

"Study on Alternatives to Prison for drug using offenders in the EU"

- FINAL REPORT -

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Contents • Table des matières

	E, OBJECTIVES AND SUMMARY OF THE IOLE REPORT	4
ИЕТН	ODOLOGY	(
GENE	RAL ASPECTS	ę
.EGA	L-ADMINISTRATIVE STRUCTURE	10
GENE	RAL DESCRIPTION OF THE SYSTEM	1:
1.	Description of the alternative measures to imprisonme	ent
for	drug-addict offenders	1
2.	Adjustment of practice to the legal provisions	2
ACCE	SS TO ALTERNATIVE MEASURES	2
3.	Character of alternative measures	2
4.	Personal requirements to be fulfilled in order to acces	s th
alte	rnative measures:	2
5.	Objective requirements that have to be met in order to)
acc	ess the alternative measures:	2
6.	Procedure applied to define the most suitable alternat	ive
mea	asure on the basis of the offender's needs	2
7.	Co-ordination mechanisms between Judges and/or	
Pro	secutors, and the professionals responsible for the	
арр	lication of alternatives	2
RESO	URCES	2
8.	Resources used in the application of the alternative	
mea	asures to imprisonment	2
9.	Professional profile of those involved in the application	n of
the	alternative measures	3
10.	Government Departments responsible for the alterna	ative
mea	asures' funding	3
ΟΝΤ	ROL OF APPLICATION OF THE TERNATIVE MEASURES	

11. Judicial control system of the application of the alternative measures

34

Contents •	Table des	matières
------------	-----------	----------

CONSE	EQUENCES OF NON-FULFILMENT	36
12.	Consequences that may arise in the following cases	of
non-	fulfilment:	36
13.	Consequences of non-fulfilment on the access to	
alter	native measures in future trials	37
ONSE	EQUENCES OF A NEW SENTENCE	38
14.	Consequences in the case that, during the application	on of
alter	native measures, a new condemnatory sentence is to	be
pron	ounced concerning an offence committed before the	
appl	ication of those measures	38
FTER	MEASURE	38
15.	Opportunities offered to the offender who completes	the
	of the alternative measures to complete his or her	, and
	bilitation process	38
16. mea	Evaluation studies on the application of alternative sures	39
17.	Evaluation studies on the attitudes regarding alterna	ntive
mea	sures	44
NFOR	MATION AND AWARENESS	47
18.	Information and awareness campaigns about alterna	ative
mea	sures	47
DEMAI	ND REDUCTION POLICY	47
19.	Insertion of the alternative measures in a demand	
redu	ction policy	47
	RS	48
JIHER		
	PEAN SEMINAR ON ALTERNATIVES TO SON FOR DRUG ADDICTS	49
EUROF PRI		49 53

INTRODUCTION

SCOPE, OBJECTIVES AND SUMMARY OF THE WHOLE REPORT

The "Study on Alternatives to Imprisonment for Drug Addicts" is an initiative of the European Monitoring Centre for Drugs and Drug Addiction, Lisbon. The Office of Drug Addiction of the Basque Government was given the task of preparing the study while the Instituto Deusto de Drogodependencias (IDD) at the University of Deusto carried out the co-ordination required for the project. Its preparation was commissioned to two study groups: Cassiopea XXI and SIIS-Centro de Documentación y Estudios.

In general terms, the purpose of this study is to describe the alternative measures to imprisonment applied to persons charged under criminal legislation when they are dependent on drugs. The report studies the situation in the fifteen members states of the European Union, indicating the existing legal framework and outlining the action observed in practise, either in application of this legislation, or where applicable, in response to the existence of regulatory provisions to this effect.

Specifically, the objectives of the report are as follows:

- 1. To describe the existing legal framework in each of the member states of the European Union in this area.
- 2. To describe application of alternative measures to imprisonment in each of the European Union member states.
- 3. To provide elements to enable comparison between the legislation on and practical application of measures of this nature.
- 4. To establish a classification of the alternative measures applied in the different EU member states.
- 5. To indicate whether studies have been carried assessing application of these measures, and if so, to evaluate the effectiveness of the measures compared to the results obtained with the application of custodial sentences.
- 6. To assess the possibility of considering application of alternative measures to imprisonment as an activity conducive to a reduction in demand and of including it as such in the System of Information on Demand Reduction Activities.
- 7. To test the feasibility of including alternatives to prison programmes in the EMCDDA information system on demand reduction activities (EDDRA).

The study is structured in two parts: an overall report which gives a general overview of the situation in the European Union and an appendix which groups together the descriptions for each country: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden and United Kingdom.

Some preliminary considerations should be borne in mind which may aid in understanding the contents of the report.

A review of legislation, existing specialised literature and information provided by experts enables us to distinguish three types of alternative measures to imprisonment which may be applied to drug addicts.

- Alternative measures for drug addicts accused of offences of consumption (in countries where consumption is a criminal offence);
- Alternative measures for drug addicts accused of common offences;
- Alternative measures of a general nature, which may be applied depending on the offence committed or the length of the corresponding prison sentence, without the condition of dependence on drugs being considered as a determining factor in application.

This classification, therefore, involves two criteria: the nature of the offence committed and whether the offender is dependent on drugs.

The study uses a wide interpretation of the term "alternative measure", and accordingly, the descriptions cover the three types of measure mentioned above, in order to reflect the complete range of alternatives available to drug-addicts facing criminal charges, independently of whether the criteria of access to these measures is or is not related to drug-dependence. Although it would have been desirable to find a more precise definition of the concept of 'alternative' within the framework of the study, the limited time and the priority given to providing an initial overall approach to the variety of situations which exist in the European Union, the above conceptual approach has been adopted.

It should, however, be noted that in some countries where drug consumption is an offence, alternative measures are specifically provided for drug-dependants accused of this or other related offences, although it is not clear in all cases what measures or procedures are applicable to drug-dependants accused of common offences. It should be borne in mind that, in the text, it has not always been possible to distinguish between the three categories covered. In this respect, it should be remembered that the sense of an alternative measure, its possibilities and modalities of application, vary on the basis of the subject's profile. This does not mean that alternatives should be reserved for certain people or others, rather that the complexity of the drug addict's profile should be taken into account and, particularly, the type of act committed from a legal point of view, so that the alternative can be adapted to circumstances. It is also worthwhile pointing out here that any reflection on the relevance of the alternatives to prison for people whose offence is consumption should not avoid the debate on depenalisation in those countries where consumption is still considered an offence. Likewise, reflection on the application of alternatives to those people who, being drug addicts, have committed common crimes necessarily leads to reflection on the application of alternatives to non-drug addict offenders and, on a more global scale, on the debate about the objective and utility of prison in its current modalities of application.

The report does not, on the other hand, extend to systems of treatment and assistance which each jurisdiction provides for drug addicts serving prison sentences. Nonetheless, it has been considered appropriate to reflect, when the available material permits, the particular forms of application of prison sentences.

METHODOLOGY

As may be inferred from the objectives set out above, this report is intended to present both the legal aspects and the practical application of alternative measures in the area of drug dependencies. For this reason, it was considered appropriate to request collaboration by one or various experts in each EU member state, in order to provide an accurate view of the guidelines for use of these measures, while the legal part was entrusted to members of a study group.

In preparing the report the following lines of methodology were used:

- design of a questionnaire, whose questions form the basis for both the overall report and the appendices;
- identification of one or various collaborating experts in each of the countries to be analysed and sending of the questionnaire to them for completion.;
- analysis of the legislation and specialised literature, and completion of the legal parts of the questionnaire by the study group, for each of the fifteen member states of the European Union;
- preparation of the appendices for each of the countries, following comparison of the information gathered from legislation with the information provided by the experts on practical application of the measures.
- preparation of a preliminary version of the overall report, in which, using the same structure as that used in the appendices, each of the questions indicated is dealt with, giving, where possible, the general outlines of action observed throughout the European Union, illustrating each of the main tendencies with references to the most representative countries.
- sending of the preliminary report to the European Monitoring Centre for Drugs and Drug Addiction and to each of the collaborating experts in order for them to provide, if they see fit, clarifications on any of the aspects included in the document and to put forward proposals relating to areas of research and action which, in the future, may prove to be of interest in this field of activity;
- holding of the European Seminar on Alternatives to Imprisonment for Drug Addicts, with the participation of representatives from the European Monitoring Centre for Drugs and Drug Addiction and of all the experts who have collaborated with the study group in preparing the report, in order to draw up the conclusions of the study, basically providing information to policy makers in order to make it possible for them to make decisions and achieve greater effectiveness in the application of the alternative measures and to promote the preparation of assessment reports in this area.

The work was performed by two study groups, mainly for reasons of the limited time available.

- CASSIOPEA XXI was responsible for the descriptions for the Austria, Belgium, Denmark, Finland, Germany, Netherlands, Sweden and United Kingdom¹.
- · SIIS-CENTRO DE DOCUMENTACIÓN Y ESTUDIOS was responsible for the description for France, Greece, Ireland, Italy, Luxembourg, Portugal and Spain.

¹ All information from the United Kingdom only refers to England, Wales and Northern Ireland.

In preparing the report, the study groups have used a compendium of legislation drawn up in 1996 by the European Monitoring Centre for Drugs and Drug Addiction entitled "La Lutte Contre les Drogues et les Toxicomanies en Europe. Les Textes. Les Législations des Quinze États de l'Union Européenne en Matière de Lutte Contre les Drogues et les Toxicomanies". This compilation, however, centres on legislation of a specific nature, and thus provides only limited information on regulation of given aspects of the alternative measures to imprisonment, which in many cases are contained in the criminal or procedural legislation of general application. Gaps and doubts arising in the study of the available legislation, were filled and resolved, where possible, using information provided by the experts in their answers to the questionnaire.

At the same time, it should be born in mind that the information available in monographs and in periodical publications of a specialist nature varies considerably in quality and quantity and from one country to another, so that differences may be observed in this regard. A bibliography of the literature consulted is enclosed at the end of this report.

The study group would like to thank all the experts who helped in preparation of this report. We are also grateful to those who collaborated from the European Drugs and drug Addiction Observatory, who took part, directly or indirectly, in the design and preparation of the study, in particular for the contributions of Georges Estievenart, Director of the Observatory, Margareta Nilson, Petra-Paula Merino and Danilo Ballota.

OVERALL REPORT

GENERAL ASPECTS

The concept of alternative measure used in this study is a broad one, and is taken to refer to all procedures or measures which avoid the passage through or detention in a penitentiary establishment by the drug addict in compliance with the prison sentence corresponding to the offence for which he or she has been tried. It may be applied at any stage during police inquiry, prosecution, and sentencing, and at each stage, different measures may exist. These are explained in the section dealing with the general description of the system.

While the very concept of "alternative" is debatable in itself – it is not clear whether we can speak of alternatives when the threat of prison is present - as indeed is the nature of the alternative - alternative as an intermediary social "solution" and a call to order-, these questions, although essential, cannot be dealt with in this report, whose main purpose is to describe and compare the different situations which exist in Europe.

Before entering into a detailed description, however, some preliminary considerations should be borne in mind:

- The documentation and legislation available have confirmed that this area is regulated in all the countries studied, but it has been seen that this regulation varies from one country to another. At the same time, limitations on available documentation – mentioned in the section on methodology – affect some countries more than others, and the reliability of the information also varies.
- Drug consumption is a criminal offence in all the countries studied except Spain, Ireland, the Netherlands and Italy². As a result, a distinction can be seen between alternative measures intended for drug addicts accused of offences of consumption and measures intended for drug addicts accused of common offences.
- All countries provide alternative measures to imprisonment of a general nature, application of which is conditioned by the nature of the offence or the duration of the corresponding sentence. In such cases, drug dependants who meet the access criteria, may be eligible for these measures, regardless of their drug dependence. These measures have been studied in the countries where sufficient documentation was available (Spain, Belgium and France).

Taking into account the above and the legal systems of each of the countries studied, two main tendencies may be distinguished:

² - In Spain, consumption of drugs is not a criminal offence. However, some activities related to consumption, such as, for example, the abandonment of syringes in public places, are punished with administrative sanctions, which may be suspended if the offender agrees to undergo detoxification treatment.

In the Netherlands, the law distinguishes between hard and soft drugs. Although consumption of drugs is not illegal, possession for the purposes of consumption is a criminal offence, although in practise, this is not enforced.

⁻ In Italy, possession for personal use is subject to administrative sanctions which may be suspended if the offender voluntarily enters treatment. However, the case of the consumer may be transferred to criminal jurisdiction if it is the third offence of that kind of which he or she is accused, or if he or she has infringed on two occasions the obligation to submit to treatment coupled with a suspension of the administrative sanction. The sentences imposed under criminal legislation are not of imprisonment, and they may also be suspended if the accused agrees to submit to undergo treatment.

⁻ In Ireland, the consumption of drugs is not penalised, except for opium. Possession, however, is sanctioned.

- On the one hand are Spain, the Netherlands, Ireland and Italy where the consumption of drugs is not penalised. Legislation in these countries expressly provides alternative measures specifically intended for drug addicts accused of common offences, and sets out alternative measures of a general nature.
- On the other hand are the remainder of the countries studied, where consumption of drugs is a criminal offence. Legislation in these countries provides for alternative measures for drug addicts charged with offences of consumption (or other directly-related offences, such as possession, cultivation or purchase for the purposes of consumption), which in some cases may be applied to drug addicts charged with common offences. They also set out alternative measures of a general nature.

LEGAL-ADMINISTRATIVE STRUCTURE

The distribution of powers in the areas listed below varies from country to country, depending on the degree of administrative decentralisation.

Legislative or regulatory power on Criminal issues and Alternative Measures to Imprisonment

This power corresponds to the central government in all the countries studied.

Legislative or regulatory power on Health Services

Two trends may be seen: countries in which this power is assumed by central government, such as Portugal, United Kingdom, Finland, Austria and Ireland, and those whose central governments share the responsibilities with regional authorities (Spain, Sweden, Denmark, Belgium, Germany, Netherlands and Italy).

Legislative or regulatory power on Social Services

The same difference can be seen in this field. In some countries, this power corresponds to the central government, as is the case of Ireland, Finland, France, Greece, Luxembourg, United Kingdom, Austria and Portugal. In others, it belongs to the regional or local authorities (Spain, Netherlands, Germany and Italy). In some countries these powers are "shared" between different authorities (Belgium, Sweden, Denmark).

At the same time, variations can also be seen in the regulation of the services involved in application of the measures:

- Services of medical attention to drug addicts have been regulated by law in some countries, such as, for example, Portugal, Luxembourg and Spain.
- Services of monitoring and assistance for offenders released on application of an alternative measure, such as probation services, are legislated for in particular laws.
- Spain, in a particular law, has provided for the application of the alternative measure of work in benefit of the community.

	CRIMINAL	SYSTEM	HEALTH	SYSTEM	SOCI	AL SYSTE	M
	CENTRAL GOVERNMENT	CENTRAL GOVERNMENT + REGIONS	CENTRAL GOVERNMENT	CENTRAL GOVERNMENT + REGIONS	CENTRAL GOVERNMENT	REGIONAL + LOCAL	CENTRAL + REGIONAL + LOCAL
AUSTRIA	X		X		X		
BELGIUM	X			X			X
DENMARK	X						X
FINLAND	X		X		X		
FRANCE	X		X		X		
GERMANY	X			X		X	
GREECE	X				X		
IRELAND	X		X		X		
ITALY	X			X		X	
LUXEMBOURG	X		X		X		
NETHERLANDS	X			X		X	
PORTUGAL	X		X		X		
SPAIN	X			X		X	
SWEDEN	X			X			X
UNITED KINGDOM	X		X		X		

Table 1 - Legislative and regulatory powers

(FR, LUX, GRE are central governments responsible for health services?)

Executive power on Criminal issues and Alternative Measures to Imprisonment

In the majority of countries this is the exclusive power of the central government; except in Spain, where some Autonomous Communities have taken on executive powers in prison-related matters, in Germany where this task has been devolved to the 'Länder', or in the Netherlands, where this power is divided between regional and local government.

Executive power on Health Services

This may be an exclusive power of central government (United Kingdom, where these powers derived from Department of Health through Secretary of State, and Portugal), a shared power between central and regional (and/or local) authorities (Italy, Belgium, Denmark, Sweden, and Ireland), or a power assumed exclusively by regional and local authorities, as is the case in Spain, Germany, Finland and Austria.

Executive power on Social Services

This power generally corresponds to regional or local authorities. In Ireland, however, its belongs with the central government, except in specific areas, such as those related to services for drug addicts, and in United Kingdom, this power derived from Department of Health through Secretary of State .

Table 2 - Executive powers

	CRIMI	NAL ISSU	ES	HEAL	TH SERVICES		SOCIAL SE	RVICES
	CENTRAL	REGIONS	REGIONAL	CENTRAL	CENTRAL	REGION	CENTRAL	REGIONS
	GOVERNMENT		+ LOCAL	GOVERNMENT	GOVERNMENT	+	GOVERNMENT	+ LOCAL
					+ REGIONS OR/AND	LOCAL		
					LOCAL			
AUSTRIA	X					Х		X
BELGIUM	Х				Х			X
DENMARK	X				X			X
FINLAND	X					X		X
FRANCE	X							X
GERMANY		X				X		X
GREECE	X							X
IRELAND	X				X		X	
ITALY	X				X			X
LUXEMBOURG	X							X
NETHERLANDS			X					X
PORTUGAL	X			X				X
SPAIN		X				X		X
SWEDEN	X				X			X
UNITED	X			X			X	
KINGDOM								

Legal texts in force in the field of alternative measures to imprisonment

In an analysis of this area, a difference should be drawn between alternative measures of a general nature, as set out in all legislative measures, and the alternative measures specifically intended for drug addicts (regardless of the nature of the offence for which they are being prosecuted).

