

PUBLIC POLL SURVEY ON DRUG POLICY ATTITUDES  
IN 6 EU MEMBER STATES



This is a report on the results of a public poll survey on drug policy opinions among the general adult population of 6 European Union member states: Bulgaria, Czech Republic, Poland, The Netherlands, Sweden, and Denmark. The survey was conducted by the Hungarian Civil Liberties Union (HCLU) in cooperation with the following national partners:

*Bulgaria – Elena Yankova ([sopianep@online.bg](mailto:sopianep@online.bg))*

*Czech Republic - Robert Veverka ([robert@legalizace.cz](mailto:robert@legalizace.cz))*

*Denmark – Liese Recke ([lr@gadejuristen.dk](mailto:lr@gadejuristen.dk))*

*The Netherlands – Nicole Malstee ([nmaalste@gmail.com](mailto:nmaalste@gmail.com))*

*Poland – Agnieszka Sieniawska ([agnieszka.sienia@interia.pl](mailto:agnieszka.sienia@interia.pl))*

*Sweden – Berne Stalenkrantz ([berne.stalenkrantz@svenskabrukarforeningen.se](mailto:berne.stalenkrantz@svenskabrukarforeningen.se))*

The report was edited by Peter Sarosi ([sarosip@tasz.hu](mailto:sarosip@tasz.hu))

The research project was coordinated by Tamás Varga ([tamas.varga@tasz.hu](mailto:tamas.varga@tasz.hu))

#### **ABOUT HCLU**

The Hungarian Civil Liberties Union (HCLU) is a non-profit human rights watchdog NGO established in Budapest, Hungary in 1994.

The HCLU is a law reform and legal defence public interest NGO in Hungary, working independently from political parties, the state or any of its institutions. HCLU's aim is to promote respect and enforcement of fundamental rights and principles laid down by the Constitution of the Republic of Hungary and by international conventions. The HCLU also seeks to build and strengthen civil society and rule of law in Hungary and the CEE region. Since HCLU is an independent, non-profit organization, the financial resources are largely provided by foundations and individual donors.

Find more information on our websites:

[www.tasz.hu/en](http://www.tasz.hu/en)

[www.drugreporter.net](http://www.drugreporter.net)

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## BACKGROUND

The Hungarian Civil Liberties Union (HCLU) launched the European Drug Policy Initiative (EDPI), an international project, in 2008, in partnership with non-governmental organizations from 6 other European Union member states: Bulgaria, Czech Republic, Poland, The Netherlands, Sweden, and Denmark. The aim of the initiative is to improve drug policy reform advocacy in Europe by providing advocacy tools, sharing experiences among NGOs, and generating public discussion on drug policies. The project is supported by the Global Drug Policy Program of the Open Society Institute ([www.soros.org](http://www.soros.org)) and the Common Sense Drug Policy Foundation ([www.csdp.org](http://www.csdp.org)).

We selected these target countries in order to reflect the diversity of national drug policies and geopolitical characteristics found in the European Union. Bulgaria and Poland represent new member states with restrictive drug policies, while older member states like The Netherlands and Denmark are considered to have a more liberal approach. National drug policies cannot be differentiated using the East/West divide that exists within the EU. For instance, Sweden is famous for its democratic welfare society but has a traditionally restrictive attitude toward mind altering substances. On the other hand, the Czech Republic, having endured decades under a totalitarian regime, now endorses a relatively liberal drug policy.

There is a considerable amount of data on drug use patterns and on attitudes to drug use in Europe – but there are only a few surveys have been conducted on the attitudes of Europeans to drug policy issues, for example: what they think about drug laws, and specific types of intervention targeting drug users. The Eurobarometer survey (Eurobarometer 2006, 44), done in 29 European countries among the general population, showed that 26 percent of the general EU population supports the legalization of the possession of cannabis for personal use (numbers ranging from 8 percent in Finland to 49 percent in The Netherlands). However, we do not know if the remaining 74 percent would really support the punishment of individual cannabis users, and if they would, what kind of sanctions they would apply. We also lack reliable data on peoples attitudes regarding harm reduction.

In the first year of EDPI, HCLU and its partners conducted a public survey on drug policy attitudes. The purpose was to get some comparable baseline data on the recent state of public opinions on drug use and drug policy around Europe, especially in countries which have a unique or characteristic drug policy, be it repressive or progressive.

The survey focused on the following issues:

- Attitudes toward illicit drugs and people who use illicit drugs;
- The deterrent effect of drug legislation;
- Ideas about the optimal drug legislation;
- Priorities in the field of drug policy;
- Attitudes toward harm reduction interventions.

## **METHODS**

The survey was conducted between November 2008 and January 2009 and involved the 6 EDPI target countries. In September 2007 a similar survey was conducted in Hungary with somewhat different queries, thus we had to leave out those results from the comparison. Nevertheless, we shall refer to the Hungarian results during the report, wherever a comparison with the earlier results is possible and appropriate.

