European Monitoring Centre for Drugs and Drug Addiction

STATENS FOLKHÄLSOINSTITUT

2004 NATIONAL REPORT TO THE EMCDDA
by the Reitox National Focal Point

"SWEDEN"
New Development, Trends and in-depth information on selected issues

REITOX

FOREWORD

This Report on the Drug Situation in Sweden is produced for the European Monitoring Centre for Drugs and Drug Addiction in accordance with the decisions of the Management Board of the Centre. The report has been prepared in cooperation with a number of national agencies and experts. Main authors are Mr Bengt Andersson, Ms Kajsa Mickelsson, Mr Bertil Pettersson and Ms Jenny Sandgren at the National Institute of Public Health. The report is mainly an update of previously delivered data in areas where new information has developed or where the guidelines are changed in relation to previous reports.

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Summary

Most of the indicators used to monitor the drug situation in Sweden indicate that the problem with illicit drugs is serious but also that positive changes are observed in some areas. Prevalence figures are levelling of or decreasing, public attitudes to drugs support a restrictive policy, the need for treatment and rehabilitation is recognised and will be given priority, the local level is integrated in the work and a multitude of efforts are initiated within the scope of the national action plan on drugs.

Drug use as measured in various surveys is usually stable or levelling of. Cannabis life time prevalence (LTP) in the general population has in the last three surveys (98, 00 and 04) been 19%, 16% and 18 % (men) and 10 %, 9 %, 10 % (women). In the school population (age 15-16) the rapidly increasing LTP during the 1990s has turned and for the years 2002 and 2003 there is a decrease. In the survey 2003 LTP was 7 % for both boys and girls and the last 30 days prevalence for boys decreased from 3 % to 2 % between 2002 and 2003. This level is the same for both sexes. Also in the group military conscripts (age 18) there was a decrease in LTP between 2002 and 2003, from 18 % to 16% but no change in the last 30 days prevalence. In contrast to these observations the youth survey (age 16-24) in 2003 shows an increase in LTP as well as last year prevalence between 1998 and 2003 for both men (14 % to 20 % LTP) and women (8 % to 14 % LTP). Future investigations will show if this worrying trend will continue or if it mirrors the development of a generation fostered by the more liberal 1990s. The relatively low last 30 days prevalence figure in this group (2 % 2003) could point to the latter.

Regarding attitudes to drugs most sources indicate a continuous strong support for a restrictive drug policy. Drugs are considered as a major problem in the society and if they were legal the use would increase considerably. As seen from the studies initiated by the National Drugs Policy Coordinator (NDPCo) under the title “to take drugs occasionally” a rather liberal view is expressed in the youth groups interviewed regarding cannabis but simultaneously the support for the Swedish restrictive policy prevails.

The problematic drug use is difficult to estimate and studies are not performed regularly. However, a slower increase of injecting drug use or daily drug use independent of preparations is noticed for the last years compared to the previous decade.

Sweden is primarily a market for illegal drugs produced abroad and smuggled into the country. As previously reported cannabis is the dominating drug (85 % of all seizures) followed by ecstasy, amphetamine and illegally (none prescribed) sedatives and tranquilisers. A worrying problem is the not uncommon use of GHB or some of its analogues (GBL, BD). In contrast to most other drugs GHB is manufactured in the country. GHB was classified as a narcotic drug in 2000 and presently we are investigating the possibility to put the rather common industrial chemicals GBL and BD under some sort of control with a system of permission (license) for necessary use.

An investigation of the price development for illegal drugs over the last 15 years shows that the price at street level (adjusted to the 2003 monetary value) is about halved for hashish and cocaine since the end of the eighties. In 2003 one gram of hashish was reported to cost around 8 € and one gram of cocaine around 80 €. For amphetamine and brown heroin prices are about 60 per cent lower today than 15 years ago. Prices per gram of amphetamine and brown heroin in 2003 were around 25 € and 100 € respectively.

The implementation of the national action plan on drugs (introduced in 2002) is run by the national drugs policy coordinator (NDPCo). 2003 and 2004 show a marked increase in drug prevention activities, mainly due to initiatives from the coordinator. By Government support the majority of the 290 local authorities in Sweden have been able to appoint local drug

coordinators for the alcohol- and drug preventive work in order to strengthen the local mobilisation. The NDPCo has also initiated a wide variety of activities in the areas of research, supply and demand reduction, opinion forming, treatment and rehabilitation - including the prison and probation area, training and mobilisation at the local level as well as interventions in the recreational area. Some results are presented in this report but most activities are still running.

The responses to health correlates and consequences of drug abuse have been down-sized for a long period. Based on a series of reports the NDPCo highlights the unfulfilled needs of drug abusers in the 2004 annual report. Some of the conclusions from the NDPCo are: - A functional treatment system has a positive effect on health development and on decreased mortality, - The problematic abusers and immigrants with drug problems do not receive the kind of treatment they need, - Outreach work is nearly extinct. The NDPCo proposes that there should be a strengthening of resources in several areas, and among them, a guarantee securing treatment for those in need, and professional drug treatment within the prison system. Two other areas of priority for the NDPCo are to *i)* develop the Prison and probation system to a high-qualitative treatment system for drug abusers and *ii)* to upgrade and coordinate the efforts against the organised crime in drugs, commonly international.

From January 1st 2005 all medically assisted treatment of drug abuse (opiates) must be performed at clinics with special authorisation and could be given to patients 20 years of age or older with at least two years of opiate dependence. Physicians in general are thus not allowed to prescribe for instance buprenorphine to a patient.

Part A: New Developments and Trends

1. National policies and context (041019)

Legal framework

Laws, regulations, directives or guidelines in the field of drug issues (demand and supply,)
Presently eight substances are controlled under the previously presented Act on the Prohibition of certain Goods Dangerous to Health (Lilja and Larsson 2003). The substances are MBDB, BDB, 1-benzylpiperazine, DOC, 5-MeO-DMT, 5-MeO-DIPT, 5-MeO-AMT and 2C-E. The previously listed substances under this act, 2C-T-2 and 2C-T-7, were in March 2004 transferred to the list of substances controlled as narcotics. Simultaneously 2C-I and TMA-2 were added to the list of substances controlled as narcotics (SFS 1992:1554).

Laws implementation
In 2003 just above 40 000 crimes against the Narcotic punishment act were reported. This is a little more than three per cent of all crimes reported in Sweden 2003 (BRÅ 2004). The majority (45 %) of reports were on consumption.
10 745 cases of illegal drug crimes arrived to the Prosecutors in 2003. This was an increase by 11 percent compared to 2002 and by 27 percent compared to 2001. It was simultaneously reported that the Prosecutors closed 10 percent more cases of illegal drug related crimes in 2003 than in 2002. (Riksåklagaren 2004). Against the Act on the Prohibition of certain Goods Dangerous to Health in 2003, four persons were convicted for crime. The corresponding figures for 2002 and 2001 are two and one respectively.