- Alternative measures of a general nature are provided for in the Penal Code of all countries³, which is complemented by other texts, including the procedural legislation, Probation Act,...
- Alternative measures for drug addicts are generally set out in special laws relating to the fight against drug trafficking and drug addiction, whose application refers to procedures and services provided for under the general legislation applicable in criminal cases.

^{3 .}Except the United Kingdom; in Britain there is no Penal Code but Acts of Parliament which deal with crime and penalties for crime.

GENERAL DESCRIPTION OF THE SYSTEM

1. Description of the alternative measures to imprisonment for drug-addict offenders

The classification of the different alternatives is based upon the criteria followed in each of the procedural stages during which the measures are applied. Hence, there is police inquiry, prosecution and sentencing.

Table 3 - Description of the alternative measures to imprisonment for drug-addict offenders

POLICY INQUIRY STAGE	
PROSECUTION STAGE	 PROCEDURES OR MEASURES WHICH REPLACE THE COURT ACTION PROCEDURES OR MEASURES WHICH AVOID PREVENTIVE CUSTODY SUSPENSION OF PROCEEDINGS
APPLICATION STAGE	 POSTPONEMENT OF PROCEEDINGS EXEMPTION FROM CRIMINAL LIABILITY RELEASE ON PROBATION DISPENSATION OF THE SENTENCE SUSPENSION OF APPLICATION OF THE SENTENCE REPLACEMENT OF CUSTODIAL SANCTION SPECIAL FOCUS OF APPLICATION OF PRISON SENTENCES

1.1. Police inquiry stage

In legislative terms, no alternative measures are provided for at this stage. Except in Portugal, the United Kingdom, The Netherlands and Sweden. In Portugal there is a general provision, whereby when the police detect indications of drug dependence in a detainee, they must inform the Public Prosecutor of this circumstance.

In the United Kingdom if the police are dealing with a minor offence, it may be given a formal warning called a Caution.

In Finland, the Police have the provision to refrain from reporting or taking other action in case of offences that may be considered negligible and are punishable by fining. In practice the Police hardly ever use that power in the case of drug offences.

In the Netherlands the possibility of a "conditional discharge" at this stage of the procedure is envisaged.

And finally in Sweden, when the offence involves possession of drugs and when the health of the detainee is threatened the compulsory treatment measure can be applied. This decision is made by

an administrative Court after a report from the Social Services. This law about compulsory treatment is not to be found in the Criminal Justice Code and can be seen as a kind of "social law".

In practise, certain activities are envisaged:

- In Ireland, offenders under 18 years of age who recognise their addiction and agree to undergo detoxification treatment, may be taken, once cautioned by the Police, to a treatment centre. This task is performed by a specialist officer in juvenile affairs. Access to this measure is restricted to cases in which it is the subject's first offence, where there is a confession of guilt and where the parents are willing to participate.
- In Spain, detention of the suspected offender may be avoided if he or she is resident in a treatment centre, as this circumstance is considered "sufficient guarantee" that the person will not evade justice.
- In Portugal, the proceedings may be provisionally suspended.
- In Italy, despite the fact that it is not legally envisaged, a pilot experiment is taking place in Milan in which a specialist from SERT is present in the offices of the Police, to try and ensure that the situation of the detainee is suitably evaluated, plus his/her condition as a person with a drug addiction.

By way of a guideline, we can say that it is at this stage that a certain amount of information about the drug-addict can be obtained (which will subsequently be taken into consideration by the investigating magistrate or judge).

1.2. Prosecution stage

Ireland and Spain do not provide alternative measures to imprisonment at this stage. The other countries studied provide one or more types of alternative measure at this stage in the proceedings. These may grouped into three types:

a) Procedures or measures which replace the court action

These can be understood as measures which enable the detainee to avoid imprisonment.

These measures are applicable to persons accused of offences of drug consumption or other directly-related offences, such as possession, cultivation or purchase for the purposes of consumption.

When this is the first offence of consumption or an offence of occasional consumption, the Investigating Magistrate may choose not to bring criminal charges against the offender, and terminate the actions against him or her. This possibility is recognised in Portugal, where the accused is required to sign a sworn declaration undertaking not to re-offend, and in France, where the decision may be accompanied by a caution to the offender, or a notification of the facts of the case to the health services.

In the case of an offence of habitual consumption, the measure generally applied consists of submitting the accused to therapeutic treatment which, if completed successfully, results in

termination of the actions. Therapy may be voluntary (for example, in Luxembourg) or compulsory (for example, in France).

The therapeutic treatment measure is not exclusive to the prosecution stage, nor is it only applicable to proceedings for offences of consumption; it may also be ordered at the application stage, and for offences of other natures.

In Sweden, although there is no specific mention of "level of consumption" the investigating magistrate may send the case to the social services if the offence was committed by an individual under the age of 18 (generally between the ages of 15 and 18). It should be pointed out that this measure is used frequently.

b) Procedures or measures which avoid preventative custody.

In all countries it is possible during the prosecution stage for an order of preventative custody to be made out against the defendant⁴, either because his or her release is considered to represent a danger, or as a measure to guarantee his or her presence in court. The measures described below are intended to prevent detention of the drug addict during this procedural stage.

In France, there exists an alternative measure to preventative custody of a general nature (i.e. not only applicable to drug addicts): this is the social and educational judicial monitoring measure. Thanks to this measure, the offender is released until commencement of the trial, under the supervision of the Probation Committees and accredited judicial control associations which perform the social-educational part of the measure. The aim of the measure is the "resocialisation" of the accused, and for this reason it is normal at the beginning of the trial to recommend to the Judge that at the sentencing stage, an alternative measure to imprisonment be ordered.

In Belgium the law on preventative custody allows the investigating magistrate to override the detention order when the circumstances so permit. To do this, the offender has to comply with certain requirements(which may include searching for employment, undergoing detoxification treatment, etc.). This alternative is applicable both to drug-related offences and offences of another nature.

Italian and Portuguese legislation contain a general provision prohibiting preventative imprisonment of drug addicts who are undergoing treatment in a detoxification centre, except when the particular circumstances of the case, determined on the basis of the seriousness of the offence or the dangerous nature of the offender, make such imprisonment necessary.

In Ireland, until recently preventative detention has not been permitted and many drug abusing offenders would be at liberty on bail for the period awaiting trial. This has led to considerable concern because the period could be very long (over 12 months) and drug abuse was likely to continue unabated during this period.

c) Suspension of proceedings.

This measure is provided for in Greece and Portugal for offences of consumption, and other directly related offences. Suspension of the proceedings is dependent on the accused submitting to detoxification treatment. In Greece, in order for this measure to be ordered, the accused must

⁴ Except in the United Kingdom.

already be undergoing treatment. If the suspension is not revoked at the conclusion of the period established, it becomes definitive, and the actions are concluded.

In a similar way, in Finland, the prosecution for the use of a narcotic substance or for another related drug offence may be waived, if the act, with regard to the circumstances, has not been detrimental to the obedience of the law. Prosecution may be waived also if the perpetrator shows that he has entered into treatment approved by the Ministry of Social Affairs and Health.

In Germany, if an accused person is suspected of having committed an offence owing narcotic drug addiction and the penalty to be expected is imprisonment for a period not exceeding two years, the public prosecutor's office, with the approval of the court competent to open the main proceedings, may provisionally refrain from preferring a charge if the accused person proves that he has been under-going treatment for his addiction and that his rehabilitation is to be expected.

In Belgium, penal mediation makes it possible to avoid charges being brought if certain conditions proposed by the public ministry are complied with. Although the measure is of a general nature and is not only applicable to drug addicts, one of its conditions does affect them especially. Hence, when an offender alleges drug or alcohol-addiction as a cause of the offence, the public prosecutor may suggest that medical treatment or any other treatment that he deems appropriate be followed.

It can be seen that although each country has its own type of alternative measures, they are basically all very similar.

The measures applied in practise at the prosecution stage are mainly those described in the legislative analysis. Nevertheless, in Belgium conditional discharge, although not covered by any specific law is a legal practice used habitually for drug- addict offenders with the public prosecutor freely stipulating the conditions under which said conditional discharge is to be granted.

It is also necessary to point out that in Spain and Ireland, the possibility of submitting to treatment in an accredited centre is a criterion which carries considerable weight with the Prosecutor or Judge when deciding whether to order preventative custody or to lift this order.

1.3. Application stage

Legislation in all the countries studied includes alternative measures to imprisonment for the phase at which the Judge passes sentence and establishes the guidelines for its application. The following forms may be identified:

a) Postponement of the proceedings

The Judge may, following a hearing of the case, decide to postpone sentencing for an indeterminate length of time. If this decision is not revoked, it results in the conclusion of the proceedings. This option is only provided for in France, in Belgium under the title of "postponing of sentence delivery" and in Luxembourg.

- In Luxembourg, offences of consumption are expressly provided for. Postponement involves the obligation on the accused to submit to treatment. If the treatment is successfully completed, the postponement becomes definitive and the actions are deemed concluded.
- In France and Belgium, postponement is legislated for as a general procedure. In France, three different forms are provided for: simple postponement, postponement accompanied by probation (the system of probation is described in the section on suspension of application of the sentence) and postponement accompanied by therapeutic treatment, either because the Judge decides to order it at this stage, or because he decides to prolong the effects of the order handed down at prosecution stage. In Belgium, on the other hand, only two possibilities exist: either postponing of sentence delivery or probation (which may be aimed at treatment). It should be pointed out that when this involves postponing a firm sentence with imprisonment terms, the specific conditions may include the obligation to carry out work of a general interest or specific training. If the order is not revoked, postponement leads to dispensation of the sentence, even if the guilt of the accused is recognised.
- The postponement of proceedings option described for France and Luxembourg also appears to operate in Ireland, where it is known as Deferral of Sentence, though it is not based in legislation. This option is quite popular with the judiciary.

b) Exemption from criminal liability

- The drug addict may be declared not to be criminally responsible for the crime of which he or she is accused by reason of being in a state of complete intoxication or under the effects of withdrawal symptoms at the time when the offence was committed. A declaration of exemption from criminal liability prevents the Judge from passing a sentence on the accused for the offence committed. In Spain, this declaration is accompanied by a safety measure: compulsory internment in a treatment centre for a period of time which must be less than that of the prison sentence which would have been imposed if the accused had been declared criminally responsible.
- In Spain, it is possible to judge "Incomplete exemption from liability" when not all the necessary conditions for declaration of exemption from liability provided for are met. This declaration involves sentencing combined with a safety measure of internment in a treatment centre and the prison sentence corresponding to the offence for which the person is being tried. The safety measure must first be completed, and then the prison sentence, with the time spent in the treatment centre accounted as time completed in prison. If application of the prison sentence would jeopardise the effects achieved with treatment, the sentence may be suspended.

c) Release on probation

In Ireland, United Kingdom and Italy, the sentence concluding the procedure may result in an order for the release of the accused – under the supervision of the Probation Officers in Ireland and in the United Kingdom, and the social services in Italy.

d) Dispensation of the sentence

Proceedings for the offence of occasional consumption of drugs may end with a dispensation of the sentence in Portugal. This dispensation is not subject to any condition.

e) Suspension of application of the sentence

This is the most common measure. It is often an alternative measure of general application, which is provided for in the legislation of all the countries studied, but in some legislative codes a specific regulation is contained for drug addicts (Spain, Germany, Austria, Denmark, Greece, Italy and Portugal). Depending upon the country, the suspension may be simple or on probation with certain related conditions.

It consists of suspending, for a set period of time, effective application of the prison sentence imposed. During this period, as was mentioned above, the person has to comply with certain conditions.

Among the conditions for availing of this measure, one of the most important is the term of the prison sentence to be suspended. Each legislation, when regulating this measure, sets a maximum number of years in prison for which suspension is permissible. Once the period of the suspension is completed – this also varies from country to country – if it has not been revoked, it takes definitive effect, and the actions are terminated.

During the suspension period, the person benefiting from it is normally monitored by the probation service. This is a mechanism for monitoring and providing assistance to released offenders, within the framework of an alternative measure, whether of a general nature or specifically intended for drug addicts. In France, for example, the accused is released, but is subject to general measures intended to monitor his or her liberty of movement, and is obliged to fulfil certain judicial orders; in the case of drug addicts, this involves undergoing detoxification treatment.

Application of probation within the framework of suspension of the sentence exists in France, Belgium, United Kingdom, Denmark, Finland, Sweden, Ireland, Luxembourg, Italy and Portugal. Two trends may be seen:

- In Italy, Luxembourg and Portugal the social services are responsible for probation.
- In France, Belgium, United Kingdom, Sweden and Ireland, the probation system is the responsibility of special bodies created specifically for this purpose, which form part of the Justice and Prison Authority.

Each country has its own particularities in the regulation of suspension of the sentence. These include the following:

- In Greece, in accordance with the Law of 1987, the maximum period of suspension of the sentence, accompanied by the obligation to undergo treatment in a centre, was one year. At the end of this time, if the sentence suspended exceeds one year, the remainder is served in prison. A Regulation of 1993 has modified this provision. The minimum period has been eliminated if the drug addict successfully finishes the treatment programme, whereby he/she can be put on special parole (more favourable conditions than ordinary parole).

- In France like in Belgium, suspension of the sentence may be accompanied by a requirement to perform work of general interest in benefit of the community.
- Spain provides for suspension of the sentence with no prerequisite, for convicts suffering from a very serious illness with incurable ailments, such as AIDS, unless at the time of committing the offence they have another sentence suspended for the same cause.
- In Ireland, suspension of a prison sentence or part of a sentence for drug abusing offenders on condition that they undergo drug treatment is not a common measure. Treatment under the supervision of a Probation and Welfare Officer is more commonly arranged through the options of Deferral of Sentence or Probation Order.
- f) Replacement of the custodial sanction

Most of the legal systems studied provide general measures replacing imprisonment which may be availed of by drug addicts, provided they meet the legal requirements set out, even if they are not specifically provided for in them.

Mainly, four types of measures replacing a custodial sentence may be identified:

- In Germany a custodial sentence can be replaced providing the sentence passed does not exceed two years imprisonment.
- Work of general interest in benefit of the community is recognised in numerous countries. This consists of replacing serving of the prison sentence with performance of unpaid work in benefit of the community, in accredited associations and organisations. The conversion rate used to calculate how many days of imprisonment are replaced by how many hours of community work varies from country to country. In Spain, this measure replaces another replacement measure, weekend detention.
- The week-end detention (especially in Spain)
- The replacement of the prison sentence by day fines exists in various countries, such as Greece, Portugal, Finland and France. The conversion rate also varies from country to country.
- g) Special forms of application of prison sentences.

Some legal systems provide, in general terms, for particular forms of application of the prison sentences. In these cases, the accused are under the responsibility of the Prison Authorities, but they serve their sentences under certain specific conditions, which are quite different to those of ordinary prison sentences.

- In France, two alternatives are provided for:
 - The system of semi-release is applied to persons who have the possibility of working or of performing another re-socialising activity, and consists of allowing such people to remain in prison only on the days that they do not require to be absent in order to perform the activity in question.

- The second alternative provided for under French legislation consists of entrusting the defendant to a third party, such as , for example, an employer, although he or she continues to be under the responsibility of the prison authorities.
- In Finland, until now, there is a possibility, but rarely used, that a prisoner can attend drug treatment program in some drug treatment unit outside prison at day-time. The nights, the prisoner has to stay in prison. Moreover, there is now a proposal on possibility to allow a prisoner to attend full-time treatment (e.g.; drug treatment program) during imprisonment outside prison in a treatment/rehabilitation institution.
- In Spain, it is possible to serve part of the sentence in social rehabilitation centres, dependant units and extra-penitentiary units. These structures depend on the Prison Authorities but as far as possible must be located outside the prison establishment and are intended for convicts availing of the *tercer grado penitenciario* (prison rules allowing certain benefits, e.g. weekend release to inmates of good conduct) -i.e. nearing the end of their sentence- and those sentenced to weekend detention, for the purpose of social rehabilitation.

Finally, in a large number of countries, there exists the possibility of ordering conditional release of the prisoner once part of the prison sentence has been served.

The alternative measures applied in practice are the same as those provided for by law. However, they are not often recurred to.

a) Postponement of sentence

In Luxembourg, the measure of postponement of sentence accompanied by therapeutic treatment seldom results in termination of the judicial proceedings. In order for a person to avail of this measure, he or she normally has to spend time in prison and show favourable progress. It is the convict who applies to his or her probation officer to be allowed to serve the sentence in an external treatment centre.

- b) Suspension of sentence
 - The alternative measures provided for under Luxembourg legislation within the framework of suspension of sentence are only applied when the Judge is firmly convinced that the drug addict sincerely intends to undergo therapeutic treatment.
 - In Germany and Sweden this possibility is rarely used in the case of drug addicts.
 - In Spain, suspension of the sentence is not often ordered, because the objective condition that the offender is not a habitual offender (a prerequisite of eligibility for suspension) is not met on many occasions.
- c) Replacement of the custodial sanction
 - In France, the community work measure is applied widely, both as a main sentence and as a complementary sentence, within the framework of suspension of application of the sentence and in the framework of replacement of the prison sentence. In Spain, on the other hand, this measure is not often ordered, basically because of a lack of material resources for applying it. In Greece and Ireland, it is beginning to be used as an alternative measure for drug addicts, provided their addiction appears to be stable.