After a discussion with our national partners, we created 8 basic questions on important drug policy issues and asked them to put these questions to an existing national omnibus survey made on a representative sample of the general population. (See Annex for the original questionnaire.) An omnibus survey is a method of quantitative marketing research where data on a wide variety of subjects is collected during the same interview. With this method multiple research clients can provide proprietary content for the survey (paying to 'get on the omnibus'), while sharing the common demographic data collected from each respondent.

Some of our partners also asked country-specific questions, which were formulated by the partner organizations, based on their knowledge of the local specificities in drug use patterns and/or the policy situation. As it turned out, omnibus surveys are not conducted in all of the partner countries, so in some target countries we made Internet-based surveys. The following data details the circumstances of recording the samples:

### **Sweden:**

Age group: 18-74. Size of sample: 1000 people. Poll company: Novus Internet Panel.

### **Poland:**

Age group: 18-75. Size of sample: 904 people. Poll company: MillwardBrown SMG/KRC

### **Czech Rep.:**

Age group: +18. Size of sample: 1027 people. Poll company: Public Opinion Research Centre

### **Bulgaria:**

Age group: +18. Size of sample: 1200 people. Poll company: Scala Agency

### **Denmark:**

Age group: +18. Size of sample: 1122 people. Poll company: Synovate Denmark

### **Netherlands:**

Age group: 18-83. Size of sample: 1845 people. Poll company: PanelClix

### **Hungary:**

Age group: +18. Size of sample: 1000. Poll company: MediaCentrum

Hence, all the surveys are representative, and, since they were conducted within the same timeframe, are also comparable. In most countries, researchers conducted telephone interviews - except in Holland and Denmark, where online surveys were conducted. This is due to the fact that no other surveying options were available in these countries at the time of recording the sample.

We are aware of the limitations in the comparability of the results and it was not our intention to work with so strict methodology like the Eurobarometer survey. However, we think the poll results do show some basic tendencies in public attitudes, making it possible to identify the challenges and gaps for future drug policy reform activists.

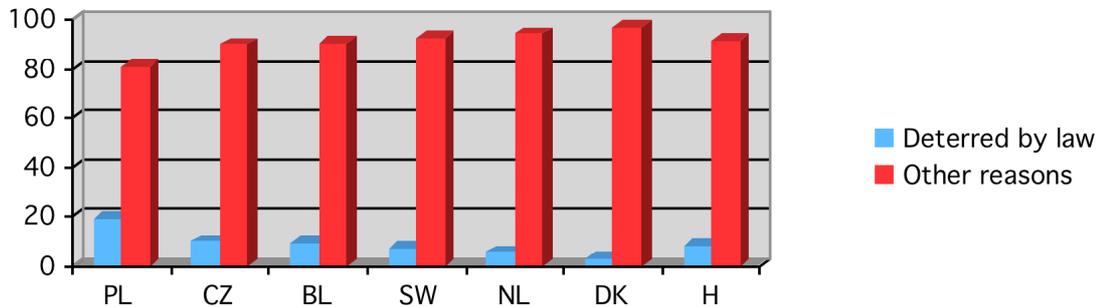
## RESULTS

In all the countries surveyed, only a small minority of the adult population seemed to be concerned about the legal consequences of illicit drug use. For the vast majority, criminal law had no significant deterrent effect, or at least it was not the most important factor in deciding whether to use or not to use illegal substances. Many respondents were much more concerned with the negative health or social consequences of drug use. However, there were some differences among countries: In Poland many people (18,7%) answered that the best argument not to use drugs is that “it is forbidden by law”, while in Denmark this rate was only 3%. In Hungary, the 2007 survey asked the question somewhat differently: “Does criminal law deter you from using illegal drugs? What option would you chose?” The possible answers were as follows: “A) Yes, I have never used drugs because it’s forbidden by the law; B) Yes, I don’t use drugs because it’s forbidden by law”; C) I don’t use drugs because it’s harmful – but not because it’s forbidden; D) No, I have been using drugs despite the fact that they are illegal; E) I don’t know or don’t want to answer”. 5% of the respondents answered that they have never used drugs because it is forbidden by law – contrarily, 86% of the respondent said that they don’t use drugs because it is harmful and not because it is forbidden. This result is consistent with the results of the polls in other countries.

TABLE 1: WHAT IS THE MOST IMPORTANT ARGUMENT THAT (WOULD) STOP YOU FROM USING ILLEGAL DRUGS?