In 2003 the Supreme Court laid down in court that the on the illegal market frequently occurring benzodiazepine derivative Rohypnol® (flunitrazepam) is to be seen as dangerous as GHB and ecstasy and the level for major drug offence (in quantitative measures) should be at 1 000 tablets. That Rohypnol® contrary to ecstasy has a legal use should not affect the judgment (Riksåklagaren 2004).

As presented under Budget and public expenditure below the Police continue to devote a growing level of resources to work focused on combating drug offending and have become an increasingly central actor in the context of society's work to reduce drug abuse. This is presented in a report from the National Council for Crime Prevention (Granath et al. 2003). The area of police anti-drug work that has increased most since the beginning of the 1990s comprises efforts focused on activities towards the end of the chain of drug abuse. The consumption of drugs by the individual, i.e. minor drug offences constitutes the crime type responsible for the single largest increase in the statistics. The introduction of the zero-limit for drugs whilst in charge of a vehicle (in 1999) has also contributed to the increase. The level of offences of supplying or selling narcotics, which is often regarded as neither a minor nor an aggravated offence, has fallen during this same period. The level of convictions for aggravated offences has remained more or less constant. The fact that new categories of police personnel have been incorporated into work to combat drug offending has placed substantial demands on education and training within the police service. In this respect the police have on the whole been successful, in the sense that the majority of police officers who work with the public have received training in the signals and symptoms of drug use.

It is further reported that positive correlations are seen regarding Police efforts and interactions against supply (seizures) and drug dealing and the level of drug abuse, at least at the regional level. Police work focusing on drug abusers also appears to reduce the level of theft offences under certain circumstances.

In September 2004, additional five substances were proposed by the NIPH to be controlled according to the Act on the Prohibition of Certain Goods Dangerous to Health. These are alfa-methyl-tryptamin (AMT), 2C-C, 2C-D, 4-AcO-DIPT and 4-HO-DIPT. The decision is to be taken by the Government.

Institutional framework, strategies and policies

Coordination arrangements
In September 2003 the ministers from eight countries in northern Europe – the five Nordic countries together with Estonia, Latvia and Lithuania – gathered in the city of Lund in Sweden to re-emphasize their commitment to a stronger cooperation in the fight against illicit drugs in the region. A letter of intent lay down common political objectives and priorities for long term partnership on narcotic drug policy issues. Prevention, law enforcement and treatment are in focus to counter the drug abuse in Northern Europe. The Letter of Intent is available in English at the web site of The Nordic Council (The Nordic Council 2003).
For more information on *coordination arrangements* please consult section 1.1(c) in Sweden NR 03 (Statens folkhälsoinstitut 2003a).

National plan and/or strategies
For information on *National plan and/or strategies* please consult section 1.1(a & b) in Sweden NR 03 and the anual report of the NDPCo 2003 (Mobilisering mot narkotika 2003).

Implementation of policies and strategies
The NDPCo has initiated a vide variety of activities in the areas of research, supply and demand reduction, opinion forming, prevention, treatment and rehabilitation - including the prison and probation area, training and mobilisation at the local level, interventions in the recreational area. A summary is presented in the annual report of the NDPCo 2004. See also relevant sections in this report.

Impact of policies and strategies
A global perspective on the issue is not at hand. However, as indicated below in this section the Government is expected to present a document to the Parliament in 2005. Bits and

pieces known to us are presented in this and previous national reports under the relevant sections. See for instance laws implementation above as well as section 2 and section 4.

Budget and public expenditure

In law enforcement
In a study from the National Council for Crime Prevention (BRÅ) it is reported that the Police continue to devote a growing level of resources to work focused on combating drug offending. Annual reports published over recent years show that six per cent of the police service budget is devoted to combating drug crime. This represents double the corresponding figure for the 1980s. In 2003 the budget for the Police agency was approximately 1.5 billion €. The report has a summary in English (Granath et al. 2003)

Social and health care
In the period 2001 – 2004 the Government invested 100 million € in alcohol and drug preventive work. The contribution from the local authority level adds up to approximately the same amount since most of the projects initiated are co-financed. For 2005 the Government has allocated a further 22 million € to the alcohol and drug preventive work. This was presented in an article which was published in a major Swedish newspaper and signed by the Minister for Public Health and the Chairman of the Drafting Committee for Social Affairs, Swedish Association of Local Authorities (Dagens Nyheter 2004).

The next step according to the article in Dagens Nyheter is to further strengthen the treatment sector for people stuck in an abuse of alcohol or illegal drugs. For the years 2005 – 2007 approximately 77 million € is allocated to make it more feasible for the local authorities to finance the treatment interventions for abusers/addicts of alcohol and illegal drugs.

As previously stated, a representative estimate of the funding in the drugs area is presently not feasible (Statens folkhälsoinstitut 2003a)

Social and cultural context

Public opinions of drug issues
The issue of illegal drugs is important to the Swedish citizens as shown by an opinion survey by the NDPCo in the spring 2004 (Mobilisering mot narkotika 2004). Three out of four state it as very important that we deal with the illegal drugs problem in order to get a better society. If also those who consider the issue rather important are included the figure is above 90 per cent. This high score place the issue of illegal drugs among the four most important areas regarding issues of importance for a better society. The other three are schools, health care and criminality. For further information on the issue please consult section 1.4 in Sweden NR 03.

Debates and initiatives in parliament and civil society
In 2003 the two Parliamentary standing committees on Health and Welfare and on Justice decided to co-operate and together prepare issues on illegal drugs. A joint committee with members from the two committees is nominated for the present mandate period (02-06) to take decisions in certain issues at the “standing committee” level. As part of this project the Standing Committee on Health and Welfare proposed an announcement that the Government in April 2005 should present a missive with results on combating illegal drugs within the Committees area of duty. The missive should contain information on activities, results and the Governments analysis and judgement (Socialutskottet 2003). The Parliament approved in April 2003 in accordance with the proposal from the standing committee. For further information on the issue please consult section 1.4 in Sweden NR 03 (REF NR 03)

Media representations
Illegal drugs, the abuse, the consequences and the role of the society are rather frequently discussed and commented on in the media. From the focal point horizon the media representations of the illegal drugs appears to be rather similar to what was reported last year. However, a systematic supervision and follow up of the media representation of the illegal drugs is not a task for the NIPH or any other agency to our knowledge.
One issue that created debate was the proposal from the NDPCo to make the syringe exchange program permanent at certain strictly controlled conditions. No winner could be appointed. One other issue where a critical view was dominating is the shortcoming of the social services to help addicts to treatment and care. The role and working conditions of the Police and Customs with regards to illegal drugs was also debated and in this case the articles mostly support the role of the Police in their efforts to fight drugs at all levels, also the presently strong focus on possession and use. Finally, new drugs and new drug trends always get attention with the primary message to get the substances under control. Presently the commercial solvents GBL and BD are in focus. Media representations are also discussed in section 13 of this report.

