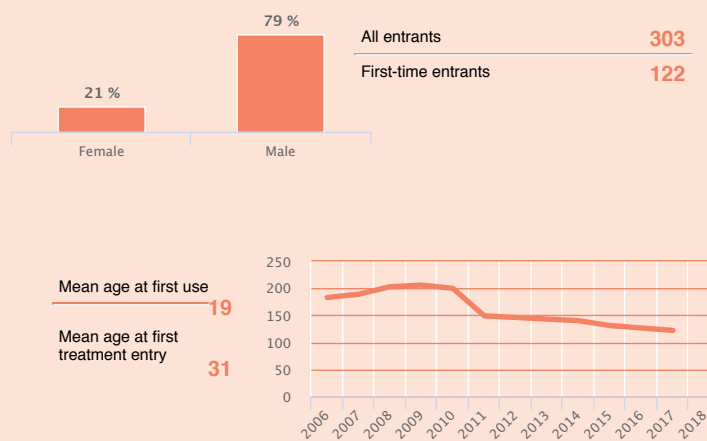
Heroin

users entering treatment



Amphetamines

users entering treatment



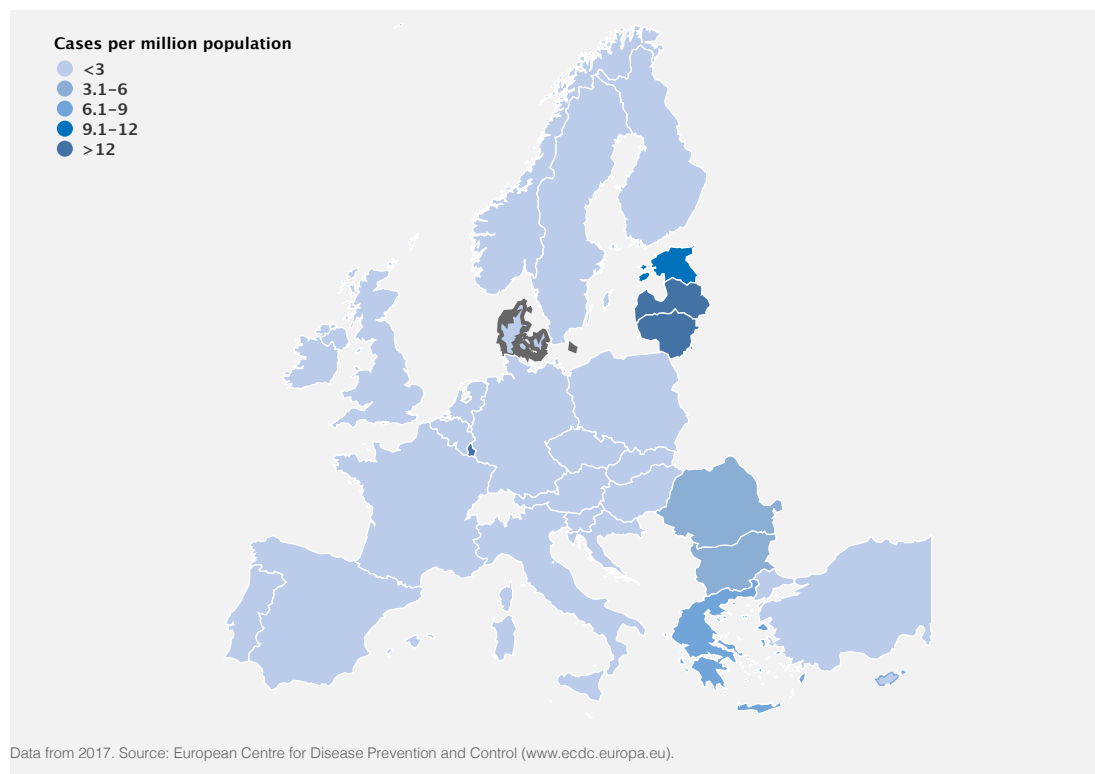
NB: Data from 2017. Data are for first-time entrants, except for the data on gender, which are for all treatment entrants.

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 cases of HIV infection 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 %.

In 2016, 99 notified chronic hepatitis C virus infections were linked to injecting drug use in Denmark, representing 80 % of notifications with information on mode of transmission. The corresponding figures for chronic hepatitis B virus infection were five cases, representing 3 % of notifications.

Newly diagnosed HIV cases attributed to injecting drug use



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.

Drug-related poisonings have shown an increasing trend in the past decade, from 1 497 cases in 2008 to 2 523 in 2017. A decline is observed in the number of heroin poisonings since 2010, in parallel with an increase in poisonings related to opioids other than heroin, such as methadone, and stimulants (primarily amphetamines and cocaine). In both 2016 and 2017, an increase in poisonings by stimulants in general, and cocaine in particular, was observed.

An emergency room in Denmark 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.