- In Spain, the replacement measures of day fines and weekend arrest are not often applied, largely because of the financial insolvency of offending drug addicts and a lack of suitable places to carry out the weekend arrests, respectively. Equally, lack of resources means that the extra-penitentiary units provided for are not an effective alternative measure.

2. Adjustment of practice to the legal provisions

2.1. Use of legal provisions

The trend is to use all the legal alternatives available. However, use of the measures is more limited than one might expect. In certain determined cases, clear cases of under-use of possible alternatives may be observed.

In Ireland, for example, the measures specifically intended for drug addicts are very seldom used.

In Portugal, suspension of the sentence accompanied by probation is not often applied to these persons.

In Germany in the case of addicts, replacing a sentence with an alternative measure, involving treatment and decided upon by a judge is more often used that the possibility of suspending proceedings at an earlier stage in the criminal procedure.

It should be pointed out once again that not all national experts have complete information on what is done in this regard, either because there are no public statistics on this subject or because more time is needed to get to know what exactly the results of these measures are. This is the case, for example of Austria where the legislation embracing this possibility has only recently been passed (in January 1998). For this reason it is necessary that a certain period of time elapses before these new measures are disseminated and accepted with it not being possible for the moment to draw conclusions on the degree of their use.

2.2. Overriding provisions, through the application of modalities not considered in legal texts

The principle of legality contained in all the legislative codes studied does not, in principle, allow for this possibility. In this sense, there is strict observance of existing legal norms.

- In Ireland, however, practise has overtaken legislation and still awaits formal positive recognition. The judges issue supervision orders similar to probation orders, but with a greater degree of control by the Judge over assessment of the process. This measure is not based on any written law. Indeed, the Government, in attempting to reorganise the system, is considering creating a specific set of laws relating to drug-related offences. The main focus of Government thinking in this area at present seems to be on the possibility of setting up Drug Courts on the model of those in Dade County, Florida.
- In Spain, the Penal Code of 1995 recognised situations which already existed in practise, and which now form part of legislation.

- In Belgium "prétorienne" conditional release is not legally defined, so it is down to the prosecutor to use his criteria depending upon the case, unless he receives some form of specific notification from the Ministry of Justice.

What is more, in Belgium, when a penal mediation measure is prescribed, the required conditions are not legal conditions, such as the obligation that the drug addict offender undergo a urine test or improve his/her academic performance. Rather, they are known as "creative measures" and are regarded as discretionary powers.

ACCESS TO ALTERNATIVE MEASURES

3. Character of alternative measures

3.1. Configuration of the alternative measures as a right somebody has access to when the requirements established in the norm are fulfilled, or as part of the discretionary power of the Judge or Tribunal (principle of opportunity)

It is necessary to meet certain legally determined personal and/or objective conditions in order to be eligible for the alternative measures. Once said conditions are complied with, it is the onus of the judge or the prosecutor to decide whether the drug addict should have access to these alternative measures.

For example, in France, Belgium and Luxembourg, the Public Prosecutor may propose to a drug addict (accused of offences related to consumption or other non drug-related offences) that he or she undergo a detoxification treatment which, if successfully completed, would lead to an ending of the actions taken. In Portugal, the Public Prosecutor may propose provisional suspension of the proceedings, but requires the consent of the Judge for this measure to be adopted.

The only case in which the Judge has no discretionary power to adopt a measure, is the case of recognition of exemption from criminal liability by reason of being in a state of complete intoxication or under the effects of withdrawal symptoms at the time when the offence was committed, as provided for under Spanish law. Nonetheless, although the Judge cannot impose a prison sentence on a drug addict declared exempt from liability, he or she must impose a safety measure, in this case internment in a treatment centre.

Another exception is worth mentioning. In Austria, apparently, if the sentence passed does not exceed two years imprisonment, the drug addict has the right to recourse to applicable alternative measures.

3.2. Compulsory or voluntary character of the alternative measures for the beneficiary

Access to the measures may be compulsory, often if imposed unilaterally by the Judge, or voluntary, if it is the defendant who applies for such measures to be applied or if he or she has the power to reject them.

The following, for example, are measures of voluntary access: proposals for treatment made by the Prosecutor in France, Belgium, Luxembourg, and Greece; the measure of suspension of the proceedings in Italy, Germany and Portugal, which requires the consent of the accused to undergo treatment, and community work in France, United Kingdom, Finland and Spain, which may be rejected by the defendant.

The degree to which an offender has to consent varies. As for treatment, it is believed that a person's consent increases his/her chances of success. For the best results to be obtained it is very important to obtain the co-operation of the addict. We believe that a minimum freedom of choice makes the offender play an active role in the suspension of the sentence.

The following measures, on the other hand, are compulsory: treatment orders made by Judges in France, Portugal and Luxembourg, and the measure of internment in a treatment centre, within the framework of the declaration of exemption from criminal liability, in Spain.

4. Personal requirements to be fulfilled in order to access the alternative measures:

4.1. Psychological factors

These do not appear to be determining factors for eligibility to alternative measures. Nevertheless we should not lose sight of the fact that a person with a serious psychological disorder has the possibility of declaring him/herself irresponsible for his/her actions and in this way have access to a measure which involves internment. In Italy, factors of 'danger to society' are taken into account.

4.2. Health condition factors

It is a requirement of eligibility to alternative measures specifically intended for persons with drug dependence that they prove their condition as such. In order to determine this, medical examinations may be performed as deemed necessary.

In Spain, although drug dependence must be proved, the determining factor in deciding the measure to be applied is the situation or state of the defendant at the time of committing the offence: if the offence was committed as a result of drug dependence, the sentence may be suspended, but if at the time of the offence the person in a situation of complete intoxication resulting from the drug, or under the effects of withdrawal symptoms, he or she is considered exempt from criminal liability.

In Belgium the law envisages alternative measures for those offenders who recognise their dependency on alcohol or drugs as the cause of the offence. Penal mediation supposes that the person committing the offence attributes it to dependence on alcohol or drugs only if the proposed measure consists of following treatment. The other modalities of penal mediation can be applied regardless of this.

4.3. Family related factors

No provisions are made for these as determining factors for eligibility to the alternative measures.

4.4. Work related factors

No provisions are made for these as determining factors for eligibility to the alternative measures.

In practise, all the factors mentioned are taken into consideration by the Judge when making his or her decision. All the data are collected during hearings at the first stage of legal proceedings or during the social surveys carried out by the body in charge of conditional release. Although from a legal point of view these factors do not determine a person's right to access alternatives, the judge does take them into account.. Basically, the stability of the defendant's lifestyle and especially his or her willingness to undergo detoxification treatment are taken into account.

Specifically, with regard to psychological factors, it may be seen that, for example in France, the existence of behavioural problems may result in the non-adoption of a measure of work in benefit of the community.

5. Objective requirements that have to be met in order to access the alternative measures:

5.1. Recidivism

In the regulation of alternative measures no express reference is made to recidivism, except in Spain, Italy and in Belgium.

In Spanish legislation, for example, recidivism does not prevent suspension of application of the sentence being agreed, provided that the Judge reasons this resolution. The legislation adds, however, that in order for suspension of the sentence or a measure replacing imprisonment to be ordered, the accused must not be a habitual offender, i.e. one who has been convicted for three or more offences covered in the same Chapter of the Penal Code, within a period of less than five years.

In Belgium, in order to benefit from a sentence suspension, the offender's criminal record cannot include a sentence for criminal liability or internment for a period of more than two months in an interment centre, and as regards the actual offence itself, this should not have a sentence exceeding five years of imprisonment. As regards the possibility of being eligible for sentence postponement, the criminal record of the offender should not include any prison sentence longer than twelve months and the offence in question should not have a prison sentence attached to it of more than five years. In Italy there is no express reference to recidivism, but Italian law states that the suspension of application of the sentence may only be agreed once per person, and release on probation twice per person. These limitations prevent or limit access by re-offenders to the measures.

In practice, recidivism counts against the offender when the Judge is considering application of an alternative measure.

5.2. Nature of the offence

In the majority of countries studied, the legislation provides, as well as alternative measures of a general nature, alternative measures intended for drug addicts accused of offences of consumption or other directly related offences (possession, purchase, cultivation or importation for the purposes of consumption) and in these cases, the nature of the offence is a determining factor in application of the measure.

Nevertheless, when it is a matter of adopting measures for addicts who have committed offences not envisaged within the specific legislation on drugs or offences of a general nature, the nature of the offence committed is not considered in application, but rather the length of the corresponding prison sentence.

In practise, it is not common for persons who have committed serious offences to have access to measures replacing imprisonment. In Denmark the perpetrators of a criminal offences classified as dangerous (such as a sexual offences, assault, drug trafficking, etc.) have no hope of benefiting from alternative measures.

Nevertheless, in certain cases, these people may benefit from other kinds of measures, such as entrustment of the person sentenced to a third party responsible for guarding him or her, as is the case in France.

5.3. Imprisonment term established for the offence

The duration of the prison sentence corresponding to the offence committed is a reflection of the seriousness of the offence, and influences the decision of the Judge in deciding whether to apply an alternative measure. For this reason, an objective condition for access to many alternative measures is that the prison sentence to be avoided or replaced should be of a duration of less than a certain length of time.

For example, the maximum period of imprisonment for which suspension is permitted varies from one country to another. In France and Belgium, prison sentences of up to five years may be suspended; in Spain and Portugal, the limit is three years and in the Netherlands six months.

Other measures which also establish the duration of the prison sentence as an objective condition are, for example, the semi-release system in France (prison sentences of less than one year), suspension of the proceedings in cases deriving from consumption of drugs or other directly related offences, provided for under Portuguese legislation (sentences of less than three years), penal mediation in Belgium (the offence committed must not incur a prison sentence of more than two years) suspension of proceedings in Germany (for those whose sentence does not exceed two years) and the prisoner-transfer measures in Spain (for sentences of less than one or two years in length).

5.4. To be under treatment at the time of the sentence

Although many alternative measures are accompanied by the obligation to undergo detoxification treatment, in general it is not necessary to be undergoing to treatment when the Judge decides on application of a measure. There are, however, some exceptions:

- In Spain, Italy and Germany, suspension of application of a sentence imposed on a drug addict, requires that the accused is already undergoing treatment.
- The same is the case in Greece, for the suspension of proceedings in offences of consumption.
- The general provision, recognised in Italy and Portugal, whereby preventative custody may not be decreed against a drug addict also requires that this person is undergoing treatment in a centre.

5.5. Others

In Ireland, one factor which is taken into consideration by the Probation and Social Welfare Officer when recommending adoption of an alternative measure is the conduct of the offender in measures prior to supervision or probation.

6. Procedure applied to define the most suitable alternative measure on the basis of the offender's needs

6.1. Technical team support

The advice which a Judge may receive in applying an alternative measure will depend upon the type of measure (sentence postponement, suspension,...) but basically comes in two forms; advice of a social/family nature and medical advice, intended to aid in determining the most suitable therapeutic treatment for the accused. These two can be used in combination and are not mutually exclusive.

The obtaining of social information is frequently the task of the probation service and exists in the majority of countries (Belgium for its postponement, suspension and conditional release provisions as well as Denmark, Finland, France, Ireland, the Netherlands, the United Kingdom and Sweden). The judge may ask for or *must* ask for (depending upon the case) the advice of the Probation Service (although the name of this service may vary from country to country) to submit a report on the offender's social and family situation. This report should contain information about the personality, family and professional situation of the individual in question and is given to the judge before he/she passes judgement. As we have already pointed out, the need for this report is either at the judge's discretion or may be obligatory depending upon the alternative envisaged. For example, in France and in Belgium it is at the Judge's discretion whether to request such a report, whereas in Ireland, the report is binding in cases in which the accused is dependent on drugs. It

should be pointed out that in Belgium as far as sentence suspension and postponement goes, this report is largely under-used.

Likewise, judges have the possibility, if they consider it necessary, to use expert advise (from psychiatrists, psychologists, etc.). This medical advice may be the responsibility of the public health services specialising in assistance to persons with drug dependency, such as, for example, the drug addiction prevention and treatment service in Portugal, or the local public drug dependency services in Italy.

The German system is different in that it allows the drug addict to take much of the initiative. It is up to the offender to show that a detoxification centre or a specialist in this field accepts to take charge of him/her. Then the judge bases his decision on this and on the medical conclusions of experts contacted by the addict. A similar situation exists in Austria (according to article 39 of the law on Drugs) and in Finland.

In Spain, this advice is generally given by expert forensic medical practitioners, a higher certified body at the service of the prison authorities.

At a practical level, the following particularities may be observed:

- In France, preparation of the urgent social reports may be the responsibility not only of the Probation Committees, but also of judicial monitoring associations. In both cases, the reports are prepared by professional social workers.
- In Portugal, the Judge may call on the advice of the technicians from the Institute of Social Rehabilitation.
- In Spain, technical advice regarding the social circumstances of the accused and the most suitable treatment for his or her condition may be offered by specialised services created through agreements between the *Consejo General del Poder Judicial* (General Council of the Judiciary) and the Autonomous Communities with powers in health matters and Social Services.

6.2. Other procedures, in case that the technical team support does not exist

The legislation analysed from the various countries studied does not specify what assessment system is to be used if a professional technical team does not exist to advise the Judge in taking his or her decisions.

In practice, if the Judge does not request the advice of the services to which he or she has access, the decision is taken on the basis of the elements available to him or her. In Ireland, if application of a measure which includes treatment in a centre is being considered, it is normal practice to request an assessment of the accused's situation from this centre.

6.3. Existence of standardised diagnostic instruments

No standardised diagnostic instruments have been identified in the legislation available, except in Greece, where a decree by the Health Minister has defined new characteristic features of the personality of drug addicts, requiring that the accused satisfy at least three of these characteristics

in order to be considered dependent on drugs. It should also be highlighted that in the United Kingdom there is a standard model for the Probation Services.

7. Co-ordination mechanisms between Judges and/or Prosecutors, and the professionals responsible for the application of alternatives

The legislative documentation available has not revealed the existence of this type of co-ordination mechanism.

At a practical level, three different real situations may be seen:

- In Belgium, France, Luxembourg, United Kingdom, Sweden, Denmark and Ireland, there is in principle no direct liaison between the Judge who agrees to application of a measure accompanied by treatment and the medical services responsible for this treatment. Nor is the co-ordination system totally developed in Greece, although in some cases specific collaboration has been observed.

Co-ordination is established through the Probation Committee and the judge supervising execution of sentences (Juge de l'Application des Peines) in France. In the Ministry of Justice there is a department with powers in the area of alternatives to prison. For their part, the regional managers of the Prison Service have specialist personnel dealing with the co-ordination of work done by the judicial and health services.

In Belgium, the co-ordination system is similar to that which exists in France in the sense that the application of the measure (which replaces the postponement, suspension or conditional release) is guaranteed by each court by a conditional release committee chaired by a magistrate and assisted by a lawyer and a civil servant, and in which the public prosecutor's has a consultative role. These commissions nominate the probation body in charge of checking that the conditions are complied with advising. They regularly receive the probation body's reports . Depending upon the circumstances, the committee may limit, modify or suspend the conditions but may not harden them.

This task is down to the Probation (and Welfare) Service in Ireland, Sweden, Denmark and the United Kingdom, to the Association for Probation and After Care in Finland and to the probation officers of the Central Social Assistance Service in Luxembourg.

- In Italy there exists a formal and direct connection between the services for the rehabilitation of drug addicts, the supervisory court, and the social services.
- In Spain, co-ordination mechanisms have been put in place in some Autonomous Communities through the figure of the Special Drug-Prevention Prosecutor.

In Germany, Austria and Finland these co-ordination mechanisms are not necessary since it is up to the addict to take the treatment initiative. The offender has to find his/her own treatment centre and subsequently prove that he/she has attended said centre.

Table 5 - Co-ordination mechanism

CO-ORDINATION MECHANISM	COUNTRIES
Probation committee	BELGIUM FRANCE
Probation and welfare service	DENMARK IRELAND SWEDEN UNITED KINGDOM
Associations for probation and after care	FINLAND
Probation officers of the of the central social assistance service	LUXEMBOURG
Services for rehabilitation of drug addicts/supervisory court/social services	ITALY
Special drug prevention prosecutor (Autonomous communities)	SPAIN
It is up to the addict	AUSTRIA FINLAND GERMANY

RESOURCES

8. Resources used in the application of the alternative measures to imprisonment

8.1. Community resources, general or specialised, in the health, social or educational field, etc.

Community resources from the areas of health and social services are used in applying alternative measures.

- The therapeutic treatment can be carried out in the specialised health services public or private of each country.
- In Italy, Luxembourg, Finland, Germany, Belgium, Sweden and Portugal, for example, there are public drug dependence treatment services. They go under different names, and are distributed geographically in different ways, but their functions are similar: to examine the accused drug addict, to advise the Judge on the suitability of treatment, and where applicable, to take charge of the same. Some of them, in certain country, are also in charge of supervising the private centres and accredited associations for the care of drug addicts.
- Treatment may also be carried out in private centres and associations specialising in the care of drug addicts, which may be run as businesses (as is the case in Portugal and Denmark) or as non-profit-making organisations (Italy). In performing their work, these centres must be accredited by the empowered authority, and registered in the record created for this purpose (France, Austria, Italy and Luxembourg). Treatment must be performed under the responsibility of

a specialist medical practitioner, accredited for these functions in a record specially kept for this purpose (France).