	Poland	Czech Rp.	Bulgaria	Sweden	Holland	Denmark
it is forbidden by law	18,7%	10%	9,5%	7%	5,8%	3%
it is bad for my health	36,4%	34,2%	73,0%	50%	26,7%	56%
don't like the effects of drugs	4,7%	5,9%	10,1%	8%	9,5%	6%
drugs don't add anything to my life	20,4%	40%	20,3%	32%	47,4%	31%
my religion doesn't allow me	3%	1,7%	0,7%	0%	0,8%	0%
Other reason	1,7%	5,5%	1,4%	3%	9,9%	3%

FIGURE 1 - THE DETERRENT EFFECT OF DRUG LAWS IN THE GENERAL POPULATIONS



“An amendment adopted in Fall of 2000 deleted from the Polish drug law the non-prosecution clause regarding possession of small amounts of drugs for own consumption, and discontinued the depenalization policy of drug users. ... [the] new legislation had little influence on both, availability of drugs, and on the prevalence of drug use. It seems that availability actually increased during that time. At the same time prevalence rates of use for most drugs continued to grow. This seems to confirm that increasing severity of penal sanctions and intensity of law enforcement contributes little to the reduction of supply and demand for illicit drugs.”

Krzysztof Krajewski, "Deterrent Effect of Penal Law on Drugs Availability and Use - The Case of Poland" Paper presented at the annual meeting of the AMERICAN SOCIETY OF CRIMINOLOGY, Atlanta Marriott Marquis, Atlanta, Georgia, Nov 14, 2007.

“International comparative research in Amsterdam, San Francisco and Bremen suggests that penal policy with regard to the use of cannabis has little influence on the use patterns of experienced cannabis users.”

Cohen, P.D.A., H. Kaal (2001), *Penal policy has little to no influence on the use patterns of experienced cannabis users*, Press release October 25 2001.

It seems paradoxical that although people acknowledged that criminal laws have no deterrent effect on their own decisions about using illicit substances, there was a strong belief in the deterrent effect of criminal laws on others. The majority of respondents in all societies - except the Dutch - thought that people should be punished for the possession of drugs for personal use.

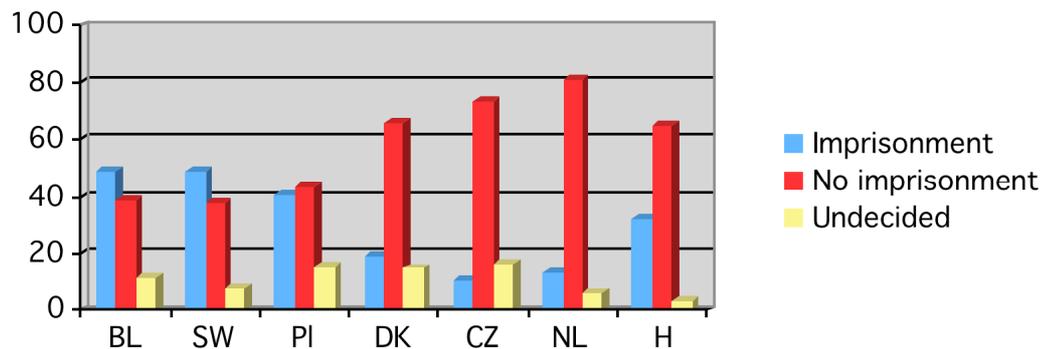
In regard to the possession or cultivation of cannabis for personal use, Swedes and Bulgarians seemed to be the most dismissive, where almost 50% would imprison people for personal use of cannabis, and this negative attitude was also very present in Poland (41,5%). It is interesting that the percentage of those who would not punish cannabis users was largest in Holland (55,9%). However, in this country more people would punish cannabis users with imprisonment (13,2%) or fine (25%) than in the

Czech Republic (11,1% and 25,6%). This means that the public attitude to cannabis users seems to be more polarized in Holland than in the Czech Republic.

TABLE 2: HOW WOULD YOU PUNISH PEOPLE FOR GROWING AND/OR POSSESSION OF CANNABIS FOR PERSONAL USE?

	Bulgaria	Hungary	Sweden	Poland	Denmark	Czech Rp.	Holland
I wouldn't punish them at all	7,4%	12%	8%	15,3%	30%	46,9%	55,9%
With imprisonment	48,9%	32%	49%	41,5%	19%	11,1%	13,2%
With a fine	31,5%	53%	30%	28%	36%	25,6%	25,0%
I don't know	11,6%	3%	8%	15,6%	15%	16,4%	5,8%