2. Drug Use in the Population

The most commonly illegal drug tested is cannabis followed by ecstasy, amphetamine and illegally (none prescribed) used sedatives and tranquilisers. The combination of different drugs seems to be a growing habit. From youth surveys (age 16-24) it is concluded that close to 25 per cent in the major cities have ever tried illegal drugs while the experience in sparsely populated areas is less than 10 per cent. As previously reported a trend shift towards decreasing lifetime prevalence is observed in the grade 9 (age 15-16) school population and in 2003 also among military conscripts (age 18). As previously reported the negative attitudes to drugs in Sweden are still dominant.

Drug Use in the general population
Lifetime prevalence (14%), last year prevalence (2 %) and last month prevalence (1 %) of cannabis use were recorded in a public health survey conducted among 18-64 year olds in Sweden in 2004. The survey comprised a total of 20100 (gross sample size) with a response rate of 61%. The final report is expected in 2005.
The use of cannabis is highest in the younger age groups. The difference between the younger and older age groups is more distinct for last year and last month prevalence, than for lifetime prevalence. When it comes to gender, the patterns are similar to what has been seen previous years: men show a higher prevalence than women.
The levels of cannabis use are about the same as for the two previous population surveys (1998 and 2000). The increase in the last 12 months prevalence for women should be interpreted with caution, due to the small absolute number of women who report having used cannabis during the last 12 months.

Cannabis prevalence (%) among 18-64 year olds.

Year	Lifetime Men	Lifetime Women	Last 12 months Men	Last 12 months Women	Last 30 days Men	Last 30 days Women
1994	8	7	*	*	*	*
1996	13	8	*	*	*	*
1998	19	10	2	0	1	0
2000	16	9	1	0	0	0
2004	18	10	3	2	1	0

*Not asked for

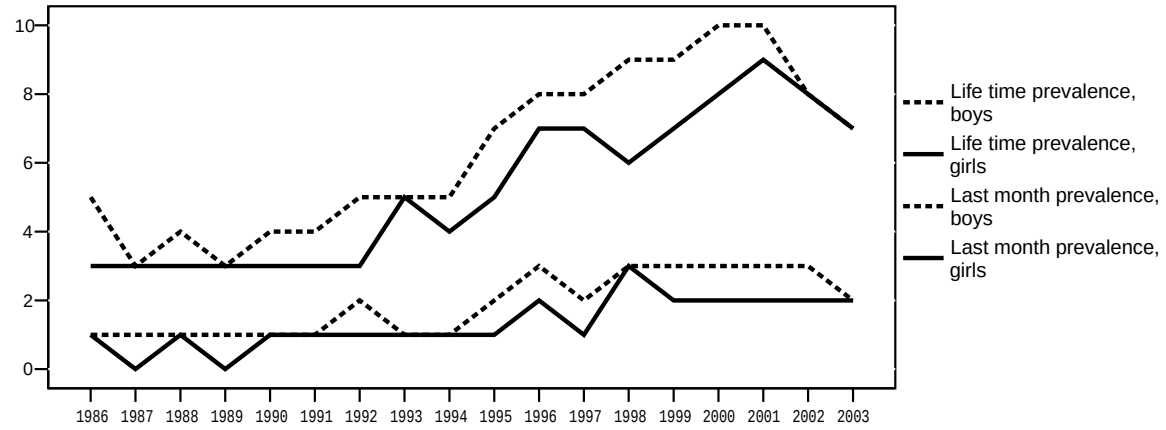
Drug Use in the school and youth population

School population
In the 2003 NR it was reported that in 2002 life time prevalence of illegal drugs decreased for the first time since 1989 and that preliminary data for 2003 showed that the decrease continued for 15-16 year olds. This is confirmed in the final report on the use of illegal drugs among the school population (Hvitfeldt et al. 2004). Life time prevalence 2003 was 7 % for both boys and girls and last month prevalence was 2 % for both sexes.

The last month prevalence of 2 % for boys was a decrease from a level of 3 % for the last five consecutive year's surveys. For girls, the last month prevalence was 2%, and has been stable since 1999.

Among the pupils who had tried illegal drugs, about 20% were 13 years or younger when first experimenting. For boys this is an increase over the last four years from 12% in 2000. There is no such clear tendency among girls.

The pupils who had tried illegal drugs liked school less, and cut classes more often than other pupils.



Prevalence (%) all illegal drugs, 15-16 year olds. (Hvitfeldt, Skolelevers drogvanor 2003)

Youth population
In a national youth (age 16 – 24) survey in 2003, 7 % of the respondents had used illegal drugs the last 12 months and 2 % the last 30 days. Life time prevalence was 17 % (Guttormsson, U. et al. 2004). Compared to 1994, the life time prevalence as well as the last 12 months prevalence has increased from 4 % and 1 % respectively.
The experience of illegal drugs was more common among men, among the older in the studied population and in densely populated areas. The gender and regional differences were more accentuated among the more regular users.
Cannabis is the dominating drug among those having used illegal drugs, amounting to about 95 % in all of the four comparable studies in the period 1994 – 2003. About 22 % had tried amphetamine while the experience of ecstasy increased from 4 to 21 percent in the same period.

Drug Use among specific groups

Students

A study on the alcohol and drug habits of students was carried out by the SoRAD at the University of Stockholm, funded by the NDPCo (Bullock 2004). A questionnaire was mailed to a random selection of approximately 6,000 students from four universities, (response rate 70%). University students of all ages were included in the selection (73% of the students were in the age range 20-29 years). The lifetime prevalence of illicit drug use in the total sample was 27%, with cannabis being the most common drug used (25% of all students), followed by amphetamines (4%) and ecstasy (3%). The 12 month prevalence of cannabis use was 12% among the men, and 7% among the women. Among the students who had used cannabis, 73% had tried it less than ten times.

Multivariate logistic regression was used in order to find predictors for cannabis use (last 12 month prevalence). Males were more likely than females, younger students more likely than older, full time students more likely than part time students, to have used cannabis. Alcohol and tobacco habits were also associated with an increased risk, and so was having a close family member or friend who used /had used drugs. Students who had lived in small towns (in Sweden), and students who had lived in one of Sweden's three major cities prior to beginning university studies, were more likely to have used cannabis compared to those who had lived in the city where their university is located. Students, who had lived outside Sweden prior to university, were more likely to have used cannabis compared to those who had lived in Sweden. Cannabis use was less common among students enrolled in a program of study, compared to those studying free-standing courses.