There are different forms of treatment, offered by different services: detoxification and rehabilitation centres, therapeutic communities, foster apartments and foster families.

- In Italy and Portugal, where the measures involve an element of supervision or probation, these tasks are carried out by the social services. In France and Belgium, on the other hand, the probation service forms part of the Prisons Authority.
- The community work measure is carried out by public bodies or by private organisations accredited by the empowered authority. The work offered by these bodies must be of public or social use in order to be accredited.

In these aspects, practise coincides with the legal provisions. Two other points are of interest:

- In Ireland and in Belgium, treatment for detoxification and maintenance with methadone, as well as being applied in specialised centres, may also be applied by general medical practitioners.
- In France, the Municipal Social Action Centres also play a role in application of the alternative measures.

	PUBLIC	PRIVATE	ACCREDITED NON PROFIT
Austria			X
Belgium	X		
Denmark		X	
Finland	X		
France			X
Germany	X		
Greece			
Ireland	X		X
Italy			
Luxembourg	X		X
Netherlands			
Portugal	X	X	
Spain			
Sweden			
United Kingdom	X		

Table 6 - Community resources in the health, social and educational fields

8.2. Resources specifically and exclusively used for the application of the alternative measures

The legislation of France, Luxembourg, Belgium, and Ireland provides for probation services intended for application of alternative measures to imprisonment of a general nature:

- In France, there are Probation Committees situated in the Tribunals de Grande Instance (civil trial court of general or major jurisdiction), under the responsibility of the Juge de l'Application des Peines. They form part of the Prison Authority. The situation is similar in Belgium.
- In Luxembourg, the probation officers from the Central Social Assistance Service are in charge of supervising offenders.
- In Ireland, this function is performed by the Probation and Welfare Service, which forms part of the Department of Justice. Its main role is to liaise between the Court and treatment services and to supervise the offender.

The functions are similar in the three models: to advise the Judge on the personal and social circumstances of the accused prior to adoption of any measure, to monitor the accused when released within the framework of an alternative measure and to promote social rehabilitation.

In Portugal, the specific resource intended for application of the alternative measures is the Institute of Social Rehabilitation, which is answerable to the Department of Justice.

In Greece, The Ministry of Justice is creating specialised therapeutic establishments for persons with drug dependence condemned to prison sentences. An institution with powers to supervise the beneficiaries of a suspension or community work measure has not yet been created.

9. Professional profile of those involved in the application of the alternative measures

9.1. Professional skills

- The services for treatment of drug dependence are formed by multi-disciplinary teams composed of doctors, psychologists, social assistants, educators, nurses (Germany, Austria, Denmark, Finland, The United Kingdom, Sweden, The Netherlands) and in some cases, legal advisers (Luxembourg). This profile is similar in all countries, both in public services and in private associations. All of these professions are subject to strict rules which have to be followed by all people working in treatment centres.
- \cdot With regard to the probation services, the majority of those agents working in these services are trained as social workers (France, Belgium, the Netherlands, Denmark and Sweden).
- · In Portugal, the technicians from the Institute of Social Rehabilitation are trained in Law and Psychology.

	TREATMENT OF DRUG DEPENDENCE SERVICES	PROBATION SERVICES
STAFF PROFILE	 DOCTORS PSYCHOLOGIST SOCIAL WORKERS EDUCATORS NURSES LEGAL ADVISERS (ONLY LUXEMBOURG) 	SOCIAL WORKERS

Table 7 - Staff profile on treatment and probation services

9.2. Specific training on alternative measures

The legislation under analysis does not cover this area.

In practice, social assistants working on the Probation Committees in France receive specific training to join the Prison Authority. Similarly, specific training is organised in the Netherlands, the United Kingdom and Sweden.

9.3. Voluntary staff intervention

In private non-profit-making associations, accredited to provide care to persons with drug dependence, is common practice for volunteer workers to participate. This is the case in Italy, Spain, Sweden, United-Kingdom and Ireland. In France, Germany, Belgium, Holland and Denmark on the other hand, they are less common.

10. Government Departments responsible for the alternative measures' funding

It is difficult to draw conclusions on the financing of alternative measures. The donations received do not always reflect correctly the role different sectors play in financing these measures. Although there are variations depending upon the type of measure in question, it is, generally the Administration of Justice and/or the prison and health authorities which constitute the main sources of finance for alternative measures.

- In France, Portugal, Finland, Sweden and Greece, the Prison Authorities provide most of the financing.
- However in Germany, Italy and Ireland, the Health Authorities bear the greatest burden of expense. Germany is in a different situation: in the case of treatment, the cost is covered mainly by the addict's health insurance policy or the addict him/herself if he/she lacks medical insurance.

Part of the financing may come from regional or local bodies, in countries where they have assumed powers in areas of health and social services. This is so in Spain, Austria, Belgium, Denmark, Finland (in the case of Waiver of Measures) and Sweden.

	CENTRAL	REGIONAL + LOCAL
AUSTRIA		X
BELGIUM		X
DENMARK		X
FINLAND		X
FRANCE	X	
GERMANY		
GREECE		
IRELAND	X	
ITALY		
LUXEMBOURG	X	
NETHERLANDS		
PORTUGAL	X	
SPAIN		X
SWEDEN		X
UNITED KINGDOM	Х	

Table 9 - Role of central and regional governements on funding

The public services of treatment of drug dependence, are financed by the Health Authorities and/or the Social Security and Social Services, sometimes under central control, sometimes under regional control, as indicated in the introduction to the descriptions for each country given in the Appendix.

The Probation services are financed by the Justice Authority in some cases and by the authority responsible for social services in others.

For their part, the private associations accredited to provide care to persons dependent on drugs also receive subsidies and aid from the public authorities.

The measures described below are not provided for in the legislation of all the countries covered by the study. This is a compilation of the measures used throughout the countries as a whole. Some of the measures, however, are used in several or all countries.

Table 8 - Funding sources

	ADMINISTRATION OF JUSTICE OR PRISON	HEALTH AUTHORITIES/SOCIAL SECURITY/SOCIAL SERVICES	HEALTH INSURANCE/ADDICT HIMSELF
AUSTRIA			
BELGIUM			
DENMARK			
FINLAND	X		

FRANCE	X		
GERMANY			X
GREECE	X		
IRELAND		X	
ITALY		X	
LUXEMBOURG			
NETHERLAND S			
PORTUGAL	X		
SPAIN			
SWEDEN	X		
UNITED KINGDOM			

CONTROL OF APPLICATION OF THE ALTERNATIVE MEASURES

11. Judicial control system of the application of the alternative measures

11.1. Periodical reports sent by the services in charge of the application of the measure to the Judge and/or Prosecutor

The reports periodically submitted to judges and/or prosecutors within the framework of the mechanisms for control of application of the measures come from two sources:

- reports prepared by the services directly responsible for application of the measure:
- reports prepared by the services responsible for supervision of application of the measure (probation officers in France and Finland or the Supervisory Judge in Spain) who in turn receive regular reports by those directly involved in application (e.g. the organisation or company where the defendant is performing community work).

In the first case, with regard to the measures involved in application of a treatment, two main tendencies in control mechanisms can be seen:

- In some countries, the submission of reports by treatment services to judges and/or prosecutors is an ordinary control mechanism (e.g. Austria, Finland, France and Spain). Specifically in Austria and Finland, the consent of the person under treatment is required for the progress report to be submitted to the judge.

In general, the frequency with which the reports are submitted is not regulated, but instead is decided on by the judge in each case. However, in the case of some types of alternative, frequency is established. In Austria, if the person under treatment gives consent, reports are submitted on a three-monthly basis and in Spain, the 'Juez de Vigilancia Penitenciaria' [Prison Supervisory Judge] must submit to the judge on a yearly basis a proposal recommending

continuation, termination or replacement of the safety measure of internment in a treatment centre, when this measure has been imposed as a result of exemption from criminal liability. In France, although no specific provisions are made, the treatments reports are normally submitted on a six-monthly basis.

- The second tendency can be seen in countries where no legal provision is made for this control mechanism (Germany, Denmark, the United Kingdom and Sweden).

This information system can also be seen in the application of measures not involving treatment. This is the case of the mediation measure which exists in Belgium, within the framework of which the mediators regularly report to the prosecutor.

The second form of report is that used within the framework of a double mechanism of control of execution of the measure (between the person directly responsible for application and the supervisory service, and between the latter and the judge or prosecutor). Thus, when the defendant is released under the responsibility of a service responsible for his or her supervision (Probation Officers in France and Finland, or Supervisory Judge in Spain), it is this service which is responsible for monitoring: it may summons the defendant, visit him or her in the treatment centre, or the centre or organisation where the measure is being served (for example community work) and may submit reports on progress and incidents to the judge responsible for the case, who in turn may also request any reports he or she deems necessary, and who can modify or interrupt application of the alternative measure. This monitoring system exists, for example, in Belgium, the Netherlands, Sweden, France, Ireland, Luxembourg and Spain, in various different forms (set out in the appendices to this report).

	NO CONTROL	ORDINARY (TREATMENT SERVICES REPORT TO JUDGES AND/O PROSECUTORS)	DOUBLE CONTROL
AUSTRIA		X	
BELGIUM			X
DENMARK	X		
FINLAND		X	
FRANCE	Χ?		Х?
GERMANY	X		
GREECE			
IRELAND			X
ITALY			
LUXEMBOURG			X
NETHERLANDS			X
PORTUGAL			
SPAIN		X	X
SWEDEN		Х?	X?
UNITED KINGDOM	X		

Table 10 - Reports mechanism

11.2. Periodical visits by the Judge and/or the Prosecutor to the services in charge of the application of the measures

In principle, legislation in the countries studied does not expressly provide for this possibility. Only French law provides that the judge should visit defendants who have been hospitalised for treatment, when they so request, and that probation officers or the judge supervising execution of the sentence, should visit the establishments where the community work is being carried out.

Nonetheless, in practice, this is a voluntary monitoring mechanism, which can be exercised in all countries, either by judges and prosecutors or by probation officers. However, its use varies greatly from one country to another: it is frequent in Austria, the Netherlands, the United Kingdom and France, but less common in Ireland. The possibility of such visits is neither provided for nor practised in Belgium, Denmark, or Italy.

CONSEQUENCES OF NON-FULFILMENT

12. Consequences that may arise in the following cases of non-fulfilment:

12.1. In the case that the person under the alternative measure fails to observe the condition of no re-offending during the time established for application of the measure

The general tendency in the models analysed, in the event of re-offence within the period established for application of the alternative measure, consists of a revocation of the measure. Some specific situations may be seen, depending on the type of measure applied and the stage of the proceedings at which it has been ordered.

At the prosecution stage

If the person offends when he or she is benefiting from an alternative measure which replaces preventative custody, the consequence of the act will be the revocation of the measure and the sending of the offender to prison pending trial. This is the case in Belgium, Portugal, Italy and the United Kingdom.

If an accused person, benefiting from a measure which brings the proceedings to an end (such as a suspension of the proceedings), commits an offence, the measure is revoked and the actions taken continue until a verdict is passed. This occurs in France, Germany, Greece and Portugal.

At the sentencing stage

At this stage of the proceedings, the legislation generally provides that if a person subject to an alternative measure re-offends, the measure must be revoked and the person shall be obliged to serve the sentence corresponding to the original offence.

Although this is the general rule, in practise the judge, attending to the circumstances of the accused, when the measure involves application of treatment, may in the new sentence order continuation of the treatment (Austria, Ireland and Greece).

12.2. In the case that the person under the alternative measure fails to fulfil any other of the established conditions for the application of the measures

Generally, failure to comply with any of the conditions imposed results in the revocation of the alternative measure. As can also be seen in Section 12.1 above, the consequences of this revocation will depend in the type of measure and on the phase of the proceedings at which it has been ordered.

However, in practice, revocation is not always automatic. On the one hand, in measures accompanied by probation, those responsible for supervision have a certain degree of discretion with regard to their assessment of non-compliance, and may therefore decide not to inform the judge of this circumstance, and thus prevent revocation (Sweden, Denmark and Luxembourg). On the other hand, in Denmark, Sweden, Finland, Italy and Portugal, failure to comply with the obligation may simply result in a caution, although if repeated on several occasions, non-fulfilment may result in revocation.

If the alternative measure is eventually revoked, the following different situations may result:

- In some countries, the time which has been spent under treatment is deducted from the prison sentence, such as for example in Ireland and Greece.
- Failure to comply with the sentences replacing custodial sanctions (such as community work) results in serving of the sentence thus replaced, but in some countries such as Spain –the time already spent serving the replacement measure is deducted. In France, violation of the obligations arising from the community work measure results in a prison sentence and a fine, which are expressly provided for such cases.

13. Consequences of non-fulfilment on the access to alternative measures in future trials

In the legislation examined, there are no express provisions in this area. However, in some countries, such as Italy for example, the legislation provides that the alternative measures may only be applied a certain number of times to each individual, or that non-reoffence (or the condition of not being a habitual offender, in Spain) may be a condition of access to the alternative measures. These circumstances mean that revocation of an alternative measure may in practise limit the possibilities of access to new measures at subsequent trials.

In any case, given that the ordering of an alternative measure depends to a great extent on the will of the judge, aside from the circumstances set out above which may limit his or her decision legally, there is nothing to prevent the judge from ordering a further alternative measure. However, in practice, it may be seen that in all countries, failure by the accused to comply with an alternative measure ordered for a previous offence has a negative effect on the assessment of by the probation officers, in their report to the judge, or by the judge himself in deciding whether or not to apply a further alternative measure (clearly the case in Sweden).

CONSEQUENCES OF A NEW SENTENCE

14. Consequences in the case that, during the application of alternative measures, a new condemnatory sentence is to be pronounced concerning an offence committed before the application of those measures

The consequences of such a circumstance are only expressly regulated in Belgium. In practise, although it may be seen that the consequences depend to a great extent on the discretion of the judge, and the seriousness of the fresh offence committed, two tendencies may be distinguished:

- In some countries, in the new sentence the judge reconsiders the alternative measure. If the offence is serious in nature, the new sentence may cause the immediate revocation of the alternative measure (Ireland, Germany, Denmark). If, on the other hand, the offence is not serious, and if the alternative measure is being fulfilled without adverse incidents, the judge may in the new sentence, resort to the alternative measure currently in force and extend its duration (Belgium, Denmark).
- The new sentence may have no effect on the alternative measure, which shall remain in force until its completion (for example in Sweden and Spain), after which the new sentence will be served (accumulation of sentences). An attempt is also frequently made to avoid serving of the new sentence, requesting either suspension or replacement by another alternative measure. In taking this decision, regularity and behaviour during fulfilment of the alternative measure will be taken into account.

AFTER MEASURE

15. Opportunities offered to the offender who completes the term of the alternative measures to complete his or her rehabilitation process

Therapeutic treatment as an alternative measure is not performed in services specifically created for this purpose by the Prison Authorities, but in community services, either public or private, specialising in treatment and care of persons with drug dependence. Once the alternative measure has been completed, prolongation of the treatment is entirely outside the judicial area, and depends exclusively on the will of the drug addict, who may have access to the available treatment services, normally run at local level.

It is therefore possible, on completion of the alternative measure, to continue the rehabilitation process in the same centres, although in general mechanisms do not exist to guarantee or provide such continuation. Nonetheless, in Luxembourg, the Central Social Assistance Service – or the social services of the treatment centre – generally provide support to persons which have completed treatment, either by offering them economic aid or by helping them to seek accommodation and employment while in the Netherlands, the probation officers attend to the person once the alternative measure has been completed.

A special case exists in Sweden, where the possibility of continuing treatment on completion of the measure must be provided for, and approved if deemed fit, before commencement of the alternative measure. The public authorities are responsible for providing the resources required extension of the treatment.

EVALUATION OF THE APPLICATION OF THE ALTERNATIVE MEASURES

16. Evaluation studies on the application of alternative measures

The information provided by the experts indicates that evaluation studies have been made in most countries into some of the aspects listed below. The exceptions are Greece, and Austria. In other countries, however, in some cases relevant information is not available to determine whether or not studies of this nature exist (the Netherlands, Luxembourg), and in other cases no bibliographic references are available (Germany, Denmark, the United Kingdom, Sweden).

The studies available do not necessarily offer information on each of the aspects dealt with, but often constitute starting points for research into this areas.

The corresponding bibliographic references are given in Section 16.6.

16.1. Degree of use of the alternative measures

Documents evaluating this area exist in Germany, Belgium, Denmark, the United Kingdom, France, Italy, and Portugal. In Ireland, annual reports are prepared on the use of therapeutic programmes for persons with drug dependencies, but they do not specify whether the programmes are carried out within the framework of an alternative measure.

16.2. Cost-effectiveness analysis

Denmark and the United Kingdom appear to be the only countries in the European Union in which studies have been drawn up in this area. The difficulty in determining precisely the authorities involved and their level of participation in financing the alternative measures, on the one hand, and the different concepts of effectiveness which may be used, on the other, may be the reason why priority has not been given to such studies.

16.3. Prevention of drug use relapse

The information provided by the experts suggests that in Germany, Denmark, the United Kingdom, Belgium and Italy, studies have been carried out regarding the role of alternative measures in preventing relapse into drug use. The assessment criteria probably vary from one country to another.

