# ATLAS of Substance Use Disorders

Resources for the Prevention and Treatment of Substance Use Disorders (SUD)

## Country Profile: ICELAND

### DEMOGRAPHY

<table>
<thead>
<tr>
<th></th>
<th>Year 2006</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population&lt;sup&gt;1&lt;/sup&gt; (’000s)</td>
<td>298</td>
<td></td>
</tr>
<tr>
<td>Annual population growth rate&lt;sup&gt;1&lt;/sup&gt; (%)</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Population living in urban areas&lt;sup&gt;2&lt;/sup&gt; (%)</td>
<td>93</td>
<td></td>
</tr>
<tr>
<td>Life expectancy at birth&lt;sup&gt;1&lt;/sup&gt; (years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>83</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>79</td>
<td></td>
</tr>
<tr>
<td>Adult literacy rate&lt;sup&gt;2&lt;/sup&gt; (% aged 15 and above)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Human Development Index&lt;sup&gt;a&lt;/sup&gt; (HDI)</td>
<td>Year 2005</td>
<td>0.968</td>
</tr>
<tr>
<td>GDP per capita&lt;sup&gt;2&lt;/sup&gt; (PPP US$)</td>
<td>Year 2005</td>
<td>36'510</td>
</tr>
<tr>
<td>Gini Index&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

### SUBSTANCE USE EPIDEMIOLOGY

**National epidemiological data collection system**
- Alcohol: No
- Drugs: No

**Prevalence estimates for alcohol use disorders<sup>3</sup> (12-month prevalence, %)**
- Female (15+ years): Year 2004, 0.73%
- Male (15+ years): Year 2004, 2.97%

**Prevalence estimates for drug use disorders<sup>3</sup> (12-month prevalence, %)**
- Female (15+ years): Year 2004, 0.24%
- Male (15+ years): Year 2004, 0.72%

**Injecting drug users<sup>4</sup> (per 100'000 inhabitants)**: -

### INJECTING DRUG USERS: HEALTH PROBLEMS

- HIV/AIDS<sup>5</sup> (%); estimated % of IDU who are HIV Ab +ve: 1.0
- Hepatitis B (%); estimated % of IDU who are hepatitis B SAg +ve: 20.0
- Hepatitis C (%); estimated % of IDU who are hepatitis C Ab +ve: 40.0
- Tuberculosis (%); estimated % of IDU who have had active TB in the last 12 months: 1.0

### SUBSTANCE ABUSE POLICY AND LAW

<table>
<thead>
<tr>
<th>Substance abuse policy</th>
<th>Yes, a separate policy for alcohol and a separate policy for drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of special legislative provision:</td>
<td></td>
</tr>
<tr>
<td>Treatment and rehabilitation for people with SUD</td>
<td>Yes</td>
</tr>
<tr>
<td>Compulsory treatment for people with SUD</td>
<td>Yes, for alcohol and drug use disorders</td>
</tr>
<tr>
<td>Presence of drug courts in the country</td>
<td>No</td>
</tr>
<tr>
<td>Availability of programmes which divert clients away from criminal justice system towards treatment</td>
<td>Yes, for alcohol and drug use disorders</td>
</tr>
</tbody>
</table>
# TREATMENT SERVICES

## A. ADMINISTRATION AND FINANCING
- **Government unit responsible for treatment services for SUD**: Yes, for alcohol and drug use disorders together
- **Budget line in annual budget of government for SUD treatment services**: Yes, for alcohol and drug use disorders together
- **Most important financing method for treatment services**: Alcohol and Drugs, Non-governmental organizations, supported by government funding

## B. SECTORS AND SETTINGS
- Of those receiving treatment for alcohol use disorders, the percentage (%) treated in:
  - **Public sector**: ~5
  - **Private sector**: ~5
  - **Joint public-private sector venture**: ~10
  - **NGOs**: ~80
- Of those receiving treatment for drug use disorders, the percentage (%) treated in:
  - **Public sector**: ~10
  - **Private sector**: ~5
  - **Joint public-private sector venture**: ~5
  - **NGOs**: ~80
- **Most commonly used treatment setting for**:
  - People with alcohol use disorders: Specialized treatment service
  - People with drug use disorders: Specialized treatment service

## C. AVAILABILITY, COVERAGE AND CAPACITY
- **Availability of treatment services (Yes/No) and estimated coverage (%) of population**:
  - **Alcohol use disorders**
    - Inpatient medical detoxification: Yes, 50-90
    - Outpatient medical detoxification: Yes, 50-90
    - Long-term residential rehabilitation: Yes, 50-90
  - **Drug use disorders**
    - Inpatient medical detoxification: Yes, 50-90
    - Outpatient medical detoxification: Yes, 10-50
    - Outpatient abstinence oriented treatment: Yes, 10-50
    - Substitution maintenance therapy of opioid dependence: Yes, 50-90
- **Specialized treatment services for patients with drug use disorders (including IDU) with HIV/AIDS**: No
- **Number of outpatient treatment slots for alcohol and drug use disorders (per week)**: 550
- **Total number of beds for alcohol and drug use disorders (most recent year available)**: 165
- **Waiting period to receive outpatient opioid substitution treatment**: 1 day
- **Implementation of screening/brief intervention in primary care**
  - Alcohol: Yes, but rarely
  - Drugs: Yes, but rarely
  - Presence of essential list of therapeutic drugs: No