FIGURE 2 - OPINIONS ON THE NECESSITY OF IMPRISONMENT AS A PUNISHMENT FOR THE PERSONAL USE OF CANNABIS

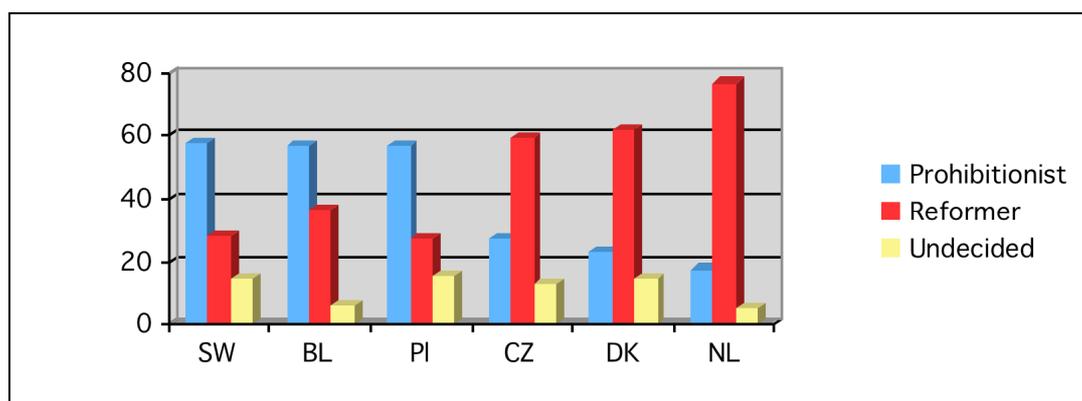


Similarly, when we asked people what is the most effective form of cannabis control, there were significant differences in the responses given. In Sweden, Bulgaria, and Poland, the majority of the respondents supported a “total war on cannabis” approach, while in the Czech Republic, the Netherlands, and Denmark the majority opinion is that cannabis users should not be punished. The country with the most repressive public attitude toward cannabis was Sweden – but here the support for the partial or full legalization of cannabis was bit stronger (13%) than in Bulgaria (10,4%) and in Poland (12,5%). The support for cannabis legalization was the strongest in Holland, where 63,5% of respondents would partially/fully legalize the use, distribution and cultivation of cannabis.

TABLE 3: WHAT IS THE MOST EFFECTIVE POLICY TO CONTROL CANNABIS IN YOUR OPINION?

	Sweden	Bulgaria	Poland	Czech Rp.	Denmark	Holland
Total War on Cannabis	58%	57,1%	59%	28,3%	23%	17,8%
Decriminalization	15%	25,9%	13,3%	31,3%	25%	13,1%
Regulation / tax	10%	8,6%	9,5%	23%	34%	52,4%
Full legalization	3%	1,8%	2,7%	5%	3%	11,1%
I don't know	15%	6,5%	16%	12,5%	15%	5,6%

FIGURE 3 - PROHIBITIONISTS (SUPPORTERS OF CRIMINALIZATION) AND REFORMERS (SUPPORTERS OF DECRIMINALIZATION OR LEGALIZATION) IN THE GENERAL POPULATION



Even if the public support for decriminalization and legalization is weak in countries with more repressive drug policies, it does not mean that the majority of these populations think that drug use is first and foremost a criminal issue to be solved by the police force. Only a small minority of respondents (5-15%) thought that drug users should be dealt with by a policeman. In Bulgaria and Sweden the majority considers drug use a problem that mostly concerns the family, while in Holland and Denmark most respondents would refer drug users to public health services. It was interesting to see how different the social and cultural context of negative attitudes to drug use was in countries with similarly restrictive drug legislation. In Poland for example most people thought a religious leader would be a competent person to deal with drug problems – this implies that religion may play an important role in making decisions on drug policy issues. However, in Sweden, where the majority also supports a restrictive approach to drug policy, the refusal has more secular grounds: only 9% of the respondents thought that a religious leader would be a competent person to deal with drug problems. In Hungary the polling company left the religious leader option off of the list of possible answers, possibly interfering with the results

and limiting the comparability. However, as we can see, only a small minority of respondents thought that a policeman would be competent to deal with a drug user.

TABLE 4: PLEASE RANK THE FOLLOWING PEOPLE ACCORDING TO THEIR COMPETENCE TO DEAL WITH PROBLEMATIC DRUG USERS THIS TABLE SHOWS WHAT RESPONDENTS RANKED THE MOST IMPORTANT)

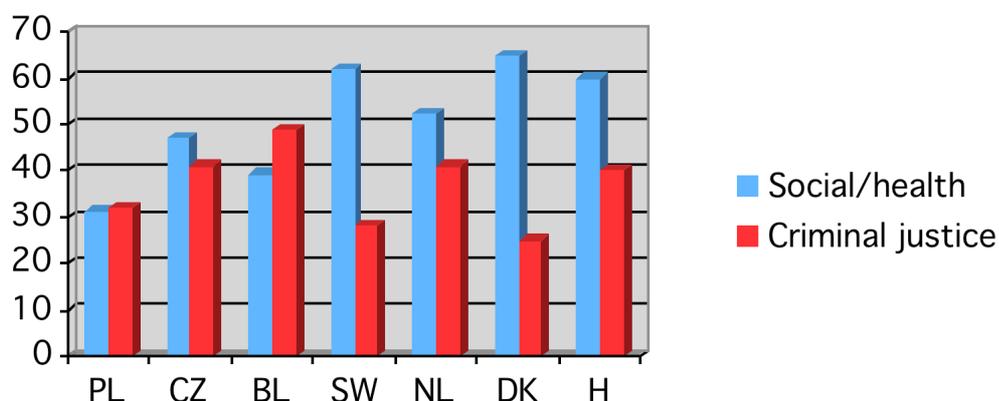
	Poland	Hungary	Czech Rp.	Bulgaria	Sweden	Holland	Denmark
Family member	16,5%	45%	18,9%	57,4%	39%	16,2%	28%
Doctor/Health Care Worker	18%	19%	45,9 %	26,2%	35%	54,4%	36%
Social Worker	15%	9%	17,7%	4,4%	10%	9,8%	22%
Policeman	15,9%	20%	11,4%	8,6%	15%	10,1%	5%
Religious leader	15,2%	n.a.	6,1%	3,9%	1%	9,5%	9%