Conscripts

Surveys among military conscripts have been carried out since 1971. The non-response rate for 2003 was 13%.
The life time prevalence for all drugs for 2003 was 16% compared to18% in 2002. The pattern of drug use among those reporting drug experience was similar to that of 2002: 94% had used cannabis, and 62% had used only cannabis. The lifetime prevalence of cannabis was 15.2%, compared to 16.7% the previous year.

The lifetime prevalence's for other drugs were similar to the previous year (Guttormsson, U. 2004a).

Last 30-days prevalence of using illicit drugs was 3%, which is the same as the previous seven years.

Attitudes to drugs and drug users

Youth population

In the above presented national survey (age 16-24) about 75% agreed that if it was legal to use illicit drugs, it would increase the use considerably. One fourth disagreed, but 68% agreed with the statement that if a young person tries drugs, it is a serious sign that something is wrong.

There was a tendency that the view of illicit drugs as something dangerous that needs to be illegal, decreased with age. The only pronounced gender difference regarding attitudes towards drugs was regarding hash and marihuana, with twice as many men as women (7 % v s 13 %) agreed with the statement that it should be legal to use hash or marihuana. This may be an increase from previous years (1996 and 1998), when 4% agreed with the statement that it should be legal to smoke hash. However, the question in 2003 included both hash and marihuana, which means that the comparison should be made with caution. (Guttormsson, U. et al. 2004).

School population
A large percentage, 70 % of the boys, and 72 % of the girls agreed partly or completely to the statement “Illegal drugs are one of our major problems”. 15 % of the boys and 7 % of the girls agreed that it should be legal to smoke hash. However, 86% of the boys and 88 % of the girls agreed (completely or partly) to the statement “All people who use illegal drugs are at risk of getting problems sooner or later.”
Among the pupils (15-16 yr olds) who have never tried illegal drugs, 6 % of the boys and 5 % of the girls would be interested in trying hash or marihuana if it was legal.

The pupils thought that information was the most important measure in fighting illegal drugs (88 % of the boys, and 93 % of the girls thought that information was important or very important). The other measures were (in order of how important they were regarded): treatment, police work, customs border control, school and recreation activities, and harder punishments (Hvitfeldt et al. 2004).

Other studies on attitudes and experiences

“To take drugs occasionally”
The NDPCo has initiated a project titled “To take drugs occasionally” in cooperation with the SoRAD at the University of Stockholm. The aim is to gain more knowledge on how young people in different social and cultural situations view the use of drugs. Four areas were studied:

- Backpackers Who Do Drugs Occasionally -- Risk-Taking and Experience as Capital
- Music festivals and drugs
- Drugs in the Swedish club scene
- Social Exclusion and Drugs -- Young Chileans in a Low-Status Suburb

Backpackers Who Do Drugs Occasionally -- Risk-Taking and Experience as Capital
This is a qualitative study, interviewing backpackers/ long term travellers in depth about illicit drug habits, and also studying popular literature and the internet (Hellum 2004). The study indicates that trying drugs while travelling will not necessarily lead to drug use at home. The backpackers who had tried illicit drugs differentiated between where and when it is acceptable to use illicit drugs. The use of illicit drugs was mainly seen as something you do whilst travelling abroad.

All travellers were or had been students at a university. They also described themselves as having a well-adjusted upbringing. No gender differences were seen in how the travellers viewed illicit drugs. Cannabis was the most common drug within the backpacking culture.

All travellers, irrespective of personal drug experience, had gained a less dramatic view of drug use, as a result of travelling. However, the opinion that Sweden should keep its restrictive drug policy was prevailing, irrespective of personal illicit drug experience.

Music festivals and drugs
In this qualitative study, in-depth interviews were made with Swedish visitors to the Roskilde (Denmark) and Hultsfred (Sweden) rock festivals (a total of 148 people) (Bossius and Sjö 2004). About 50% of the persons interviewed had tried other intoxicants than alcohol.

Cannabis was the most common illicit drug used. The majority of those who had tried drugs did not view themselves as addicted. In general, the festival goers had a positive view of themselves and their own future.

The majority of the festival goers agreed with Sweden's strict policy on drugs. Among those who did not agree, the main objection was regarding cannabis use being illegal. Cannabis and other "natural" drugs were viewed as harmless and non-addictive.
Among those who used cannabis regularly, there was a lot of criticism against the information on illicit drugs given by school and society. It was viewed as one-sided and not to the point.

It was less common among the women to have ever used drugs, or to use drugs regularly. The women very rarely purchased drugs. Most of them who had tried drugs had done so when offered.

The study concludes that the drug and alcohol use at music festivals is not primarily linked to abuse, but to testing limits.

Drugs in the Swedish club scene
This is a qualitative study which deals with the attitude towards drugs among youths who are part of the club scene (Bossius and Sjö 2004). In-depth interviews were made with 17 persons, of whom all but one had tried illicit drugs.

The drug use within the club (or rave) scene is seen as a way of dissociating oneself from established society. The participants view the rave parties as temporary autonomous zones, where they can forget about their every day life and society's pressure. Drugs are a part of creating that zone. Drugs are also used as a way to gain new deeper insights about life, to strengthen social relationships, and as a way to escape from personal problems. Some use it to satisfy their curiosity. Drug use is also seen as simply a way to have fun.

There is a notion that the negative risks with drug use are depending on the person who takes the drug. In this way the drug user can project the risk related to drug use to other groups, such as problematic drug users.

There is also a projection towards legal substances such as tobacco, alcohol and coffee, which are viewed as just as harmful. In most cases, the drug user takes measures to minimize harmful drug effects when using drugs, by choosing the place and company carefully.

There is an ambivalence regarding legalization of illicit drugs. Even though the opinion is that it should not be illegal to use a substance which is not seen as harmful, there was a hesitation as to whether problematic drug users would cope with legalization.

The participants in this study were not marginalized individuals but part of the established society. It is vital to point out that far from all who visit rave parties use drugs.

Social Exclusion and Drugs -- Young Chileans in a Low-Status Suburb
In-depth interviews were conducted with thirteen young men of Chilean descent with great drug experience, living in a low status suburb (Lalander and Santis 2004). These men have felt stigmatized due to their immigration status, and living in an area of low social status. They have felt as outsiders in Swedish society. The feeling of being an outsider has been the driving force in creating the style of the group. Expressions and symbols have been inspired by street gangs in Chile.

Some of the conclusions from the study are:
Drugs can play an important part, when the driving force that creates a group is a sense of being left outside.
Drugs are a way of showing that you do not conform to the system, and that you dare to do something dangerous.

It is a way to demonstrate your masculinity. It also defines the limits of the group. Furthermore, it is away to escape from worries and anguish.

The Chilean immigrant drug users differ from the other groups studied in this project. While the backpackers, festival and club goers were relatively well-established in society, with ordinary upbringings, the Chileans had a low economic and cultural capital to begin with, and used drugs to handle their stigmatization.

The attitudes to drugs in Sweden were also reported in section 1.4 in last year NR.