16.4. Prevention on crime offences relapse

This area has been assessed in studies carried out in Germany, Denmark, the United Kingdom, Sweden, and Italy. The time parameters used in each one are not known.

16.5. Rehabilitation standards attained

The experts indicate that work assessing this area has been carried out in Germany, Belgium, Denmark, the United Kingdom and Italy, although it must be presumed that different criteria have been used in evaluating the level of rehabilitation.

Table 11 - Evaluation studies on the application of alternatives measures

	DEGREE OF USE	COST- EFFECTIVENESS ANALYSIS	PREVENTION OF DRUG RELAPSE	PREVENTION OF CRIME OFFENCES RELEASE	REHABILITATION
AUSTRIA					
BELGIUM	X		X		X
DENMARK	X	X	X	X	X
FINLAND					
FRANCE	X				
GERMANY	X		X	X	X
GREECE					
IRELAND					
ITALY	X		X	X	X
LUXEMBOURG					
NETHERLANDS					
PORTUGAL	X				
SPAIN					
SWEDEN				X	
UNITED KINGDOM	×	X	X	x	X

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17. Evaluation studies on the attitudes regarding alternative measures

Only in Germany, Belgium, the United Kingdom, Spain and Italy do studies appear into the attitudes of the various groups listed below. It should be noted that the United Kingdom gives particular attention to the area of alternative measures, since it was one of the first countries to apply such measures (the community work measure, for example, originated in the United Kingdom), and as a result, enjoys a certain tradition in this field.

The corresponding bibliographical references are given in Section 17.8.

17.1. Attitudes of those subject to alternative measures

The information provided by the experts indicates that studies have been made in Germany, Belgium, Portugal and the United Kingdom, analysing the attitude of those subjected to alternative measures within the framework of criminal proceedings.

17.2. Attitudes of judges and prosecutors

Belgium and the United Kingdom appear to be the only countries where a study of this nature has been made. In Belgium an evaluation is made on a yearly basis of the attitudes of judges and prosecutors with regard to the measure of criminal mediation.

17.3. Attitudes of Health Services professionals

Once again, Belgium and the United Kingdom are the two countries which have shown an interest in ascertaining the attitudes of health service professionals to the alternative measures.

17.4. Attitudes of Social Services professionals

Belgium and the United Kingdom are joined by Italy to form the three countries where studies have been carried out in this area.

17.5. Attitudes of other Health Services users

In Belgium and the United Kingdom, assessments have also been made of the attitudes of health service users to the fact that these services also attend to drug dependants subject to alternative measures.

17.6. Attitudes of other Social Services users

In this area too, Belgium and the United Kingdom are the only countries where an analysis has been made of the attitudes of social service users to the fact that these services also attend to drug dependents within the framework of alternative measures.

17.7. Attitudes of the general public

The attitude of the general public to alternative measures has been studied in Italy, Belgium and the United Kingdom.

Table 12 - Evaluation studies on attitudes

	Of those subject to alternative measures	Of judges and prosecutors	Of health services professionals	Of social services professionals	Of other health services users	Of social services users	Of general public
AUSTRIA							
BELGIUM	X	X	X	X	X	X	X
DENMARK							
FINLAND							
FRANCE							
GERMANY	X						
GREECE							
IRELAND							
ITALY				X			X
LUXEMBOURG							
NETHERLANDS							
PORTUGAL	X						
SPAIN							
SWEDEN							
UNITED KINGDOM	X	X	x	X	X	X	X

17.8. Bibliographical references

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- · DI GENARO-LA GRECA. La droga, traffico, abuso, controllo. Milano, Giuffrè, 1992.
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Portugal

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Spain

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INFORMATION AND AWARENESS

18. Information and awareness campaigns about alternative measures

It appears that no country in the European Union has carried out information and awareness campaigns specifically centring on the question of alternative measures. However, in the United Kingdom and Spain, drug-prevention campaigns of a general nature have on occasions made reference to alternative measures for drug dependants.

In Denmark, the information available indicates that the increasing knowledge and use of the system of alternative measures by judges, prosecutors and lawyers has indirectly led to greater information and awareness regarding existence of these measures among those affected. The same case occurs in Belgium where a "vade mecum" for the judges, prosecutors and lawyers has been made.

In Greece, as a result of the imprisonment of drug addicts who were undergoing treatment in therapeutic centres, these persons have sent letters of protest to the press, stressing the importance of the application of alternative measures for the physical and social rehabilitation of drug dependants.

DEMAND REDUCTION POLICY

19. Insertion of the alternative measures in a demand reduction policy

Despite the lack of official pronouncements regarding inclusion of the system of alternative measures within a demand reduction policy, two tendencies may be observed:

- In Germany, Sweden, Austria, Spain, Greece, Luxembourg, and France, the alternative measures are framed within this policy. In Ireland, too, a move towards a policy of this nature is gradually being encouraged, but in practice, progress to date is insufficient. The measures provided for in Belgium – particularly the criminal mediation measure – are also beginning to be framed in these terms, although in practise they tend to reduce re-offending more than reducing demand. A recent regulation, dated 20 April, 1998, however, clearly states that the aim of alternative measures is to reduce demand.
- In Denmark, Finland, the United Kingdom, Italy and Portugal, there is no indication that the system of alternative measures is clearly framed within a policy of this kind.

In any case, the matter dealt with in this section needed to be analysed within the framework of a specific study, basically covering the possibilities provided by the information system of the EMCDDA in the area of demand reduction (EDDRA).

Table 13 - Demand reduction and policy

	INCLUSION OF THE SYSTEM OF ALTERNATIVE MEASURES WITH A DEMAND REDUCTION POLICY	NOT FRAMED IN DEMAND REDUCTION POLICY
AUSTRIA	X	
BELGIUM	X	
DENMARK		X
FINLAND		X
FRANCE	X	
GERMANY	X	
GREECE	x	
IRELAND	X	
ITALY		X
LUXEMBOURG	X	
NETHERLANDS		
PORTUGAL		X
SPAIN	X	
SWEDEN	X	
UNITED KINGDOM		X

OTHERS

Other considerations

The experts consulted for the purposes of preparing this report have indicated some areas in which analysis might be of interest for future research:

- Analysis of legislation to be applied to drug-dependent juvenile offenders.
- The system of assistance and treatment of drug dependants who have not benefited from an alternative measure, and are subjected to imprisonment.
- Consideration (or reconsideration) of the nature of the relations established between the judicial/criminal sphere and the social sphere in application of alternative measures intended for drug dependents.

For further information on the subjects dealt with here, with reference to each country, or for resolution of any uncertainties or gaps in this regard, please see the enclosed appendices.

EUROPEAN SEMINAR ON ALTERNATIVES TO PRISON FOR DRUG ADDICTS

Bilbao, 26 June 1998

Objectives

The design of the methodology which was agreed for the preparation of the Study of Alternatives to Prison for Drug Addicts envisaged the holding of a meeting in which all the experts who had contributed to the report could participate. These experts had previously filled in a questionnaire on the situation in their respective countries. Held in Bilbao on 26th June 1998, the European Seminar on Alternatives to Prison for Drug Addicts presented two basic objectives:

- On the one hand, it was a case of improving the content of the draft report, and also the national reports contained in the annexes to it, correcting errors which may have been overlooked in the description of the systems in force in different EU countries, or providing additional information aimed at facilitating understanding.
- 2) It was also a case of setting up a discussion forum to deal with two of the areas in which the greatest deficiencies were observed during the preparation of the report: co-ordination between the judiciary and social/health services, and evaluation of the application of alternatives to prison.

Participants

The Seminar was inaugurated by *Javier Ruiz*, Secretary for Drug Addiction of the Department of Justice. Economy, Employment and Social Security of the Basque Government, *Jesús Loza*, Deputy Regional Minister for Social Affairs of the Department of Justice, Economy, Employment and Social Security of the Basque Government, *Georges Estievenart*, Director of the European Observatory on Drugs and Drug Addiction, and *José María Abrego*, Rector of the Universidad de Deusto. Among the authorities of the Autonomous Administration of the Basque Country, *Jesús Antonio Pérez de Arróspide*, Adviser to the President of the Basque Government, also attended. Also Margareta Nilson and Petra Paula Merino, in charge at the EMCDDA of the co-ordination of the project, where present.

In the meeting representatives from the 'Instituto Deusto de Drogodependencias' were present, in their capacity as the institution in charge of the co-ordination of the study, plus representatives from 'Cassiopea XXI' and 'SIIS-Centro de Documentación y Estudios', who prepared the questionnaire, the analysis of the legislation and the scientific literature, and drew up the report.

Other participants included experts⁵ from all EU member states, with the exception of Germany and Portugal, and observers from some Eastern European countries (Lithuania, Romania and Hungary).

⁵ The complete list of experts who worked in the study is provided at the beginning of the document.

Content

Following the inaugural session, *Javier Elzo*, responsible for co-ordinating the study from the Instituto Deusto de Drogodependencias, made a presentation and summary of the content of the draft report prepared by the study groups from Cassiopea XXI and SIIS-Centro de Documentación y Estudios, a report which, in its initial version, had been previously sent to the participants. After the presentation each of the experts gave a brief report (given the restricted time available) of the comments and modifications that should be included in the description of the situation in their countries. These proposals were later written down and given to the study group so that it could analyse them and, where appropriate, incorporate them into the final version of the document.

The afternoon session focused on the discussion around two areas: the difficulties involved in coordination, observed in all systems, between the professionals from the different areas who intervene in the application of the alternatives, particularly between the judicial and social/health areas, and the evaluation of alternatives which are applied.

Co-ordination between the judicial system and social/health systems

Javier Huete, a Spanish expert in the study, introduced the debate on co-ordination. He is currently a Supreme Court Prosecutor, and until two years ago was the Special Prosecutor for Drugs in the Basque Autonomous Community.

Difficulties can arise in two phases of the procedure. The first occurs at the moment when the judicial authority takes a decision on the measure which should be applied, and the second during the execution of the sentence when it comes to applying the judicially defined measure and then monitoring it. Difficult situations sometimes arise between professionals who, despite the fact that they are from the social or health areas, intervene in the procedure at different stages. Some are part of the structure of technical team which advises the judicial authority before it takes its decision, while others are part of the reception/intake or treatment structures which actually design the content of the measure, carry it out, undertake its monitoring and (quite frequently) inform the Judge on the compliance (or not) of the chosen measure.

The speakers coincided in that difficulties of co-ordination basically arise from the co-existence of two different conceptions of the situation. On the one hand, it is clear that most penal systems for adults which are currently in force still work on the basis of the principle of retribution or punishment. Criminology, however, tends to consider the 'resocialising' nature of the sentences (including prison) and many legal systems do embrace these principles. In practice, however, the application of this conception is still in its early stages of development. In the area of alternatives for drug addicts, the matter becomes more complex because an element of comparison comes into play, and therefore opens up compared grievances. One of the fundamental principles of penal law is its strict application on the basis of equality: if the condition of drug addiction allows recourse to an alternative, it is essential to define the circumstances under which this can be applied, to avoid comparative grievances to the detriment of offenders of similar characteristics who are not drug addicts.

This fundamental problem, which should be corrected in legal systems, is a determining factor in the difficulties involved in the application of alternatives. Professionals from the judicial area should consider both the resocialising and sanctioning nature of the measure which is agreed and applied; health, social and education professionals tend, as a result of their training, only to take into account the resocialising

usefulness of the measure applied. These diverging visions can only lead to problems of co-ordination. Clearly, the solution to these divergences should, in addition to greater clarity and definition of the penal codes, take place through the introduction of changes in the training of people who work in this area. Personnel from the judicial area should obtain greater knowledge of social and health aspects, and health/social services professionals should improve their knowledge of legal and penal procedures.

Co-ordination difficulties of a more organisational than conceptual nature also exist, and it is probably possible to provide solutions more quickly in this respect. Quite often, the people who advise are not those who will later take on the responsibility for carrying out the measure, and those who have to do so may be rather reticent to apply measures on which they have not been consulted as to their suitability. It is clear that a communication channel between the people involved in the first phase and those who actually have to implement the measure would lead to a more flexible and efficient application of the measure or measures. This channel exists in some systems, such as those in Holland and Belgium, in the form of probation officers.

Evaluation of the application of alternative measures

The introduction to the debate on evaluation of the application of alternatives was made by *Wolfgang Werdenich*, an Austrian expert who is director of a prison and delegate of the Scientific Committee of the European Observatory on Drugs and Drug Addiction. In this area, one of the greatest difficulties also lies in the coexistence of different conceptions.

As regards the concept of evaluation, two main trends are observed:

- The reasoning adopted from the health and social standpoint is based on results, to summarise it as best one can, of the success of the treatment applied.
- The legal reasoning, from a penal standpoint, should take into account the social impact: political effects, public opinion, social justice, ideology and philosophy. This viewpoint requires that the measure applied to the individual should be adapted to the social function of the right to sanction.

Moreover, there are different levels of evaluation which may come into play in the area of alternative measures:

- · Viability: it is a case of determining if the measure will be efficient in the application modality proposed.
- · Acceptability: it is a case of defining if the measure is in fact applied as it should be.
- · Legal result: to evaluate if the application of the measure leads to positive results from the penal point of view and, basically, in terms of recidivism.
- Result of therapy: here, the evaluation focuses on determining whether the application of the measure leads to a reduction in the level of drug abuse, consumption patterns and, in general, the state of health of people benefiting from the measures.

Bearing in mind this diversity, and the still-recent introduction of alternatives in European legal systems, before starting on the design of an evaluation method specifically for this area, it seems worthwhile to make an effort to facilitate the viability and social acceptance of alternatives, relegating the evaluation of

their efficiency (from whatever point of view) to some time in the future. It is advisable to prepare the way for the not-too-distant future, developing standardised instruments for collecting information (at both national and international level) which will guarantee the comparability of the data. In this respect, some of the initiatives of the European Observatory on Drugs and Drug Addiction are particularly useful:

- the information system on treatment promoted by the Observatory makes use of key indicators on alternatives to prison and the treatment of people with drug addiction inside prison;
- · the data base on legislation offers up-to-date information;
- \cdot the EDDRA data base enables one to find cases of best practice at local level.

Final conclusions

The report on "Alternatives to Prison for Drug Addicts" is a major step forward in knowledge of the area: it provides a description of the current situation in European Union countries, both from the point of view of legal recognition and practical application. On the basis of this highly useful initial overview, more specific initiatives can be developed in the future, ones with more practical objectives. In this sense, the main trends highlighted in the Seminar were the following:

- The need to define the concept of 'alternative to prison' more clearly within the framework of the penal laws applicable to drug addicts who commit acts which are classed as offences.
- The need to analyse this subject in the framework of a wide debate, in which questions still to be discussed will be dealt with: the legalisation of consumption or the use and efficiency of prison sentences in the form in which they are applied in most penitentiary systems.
- · A detailed analysis of the nature of the relationship between drug addiction and delinquency.
- Design elements to improve co-ordination between the professionals who intervene in the adoption and application of alternatives, in particular the modification of the content of training programmes and setting up channels for co-operation.
- · Analyse the effect that the present divergence of criteria between legal and social/health conceptions has on the application of measures.
- Improve the information collection systems in existence at local, national and international levels with the aim of facilitating dissemination of best practice and comparison of results. In this respect, it is advisable to promote the use of the instruments designed by the European Observatory on Drugs and Drug Addictions, in particular the system of indicators, the legislative data base and the EDDRA data base referred to above.