Drug-induced deaths and mortality

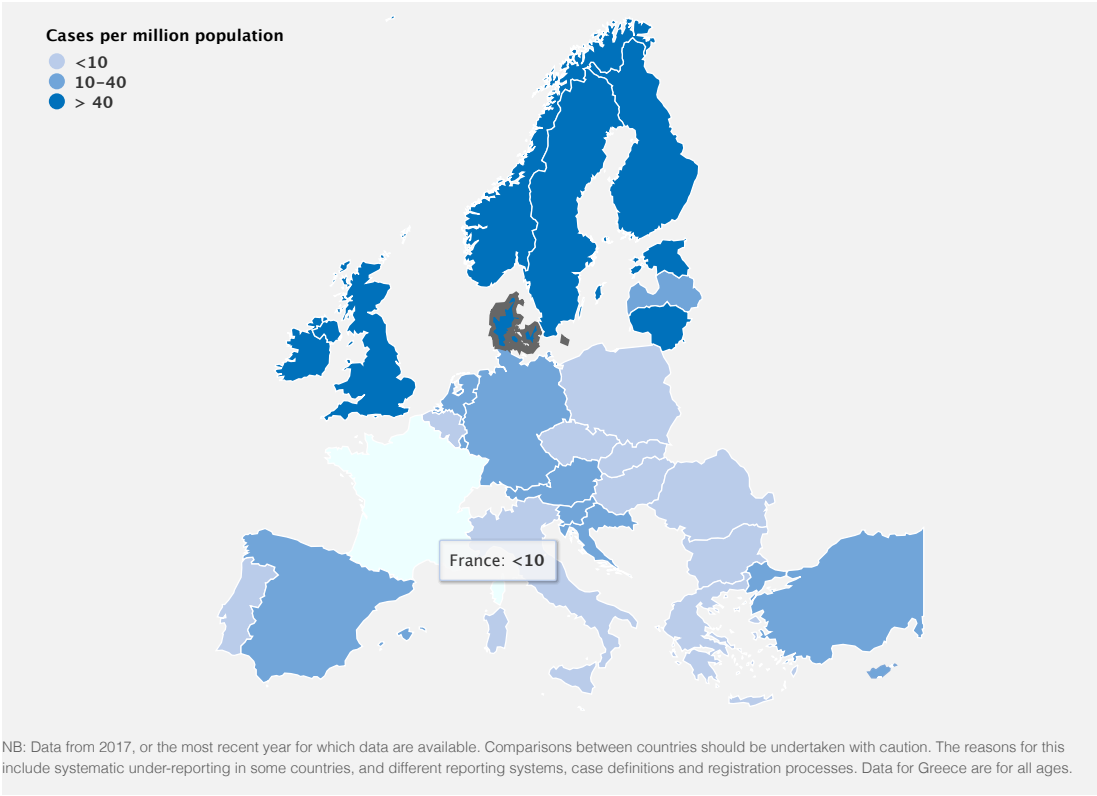
Drug-induced deaths are deaths directly attributable to the use of illicit drugs (i.e. poisonings and overdoses).

In Denmark, drug-induced deaths are recorded in the Cause of Deaths Register of the Sundhedsdatastyrelsen 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, and this was followed by a rebound in 2016. Toxicological results show that opioids were the principal drug involved in drug-induced deaths.

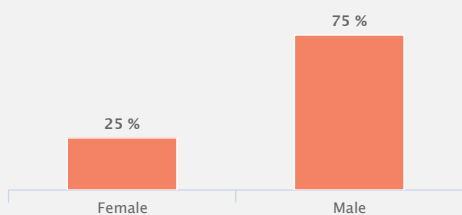
In Denmark, drug-induced mortality rate among adults (aged 15-64 years) was estimated at 55 deaths per million in 2016. Comparisons between countries should be undertaken with caution. The reasons for this include different reporting systems, case definitions and registration processes, as well as under-reporting in some countries.

The National Police Register constitutes the second source and collates information on all reported deaths for the purpose of post-mortem examination. In 2017, 254 drug-related deaths were recorded, slightly fewer than in 2016. The average age at death has increased over time, but it seemed to stabilise in 2017. The majority of drug-induced deaths reported through the National Police Register involved more than one psychoactive substance, suggesting that polydrug use is a common cause of death by poisoning in Denmark. The presence of opioids (primarily methadone, but also heroin and morphine) was detected in four out of five cases. Other drugs involved include cocaine, amphetamines and ecstasy.