3. Prevention

Last year show an increase in drug prevention activities, mainly due to initiatives supported by the NDPCo. The efforts cover a wide area of activities, from Internet communication to campaigns at specific arenas and in specific groups (Mobilisering mot narkotika 2004). Most of the activities that were started have not yet been followed-up or evaluated.
By governmental support the majority of the 290 Swedish local authorities have been able to appoint local drug co-ordinators for the alcohol and drug preventive work.
For further information on the issue of prevention please consult section nine in the Sweden NR 03 (Statens folkhälsoinstitut 2003a).

Universal prevention
The notion of prevention has changed over the last years. From being an issue of education it has widened to be a question on public attitudes and norms that has to bee supported by all sectors in society as presented in last years NR. Prevention is nowadays perceived as more than information on drug use and its health effects.

There are several publications that have contributed to this shift in perspective. Among these can be mentioned an anthology issued by the NIPH (Andréasson 2002). Its focus is on alcohol, but when it comes to prevention in schools methods that are mentioned holds for drugs too. Another book, also issued by the NIPH (Lilja and Larsson 2003), gives a review of the international research in this area. Both books are available on http://www.fhi.se and the latter has a detailed English summary.

School
For information on the issue of school prevention please consult section nine and other relevant sections in the Sweden NR 03 (Statens folkhälsoinstitut 2003a).

Family
In addition to what was reported in last years NR it can be added that the NIPH in late 2004 will present a report on how support to parents can be of use for the development of the psychical health of children, and thereby also prevent drug abuse. A systematic research overview of the basis for such a programme has been presented (Statens folkhälsoinstitut 2003b).

Since long a book about drugs has been distributed as a personal letter-package to parents with children in grade 8 (about 100 000 issues). Nowadays this is distributed by a NGO, “Parents Against Drugs” with the only exception that it is now sent to parents with children in grade 6. A book with focus on alcohol, “Tonårsparlören” (Teen-age phrase book) is distributed by the National Alcohol Commission to parents with children in grade 7.
In the Swedish capital Stockholm a similar product, “Hjälp, jag är tonårsförälder!” (Help, I am the parent of a teen-ager!) is distributed by the social services in the same way as mentioned above. It is translated to eight languages to better reach the immigrants in the Stockholm area.

In last year NR the Khat-problem in a Stockholm suburb was presented (Section 8.2). Since the autumn 2003 the Stockholm local authority is running an information and method development project on Kath with the family as the primary target group. Also the cities Malmö and Göteborg have taken specific initiatives to act against the Kath abuse.

Community
A socio-economic analysis of the connection between general and selective contributions by the society on children and young peoples psychical health, including drug abuse was published in early 2004 (Skolverket 2004). Among the conclusions drawn were that it is important that measures are taken to prevent ill health are implemented at an early stage. Another conclusion was that savings in one sector may lead to increased costs in another. Priorities then, have to be allocated on a cross-sectional basis.

A drug portal (www.drogportalen.se) has opened. It is a co-operation between state agencies and NGOs that are active in the field of alcohol- and drugs. The portal links to the partners own web-sites.

Selective/indicated prevention'

Recreational settings
As reported last year the NDPCo has initiated several activities targeting recreational settings and the youth population. Qualitative and quantitative evaluations were performed in order to make sure that the receivers understand the messages as well the purpose of the campaign and also as a basis for improving the preventive work. The quantitative as well as the qualitative evaluations gave high ratings and the campaign is evaluated as successful (Mobilisering mot narkotika 2004). In sections 9.2 and 9.4 in last year NR the STAD project "Restaurants against drugs" was presented and discussed. During the year that passed similar strategies and projects are introduced in the second and third largest Swedish cities, Göteborg and Malmö (Mobilisering mot narkotika 2004).

At-risk groups
The National Alcohol Commission has developed a program to support at-risk groups. The program will be introduced in late 2004 through a series of county-conferences for experts in the alcohol and drugs area and followed by an array of initiatives. Main topics are presented in a series of book titles among which are "Förebygg alkoholskador. Insatser för riskgrupper" (Prevent alcohol damages. Efforts for groups at risk), "Om barnen i missbrukets skugga. Vad kan du göra i din kommun?" (About the children in the shadow of abuse. What could you do in your municipality?), "Samtal om alkohol i skolan – ett material för lärare" (Dialogue about alcohol in school - an aid for teachers at grad 7-9 to discuss students at risk). The reports (in Swedish) could be ordered from the National Alcohol Commission "http://www.alkoholkommitten.se/9".

In spring 2004 the NDPCo introduced a website against the trading of illegal drugs at Internet. The site parody existing sites trading illegal drugs and is constructed in a manner that a searcher of illegal drugs on the net will reach the site. Once there the "searcher" will have some amusing entertainment, hopefully take notice of the message and possibly inform friends about the site.

At-risk families
Please see under Universal prevention above as well as previous Swedish NRs.

4. Problem Drug Use

A global accepted definition or common understanding of 'problem drug use' does not exist. A description of the investigated drug situation is thus important in order to avoid erroneous interpretation of figures and facts. In the annual report of the NDPCo 2004 a slower increase of injecting drug use or daily drug use independent of preparations was noticed for the last years compared to the previous decade (Mobilisering mot narkotika 2004). During the last years the annual net increase in these groups is estimated to 1-2 per cent while the corresponding figure for the 90-ties was around six percent.

Prevalence and incidence estimates
In Stockholm, the capital of Sweden, case-finding studies have been carried out since 1987. When restricted to abusers of opiates, central stimulants, cannabis and hallucinogens as main drug, the number of users was 2 164 in 1996 and 1 798 in 2001. The 2001 figure corresponds to a prevalence rate of 3.5/1 000 inhabitants aged 15–64 (Finne 2003). Only persons domiciled in Stockholm municipality are included in the study.

In a recent report from the National Council for Crime Prevention (BRÅ) an estimate of problematic drug abuse for the year 1997 and 2001 is presented for the 21 counties in the country, and at the national level (Granath et al. 2003). The national estimate increased 11 percent between 1997 and 2001, with a total of 27 640 problematic drug abusers (3.1/1 000) the latter year. The estimate is based on information regarding persons treated for drug addiction and estimates a hidden population from a single data source. The prevalence rate for the capital region (Stockholm County) was estimated to 4.0/1 000.

The Stockholm County prevalence rate (4.0/1 000) is higher than the rate for the Stockholm municipality case-finding study (3.5/1000). It could however be noted that both investigations show decreasing number of abusers for the Stockholm area over the period 96/97 - 2001. In the Stockholm municipality study the decrease was 17 percent and in the BRÅ-study a three percent decrease was noted. In the BRÅ study only 4 out of the total of 21 counties showed a decrease in prevalence rate for the period studied and the Stockholm County was the only major city area showing a decrease.