## D. TREATMENT SYSTEM ORGANIZATION
- **Specialized treatment system for alcohol and drug use disorders which is integrated in mental health and general health care**: Treatment for both alcohol and drug use disorders
### PHARMACOTHERAPY OF SUBSTANCE USE DISORDERS

**Pharmacotherapy used for treatment of opioid dependence for detoxification**
- Methadone
- Buprenorphine
- Buprenorphine/naloxone

**Pharmacotherapy used for treatment of opioid dependence for maintenance**
- Methadone solution/syrup
- Buprenorphine
- Buprenorphine/naloxone

**Pharmacotherapy used for treatment of alcohol withdrawal**
- Chlorpromazine

### OPIOID AGONIST TREATMENT: THERAPEUTIC DRUGS & SETTINGS

**Availability of agonist pharmacotherapy (Yes/No) and purpose of treatment (maintenance or detoxification)**

<table>
<thead>
<tr>
<th></th>
<th>Methadone</th>
<th>Buprenorphine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Maint./Detox.</td>
<td>Maint./Detox.</td>
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</tbody>
</table>

**Formulation of Methadone used**
- Syrup only

**Average daily dose (mg) for maintenance**
- Methadone: 80
- Buprenorphine: 8-16

**Settings involved in provision of Methadone**
- Public general hospitals: No
- Public mental health hospitals: Yes
- Public drug treatment centres: No
- Private treatment centres: Yes
- Private practice: No
- Primary health care: No
- Community pharmacies: No
- Prisons: Yes

**Settings involved in provision of Buprenorphine**
- Public general hospitals: No
- Public mental health hospitals: No
- Public drug treatment centres: Yes
- Private treatment centres: No
- Private practice: No
- Primary health care: No
- Community pharmacies: No
- Prisons: No

**Number of supervised doses per week**
- Methadone: All doses are supervised
- Buprenorphine: All doses are supervised

**Cost per milligram of Methadone in pharmacies**: 4.49 Icelandic Krona
**Cost per 2 mg tablet of Buprenorphine in pharmacies**: 155.39 Icelandic Krona

**Number of treatment slots for opioid agonist maintenance treatment (per day)**
- Methadone: 15
- Buprenorphine: 45

### HUMAN RESOURCES

**Three most important health professionals for treatment of persons with:**

- **Alcohol use disorders**: Addictologists/Narcologists, Addiction Counsellors, Psychiatrists
- **Drug use disorders**: Addictologists/Narcologists, Addiction Counsellors, Psychiatrists

**NGOs in the country focusing on:**
- **Alcohol**: Yes
- **Drugs**: Yes
### Prevention and Harm Reduction

<table>
<thead>
<tr>
<th>Government unit responsible for the prevention of SUD</th>
<th>Yes, for alcohol and drug use disorders together</th>
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</thead>
<tbody>
<tr>
<td>Budget line in annual budget of government for prevention of SUD</td>
<td>Yes, for alcohol and drug use disorders together</td>
</tr>
<tr>
<td>Most important financing method for prevention services of SUD</td>
<td>Federal Government</td>
</tr>
<tr>
<td>Availability of prevention services (Yes/No) and estimated coverage (%) of population</td>
<td></td>
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<tr>
<td>Mass media (audiovisual)</td>
<td>Yes</td>
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<tr>
<td>Mass media (print)</td>
<td>Yes</td>
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<tr>
<td>School-based programmes</td>
<td>Yes</td>
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<td>Community-based programmes</td>
<td>Yes</td>
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<tr>
<td>Availability of harm reduction programmes</td>
<td></td>
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<tr>
<td>Needle exchange programmes (community-based)</td>
<td>No</td>
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<tr>
<td>Needle exchange programmes (in prisons)</td>
<td>No</td>
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<tr>
<td>Supervised injection facilities</td>
<td>No</td>
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<td>Outreach services for injecting drug users</td>
<td>No</td>
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<td>Naloxone distribution</td>
<td>No</td>
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<tr>
<td>Bleach distribution (community-based)</td>
<td>No</td>
</tr>
<tr>
<td>Bleach distribution (in prisons)</td>
<td>No</td>
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</table>

**Note:**
This country profile compiles information from the WHO ATLAS survey on resources for the treatment and prevention of substance use disorders, and from other sources of data. If not otherwise indicated, data refer to the year 2008.

**Footnotes:**
1 Data from World Health Statistics, 2008.
2a Human Development Index (HDI): Index combining measures of life expectancy, literacy, educational attainment, and GDP per capita. A HDI below 0.5 represents "low development", a HDI of 0.8 or more represents "high development".
2b Gini index: Inequality measure of wealth distribution. A value of 0 corresponds to perfect equality, a value of 100 to perfect inequality.
4 Use of a drug by injection may be intravenous, intramuscular or subcutaneous.
6 Data based on expert assessment.

* Response involves expert assessment.