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Belgium

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Denmark

Penal Code

Finland

Penal Code Act 1056 of 1996 on Community Service Act 449 of 1987 Act of State Funding of Probation and Aftercare

France

Penal Code the Criminal Procedures Code Public Health Code Act 70-1320, of 31 December 1970 Act of 22 June 1987 Circular 20C of 28 April 1995 Circular of the Ministry of Justice, 12 May, 1987 Act of 17 July, 1970 Circulars of the Ministry of Justice of 4 August, 1982 and 12 May, 1987 Decree 92-590 of 29 June 1992 Decree of 18 August 1993 Act of 1 July 1901 Decree of 26 August 1992

Germany

German Narcotics Code German Penal Code Act on Reform of Drug Legislation

Greece

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Ireland

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Italy

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Luxembourg

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Netherlands

Penal Code

Portugal

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Spain

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Sweden

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LEGISLATION SET OUT IN THE COMPENDIUM

"THE FIGHT AGAINST DRUGS AND DRUG ADDICTION IN EUROPE. TEXTS. LEGISLATION OF THE FIFTEEN MEMBER STATES OF THE EUROPEAN UNION IN THE FIGHT AGAINST DRUGS AND DRUG ADDICTION"

BY THE EUROPEAN MONITORING CENTRE FOR DRUGS AND DRUG ADDICTION

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Belgium

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Loi du 11 janvier 1993 relative à la prévention de l'utilisation du système financier aux fins du blanchiment de capitaux

Arrêté royal du 11 juin 1993 relatif à la composition, à l'organisation, au fonctionnement et à l'indépendance de la cellule de traitement des informations financières

Arrêté royal du 26 octobre 1993 fixant des mesures afin d'empêcher le détournement de certaines substances pour la fabrication illicite de stupéfiants et de substances psychotropes (en application des directives CEE telles qu'en vigueur en 1993) (précurseurs)

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Denmark

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Finland

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France

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Décret du 13 mai 1987 portant suspension des dispositions du Décret du 13 mars 1972 réglementant le commerce et l'importation des seringues et des aiguilles destinées aux injections parentérales en vue de lutter contre l'extension de la toxicomanie

Décret du 24 août 1988 portant suspension des dispositions du Décret du 13 mars 1972 réglementant le commerce et l'importation des seringues et des aiguilles destinées aux injections parentérales en vue de lutter contre l'extension de la toxicomanie

Arrêté du 20 décembre 1977 fixant le règlement intérieur type du placement familial ou communautaire des centres de traitement pour toxicomoanes

Arrêtés des 9 et 11 décembre 1981 portant inscriptions et modifications aux tableaux des substances vénéneuses (section II) (1982/34)

Décret nº 82-10 du 8 janvier 1982 portant création du comité interministériel de lutte contre la toxicomanie et la mission permanente de lutte contre la toxicomanie (1982/35)

Décret nº 82-200 du 25 février 1982 portant application de l'article L. 626 du code de la santé publique relatif à l'usage des substances vénéneuses (1982/36)

Arrêté du 25 février 1982 portant inscriptions et modifications aux tableaux des substances vénéneuses (section II) (1982/37)

Décret nº 82-818 du 22 septembre 1982 portant application de l'article L. 626 du code de la santé publique, relatif à l'usage des substances vénéneuses (1982/38)

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Décret n1 85-191 du 7 février 1985 modifiant le décret n1 82.10 du 8 janvier 1982 portant création du comité interministériel de lutte contre la toxicomanie et de la mission permanente de lutte contre la toxicomanie (1987/51)

Arrêté du 26 mars 1985 portant inscription aux tableaux des substances vénéneuses (section II) (1987/52) Décret nº 86.1327 du 10 décembre 1985 (1987/53)

Loi nº 86.76 du 17 janvier 1986 portant diverses dispositions d'ordre social (1987/54)

Arrêté du 9 juillet 1986 portant inscriptions au tableau des substances vénéneuses (1987/55)

Décret du 18 juillet 1986 modifiant le Décret de 1982-MILT (1987/56)

Circulaire du 12 mai 1987 relative à la coopération entre les autorités judiciaires et les autorités sanitaires et sociales pour l'application de la Loi du 31 décembre 1970

Décret nº 87-729 du 28 août 1987 relatif aux dissolutions de caoutchouc et aux colles à boyaux (1987/64) Loi nº 87/1157 du 31 décembre 1987 relative à la lutte contre le trafic de stupéfiants et modifiant certaines dispositions du code pénal (1987/65)

Circulaire DGS/1555/2D du 4 décembre 1987 relative aux familles d'accueil en toxicomanie Arrêté du 26 janvier 1988 relatif aux établissements agréés pour la cure de désintoxication Arrêté du 26 juillet 1988 portant inscription aux tableaux des substances vénéneuses (section II) (1989/5) Arrêté du 2 septembre 1988 portant modification aux tableaux des substances vénéneuses (section II) (1989/6)

Arrêté du 15 décembre 1988 portant modification des tableaux des substances vénéneuses et des exonérations de la réglementation des substances vénéneuses (section II) (1989/7)

Décret nº 88-1232 du 29 décembre 1988 relatif aux substances et préparations vénéneuses et modifiant le code de la santé publique (deuxième partie) (1989/8)

Loi de finances nº 88-1149 du 23 décembre 1988, insérant, dans le code des douanes, un article 415 (1989/1)

Loi du 28 juin 1989 relative à la prévention et à la répression de l'usage des produits dopants à l'occasion des compétitions et manifestations sportives, telle qu'amendée jusqu'en 1992 et en vigueur en 1996

Arrêté du 20 juillet 1989 relatif à la composition et au fonctionnement de la commission des stupéfiants et psychotropes

Décret du 11 août 1989 modifiant le Décret du 13 mars 1972 réglementant le commerce et l'importation des seringues et des aiguilles destinées aux injections parentérales

Arrêté du 22 février 1990 fixant la liste des stupéfiants (1991/64)

Arrêté du 22 février 1990 fixant la liste des substances psychotropes (1991/66)

Arrêté du 22 février 1990 fixant la liste des substances et préparations psychotropes soumises à déclaration d'exportation (1991/67)

Arrêté du 22 février 1990 fixant la liste des stupéfiants bénéficiants des dispositions de l'article R.5213 du code de la santé publique (1991/65)

Arrêté du 22 février 1990 portant exonération à la réglementation des substances vénéneuses destinées à la médecine humaine (1991/69)

Arrêté du 22 février 1990 portant exonération à la réglementation des substances vénéneuses destinées à la médecine vétérinaire (1991/70)

Arrêté du 22 février 1990 portant inscription sur les listes I et II des substances vénéneuses définies à l'article R.5204 du code de la santé publique (1991/68)

Arrêté du 22 février 1990 relatif aux carnets à souche pour commandes de stupéfiants par les pharmaciens (1991/71)

Arrêté du 22 février 1990 relatif aux carnets à souche pour prescription de stupéfiants (1991/72)

Arrêté du 22 février 1990 fixant la provision de stupéfiants que peuvent détenir, pour usage professionnel, les médecins, docteurs-vétérinaires, chirurgiens-dentistes et sages-femmes (1991/73)

Arrêté du 22 février 1990 relatif aux conditions de détention des substances et préparations classées comme stupéfiants (1991/74)

Code de la Santé Publique, articles L626 à L630-3 (1991/75)

Code de la Santé Publique, articles L5149 à L5219 (1991/76)

Décret du 9 mai 1990 portant création d'un Office central pour la répression de la grande délinquance financière (1991/50)

Décret du 9 mai 1990 portant création d'une cellule de coordination chargée du traitement du renseignement et de l'action contre les circuits financiers clandestins (TRACFIN) (1991/51)

Loi du 12 juillet 1990 relative à la participation des organismes financiers à la lutte contre le blanchiment des capitaux provenant du trafic des stupéfiants (1990/31)

Article 386 bis du Code des douanes inséré par la Loi du 12 juillet 1990

Arrêté du 22 août 1990 portant application de l'article R.5181 pour le cannabis (1993/59)

Circulaire DGS/SD 2D/90/7 du 2 octobre 1990 relative au contrôle du remboursement par l'Etat des frais de sevrage réalisé en milieu hospitalier pour les toxicomanes

Loi 90-1010 du 14 novembre 1990 portant adaptation de la législation française aux dispositions de l'article 5 de la Convention des Nations Unies contre le trafic illicite de stupéfiants et de substances psychotropes (1991/27)

Loi du 21 décembre 1990 autorisant l'approbation d'une convention contre le dopage

Arrêté du 22 janvier 1991 relatif aux substances et aux procédés mentionnés à l'article 1er paragraphe II de la Loi de 1989 sur le dopage

Décret 91-160 du 13 février 1991 fixant les conditions d'application de la Loi du 12 juillet 1990 relative à la participation des organismes financiers à la lutte contre le blanchiment des capitaux provenant du trafic des stupéfiants (1996/19)

Règlement 91-07 du 15 février 1991 relatif à la lutte contre le blanchiment des capitaux provenant du trafic des stupéfiants

Décret du 8 mars 1991 portant publication de la Convention des Nations Unies contre le trafic illicite de stupéfiants et de substances psychotropes de 1988

Loi du 31 juillet 1991 portant réforme hospitalière

Loi du 10 juillet 1991 relative au secret des correspondances (1992/48)

Loi du 19 décembre 1991 relative au renforcement de la lutte contre le trafic de stupéfiants (1992/49)

Décret du 7 septembre 1992 relatif aux substances et préparations vénéneuses et modifiant le code de la santé publique (1992/50)

Arrête du 9 janvier 1992 modifiant l'arrêté du 22 février 1990 portant exonération à la réglementation des substances vénéneuses

Arrêté du 28 janvier 1992 modifiant l'arrêté du 7 octobre 1991 fixant la liste des substances vénéneuses à propriétés hypnotiques et/ou anxiolytique dont la durée de prescription est réduite

Décret du 1er avril 1992 relatif aux conseils départementaux et communaux de prévention de la délinquance

Arrêté du 12 mai 1992 portant inscription sur la liste I des substances vénéneuses

Arrêté du 18 mai 1992 portant inscription sur les listes I et II des substances vénéneuses

Arrêté du 18 juin 1992 modifiant l'arrêté du 22 février 1990 portant exonération à la réglementation des substances vénéneuses

Décret 92-590 du 29 juin 1992 relatif aux centres spécialisés de soins aux toxicomanes

Circulaire 56 DG/2D du 6 octobre 1992 concernant le Décret n. 92-590 du 29 juin 1992 relatif aux centres spécialisés de soins aux toxicomanes

Arrêté du 23 juillet 1992 portant classement sur la liste des substances vénéneuses

Arrêté du 23 juillet 1992 fixant le modèle de convention type relative aux centres spécialisés de soins aux toxicomanes de statut associatif

Arrêté du 26 août fixant la composition du dossier de demande exigé lors de la création et de l'extension d'un centre spécialisé de soins aux toxicomanes

Arrêté du 26 août fixant le modèle de convention type relative aux centres spécialisés de soins aux toxicomanes gérés par un établissement public de santé

Arrêté du 3 septembre 1992 modifiant l'arrêté du 7 octobre 1991 fixant la liste de substances vénéneuses à propriétés hypnotique et/ou anxiolytique dont la durée de prescription est réduite

Arrêté du 9 septembre 1992 portant classement sur la liste des substances vénéneuses

Arrêté du 10 septembre 1992 portant application de l'application de l'article R.5179 du code de la santé publique (1992/52)

Arrêté du 10 septembre 1992 relatif à la prescription et à la délivrance des médicaments à base de buprénorphine par voie orale (1992/51)

Arrêté du 10 septembre 1992 fixant la liste des stupéfiants bénéficiant des dispositions de l'article R.5213 du code de la santé publique (1992/53) (modifié en 1995)

Arrêté du 20 octobre 1992 portant modification au classement des substances vénéneuses

Loi 92-1477 du 31 décembre 1992 relative aux produits soumis à certaines restrictions de circulation et à la complémentarité entre les services de police, de gendarmerie et de douane, Titre III

Loi 90-614 du 12 juillet 1990 telle qu'amendée en 1992 et en 1993 relative à la participation des organismes financiers à la lutte contre le blanchiment des capitaux provenant du trafic de stupéfiants

Loi 93-122 du 29 janvier 1993 relative à la prévention de la corruption et à la transparence de la vie économique et des procédures publiques; chapitre VIII: blanchiment (1996/18)

Arrêté du 5 mars 1993 portant approbation d'une convention constitutive d'un groupement d'intérêt public: Observatoire national des drogues et des toxicomanies

Arrêté du 11 mars 1993 portant création d'une mission nationale de contrôle des précurseurs chimiques Circulaire du 14 mai 1993; commentaire des dispositions du nouveau Code Pénal-extraits

Arrêté du 6 juillet 1993 modifiant l'arrêté du 30 juin 1989 relatif à la création d'un traitement statistique des données indirectement nominatives sur les toxicomanes ayant recours au système de soins

Arrêté du 18 août 1993 relatif aux réseaux de familles d'accueil pour toxicomanes gérés par des centres de soins conventionnés spécialisés pour toxicomanes

Arrêté du 7 mars 1994 relatif à la création et à la composition de la commission consultative des traitements de substitution de la toxicomanie

Circulaire 14 du 7 mars 1994 relative au cadre d'utilisation de la méthadone dans la prise en charge des toxicomanes

Circulaire DGS-DH 15 du 7 mars 1994 relative aux lits réservés pour les cures de sevrage dans les services hospitaliers et au développement des réseaux ville-hopital dans le cadre de la prise en charge des usagers de drogues

Instruction 94-087 JS du 17 mai 1994 relative au programme national de lutte contre les toxicomanies; actions du ministère de la jeunesse et des sports en 1994

Circulaire du 8 décembre 1994 relative à la prise en charge sanitaire des détenus et à leur protection sociale

Circulaire 4 du 11 janvier 1995 relative aux orientations dans le domaine de la prise en charge des toxicomanes en 1995

Arrêté du 23 janvier 1995 modifiant l'arrêté du 10 septembre 1992 portant application de l'article R.5179 du code de la santé publique (1996/6)

Décret 95-106 du 31 janvier 1995 relatif au contrôle du commerce des produits chimiques précurseurs de stupéfiants ou de substances psychotropes avec les pays n'appartenant pas à la Communauté Européenne

Note du 31 janvier 1995 aux directeurs d'hôpitaux au sujet de la délivrance des kits stéribox aux toxicomanes

Note d'information du Ministre de la Santé du 15 février 1995 relative aux traitements de substitution pour les toxicomanes

Décret 95-255 du 7 mars 1995 modifiant le Décret n. 72-200 du 13 mars 1972 réglementant le commerce et l'importation des seringues et des aiguilles destinées aux injections parentérales en vue de lutter contre l'extension de la toxicomanie

Arrêté du 7 mars 1995 relatif aux conditions de mise en oeuvre des actions de prévention facilitant la mise à disposition, hors du circuit officinal, des seringues stériles

Décret 95-284 du 14 mars 1995 portant code de déontologie des pharmaciens et modifiant le code de la santé publique

Décret 95-322 du 17 mars 1995 autorisant le rattachement par voie de fonds de concours du produit de cession des biens confisqués dans le cadre de la lutte contre les produits stupéfiants

Circulaire DGS/SP3/95 n.29 du 31 mars 1995 relative au traitement de substitution pour les toxicomanes dépendant des opiacés

Circulaire 37 du 12 avril 1995 relative à la prévention des risques infectieux chez les usagers de drogues par voie intraveineuse et à l'accessibilité au matériel d'injection stérile

Circulaire DGLDT/CRIM/DGS 20C du 28 avril 1995 relative a l'harmonisation des pratiques relatives à l'injonction thérapeutique

Arrêté du 9 mai 1995 portant création de la Mission de lutte anti-drogue-MILAD

Arrêté du 13 mars 1995 modifiant l'arrêté du 10 septembre 1992 fixant la liste des stupéfiants bénéficiant des dispositions de l'article R.5213 du code de la santé publique (1996/7)

Arrêté du 10 mai 1995 portant interdiction de l'exécution et de la délivrance de préparations magistrales (1996/8)

Arrêté du 19 juillet 1995 modifiant l'arrêté du 22 février 1990 fixant la liste des substances classées comme stupéfiants (1996/9)

Arrêté du 6 septembre 1995 modifiant l'arrêté du 10 septembre 1992 modifié fixant la liste des stupéfiants bénéficiant des dispositions de l'article R.5213 du code de la santé publique (1996/10)

Arrêté du 2 octobre 1996 relatif à la durée de prescription de médicaments à base de buprénorphine par voie orale (1996/11)

Arrêté du 11 octobre 1995 modifiant l'arrêté du 22 février 1990 fixant la liste des substances et préparations psychotropes soumises à déclaration d'exportation (1996/13)

Arrêté du 11 octobre 1995 modifiant l'arrêté du 22 février 1990 fixant la liste des substances psychotropes (1996/14)

Arrêté du 11 octobre 1995 modifiant l'arrêté du 22 février 1990 fixant la liste des substances classées comme stupéfiants (1996/12)

Arrêté du 25 octobre 1995 portant interdiction d'exécution et de délivrance de certaines préparations magistrales (1996/15)

Lettre DGS-DIV-SIDA 95-1320 du 15 octobre 1995 relative à la prévention du sida chez les usagers de drogues par voie intraveineuse et récupération des seringues usagées; programme de collaboration avec les communes, et en annexe: Avis relatif aux critères de fabrication et d'utilisation des récupérateurs de seringues usagées des toxicomanes

Avis du 27 octobre 1995 aux importateurs de produits chimiques susceptibles d'être utilisés pour la fabrication illicite de stupéfiants ou de substances psychotropes, Ministère de l'Economie et des Finances; en annexe: liste des produits pour lesquels l'importation en provenance de pays tiers à la Communauté Européenne est subordonnée à la présentation d'un agrément

Note d'information DGS du 14 décembre 1995 relative au traitement de substitution pour les toxicomanes Extraits du Code pénal tel qu'en vigueur en 1996: articles 222-34 à 222-51

Extraits du Code de la Santé Publique: articles L.626 à L.630, art. R.5149 à R.5219-1 tels qu'en vigueur en 1996

Arrêté du 24 janvier 1996 portant nomination à la Commission des stupéfiants et psychotropes

Circulaire DGS/DH 96-239 du 3 avril 1996 relative aux orientations dans le domaine de la prise en charge des toxicomanes en 1996

Arrêté du 10 avril 1996 relatif à la gestion automatisée des mesures d'injonction thérapeutique prononcées par les parquets des tribunaux de grande instance

Décret 96-350 du 24 avril 1996 relatif au comité interministériel de lutte contre la drogue et la toxicomanie et à la mission interministérielle de lutte contre la drogue et la toxicomanie

Décret du 24 avril 1996 portant nomination du président de la mission interministérielle de lutte contre la drogue et la toxicomanie

Arrêté du 25 avril 1996 portant nomination d'un délégué à la mission interministérielle de lutte contre la drogue et la toxicomanie

Loi 96-359 du 29 avril 1996 relative au trafic de stupéfiants en haute mer et portant adaptation de la législation française à l'article 17 de la Convention des Nations Unies contre le trafic illicite de stupéfiants et de substances psychotropes

Loi 96-392 du 13 mai 1996 relative à la lutte contre la blanchiment et la trafic de stupéfiants et à la coopération internationale en matière de saisie et de confiscation des produits du crime