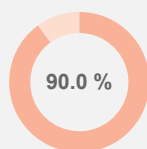
Drug-induced mortality rates among adults (15-64 years)



Gender distribution

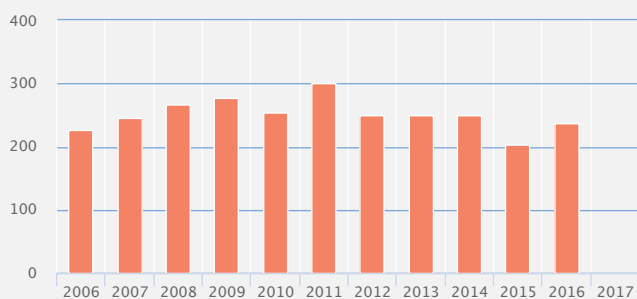


Toxicology

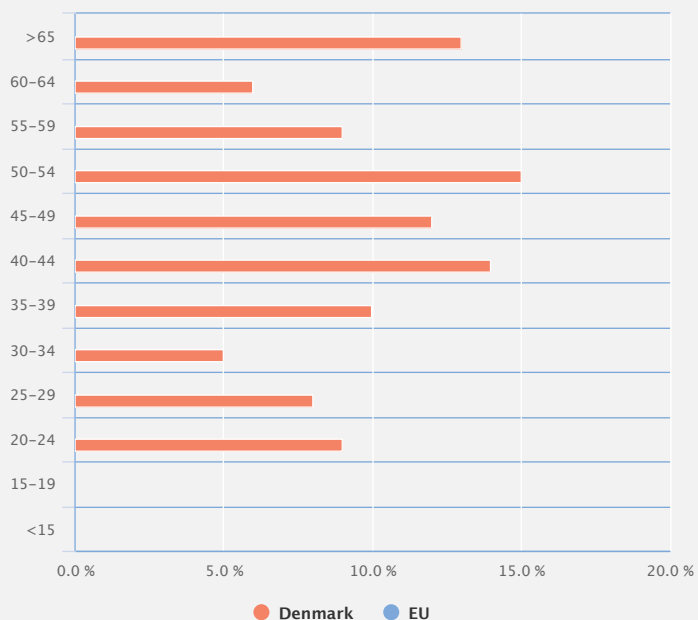


Deaths with opioids present among deaths with known toxicology

Trends in the number of drug-induced deaths



Age distribution of deaths in 2016



data 2016

Prevention

In Denmark, drug prevention is provided within comprehensive measures implemented by various actors to reduce inequalities among different social groups and enhance their mental health and overall well-being. In this context, the prevention of illicit substance use is usually addressed together with the prevention of alcohol and tobacco use. Prevention interventions in the country are based on a cross-sectoral approach, with young people as a main target group.

The Ministry of Health coordinates and is responsible for national drug prevention interventions, with the assistance and support of the Danish Health Authority, while the municipalities are responsible for organising and carrying out prevention activities in close cooperation with local stakeholders. The Danish Health Authority produces information material, develops prevention projects, and monitors and provides 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 experimental use and/or developing substance use problems and indicated prevention focuses on at-risk individuals.

Universal prevention interventions are increasingly implemented in educational institutions. The content of interventions is, overall, educational and informational. 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.

Selective prevention is mostly carried out in recreational settings, through close cooperation between municipalities, police and restaurant owners. The municipalities' licensing boards are increasingly using plans for restaurants as an approach to prevention in nightlife settings and are working closely with restaurant owners' associations. Numerous municipalities offer courses on prevention to restaurant owners; these are focused on alcohol, but evidence from similar projects elsewhere indicates that such activities may also contribute 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 the annual prevention campaign, Music Against Drugs, at music venues and festivals. Several web-based services are available in Denmark and are intended to reach those who experiment with drugs.

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 25 years old. The U-Turn model has been extended to six other municipalities and targets young people in vocational education settings who have drug use problems but do not require treatment interventions.

Harm reduction

Harm reduction 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, in surveillance, guidance and knowledge sharing. Municipalities play a crucial role in the organisation and funding of harm reduction activities, including medical and social treatment to people who use drugs.

Harm reduction interventions

Denmark has a comprehensive harm reduction response, which includes the provision of needle and syringe distribution schemes, take-home naloxone programmes, drug consumption rooms and heroin-assisted treatment. In addition, services aimed at the prevention and treatment of drug-related infectious diseases are provided, including counselling, screening and vaccination against hepatitis A and B viruses. New treatment guidelines for chronic hepatitis C virus infection recommend treatment for all infected persons, on the basis of an individual assessment, no longer limiting it to advanced disease. Recently, programmes to facilitate access to general health services for marginalised drug users have also been implemented.

Needle and syringe programmes have been operating in Denmark since 1986. Syringes are available via syringe sales in pharmacies and dispensed for free by drugs services, through treatment institutions, in drop-in centres and through machines. Some municipalities also dispense needles and syringes at shelters and hostels. The provision of sterile water and other injecting equipment is common.

Since 2010, several take-home naloxone programmes to prevent opioid-induced deaths have been implemented in Denmark and are currently covering six municipalities with high levels of drug use. Since their introduction, these programmes have trained more than 3 400 people in overdose response and given out more than 3 500 naloxone kits. The state-funded programme will be evaluated in 2019.