In most countries, the majority of respondents considered drug use a public health and/or social issue and not a criminal problem – except in Bulgaria, where the majority of respondents (48,7%) thought that arresting and punishing drug traffickers and/or users is the most important intervention in the field of drug policy. However, the proportion of those respondents who considered the arrest of drug users the most important intervention was higher in Poland (13,9%) than in Bulgaria (4,1%). The majority presumed that prevention, treatment, and social care programs are more important than criminal justice measures in Poland (47,3% vs. 31,9%), in Sweden (72% vs. 28%), in Holland (58,7% vs. 41,3%) and in Denmark (76% vs. 25%). An interesting finding was again that the Dutch society seemed to be more polarized when it came to drug policy options than the other nations. The 2007 Hungarian survey left out “Social care/harm reduction” from the list of possible answers – but the results show that the majority of the adult population would prioritize educational and public health interventions.

TABLE 5: PLEASE RANK THE FOLLOWING ACTIVITIES ACCORDING TO THEIR IMPORTANCE!  
(THIS TABLE SHOWS WHAT RESPONDENTS RANKED THE MOST IMPORTANT)

	Hungary	Poland	Czech Rp.	Bulgaria	Sweden	Holland	Denmark
Prevention/ education	53%	16,5%	33,5%	34,1%	57%	46,9%	54%
Social care/ harm reduction	n.a.	15%	13,4%	5,2%	5%	5,4%	11%
Arresting and punishing drug traffickers	33%	18%	30,8%	44,6%	27%	34,4 %	19%
Arresting and punishing drug users	7%	13,9%	10,8 %	4,1%	1%	6,9%	6%
Treatment/ rehabilitation	7%	15,8%	11,5%	13,3%	10%	6,4%	11%

FIGURE 4 – OPINIONS ON THE PRIORITIES IN THE FIELD OF DRUG POLICY (SOCIAL/HEALTH PROGRAMS OR LAW ENFORCEMENT)



Needle and syringe exchange programs are the most cost-effective methods in the fight against the spread of HIV among injecting drug users (IDUs). There is strong and consistent scientific evidence that needle exchange programs work, and this has

been acknowledged by all UN bodies (WHO, UNAIDS, UNODC 2004). In the European Union, several official documents (the Council Recommendation of 18 June 2003 on the prevention and reduction of health-related harm associated with drug dependence, the EU action plans on drugs) endorsed needle exchange programs/schemes. In most countries national drug strategies call for a greater access to sterile injecting equipment for IDUs. However, in some regions there are significant barriers for IDUs to reach these services due to the lack of political commitment and the discriminatory attitudes of the local authorities who oppose harm reduction on ideological grounds.

“ ... UNAIDS, including our Cosponsors and in particular UNODC and WHO, have amassed a considerable body of strong and consistent evidence on the effectiveness of harm reduction measures. Conversely, there is no evidence of the major negative consequences of such interventions...”

Michel Sidibé, Executive Director, UNAIDS

“[Member States should] provide where appropriate, access to distribution of condoms and injection materials, and also to programmes and points for their exchange.”

Council Recommendation of 18 June 2003 on the prevention and reduction of health-related harm associated with drug dependence. Point 2(10).

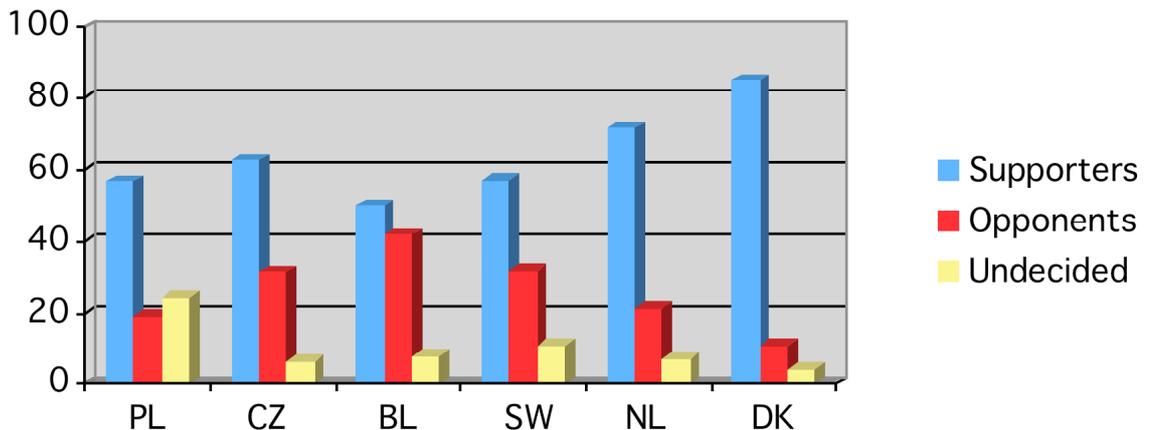
We were glad to see that in contrast to the false belief that harm reduction is a security threat, the majority of the general population in all target countries recognized the need for harm reduction and supported needle and syringe exchange programs. This means that even those who support a ‘total war on drugs’ have realized the need for effective HIV and Hepatitis prevention among injecting drug users. However, we found a big gap between East and West regarding the attitudes to harm reduction programs. In Bulgaria only 50% of respondents would provide drug users with sterile needles to stop the spread of blood born infections like HIV and Hepatitis. In Denmark, the proportion of supporters reached 85 percent.