Décret 96-494 du 7 juin 1996 instituant une aide de l'Etat à la mise sur le marché de matériels destinés à la prévention de la contamination par les virus du sida et des hépatites

Loi 96-542 du 19 juin 1996 relative au contrôle de la fabrication et du commerce de certaines substances susceptibles d'être utilisées pour la fabrication illicite de stupéfiants ou de substances psychotropes Circulaire du 9 juillet 1996 relative à la lutte contre la drogue et la toxicomanie au niveau départemental

Germany

Act on Reform of the Narcotic Drugs Legislation, 1981, amended by 1993/56 (1981/60)

Order concerning Foreign Trade in Narcotic Drugs, 1981 (1981/61)

Order concerning Domestic Trade in Narcotic Drugs, 1981 (1981/62)

Narcotic Drugs Prescription Order, 1981 (1981/63)

Narcotic Drugs-Cost Order, 1981 (1981/64)

Third Narcotic Drugs Legislation amending Ordinance, 1991 (1991/18)

Notification concerning control measures to be applied in foreign trade operations with non-EC countries in respect of certain chemicals for the purpose of preventing their diversion to the illicit manufacture of narcotic drugs and psychotropic substances, 1992 (1993/54)

Law to combat the illicit traffic in narcotic drugs and other manifestations of organized crime, 1992 (1993/55) : blanchiment

Law amending the Narcotic Drugs Act, 1992 (1993/56)

Fourth Narcotic Drugs Legislation Amendment Ordinance, 1992 (1993/60)

Act on the detection of profits from serious criminal offences (Money Laundering Act), 1993 (1994/41) : blanchiment

Betäubungsmittelgesetz-BtMG 275 in der Fassung der Bekanntmachung vom 1. März 1994

Greece

Law No 1916 of 1990 on the Protection of Society against Organized Crime (1992/14)

Decision No 2181 of 5 March of the Governor of the Bank of Greece (money laundering)

Decision of the Minister of Economics and the Minister of Health and Social Welfare of 1 July 1994 (prcursos)

Law No 2331 of 24 August 1995 on Money Laundering

Holland

Opium Act, as last amended by the Act of 23 June 1976 and Order by the Minister of justice, 16 August 1976 (Stb. 1976, 425), to publish the above text (1977/57)

Loi sur l'Opium du 12 mai 1928 telle qu'amendée jusqu'en 1985

Additional adjustement to the Opium Act (1986/40)

Decree of 1 October 1976 (Stb.1976, 499) stipulating the date of entry into force of Act of 23 June 1976 amending Opium act (Stb.424) (1980/104)

Import, Export and Transit of "Opium Act Drugs" - Decree 14 October 1976 N°45037 (Stb. 1976, 204)-Amendment of 24 May 1983 to the decree on the Import, export and transit of substances as referred to in section 2 of the Opium Act (Stb.1983, 104) (1980/106)

Decree of 18 October 1976 containing Rules for Supply on Prescription of Drugs referred to in Opium Act (Stb. 1976, 508) (1980/107)

Decree of 18 October 1976 providing for implementation of section 3a, subsection 1 of Opium Act (Stb.1976, 509) (1980/108)

Decree of 18 October 1976 containing Rules for Registration of Administration of Drugs as Referred to in Opium Act (Stb. 1976, 510) (1980/109)

Decree of 18 October 1976 laying down Regulations in Respect of Fees for Opium Licences (Opium Licences Fees Decree) (Stb.1976, 511) Amendments of 1/02/80 (Stb.1980, 51), of 4/03/82 (Stb. 1982, 181) of 23/06/83 (Stb. 1983, 387) to the Opium Licences Fees Decree (Stb. 1976, 511) (1980/110)

Decree of 18 October 1976 providing for Designation of Institutions referred to in section 6, subsection 3 of Opium Act (Stb.1976, 512) Amendment of 9/12/81 (Stb. 1981, 821) to the Decree providing for Designation of Institutions referred to in section 6, subsection 3 of Opium Act (Stb. 1976, 512) (1980/111)

Decree of 27 June 1979, containing designation of a Drug on the Ground of Opium Act (1980/112)

Décret du 25 avril 1980 portant désignation d'un produit- la méthaqualone- en vertu de la Loi sur l'Opium (1981/5)

Decree of 9 April 1981 concerning the designation of a number of substances pursuant to Section 2, subsection 2 of the Opium Act (1981/6)

Decree of 16 March 1982 concerning the designation of a substance pursuant to Section 2, Subsection 2 of the Opium Act (1981/6)

Decree of 16 March 1982 concerning the designation of a substance pursuant to section 2, subsection 2 of the Opium Act (1982/31)

Amendment to Decree on the import, export and transit of substances as referred to in section 2 of the Opium Act, n°206235, 24/05/1983 (1984/17)

Besluit van 23 Juni 1992, houdende regels ten anzien van de uitvoer van bepaalde chemicaliën (In-en uitvoerbesluit bepaalde chemicaliën) (chemicals)

Act of 10 December 1992 amending the Enforcement of Criminal Judgements (transfer) Act and the Code of Criminal Procedure in the interests of International Cooperation to confiscate the proceeds of crime

Act of 10 December 1992 amending the Criminal Code and the Code of Criminal Procedure and a number of other Acts of Parliament in order to extend the circumstances under which measures depriving persons of illegally obtained advantage and other financial sanctions may be applied

Rijkswet van 2juli 1993, houdende goedkeuring van het op 21 februari 1971 te Wenen tot stand gekomen Verdrag inzake psychotrope stoffen

Besluit van 17 september 1993 tot wijziging van het Besluit aflevering Opiumwetmiddelen op recept ten einde de verplichting tot het doen van een jaarlijkse voorraadopgave te vervangen door een verplichting tot het voeren van een doorlopende administratie (decree amending the Opium Act with regards to prescription of drugs)

Disclosure of Unusual Transactions (Financial Services) Act, 1993 (1994/60)

Explanatory Memorandum to the above text

Regulation BGW 94/70 of the Minister of Finance and the Minister of Justice laying down the indicators for determining whether a transaction constitutes an unusual transaction within the meaning of the Disclosure of Unusual Transactions Act

Identification (Financial Services) Bill, 1993

Ministerial Regulation WJB 93/1961 pursuant to the 1993 Identification (Financial Services) Act

Order 604 of 29 July 1994 defining the financial institutions and financial services falling within the scope of the 1993 Identification (Financial Services) Act

Arrêté royal du 14 décembre 1994 N°94.005738 portant désignation de services financiers dans le cadre de la loi sur la déclaration des transactions inhabituelles

Arrêté royal du 19 décembre 1994 N°94.005979 portant désignation de services financiers dans le cadre de la loi sur la déclaration des transactions inhabituelles

Décision 94/1699-M du 22 décembre 1994 du ministre des finances et du ministre de la justice portant définition des critères à appliquer pour déterminer si une transaction doit être qualifiée de transaction inhabituelle au sens de la loi sur la déclaration des transactions inhabituelles

Ireland

Misuse of Drugs Act, 1977 (1978/6) Misuse of Drugs Act (Commencement) Order, 1979 (1979/49) Misuse of Drugs (Exemption) Order, 1979 (1979/50) Misuse of Drugs (Designation) Order, 1979 (1979/51) Misuse of Drugs (Committees of Inquiry, Advisory Committees and Advisory Panels, 1979) (1979/52) Misuse of Drugs Regulations, 1979 (1979/53) Misuse of Drugs (Licence Fees) Regulations, 1979 (1979/54) Misuse of Drugs Act, 1984, No 18 of 1984 (1985/8) Misuse of Drugs (Designation) Order, 1988 (1993/9) Misuse of Drugs Regulations, 1978 (1993/10) Misuse of Drugs (Exemption) Order, 1988 (1993/11) Criminal Justice Act, 1994 Unofficial list about the implementation of Council Directive 91/308/EEC in the above mentioned text (Money Laundering)

Italy

Act No. 685 of 22 December 1975 -(partly repealed by E/NL.1992/15) (Art. 2,8,9,75,80,82,83) Control of narcotic drugs and psychotropic substances. Prevention and cure of dependence on such drugs or substances and rehabilitation of persons dependent on them (1976/13)

Regulation of Scientific Information on Pharmaceuticals, Decree of 23 June 1981 (1981/50)

Loi No. 663 du 10 octobre 1986, article 12 amendant l'article 47 bis de la loi No. 354 du 26 juillet 1974, concernant la mesure alternative de remise au service social avec mise à l'épreuve (1987/29)

Updated text of Law No. 1423 of 27 December 1956. Preventive measures in respect of persons posing a danger to security and public morality (1988/5)

Updated text of Law No. 575 of 31 May 1965. Provisions against the mafia (1988/6)

Excerpts of Law No. 152 of 22 May 1975. Provisions for the protection of public order (1988/7)

Excerpts of Law No. 646 of 13 September 1982. Provisons in the area of preventive measures in respect of assets, and additions to Laws No. 1423 of 27 December 1956, No. 57 of 10 February 1962 and No. 575 of 31 May 1965; establishment of a parliamentary commission on the phenomenon of the mafia (1988/8) Excerpts of Decree-Law No. 629 of 6 September 1982, coordinated with Conversion Law No. 726 of 12 October 1982 (Urgent measures for the co-ordination of the campaign against mafia criminality) (1988/9) Decree of 10 October 1988 (1988/85)

Legge 26 giugno 1990, telle qu'amendée en 1993-texte non officiel

Commentaires non officiels sur la Loi du 26 juin 1990 telle qu'amendée en 1993

Decree No. 309 of 9 October 1990. Consolidation of the laws governing drugs and psychotropic substances, the prevention, treatment and rehabilitation of drug addicts (1992/15)

Decree Law No 143 of 3 May 1991, consolidated in accordance with Conversion Law No 197 of 5 July 1991 (Money Laundering)

Decree of 19 December 1991 (Money Laundering)

Decree Law No 3 dated 12 January 1993, amending 1992/15 (1993/35) (lost validity)

Decree of 22 March 1993 updating the tables of narcotic drugs and psychotropic substances (1993/42) Excerpts from Decree-Law No 306, as amended (Money Laundering) (as in force in 1994)

Excerpts from Criminal Code, Article 648 bis (Money Laundering) (as in force in 1994)

Decreto-Legge 19 Maggio 1995, No 181: Disposizioni urgenti per l'attuazione del testo unico sulle tossicodipendenze, approvato con decreto del Presidente della Repubblica 9 ottobre 1990, No 309

Luxembourg

Arrêté ministériel du 28 janvier 1960 établissant la liste des substances considérées comme engendrant la toxicomanie (1960/14)

Arrêté ministériel du 10 février 1960, complétant l'arrêté du 28 janvier 1960 établissant la liste des substances considérées comme engendrant la toxicomanie (1961/71)

Arrêté ministériel du 14 janvier 1961, établissant la liste des substances considérées comme engendrant la toxicomanie (1962/38)

Arrêté ministériel du 28 février 1962 établissant la liste des substances considérées comme engendrant la toxicomanie (1963/59)

Règlement ministériel du 2 janvier 1963 établissant la liste des substances considérées comme engendrant la toxicomanie (1964/52)

Arrêté ministériel du 4 janvier 1965 établissant la liste des substances considérées comme engendrant la toxicomanie (1966/24)

Arrêté ministériel du 20 janvier 1966 établissant la liste des substances considérées comme engendrant la toxicomanie (1967/19)

Règlement ministériel du 12 mars 1968 établissant la liste des substances considérées comme engendrant la toxicomanie (1968/7)

Loi du 19 février 1973 concernant la vente de substances médicamenteuses et la lutte contre la toxicomanie (1973/44) (voir texte consolidé en 1992)

Règlement du 28 décembre 1973 déterminant la composition et le fonctionnement du service multidisciplinaire chargé de la lutte contre la toxicomanie et établissant les modalités de la cure de désintoxication (1974/33)

Règlement du 19 février 1974 portant exécution de la Loi du 19 février 1973 sur la vente des substances médicamenteuses et la lutte contre la toxicomanie (1974/34)

Règlement du 4 mars 1974 concernant certaines substances toxiques (1974/35)

Règlement ministériel du 6 mars 1974 établissant le modèle du registre spécial (1974/36)

Règlement du 20 mars 1974 concernant certaines substances psychotropes (1974/37)

Règlement du 26 mars 1974 établissant la liste des stupéfiants (1974/38)

Règlement ministériel du 2 avril 1974 établissant le modèle du bon de commande (1974/39)

Règlement ministériel du 2 avril 1974 établissant le modèle du carnet à souches et son modèle d'emploi (1974/40)

Règlement grand-ducal du 28 novembre 1980 complétant l'annexe du Règlement grand-ducal du 4 mars 1974 concernant certaines substances toxiques (1981/13)

Règlement grand-ducal du 6 août 1981 complétant l'annexe du Règlement grand-ducal du 4 mars 1974 concernant certaines substances toxiques (1981/14)

Règlement grand-ducal du 9 juillet 1982 modifiant l'annexe du Règlement grand-ducal du 4 mars 1974 concernant certaines substances toxiques (1982/4)

Règlement grand-ducal du 9 juillet 1982 complétant l'annexe du Règlement grand-ducal du 20 mars 1974 concernant certaines substances toxiques (1982/5)

Règlement grand-ducal du 9 juillet 1982 modifiant le Règlement grand-ducal du 26 mars 1974 établissant la liste des stupéfiants (1982/6)

Règlement grand-ducal du 16 août 1984 modifiant le Règlement grand-ducal du 26 mars 1974 établissant la liste des stupéfiants (1994/29)

Règlement grand-ducal du 22 août 1985 complétant l'annexe du Règlement grand-ducal du 20 mars 1974 concernant certaines substances psychotropes (1987/57)

Règlement grand-ducal du 13 décembre 1985 modifiant l'annexe du Règlement grand-ducal du 4 mars 1974 concernant certaines substances toxiques (1987/58)

Règlement grand-ducal du 13 juin 1986 complétant l'annexe du Règlement grand-ducal du 20 mars 1974 concernant certaines substances psychotropes (1987/60)

Règlement grand-ducal du 13 juin 1986 modifiant l'annexe du Règlement grand-ducal du 4 mars 1974 concernant certaines substances toxiques (1987/59)

Règlement grand-ducal du 23 janvier 1987 modifiant le Règlement grand-ducal du 26 mars 1974 établissant la liste des stupéfiants (1987/61)

Règlement grand-ducal du 30 juin 1976 modifiant l'annexe du Règlement grand-ducal du 4 mars 1974 concernant certaines substances toxiques (1994/22)

Règlement grand-ducal du 13 octobre 1988 modifiant l'annexe du Règlement grand-ducal du 4 mars 1974 concernant certaines substances toxiques (1994/23)

Règlement grand-ducal du 7 décembre 1990 modifiant l'annexe du Règlement grand-ducal du 4 mars 1974 concernant certaines substances toxiques (1994/24)

Règlement grand-ducal du 22 mars 1994 modifiant l'annexe du Règlement grand-ducal du 4 mars 1974 concernant certaines substances toxiques (1994/25)

Règlement grand-ducal du 7 décembre 1990 complétant l'annexe du Règlement grand-ducal du 20 mars 1974 concernant certaines substances psychotropes (1994/27)

Règlement grand-ducal du 8 mai 1993 relatif au commerce de stupéfiants et de substances psychotropes (1994/28)

Règlement grand-ducal du 15 septembre 1988 complétant le Règlement grand-ducal du 26 mars 1974 établissant la liste des stupéfiants (1994/30)

Règlement grand-ducal du 7 décembre 1990 complétant le Règlement grand-ducal du 26 mars 1974 établissant la liste des stupéfiants (1994/31)

Loi du 17 mars 1992 portant: 1. Approbation de la convention des Nations Unies contre le trafic illicite des stupéfiants et de substances psychotropes, faite à Vienne, le 20 décembre 1988; 2. Modifiant et complétant la Loi du 19 février 1973 concernant la vente de substances médicamenteuses et la lutte contre la toxicomanie; 3. Modifiant et complétant certaines dispositions du code d'instruction criminelle (1992/57)

Règlement grand-ducal du 13 août 1992 modifiant le Règlement modifié du 4 mars 1974 concernant certaines substances toxiques (1993/23)

Texte coordonné du 29 octobre 1992 de la Loi du 19 février 1973 concernant la vente de substances médicamenteuses et la lutte contre la toxicomanie, telle qu'elle a été modifiée (1993/24)

Loi du 5 avril 1993 relative au secteur financier, art. 38 à 41 (1994/26)

Règlement grand-ducal du 8 mai 1993 relatif au commerce de stupéfiants et de substances psychotropes (1994/28 et 1995/41)

Loi du 27 juillet 1993 attribuant des compétences nouvelles et modifiant les compétences de l'administration des douanes et accises concernant la fiscalité indirecte et les attributions policières (1995/40)

Règlement grand-ducal du 2 février 1995 relatif à la fabrication et à la mise sur le marché de certaines substances utilisées pour la fabrication illicite de stupéfiants et de substances psychotropes (1995/39)