Profiles of clients in treatment
Please consult relevant sections in NR 2003 and earlier.

Main characteristics and patterns of use from non-treatment sources
The heroin abuse seems to be increasing, in particular among young abusers. This is reported in the annual report 2004 from the NDPCo based on observations by the CAN drug reporting system (CRD) for four consecutive years (Mobilisering mot narkotika 2004). This trend is however not mirrored in increased mortality among opiate users. If the number of opiate related mortalities is compared between1997 and 2002 no change or possibly a slight decrease in number of deaths is observed (1997-92; 1998-92; 1999-95; 2000-126; 2001-95; 2002-84).

The CRD also report for 2004 that the multi drug use seems to continue to increase and that ecstasy and cocaine are the most frequent examples of drugs used for combination with other legal and illegal drugs as well as together (Byqvist 2004). Regarding injecting drug abuse the CRD get signals of increase as well as decrease and that a shift to orally taken preparations seems to occur. As reported elsewhere in this report also the CRD report an increase of illegal (non prescribed) use of buprenorphine.

For an overview please consult section 3.1 (c) in NR 2003 as well as earlier NRs.

5. Drug-Related Treatment

The EMCDDA project on Epidemiological Key Indicators has stimulated national work on developing a reporting system on treatment demand, TDI. Until recently such reporting has only taken place from hospitals and been collected and reported by the NBHW. At base level TDI (in Swedish KIM, or Klienter I Missbrukarvård) is gradually introduced in ever more units. The system will be fully implemented in 2005. There is also an interest in making the system more detailed as well as service-oriented to the contributory units. Addiction Severity Index, ASI, and a system developed in Sweden, DOK (Dokumentation Om Klient) as well as light versions of these are also part of the project.

For an overview on drug related treatment, please consult 2003 NR.

Treatment systems

In 2003, the NBHW reported on shortcomings in the alcohol- and drug treatment sector. It was found that admission to drug-free treatment was too restrained due to low numbers of units, thresholds was too high and outreach work was nearly non-existent (Socialstyrelsen 2003). This was also emphasized in the annual report from the NDPCo (Mobilisering mot narkotika 2004). The NBHW has estimated that there has been a cut in expenditures for treatment of alcohol- and drug abuse with 20 % since 1995 (about 100 billion €).

The NBHW has issued several reports from the treatment system during the last years (for more details consult last years NR). One study showed that there are considerable differences in attitudes and steps taken between authorities in different parts of the county (Socialstyrelsen 2004c). Another study (Helling 2004) takes a client perspective on the treatment sector. Clients are concerned by queues to inpatient treatment and the relative lack of specialised outpatient treatment resources. One client reflects: You must get treatment when you are motivated for it, because motivation is a fresh commodity.

Drug free treatment

Inpatient treatments
As most treatment facilities are open for both alcohol and drug abusers statistics is to the greater part kept together. However, the semi-annually IKB-study that started in 1999 (“Services and clients in substance-misuse treatment units”) has in its version 2003 counted a total of 23 482 clients (16.476 men, 69 %) in 572 units on a certain day (Socialstyrelsen 2004a). Of these 82 % underwent outpatient treatment, 12 % residential treatment (24 hour-care), 4 % various programmes in prison and 2 % inpatient treatment in hospitals. Of the total population 22 % received treatment for drug misuse only and 33 % for both alcohol and drug misuse (accordingly 45 % received treatment for alcohol alone). A total of 3 376 clients were IDUs. In comparison with IKB-2001 the total number of clients on a given day was 16 % higher and the number of IDUs on a given day was 18 % higher. A trend with shorter and shorter treatment episodes has been recorded. Another trend is that alcohol users are referred to outpatient treatment while drug users have easier to get inpatient treatment. In 2003, 27 % and in 1999, 22 %.

Outpatient treatments
Outpatient treatment is arranged by the social services in the municipalities, but the degree of specialisation differs. The number of specialised clinics is less than in the beginning of the 1990s. Outreach work among drug abusers is scarce, nearly non-existent (Kristiansen and Svensson 2003). The NDPCo has taken several initiatives to stimulate the social services to meet the need of drug abusers. Among these are academic courses in early intervention and

treatment of negative effects of cannabis use(Mobilisering mot narkotika 2004). For further information on the issue, please consult NR 2003.

Medically assisted treatment

Withdrawal treatment
Withdrawal treatment has traditionally been a subject for hospital wards within psychiatric institutions but it has also been said that custodies serve this function although this is more the effect of being locked in than an active treatment measure. It has most often been a condition for treatment in a therapeutic community that the client is detoxified before entering a treatment centre (TC). As the number of berths for detoxification in hospital wards has been reduced new routines has developed. Nowadays several TCs offer an initial period of withdrawal treatment as part of the programme. One of the few detoxifications units that exists (opened in 1970) has now closed its twenty-four-hour operation and offers only day-time treatment.

Substitution treatment
In 2004 the NBHW presented a regulation with guiding principles for substitution treatment with methadone, buprenorphine and other opiates. They will come into force at the turn of the year. The principle that so far has been applied to methadone is meant to hold for all medically assisted therapy as presented in section 11 of this report.
The NBHW has published a report on treatment on heroin abuse (Socialstyrelsen 2004b), in which substitution treatment is presented as the most documented and probably most effective method to minimize morbidity and mortality.

Other medically assisted treatment
Prescription of heroin or the like is not on the agenda.

6. Health Correlates and Consequences

Drug related deaths and mortality of drug users
In 2002, 160 persons died from drug related deaths according to the EMCDDA DRD Standard definition (selection B). This is almost the same as the previous year when 162 persons died according to the same definition. A worrying phenomenon in 2003 was that the non-medical use of fentanyl caused 13 deaths among injecting drug users. Previous years only occasional deaths caused by fentanyl have been recorded among injecting drug users. Regarding causes of death among drug users (over all mortality) a project with a cohort of illegal drug users in the Stockholm area has started. Presently data exist for 2000 and 2001 and are being processed. The project also has the permission to follow the cohort prospectively. For further information on drug related deaths and mortality among drug users, please consult section 3 in the 2003 NR to the EMCDDA.

Drug related infectious diseases

HIV
Since the first HIV cases were reported among drug users in the mid 80:s, 904 cases have been reported as infected through intravenous drug use, or by sex between intravenous drug users. This comprises about 25% of all people who have been infected while in Sweden. Among the IV drug users infected while in Sweden, about two thirds were infected in Stockholm. In 2003, 27 IV drug users were infected (23 men and four women). Ten were infected abroad and 17 in Sweden. Sixteen of these cases were reported in Stockholm.

Hepatitis C
The number of new hepatitis C (HCV) cases per year has decreased in the last couple of years. In the 1990:s, 1800 new cases on average were reported annually among intravenous drug users. In 2003, 1192 new cases were reported. This corresponds to 81% of the total number of reported cases with a known infection route. The distribution of cases by route of infection did not change much compared to previous years.