Five supervised drug consumption facilities operate in four municipalities. Over the period 2012-17, drug consumption rooms provided services to more than 11 700 drug users and supervised more than 1.3 million drug use episodes, without any fatal outcomes. In 2017 alone, 8 316 individuals used these facilities and were supervised during 431 102 consumption episodes.

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

Availability 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	Yes	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czechia	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 within 14 days of the first contact or request is guaranteed for 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 with close cooperation between the health and social sectors.

The most prevalent approaches to drug 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.

Drug treatment in Denmark: settings and number treated

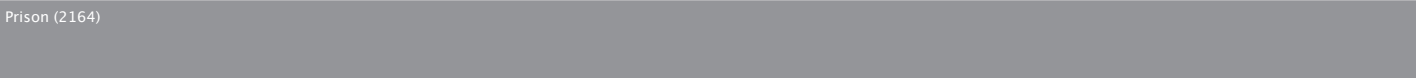
Outpatient



Inpatient



Prison



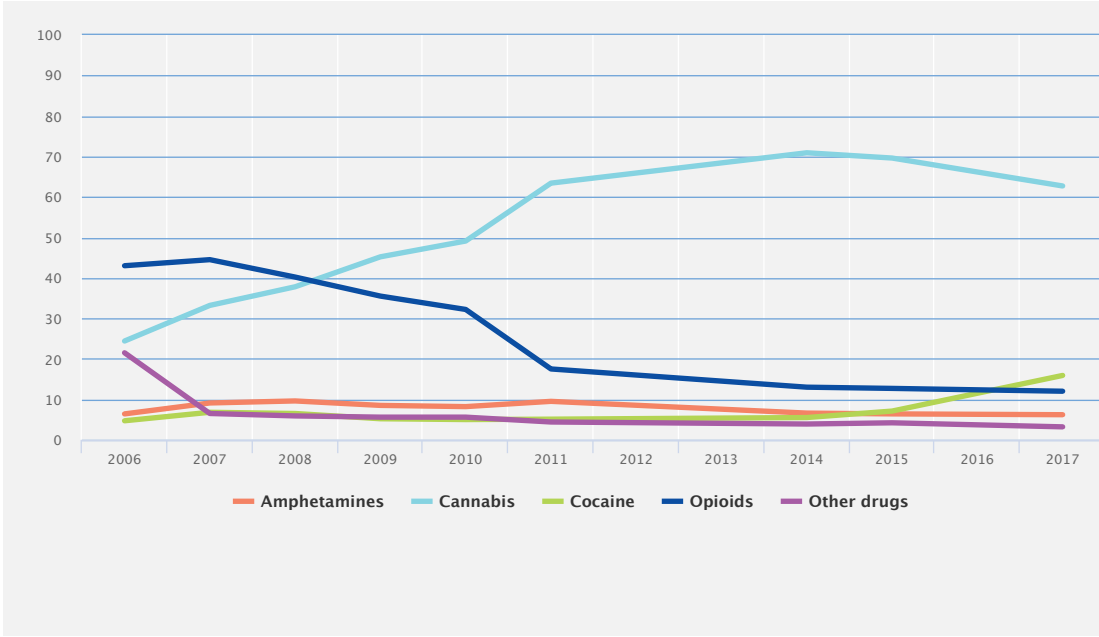
NB: Data from 2017.

Treatment provision

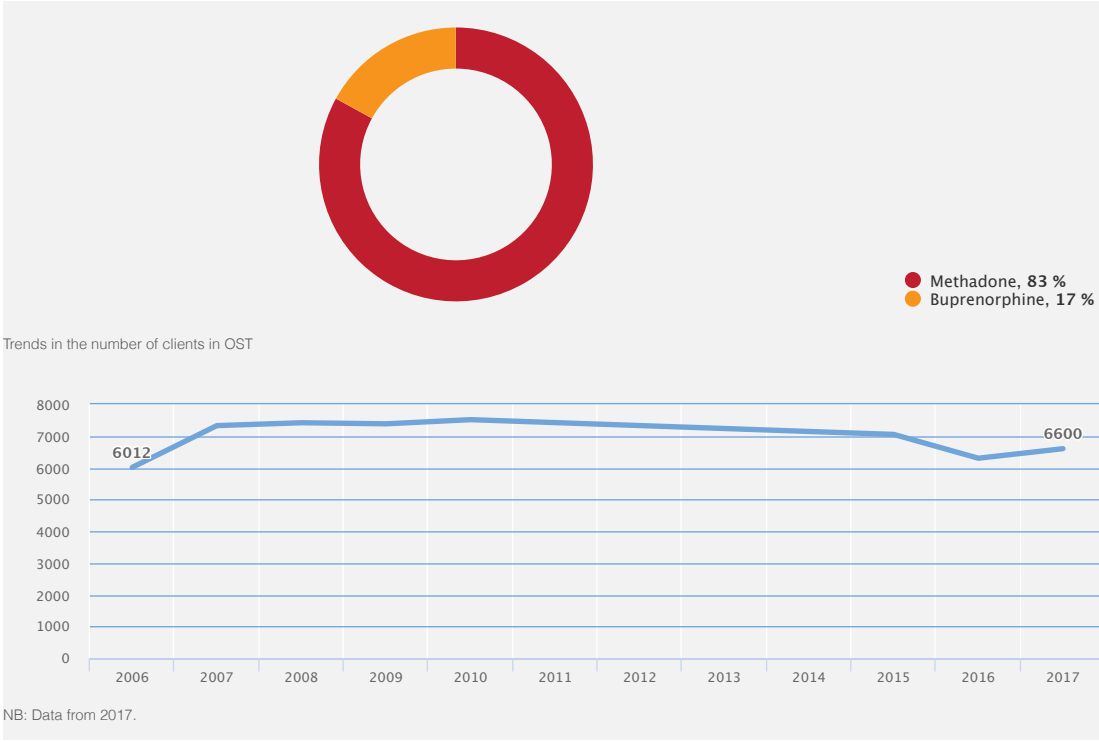
Most clients admitted for treatment in 2017 were treated in outpatient settings. The number of clients treated in inpatient settings has decreased significantly over the years. Nevertheless, the Danish treatment system permits flexibility, and a client may be referred for day or inpatient treatment if a change in environment and/or a more structured intervention is needed. Most clients admitted to treatment in 2017 were treated for primary cannabis use. Moreover, approximately half of all clients entering treatment reported the use of more than one illicit drug.