It is interesting that in the Czech Republic, where people are quite open and liberal when it comes to cannabis, they become much less open when it comes to injecting drug use. Only 61,5% of Czech said yes to providing IDUs with needles. On the other hand, in Sweden, where the majority of people stand up for a drug-free society, only a slightly lesser number of respondents (57 percent) supported needle exchange than in the Czech Republic. Notwithstanding, if we look at the actual needles exchange programs operating in the two countries we can find only 2 needle exchange sites with restricted access in Sweden (and no NSP in the capital, Stockholm) but an almost country-wide coverage in the Czech Republic, where harm reduction is one of the three basic pillars of the national drug strategy.

TABLE 6: DO YOU AGREE TO PROVIDE STERILE NEEDLES TO DRUG USERS TO STOP THE SPREAD OF BLOOD BORN INFECTIONS LIKE HIV AND HEPATITIS?

	Poland	Czech Rp.	Bulgaria	Sweden	Holland	Denmark
Definitely yes	31,8%	26,8%	29,8%	22%	45,9%	54%
Rather yes	24,8%	34,7%	20,2%	35%	25,9%	31%
Rather no	8,4%	15,9%	13,4%	12%	10,6%	4%
Definitely no	11%	16,4%	28,5%	20%	10,6%	7%
I don't know	24,4%	6,3%	8,1%	11%	7,0%	4%

FIGURE 5 - SUPPORTERS AND OPPONENTS OF NEEDLE EXCHANGE PROGRAMS (PERCENTAGE)



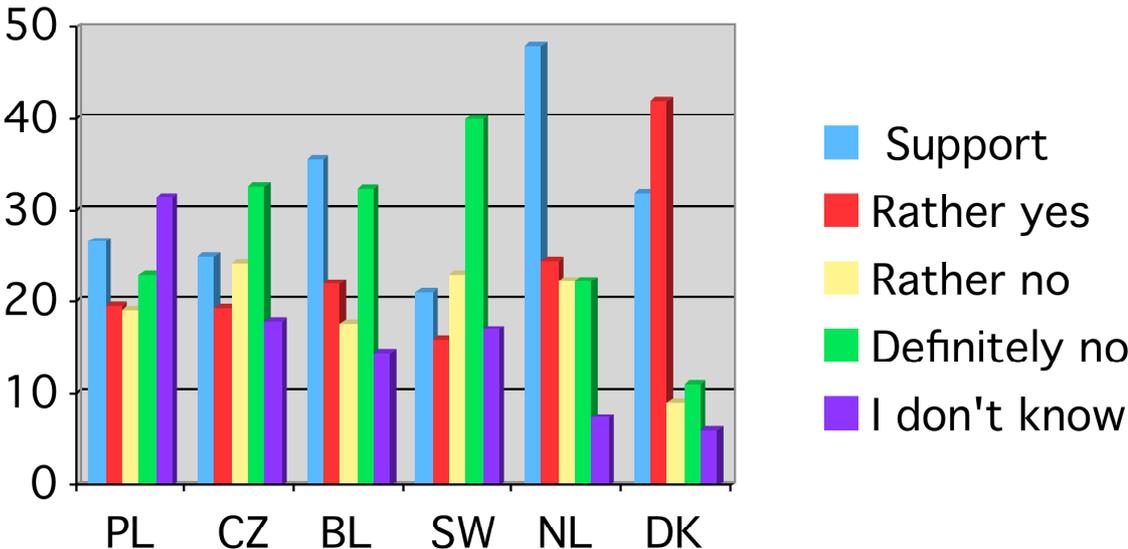
Heroin maintenance programs target heroin users who had failed multiple withdrawal programs, they provide them with legal heroin in medically supervised clinics. Heroin maintenance exists in, among other countries, Switzerland (Nordt C. és Stohler R. 2006), Germany (Dieter Naber et al. 2006), The Netherlands (Blanken P. et al. 2005), Spain (March JC et al.), and Canada (Small D. és Drucker E. 2006). According to scientific research these programs are effective at improving the health and living conditions of clients, and reducing drug-related crime, infections, and overdoses. However, in most countries only a minority of the population supports these interventions – probably because of the misconception that these programs will result in more heroin use (they do not). From our target group there is only one country – The Netherlands - where heroin maintenance was an intervention legally supported by the government at the time of the survey. However, in Denmark the government also decided to approve heroin prescriptions for addicts, and maintenance treatment will start soon. In these two