Hepatitis B
The number of acute hepatitis B (HBV) cases has increased in the last couple of years, and for 2003 it was as high as in the mid 1980:s. Intravenous drug use was the dominating route of infection. In 2003, 216 new cases were reported among intravenous drug users. This constitutes 66% of the total number of reported cases with a known infection route (which is similar to previous years).
For further information on drug related deaths and mortality among drug users, please consult section 3 in the 2003 NR to the EMCDDA.

Psychiatric co-morbidity (dual diagnosis)
Please consult Section 16 in the 2003 NR to the EMCDDA.

Other drug related health correlates and consequences
Please consult section 3 in the 2003 NR to the EMCDDA.

7. Responses to Health Correlates and Consequences

Based on a series of reports the National Drug Policy Co-ordinator highlights the unfulfilled needs of drug abusers in the 2004 annual report (Mobilisering mot narkotika 2004). A functional treatment system has a positive effect on health development and on decreased mortality. The problematic abusers and immigrants with drug problems do not receive the kind of treatment they need (Socialstyrelsen 2004c). Outreach work is nearly extinct (Kristiansen and Svensson 2003). Those are some of the conclusions from the NDPCo. The NDPCo proposes that there should be a strengthening of resources in several areas, and among them, a guarantee securing treatment for those in need, and professional drug treatment within the prison system. Two other areas of priority for the NDPCo are to *i)* develop the Prison and probation system to a high-qualitative treatment system for drug abusers and *ii)* to upgrade and coordinate the efforts against the organised crime in drugs, commonly international. Two academic courses directed at treatment of drug abuse will start next year. One is profiled at cannabis abuse. Together with seminars and local courses this is aimed at raising the professional level.

Prevention of drug related deaths

Overdose prevention
Please consult NR 2003, section 10.

Prevention and treatment of drug-related infectious diseases

Prevention
Vaccination against hepatitis is offered as presented in the 2003 NR. The most developed initiatives are in the existing syringe exchange programmes. Information on the infectious risks with injecting drug use and sexual contacts is given by NGOs in contact with addicts as well as from the social services, the health and treatment sector, the prison and probation system and many other institutions in contact with drug addicts. Frequently condoms are also available for the addicts in these contacts, in particular in the existing syringe programs. Regarding the previously (NR 2003) presented proposal by the NDPCo on a future needle

exchange programs the opinion among professionals and political parties is divided. A decision by the Parliament will possibly be made in the autumn of 2004.

Counselling and testing
Counselling is a common feature in treatment, and constitutes the heart of outpatient treatment. Testing for HIV/aids is commonly offered.

Infectious disease treatment
Regional hospitals have clinics for infectious diseases, and drug abusers are referred to these clinics in case they need treatment that could not be given within the specialised drug clinics. Drug abusers can, of course, also contact such clinics on their own initiative.

Interventions related to psychiatric co-morbidity

This topic was thoroughly elaborated in 2003 NR. It is a complication for drug treatment units to handle clients with a severe psychiatric diagnosis. It is, at the same time, a complication for specialised psychiatric units to handle patients with a drug problem. Staff in both instances is familiar with what they are used to do, but feel insecure when they are supposed to handle co-morbidity. This is considered to be a major problem, but it has not got a solution. The main down-to-earth strategy is to let drug units take responsibility for these patients until the problem is so protracted that the patient is a danger for his own and others lives.

Interventions related to other health correlates and consequences

Somatic co-morbidity
Somatic co-morbidity has seldom been presented as a problem, and while there are reports and conferences about psychiatric co-morbidity there has never been any regarding somatic co-morbidity. All public as well as privately own institutions are suitable for the disabled. It is also a naturalness to take care of the full picture of health problems.

Non-fatal emergencies and general health-related treatment
The number of non-fatal incidences in emergency rooms is not reported perfunctory, although all hospital cases are registered. In such registration it is not always possible to identify cases related to drug abuse. The national discharges register at the NBHW account all cases together with a diagnosis. Drug abusers treated for a somatic or psychiatric diagnosis will not be recognised as drug abusers in that register. Therefore, the variety of diagnoses and treatment needs are not fully known.

Prevention and reduction of driving accidents related to drug use
Drink-driving is a kind of criminality that is known to be affected by legislation. Changes in the legislation in 1990 and 1994 had an immediate effect. Controls by the police to survey the obedience of the law are measures that are applied. Media coverage of revolting cases has also contributed to the public sense of justice; drink-driving is perceived as a serious crime. Those who are sentenced for drink-driving are, since the middle of the 1980s, offered to participate in a course (Rattfällan) that is aimed to prevent relapses. Follow-up has shown that the course is successful (BRÅ 2004). The introduction of alcohol-interlock in vehicles has been introduced and is increasingly requested. Not only as a tool for preventing problematic users of alcohol from drink-driving but also to be mandatory for professional drivers in order to increase the safety for passengers and others in the traffic.

Other health consequences reduction activities
The Prison and Probation Service is developing a system that will offer treatment for drug abuse for all inmates that can be motivated to take part of such a programme. The issue was introduced in section 12 of the 2003 NR.

8. Social Correlates and Consequences

Social exclusion

The social situation for drug abusers has been mirrored by at least three government committees (The Drugs Commission, The National Committee for Public Health and a Committee on Homelessness) and in a number of reports by The National Board of Health and Welfare, The National Board of Institutional Care, and Prison and Probation Service. Their views have been presented in earlier National reports.
All these reports have put their fingers on the accumulation of various burdens that drug abusers have to live with. Drug abuse is only one of their problems, and this is well known by all involved. The copiousness of problems is an obstacle not only for the client to climb over but also for those who are supposed to support him. None of them has the ability to pull all the strings that has to be pulled. Rehabilitation then, is a protracted affair even when all involved cooperates and have the necessary patience. Financial shortcomings and the situation on the labour market as well as the housing market puts drug abusers last in all queues.

Drug related crime

Drug offences
40 860 violations against the drug punishment act were registered during 2003, corresponding to 3.3 % of all reported criminality. 90 % of the violations were classified as possession or use (BRÅ 2004). Drug dealing accounted for 9 % and manufacturing for 1 %. In the same year 1 363 cases of smuggling were reported. In the last ten years there has been a considerable increase in the number of legal proceedings against drug crimes. The number of individuals sentenced for drug related crime (including smuggling) was 16 136 in 2003, approximately 10 % women. In 2002, 15 300 persons were reported according to the same criteria. In a ten-year perspective this is more than a doubling. Drug crimes are classified as soft, normal or serious and the soft crimes are almost solely responsible for the increase (BRÅ 2004).