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 575 clients were admitted for heroin-assisted treatment in 2017.

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



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



Drug use and responses in prison

In 2017, 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-related treatment in prison is based on the 'import model', in which 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. Quality assurance criteria for treatment are the same in and out of prison. Prisons have introduced a treatment guarantee stipulating that treatment should be provided to all inmates who request it within 2 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

In Denmark, 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. Quality objectives included in the Acts are specific and measurable; for example, drug users who wish to receive medical treatment, social treatment or both have the right to be offered a medical consultation no later than 14 days after their first enquiry.

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 provide a joint platform for the quality assurance of social treatment of drug dependence, and funding has been provided for the implementation of these guidelines. 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. The Danish Health Authority issued a drug prevention package to the municipalities, including specific recommendations for the type of interventions to be prioritised by the municipalities addressing the various risk factors.

All providers of social services must be approved by the social supervisory authorities, and data about these service providers are publicly available.

In Denmark there are no specific education systems for professionals working in the field of demand reduction, but an international initiative led by Aarhus University offers a European Masters of Drug and Alcohol Studies in cooperation with Avogadro University in Italy. This programme is aimed at professionals working in the field of demand reduction.

Drug-related research

Drug-related research in Denmark is mostly publicly funded and can be characterised as applied research. It is often based on the evaluation of public services, commissioned 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 often initiated (and partly funded) by the national focal point at the Danish Health Authority.

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.

The dissemination of results takes place through a wide variety of channels, including reports, websites, conferences and thematic days.

Drug markets

Cannabis products, cocaine and amphetamines are the most prevalent drugs in the Danish illicit drug market. The market is highly structured and, for most drugs, controlled by domestic organised crime groups. Cannabis cultivation is the main drug production activity reported in the country; over the years, a moderate increase in the indoor cultivation of cannabis has been noted. The production of cannabis resin is estimated to be on a very small scale and only for personal use. There is no indication of large-scale synthetic drugs production within the country; however, small facilities for the production of amphetamines, mainly for personal use, have occasionally been found.