countries the support for heroin maintenance was much higher than in the other target countries: in Holland 48,1% and in Denmark 74% of respondents would allow these programs to operate. Interestingly, 35,6% of Bulgarian respondents would also say yes to the idea of heroin prescriptions for addicts – in contrast with only 24,3% of Czech and 25,3% of Polish. In Poland there was a significant proportion of respondents (31,7%) who seemed to be undecided on this issue. As we expected, the refusal of heroin maintenance was the highest in Sweden, where 40% said definitely no and only 19 percent were in favour.

TABLE 7: DO YOU AGREE TO PRESCRIBE HEROIN FOR THOSE ADDICTS WHO CANNOT BE TREATED IN ANY OTHER WAYS?

	Poland	Czech Rp.	Bulgaria	Sweden	Holland	Denmark
Definitely yes	6,7%	5,6%	13,6%	5%	23,3%	32%
Rather yes	19,1%	18,7%	22,0%	16%	24,8%	42%
Rather no	19,2%	24,1%	17,7%	23%	22,2%	9%
Definitely no	23,7%	33,8%	32,3%	40%	22,4%	11%
I don't know	31,7%	17,8%	14,4%	17%	7,4%	6%

FIGURE 6 - SUPPORTERS AND OPPONENTS OF HEROIN MAINTENANCE PROGRAMS (PERCENTAGE)



"Most European Union member states have implemented many harm reduction programs, as have Australia, Canada and Switzerland among the eighteen countries in our sample. Even amongst these countries though there is resistance to some elements of Harm Reduction. For example, safe injecting rooms are rare and heroin maintenance, pioneered in Switzerland, is so far available on a routine basis in only two other countries, Germany and the Netherlands."

Report on global illicit drug markets 1998-2007. Ed. Peter Reuter and Franz Trautman, Brussels: European Commission, 2009. 41.

"The harm reduction policy of Switzerland and its emphasis on the medicalisation of the heroin problem seems to have contributed to the image of heroin as unattractive for young people."

Nordt, Carlos, and Rudolf Stohler, "Incidence of Heroin Use in Zurich, Switzerland: A Treatment Case Register Analysis," *The Lancet*, Vol. 367, June 3, 2006, p. 1830.

"Overall, results indicate that heroin prescription is a very promising approach in reducing any type of drug related crime across all relevant groups analyzed. It affects property crime as well as drug dealing and even use/possession of drugs other than heroin. These results suggest that heroin maintenance does not only have an impact by reducing the acquisitive pressure of treated patients, but also seems to have a broader effect on their entire life-style by stabilizing their daily routine through the commitment to attend the prescription center twice or three times a day, by giving them the opportunity for psychosocial support, and by keeping them away from open drug scenes."

Ribeaud, Denis, "Long-term Impacts of the Swiss Heroin Prescription Trials on Crime of Treated Heroin Users," *Journal of Drug Issues* (Tallahassee, FL: University of Florida, Winter 2004), p. 188.

## DISCUSSION

When analysing and comparing the results, one may discover a significant diversity in drug policy attitudes in the target countries – these differences are rooted in historical, cultural and demographic differences. One division line is geographical, it divides new and old member states. In former socialist countries the use of illicit drugs is a relatively new social phenomenon, it emerged after the fall of the Iron Curtain and the opening of borders. The boom of drug use in the 90s caused a moral panic in Central-Eastern European societies and often provoked restrictive policy responses. This geographical line also means a generational gap in public knowledge about illicit drug use: in new member states people who grew up before the fall of communism had absolutely no personal experiences with drugs and drug users.

The vast majority of the Bulgarian and Polish general populations were in favour of an American-style “war on drugs” policy and believed in the deterrent impact of criminal laws (even if they themselves were not deterred by criminal laws). Both countries have adopted repressive drug laws; Poland introduced more restrictive legislation in 2000, Bulgaria did so in 2003. The aim of these modifications was to reduce drug use through the deterrent and educative influence of the laws. Tougher law enforcement has not resulted in a reduction of demand and supply of illicit drugs. In fact, all indicators show that drugs have become more available and prevalent than ever before, but many IDUs have become more vulnerable to drug related harms (Krzysztof Krajewski 2007; Initiative for Health Foundation 2005). Harm reduction measures exist, but hostile public attitudes towards drug users can often act as barriers to the access of these services. Hungary also belongs to the group of more restrictive countries in Central-Eastern Europe: the majority of the population is in favour of tough law enforcement. The government restricted the drug law in 1998, but this was followed by another modification in 2002, which created alternatives to incarceration for most drug offenders. Access to harm reduction and rehabilitation programs is still much more limited than in most Western European countries (Sárosi Péter és Takács István 2006).