Portugal

Legislative Decree Nº 48.547 of 27 August 1968 regulating the practice of the pharmaceutical profession (Paragraph 1 of Article 130 repealed) (1975/14) Codigo Penal, Decreto-Lei 420/70, de 3 de Setembro Legislative Decree Nº 791/76 of 5 November 1976 (1977/30) Order of the Secretary of State of Health, 29 July 1980, regarding pentazocine (1981/41) Decree-Law Nº 365/82 of 8 September 1982 (1984/18) Decreto-Lei 430/83 de 13 de Dezembro Portaria 167/87 de 10 de Março Decree-law Nº 83/90 (Service for the Prevention and Treatment of Drug Addiction) (1994/51) Portaria 217/90 de 24 de Março Portaria 218/90 de 24 de Março Decreto-Lei 214/90 de 28 de Junho Resolution of the Council of Ministers Nº 17/90 (1994/53) Resolution of the Council of Ministers Nº 31/91 (1994/54) Decreto-Lei 209/91 de 8 de Junho Resolução da Assembleia da Republica 29/91-Aprova, para ratificação, a Convenção das Naçoes Unidas contra o Trafico Ilicito de Estupefacientes e Substancias Psicotropicas Lei 27/92 de 22 de Julho de 1992 Decree-Law Nº 15/93 (1994/46) Declaração de rectificação 20/93-de ter sido rectificado o Decreto-Lei 15/93 Decreto Regulamentar 61/94-Regulamenta o Decreto-Lei 15/93 Decree-Law Nº 313/93 (Use of the Financial System for the Purpose of Money Laundering) (1994/52) Décret Réglementaire No. 61/94, du 12 Octobre 1994 (1995/10) (contrôle des précurseurs) Decree-Law 67/95 of 8 April (SPTT-VIDA) Decree-Law 81/95 of 22 April, amending Decree-Law 15/93 Decree-Law 325/95 of 2 December (Money Laundering)

Spain

Ley 17/1967, de 8 de abril, por la que se actualizan las normas vigentes sobre estupefacientes, adaptándolas a lo establecido en el Convenio de 1961 de Naciones Unidas (1967/43)

Act of 8 April 1967 to amend certain articles of the Criminal Procedure Act (1967/44)

Order of 31 July 1967 to amend the Schedules annexed to the 1961 Convention (1967/46)

Real Decreto 2829/1977, de 6 de octubre, por el que se regulan las sustancias y preparados medicinales psicotrópicos, así como la fiscalización e inspección de su fabricación, prescripción y dispensación (1978/59)

Order of 14 January 1981 implementing Decree 2829 of 6 October 1977 regulating psychotropic substances and medical preparations (Ministry of Health and Social Security) (1981/51)

Order of 15 January 1981 to include preparations containing tilidine in Schedule I annexed to the 1961 Single Convention on Narcotic Drugs (1984/42)

Order of 11 February 1981 to include preparations containing sufentanil in Schedule I annexed to the 1961 Single Convention on Narcotic Drugs (1984/43)

Order of 11 February 1981 to include the substances TCP, PHP or PCPY and PCE in Schedule I to the 1971 Convention on Psychotropic Substances (1984/44)

Order of 11 February 1981 to include the substance mecloqualone in Schedule II to the 1971 Convention on Psychotropic Substances (1984/45)

Order of 18 February 1982 to include preparations containing dextropropoxyphene in Schedule II annexed to the Single Convention on Narcotic Drugs of 1961 (1984/46)

Order of 20 May 1983 - methadone treatment (1984/47)

Order of 22 July 1983 to provide for the inclusion of methaqualone in Schedule II annexed to the 1971 Convention on Psychotropic Substances (1984/48)

Order of 22 July 1983 to provide for the inclusion of phendimetrazine and phentermine in Schedule IV annexed to the 1971 Convention on Psychotropic Substances (1984/49)

Order of 22 July 1983 to provide for the inclusion of benzphetamine and mazindol in Schedule IV annexed to the 1971 Convention on Psychotropic Substances (1984/50)

Resolution of 2 December 1983 of the General Directorate for Regulation of Pharmacies and Medicines to establish standards for the return of pharmaceutical specialities containing narcotic drugs in Schedule I of the 1961 Convention on Narcotic Drugs (1984/51)

Resolution of 4 April 1984 of the General Directorate for Regulation of Pharmacies and Health Products to establish additional regulations for the control of certain psychotropic substances (1984/52)

Order of 30 May 1984 to provide for the inclusion of pentazocine in Schedule III annexed to the Convention on Psychotropic Substances concluded in Vienna on 21 February 1971 (1984/53)

Order of 30 May 1984 to provide for the inclusion of 33 benzodiazepines in Schedule IV annexed to the Convention on Psychotropic Substances concluded in Vienna on 21 February 1971 (1984/54)

Order of 30 may 1984 for the inclusion of alfentanil in Schedule I annexed to the Single Convention on Narcotic Drugs, 1961 (1984/55)

Order of 30 April 1986 establishing the general rules for the standardization of medical prescriptions (1987/24)

Order of 30 May 1986 to include specified active substances in the schedules attached to the 1971 Convention (1987/25)

Royal Decree No. 1418 of 13 June 1986 regarding the functions of the Ministry of Health and Consumer Affairs (1987/26)

Constitutional Law 1/1988 of 24 March amending the criminal code with respect of illicit trafficking in drugs (1988/3)

Law 5/1988 of 24 March establishing the Special Office of the Public Prosecutor for the prevention and suppression of illicit trafficking in drugs (1988/4)

Order of 6 October 1987 to include specified active substances in the schedules attached to the 1971 Convention (1988/21)

Order of 14 January 1988 providing for financial assistance to bodies associated with the State which are carrying out regional programmes in accordance with the priorities of the National Drugs Plan (1988/22)

Order of 20 December 1988 to include specified active substances in the schedules attached to the 1961 Convention (1988/23)

Order of 20 December 1988 to include specified active substances in the schedule II attached to the 1971 Convention (1988/24)

Order of 28 September 1988 to include specified active substances in the schedules attached to the 1971 Convention (1990/18)

Royal Decree No. 75/1990 of 19 January regulating the use of opiates for the treatment of persons dependent on such substances (1991/42)

Order of 19 October 1990 to include specified active substances in the schedules attached to the 1961 Convention (1991/43)

Order of 19 October 1990 to include specified active substances in the schedules attached to the 1971 Convention (1991/44)

Orden de 10 de diciembre de 1991 por la que se regula el control de sustancias catalogadas susceptibles de desviación (1992/21)

Circular 1.029/1991, de 19 de diciembre, de la Dirección General de Aduanas e Impuestos Especiales, sobre precursores (1992/22)

Orden de 27 de febrero de 1992 por la que se excluye a la propilhexedrina de la Lista IV, anexa al Convenio de Sustancias Psicotrópicas de 1971 (1992/23)

Orden de 27 de febrero de 1992 por la que se transfiere el Delta-9-THC de la Lista I a la Lista II, anexas al Convenio de Sustancias Psicotrópicas de 1971 (1992/24)

Ley Orgánica 1/1992, de 21 de febrero, sobre protección de la seguridad ciudadana (1992/25)

Ley Orgánica 8/1992, de 23 de diciembre, de modificación del Código Penal y de la Ley de Enjuiciamiento Criminal en materia de tráfico de drogas (1993/43)

Artículo 263 bis, tras la modificación introducida por Ley Orgánica 8/1992, sobre la regulación de las entregas vigiladas

Real Decreto 1176/1992, de 2 de octubre, por el que se regula el registro de condenas por tráfico ilicito de estupefacientes y sustancias psicotrópicas, dictadas por los Tribunales de los países hispano-luso-americanos (1993/44)

Orden de 26 de enero de 1993 por la que se convocan ayudas económicas a entidades de ámbito estatal sin fines de lucro que desarrollen programas de alcance supraautonómico en el marco de prioridades del Plan Nacional sobre Drogas en 1993

Royal Decree 1079/1993 of 2 July regulating the remission of administrative penalties in drug matters (1993/34)

Real Decreto 1573/1993, de 10 de septiembre, por el que se somete a ciertas restricciones la circulación de los productos psicotrópicos y estupefacientes (1993/48)

Ley 19/1993, de 28 de diciembre, sobre determinadas medidas de prevención del blanqueo de capitales (1994/33)

Artículo 338, tras la modificación introducida por ley 21/1994, de 6 de julio, sobre la destrucción de la droga decomisada

Orden de 15 de Noviembre de 1994 por la que se regula el control de sustancias catalogadas susceptibles de desviación (1995/24)

Real Decreto 925/1995, de 9 de junio, por el que se aprueba el Reglamento de la Ley 19/1993

Reglamento de la Ley 19/1993, 1995, sobre determinadas medidas de prevención del blanqueo de capitales

Ley Orgánica 10/1995, de 23 de noviembre, del Código Penal

Ley 36/1995, de 11 de diciembre, sobre la creación de un fondo procedente de los bienes decomisados por tráfico de drogas y otros delitos relacionados

Ley Orgánica 12/1995, de 12 de diciembre, de Represión del Contrabando

Orden de 27 de diciembre de 1995 por la que se incluyen algunos principios activos en el anexo I del Real Decreto 2829/1977, por el que se regulan las sustancias y preparados psicotrópicos

Ley 3/1996, de 10 de enero, sobre medidas de control de sustancias químicas catalogadas susceptibles de desvío para la fabricación ilícita de drogas (precursores)

Sweden

Narcotic Drugs Act (1968 :64), as in force in 1996

Law 1981 : 227 of 1 July 1981 modifying Articles 1 and 3 of the Penal Law on Penalties for Smuggling of Goods 1960 : 418 (1981/52)

Law 1981 : 468 of 1 July 1981 modifying Articles 6 and 7 of the penal Law on Narcotics 1968 : 64 (1981/53)

Law 1981 : 226 of 1 July 1981 modifying Articles 1 and 3 of the Penal Law on Narcotics 1968 : 64 (1981/54)

Ordinance to amend Proclamation 1972 : 113 issued on 26 February 1981 pursuant to Article 1 of the Narcotic Drug Ordinance 1962 : 704 (1981/55)

Ordinance to amend Proclamation 1972 : 113 issued on 3 September 1981 pursuant to Article 1 of the Narcotic Drug Ordinance 1962 :704 (1981/56)

Law amending the Law (1960 : 418) on Penalties for the Smuggling of Goods (1986/1)

Act amending the Penal Law on Narcotics (1968 : 64) (1986/2)

Notification on list of narcotics, 23/1/1987 (SOSFS 1987 :2) (1988/62)

Decree by the National Board of Health and Welfare, 6/5/1987 (SOSFS 1987 : 10) (1988/63)

Decree by the National Board of Health and Welfare, 9/7/1987 (SOSFS 1987 : 18) (1988/64)

Ordinance regarding change of Narcotics Ordinance, 3/10/1987 (SFS 1987 : 1081) (1988/65)

Regulations from the National Board of Health and Welfare on methadone maintenance treatment and prescription of opiates for drug addiction, 29/1/1988 (SOSFS 1988 : 4) (1988/66)

Decree by the National Board of Health and Welfare concerning additions to the National Board of Health and Welfare Directions (SOSFS 1987 : 2) on the lists of narcotics, SOSFS 1989 : 31 (1990/24)

Decree by the National Board of Health and Welfare concerning additions to the National Board of Health and Welfare Directions (SOSFS 1987 :2) on the lists of narcotics, SOSFS 1989 : 31 (1990/25)

Act concerning the use of certain coercive measures at the request of a foreign State (1975: 295) as amended until 1990 (1991/28)

Narcotic Drugs Controls Act of 1992 (1995/13)

Narcotic Drugs Controls Ordinance of 1992 (1995/14)

Penal Code, Chapter 9, Sections 6 and 7, as in force in 1995

Penal Code, Chapter 36 on forfeiture

Act on Measures against Money Laundering, effective as from 1st January 1994

The Financial Supervisory authority's Regulations concerning control measures to prevent money laundering, of 13 january 1994

The Financial Supervisory Authority's general guidelines concerning control measures to prevent money laundering, of 13 January 1994

The Care of Alcoholics, Drugs Abusers and Abusers of Volatile Solvents (Special Provisions) Act (1988 : 870), including amendments until 1994.

United Kingdom

Misuse of Drugs Act 1971 (1971/42) Misuse of Drugs Act (Commencement N°1) Order 1971 (1972/23) Misuse of Drugs Act (Modification) Order 1973 (1973/38) Misuse of Drugs Act (Commencement N°2) Order 1973 (1973/39) Misuse of Drugs Act (Designation) Order 1973 (1973/40) Misuse of Drugs Regulations 1973 (1973/41) Misuse of Drugs (Safe Custody) Regulations 1973 (1973/42) Misuse of Drugs (Notification of and Supply to Addicts) Regulations 1973 (1973/43) Misuse of Drugs Tribunal (England and Wales) Rules (1975/61) Misuse of Drugs (Amendment) Regulations 1974 (1975/62) Misuse of Drugs (License Fees) Regulations 1974 (1975/63) Misuse of Drugs (Safe Custody) (Amendment) Regulations 1974 (1975/64) Misuse of Drugs (Amendment) Regulations (Northern Ireland) 1977 (1978/80) Misuse of Drugs Act (Designation) Order (Northern Ireland) 1977 (1978/81) Misuse of Drugs Act (License Fees) (Amendment) Regulations 1977 (1978/82) Misuse of Drugs Act (Modification) Order 1977 (1978/83)

Misuse of Drugs (Amendment) Regulations 1977 (1978/84) Misuse of Drugs Act (Designation) Order 1977 (1978/85) Misuse of Drugs (License Fees) (Amendment) Regulations 1981 (1981/39) Misuse of Drugs (License Fees) (Amendment) (Northern Ireland) Regulations 1981 (1981/40) Misuse of Drugs (License Fees) (Amendment) (Northern Ireland) Regulations 1982 (1983/3) Misuse of Drugs (License Fees) (Amendment) Regulations 1982 (1983/4) Misuse of Drugs (Amendment) Regulations (Northern Ireland) 1983 (1983/5 and 1984/4) Misuse of Drugs Act (Modification) Order 1983 (1983/6) Misuse of Drugs (Amendment) Regulations (1983/7 and 1984/7) Misuse of Drugs (License Fees) (Amendment) (Northern Ireland) Regulations 1983 (1984/3) Misuse of Drugs (License Fees) (Amendment) Regulations 1983 (1984/5) Misuse of Drugs Act (Modification) Order 1983 (1984/6) Misuse of Drugs (Notification of and Supply to Addicts) regulations 1983 (1984/8) Misuse of Drugs (Notification of and Supply to Addicts) (Amendment) Regulations (Northern Ireland) 1984 (1984/69)Misuse of Drugs (License Fees) (Amendment) (Northern Ireland) Regulations 1984 (1984/70) Misuse of Drugs (License Fees) (Amendment) Regulations 1984 (1984/71) Misuse of Drugs (Safe Custody) (Amendment) Regulations (Northern Ireland) 1984 (1984/72) Misuse of Drugs Act (Designation) (Variation) Order (Northern Ireland) 1984 (1984/73) Misuse of Drugs (Amendment) Regulations (Northern ireland) 1984 (1984/74) Misuse of Drugs Act (Modification) Order 1984 (1984/75) Misuse of Drugs Act (Designation) 5Variation) Order 1984 (1984/76) Misuse of Drugs (Safe Custody) (Amendment) Regulations 1984 (1984/77) Controlled drugs (Penalties) Act 1985 (1986/7) Misuse of Drugs Act (Modification) order 1985 (1986/8) Misuse of Drugs Regulations 1985 (1986/9) Intoxicating Substances (Supply) Act 1985 (1986/14) Drug Trafficking Offences Act 1986 (1986/10) Misuse of Drugs (Northern Ireland) Regulations 1986 (1987/15) Misuse of Drugs (Safe Custody) (Amendment) (Northern Ireland) Regulations 1986 (1987/16) Misuse of Drugs Act (Modification) Order 1986 (1987/17) Misuse of Drugs Act (Designation) Order 1986 (1987/18) Misuse of Drugs (Amendment) Regulations 1986 (1987/19) Misuse of Drugs (Safe Custody) (Amendment) Regulations 1986 (1987/20) Misuse of Drugs Act (Modification) Order 1989 (1991/8) Misuse of Drugs (Amendment) Regulations 1989 (1991/9) Misuse of Drugs (Amendment) (Northern Ireland) Regulations 1989 (1991/10) Misuse of Drugs Act (Modification) Order 1990 (1991/12) Misuse of Drugs Act (Designation) (Variation) Order 1990 (1991/13) Criminal Justice (International Co-operation) Act 1990 (1990/7) The Controlled Drugs (Substances Useful for Manufacture) Regulations 1991 (1992/44) The Controlled Drugs (Substances Useful for Manufacture) Regulations 1991 as amended by The Controlled Drugs (substances Useful for Manufacture) (Amendment) Regulations 1992 (1995/15) Criminal Justice Act 1993 (1994/58) (Money laundering : see sections 29 to 32) The Controlled Drugs (Substances Useful for Manufacture) (Intra-Community Trade) Regulations 1993 (1994/59)Money Laundering Regulations 1993 Drug Trafficking Act, 1994 (1995/11) Criminal Justice and Public Order Act 1994

Misuse of Drugs (Amendment) Regulations 1995 (1996/31) Misuse of Drugs (Amendment N°2) Regulations 1995 (1996/32) Misuse of Drugs Act (Designation) (Variation) Order 1995 (1996/33) Misuse of Drugs Act (Modification) Order 1995 (1996/34) Misuse of Drugs (Amendment) (Northern Ireland) Regulations 1995 (1996/35) Misuse of Drugs Act (Designation) (Variation) Order 1995 (Northern Ireland) (1996/36) Misuse of Drugs (Amendment N°2) Regulations (Northern Ireland) 1995 (1996/37)