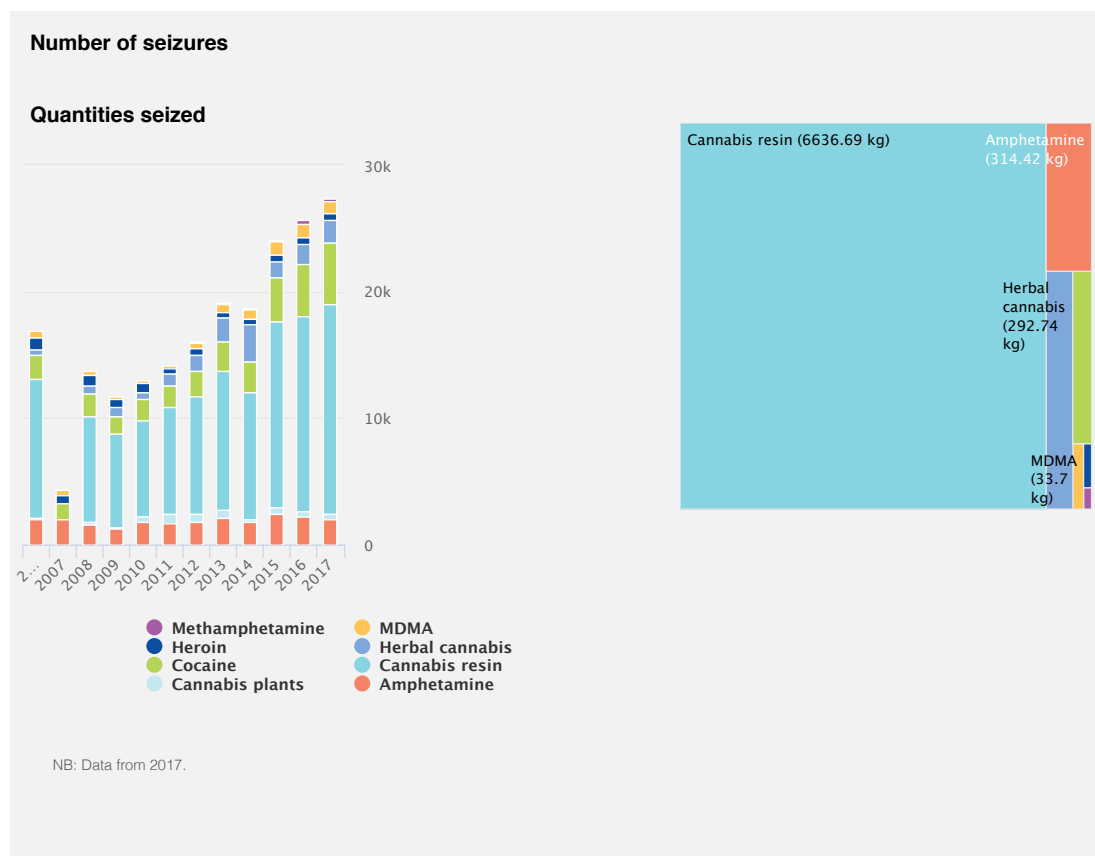
Cannabis remains the most frequently seized drug in Denmark; record numbers of cannabis resin seizures have been reported in the last three consecutive years. Morocco remains the primary producing country for the cannabis resin seized on the Danish market. In 2017, cocaine was the second most frequently seized substance in Denmark, with the majority of seizures made at the retail level and an increase in seizures in recent years. The majority of cocaine seized in Denmark is smuggled via Spain or the Netherlands by vehicle. Minor quantities are smuggled from West Africa by air. Amphetamines seized in Denmark are produced in the Netherlands and, to a lesser extent, in Poland and Lithuania. The trafficking of amphetamines is mainly coordinated by organised crime groups residing in Denmark, such as outlaw motorcycle gangs. 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.

The distribution of new psychoactive substances (NPS) is not attributable to organised crime groups and is not known to take place in the streets. Most NPS are seized by the customs authorities at the International Mail Centre in very small quantities, and the postal packages are primarily shipped from Germany, Ireland, the Netherlands and the United Kingdom.

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

Data on the retail price and purity of the main illicit substances seized are shown in the 'Key statistics' section.