However, the example of Sweden shows that the East-West division line is not absolute: countries with long tradition of democracy and long history of illicit drug use can also show hostile attitudes to drug use and create repressive drug policies (Boekhout von Solinge 1997). Sweden, with its strong sobriety movement and culture of abstinence, developed a national drug policy based on the vision of a drug-free society. This did not lead to the mass incarceration of drug users like in the United States. The poll results show that the majority of Swedish respondents consider drug use as a public health issue. Our poll also shows that the medicalisation of drug policy does mean less stigmatization and better acceptance of drug users. The majority of Swedish adults believed that the use of illicit drugs is not private issue and required immediate government intervention. It seems though, that the acceptance of harm reduction measures is increasing in Sweden: the majority of respondents supported needle exchange programs that are still absent from the capital, Stockholm, where most injecting drug users reside.

Denmark, as a Scandinavian country, has many historical and cultural similarities with Sweden but followed a different approach to dealing with illicit drugs (EMCDDA 2001, 6). Its drug legislation is much less restrictive than the Swedish model, there is

broad access to harm reduction programs such as needle exchange and methadone maintenance. In recent years the government has made some restrictions (like the closure of the hashish market in Christiania) but this does not mean that Denmark is adopting a model closer to the Swedish one. The same government introduced heroin maintenance treatment for those who did not respond well to traditional treatment methods. The poll results show that the Danish population is much more pragmatic and less moralistic than the Swedish when it comes to illicit drug use. What is more, on some issues, the Danish are more progressive than the Dutch. For example, almost 10% more respondents are in favour of heroin prescription than in The Netherlands.

The Czech Republic is a prime example of how a former socialist country with an emerging new drug market can create relatively progressive national drug policy and show more tolerant public attitudes. Probably this is partly because more people have had experiences with cannabis than in most other new member states. According to the 2006 annual report of the EMCDDA, the last year prevalence of cannabis use among young adults was one of the highest here among all the EU member states (EMCDDA 2006, 40). The government restricted the drug legislation in 1998 and made the possession of illicit drugs for personal use a crime. According to the impact assessment of the restrictions, they could not/did not achieve success in reducing drug use (Tomas Zabransky 2001). In 2008 the national parliament approved a bill that effectively decriminalizes illicit drug use and the Supreme Court decided that growing and possessing cannabis for medical use is legal.

The Netherlands is considered to have the most liberal drug policy in Europe (Ed. Leuw and I. Haen Marshall 1994). Contrary to popular belief, cannabis is not legal in Holland, even if the reform of the Opium Act in 1976 created semi-legal, limited access to cannabis in coffee shops. Our poll results show that the majority of the Dutch population (63.5%) are not satisfied with the current system and would tax and regulate cannabis as a legal commodity. Notwithstanding, the Dutch society seems to be polarized along the lines of burning drug policy questions: 6.9% of respondent think that arresting and punishing drug users is the most important policy intervention (3% more than in Bulgaria).

Despite these differences, there are some patterns which were similar in all countries. For example, when deciding to use or not to use illegal drugs, the majority were not concerned with criminal sanctions but with the harmful health or social consequences of drug use. This indicates that the deterrent effect of criminal laws is overestimated by decision makers: for the majority of Europeans, legislation does not play an important role in making a decision about consuming illicit drugs. Only a small minority regarded a policeman a competent person to deal with a drug user, but it seems that in most countries the majority believes that tough enforcement is the only way to deal with drug trafficking. There is general acknowledgment of the public health consequences of a lack of sterile needles and syringes among IDUs in all countries, even in those countries where harm reduction programs are not widely available.

## CONCLUSIONS

We can draw the following general conclusions from the poll results:

- There is a significant correlation between public attitudes on drugs and drug policies in our target countries – stigmatizing opinions lead to restrictive policies and vice versa.
- For the vast majority of Europeans, the deterrent effect of drug laws is not relevant – however, the belief in the deterrent effect of drug laws is relevant in forming drug policies;
- Countries are deeply divided along the lines of criminal legislation on cannabis – in Sweden, Bulgaria and Poland the majority stands for a “war on cannabis”, in The Netherlands, Denmark and the Czech Republic more people would legalize cannabis.
- The majority of the general population in our target countries considers drug use as a public health issue but that the medicalisation of drug use does not necessarily lead to less stigmatization of drug users.
- The results prove that there is a wide public acknowledgement of needle exchange as an effective method of HIV prevention among IDUs – in some countries this contradicts the hostile attitudes of the authorities.
- There is a gap in public knowledge about heroin maintenance even in those countries where this intervention is approved by the government – the majority believes, in the face of scientific evidence, that prescribing heroin for addicts would do more harm than good.

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