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



Key statistics

Most recent estimates and data reported

			EU range	
	Year	Country data	Min.	Max.
Cannabis				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	12.45	6.51	36.79
Last year prevalence of use — young adults (%)	2017	15.4	1.8	21.8
Last year prevalence of drug use — all adults (%)	2017	6.4	0.9	11
All treatment entrants (%)	2017	62.7	1.03	62.98
First-time treatment entrants (%)	2017	65.9	2.3	74.36
Quantity of herbal cannabis seized (kg)	2017	292.7	11.98	94 378.74
Number of herbal cannabis seizures	2017	1 803	57	151 968
Quantity of cannabis resin seized (kg)	2017	6 636.7	0.16	334 919
Number of cannabis resin seizures	2017	16 678	8	157 346
Potency — herbal (% THC) (minimum and maximum values registered)	n.a.	n.a.	0	65.6
Potency — resin (% THC) (minimum and maximum values registered)	2017	12 - 33	0	55
Price per gram — herbal (EUR) (minimum and maximum values registered)	n.a.	n.a.	0.58	64.52
Price per gram — resin (EUR) (minimum and maximum values registered)	2017	5.35 - 10	0.15	35
Cocaine				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1.76	0.85	4.85
Last year prevalence of use — young adults (%)	2017	3.9	0.1	4.7
Last year prevalence of drug use — all adults (%)	2017	1.6	0.1	2.7
All treatment entrants (%)	2017	15.9	0.14	39.2
First-time treatment entrants (%)	2017	17.9	0	41.81
Quantity of cocaine seized (kg)	2017	150.7	0.32	44 751.85
Number of cocaine seizures	2017	4 786	9	42 206
Purity (%) (minimum and maximum values registered)	2017	6 - 89	0	100
Price per gram (EUR) (minimum and maximum values registered)	2017	40 - 133.4	2.11	350
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	0.9	0.84	6.46
Last year prevalence of use — young adults (%)	2017	1.4	0	3.9
Last year prevalence of drug use — all adults (%)	2017	0.7	0	1.8
All treatment entrants (%)	2017	6.2	0	49.61
First-time treatment entrants (%)	2017	5.4	0	52.83
Quantity of amphetamine seized (kg)	2017	314.4	0	1 669.42
Number of amphetamine seizures	2017	2 008	1	5 391
Purity — amphetamine (%) (minimum and maximum values registered)	2017	4 - 76	0.07	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	2017	10 - 53.4	3	156.25
MDMA				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	0.54	0.54	5.17
Last year prevalence of use — young adults (%)	2017	1.5	0.2	7.1
Last year prevalence of drug use — all adults (%)	2017	0.5	0.1	3.3
All treatment entrants (%)	2017	0.3	0	2.31
First-time treatment entrants (%)	2017	0.6	0	2.85
Quantity of MDMA seized (tablets)	2017	2 731 476	159	8 606 765
Number of MDMA seizures	2017	933	13	6 663
Purity (MDMA mg per tablet) (minimum and maximum values registered)	n.a.	n.a.	0	410
Purity (MDMA % per tablet) (minimum and maximum values registered)	2017	50 - 85	2.14	87
Price per tablet (EUR) (minimum and maximum values registered)	2017	3.4 - 13.4	1	40
Opioids				
High-risk opioid use (rate/1 000)	n.a.	n.a.	0.48	8.42
All treatment entrants (%)	2017	12	3.99	93.45
First-time treatment entrants (%)	2017	7.5	1.8	87.36
Quantity of heroin seized (kg)	2017	15.9	0.01	17 385.18
Number of heroin seizures	2017	561	2	12 932
Purity — heroin (%) (minimum and maximum values registered)	2017	9 - 17	0	91
Price per gram — heroin (EUR) (minimum and maximum values registered)	2017	66.7 - 133.4	5	200
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2017	1	0	47.8
HIV prevalence among PWID* (%)	n.a.	n.a.	0	31.1
HCV prevalence among PWID* (%)	n.a.	n.a.	14.7	81.5
Injecting drug use (cases rate/1 000 population)	n.a.	n.a.	0.08	10.02
Drug-induced deaths — all adults (cases/million population)	2016	54.71	2.44	129.79
Health and social responses				
Syringes distributed through specialised programmes	n.a.	n.a.	245	11 907 416

Clients in substitution treatment	2017	6 600	209	178 665
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Treatment demand

All entrants	2017	6 700	179	118 342
First-time entrants	2017	2 980	48	37 577
All clients in treatment	2017	16 500	1 294	254 000

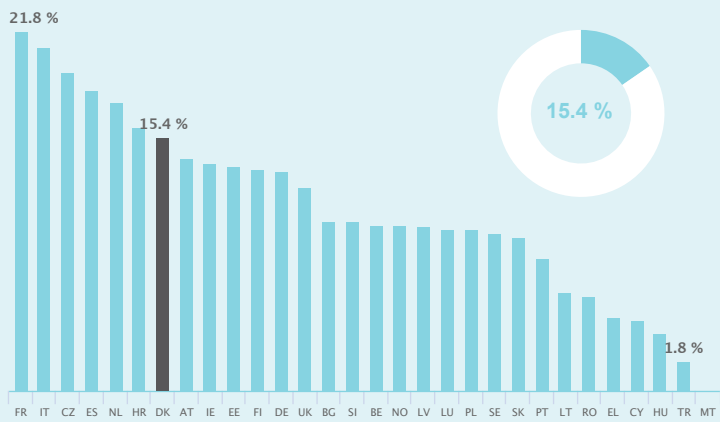
Drug law offences

Number of reports of offences	2017	26 717	739	389 229
Offences for use/possession	2017	20 672	130	376 282

EU Dashboard

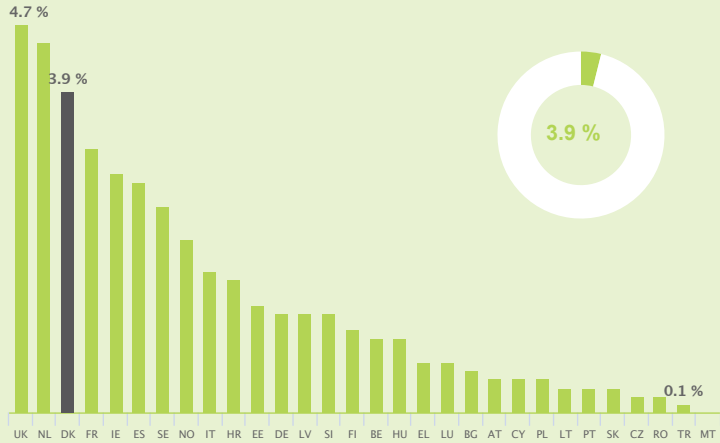
Cannabis

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



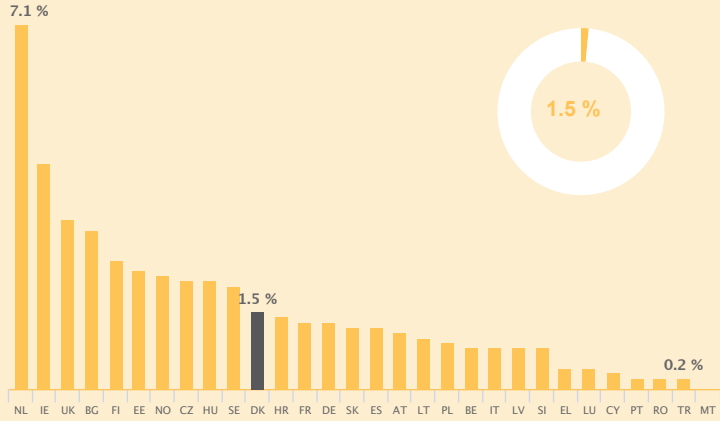
Cocaine

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



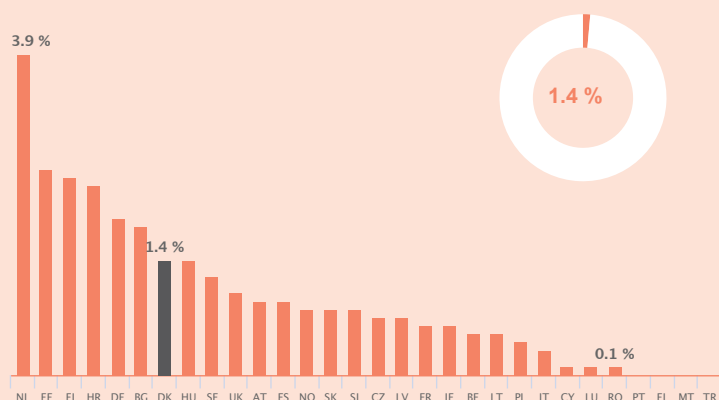
MDMA

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



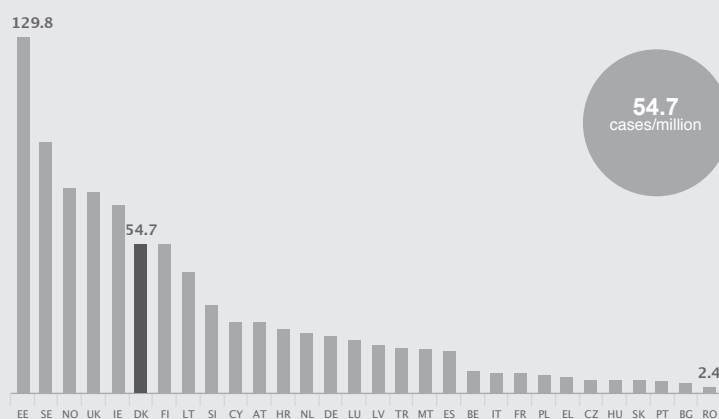
Amphetamines

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



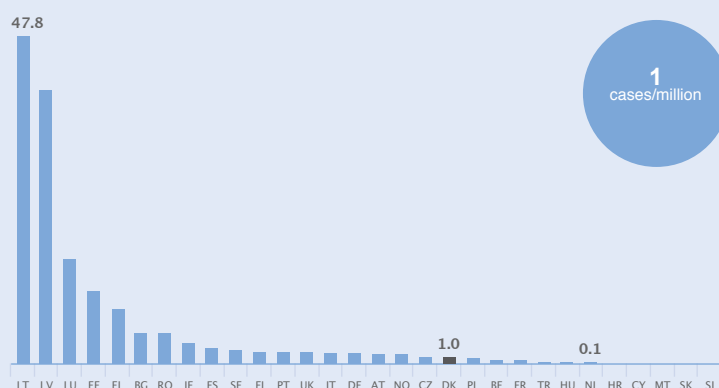
Drug-induced mortality rates

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, differences may be due to reporting practices. Detailed information on methodology, qualifications on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Last year prevalence estimated among young adults aged 16-34 years in Denmark, Norway and the United Kingdom; 17-34 in Sweden; and 18-34 in France, Germany, Greece and Hungary. Drug-induced mortality rate for Greece are for all ages.

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.

[Click here to learn more about our partner in Denmark.](#)

Danish national focal point



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Head of national focal point: Ms [Kari Grasaasen](#)

Methodological note: Analysis of trends is based only on those countries providing sufficient data to describe changes over the period specified. The reader should also be aware that monitoring patterns and trends in a hidden and stigmatised behaviour like drug use is both practically and methodologically challenging. For this reason, multiple sources of data are used for the purposes of analysis in this report. Caution is therefore required in interpretation, in particular when countries are compared on any single measure. Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the [EMCDDA Statistical Bulletin](#).