Other drug related crime
Driving under the influence of drugs is regulated by a zero-tolerance paragraph in the law since July 1999. The number of crimes reported regarding drunk-driving under the influence of drugs increased by 45 percent from 2001 to 2003. In 2003, 5485 crimes were reported and the corresponding figure for 2002 and 2001 was 4659 and 3776 crimes respectively. The numbers of persons sentenced for driving under the influence of drugs also increased, by 22 percent over the same period, from 247 persons 2001, 261 persons in 2002 to 301 persons in 2003. The total sum of drink-driving in 2003 was 10 333 (BRÅ 2004).

Production and cultivation is unusual but trafficking exists, not only for distribution within the territory but also for the Norwegian market. This trafficking route is mainly controlled by ethnic groups from Balkan. The international routes are relatively well known but the police are missing relevant information on how the traffic is organised within the country. The NDPCo has ordered an investigation on how cannabis is distributed within the country.

Property crime (for instance shoplifting, burglary, theft from cars) has a reputation as a drug-related crime but it is not always possible to prove the connection. In a report from the National Council for Crime Prevention it is concluded that shop lifting is performed by, to the most part, occasional thieves but also by habitual criminals, not least those with a drug problem as they steal to get properties that they can trade for drugs (BRÅ 2002).

Drug use in prison
For information on *Drug use in prison* please consult section 12 in Sweden NR 03 (Statens folkhälsoinstitut 2003a)

Social costs
There is no tradition in estimating and regularly report on costs caused by drug abuse. Fölster (Fölster and Säfsbeck 1999) made an attempt to calculate the social cost of illegal drugs. In that report it was calculated that the retail trade had losses for 400-500 billion € a year. The report also showed that the total sum of all burgling could be expected to be 680-780 billion € a year, and that drug abusers alone stood for roughly 300 billion of that. It was estimated that 200 of that part came from the retail trade. The police had at that time an estimated cost of 60 billion € for actions against drug abuse.
From a different angle a government committee calculated the social costs to be 600 billion € per year (SOU 1998:18).
These calculations are preliminary arithmetic calculations more than complete analyses and they have not fully taken into account costs for demand- and supply-reduction activities, education of experts and staff, costs for research, etc. There are no known costs for such variables, and in the nearby future it cannot be expected to get an accurate picture of the costs of illegal drugs.
For further information on *Social costs* please consult section 1.5 in Sweden NR 03 and section 1 in the present report.

9. Responses to Social correlates and Consequences

Rehabilitation and after-care is a bottle-neck in the management of drug abusers. One prominent reason for this is that several agencies can be expected to be involved in the process but that not all of them are prepared to put in enough resources, and if one part sways the client will not receive what is needed. Another problem is the repeating demand for savings that is ordered in administrations. Drug abusers are not on a priority list when this is about. As presented under budget and public expenditure in section 1 of this report the government takes initiatives to improve the social situation for drug abusers.

Social Reintegration

Housing
Drug abusers have difficulties on the housing market. This was highlighted by the NDPCo in the annual report 2003 (Mobilisering mot narkotika 2003). A report from the National Board of Institutional Care, NBIC (Yohanes et al. 2002), found disturbing shortcomings in after-care to institutional treatment, especially housing. The report showed that clients left compulsory care despite they had no housing arranged. The Agency for Public Management, APM (Statskontoret), a government agency with the task to promote development of a just, democratic and efficient public sector, has criticised the Prison and Probation Service, PPS, for not being able to arrange housing for their clients when they are released (Statskontoret 2003).

The APM pointed to a well known and often criticised condition, namely the fact that all operations have its own budget responsibility, which means that there is no incentive to cooperate. The budget, not the client, is taken care of. There is an explicit tendency to let someone else pay.

In the latest survey by the NBHW, Services and clients in substance-misuse treatment units, 2 598 clients (of 23 482) were known to be homeless after discharge (Socialstyrelsen 2004a).

To throw responsibility over to someone else is probably not unique for the field of drug abuse. Anyhow, a new government committee has got the mission to look at the interface between municipalities, counties and the state in the exercise of authority.

Education, training
The report by APM quoted above also put emphasis on the need to make use of the prison term for education of inmates as they have apparent needs and serious difficulties in getting a job. Within the PPS extra funding from the government for developing programmes for drug abusers has resulted in actions to fulfil what the APM has asked for. The NDPCo, has (October 2004) proposed that employers that hire an ex-inmate with a history of drug abuse receive public financial help. Therapeutic communities often have school training on their agenda.

Employment
See the section above.

Prevention and Drug Related Crime

Assistance to drug users
Within prisons there has been a needed upgrading of assistance to drug users after a decade when the number of prisoners has risen without any enlargement of staff and localities. On the contrary, the number of persons working in the prison system has decreased by 10 %. At the same time prisons have been overcrowded and the regime harder. The rearmament programme, which is particularly aimed at drug abusers, has just started to give effects in some sectors. The APM ascribe the slow speed to the burden of over-crowding and over-administration (Statskontoret 2003). For further information consult chapter 12 and last years NR.

Alternatives to prison
Please consult section 12 in this NR and the 2003 NR.

Other interventions
Please consult chapter 12.

10. Drug Markets

The availability of illegal drugs is considered to be good. The assumption is based on the development of prices, seizures and reports from local and regional experts. Sweden is mainly a consumer market for illegal drugs and almost all seizures of illegal drugs are of foreign origin. Exceptions are a limited manufacturing of GHB, some home growing of cannabis and some diversion of psychotropic pharmaceuticals from the legal drug handling. For further information on the issue please consult section 5 in Sweden NR 03 (Statens folkhälsoinstitut 2003a)

Availability and supply
The description of availability and supply in last year's national report is still valid. In the 2003 youth population survey (age 16-24) 54 per cent of the respondents claimed that it would be easy to get hold of illegal drugs in the close vicinity (Guttormsson, U. et al. 2004). In the annual survey among conscripts (males age 18) one question concerns the perceived access to illegal drugs. In 2003 43.6 per cent stated that they had been offered or by other means had had an opportunity to try illegal drugs. This figure has varied over the years and was 20.8 per cent in 1992 and 47.7 per cent in 2002, the highest level so far (Guttormsson, U. 2004a). The respondents were also asked to indicate which substance/substances they had been offered or by other means had had an opportunity to try from a list containing 10 alternatives. Since 1976 cannabis has been the dominating 'accessible' illegal drug with a response rate of 40.6 per cent in the 2003 survey followed by ecstasy (16.1), amphetamine (9.3), sedatives (8.3), 'mushrooms' (8.0) and LSD (7.6).

Since 2001 GHB has been included in the survey among conscripts and the ranking was 7, 6.5 and 5 per cent for the years 2001 – 2003. This downhill trend parallels the frequency of analysed seizures (Police and Customs forensic laboratories) of GHB over the same time. According to the annual report of the Police and Customs also the total number of seizures of GHB continued its decrease in 2003 (Rikskriminalpolisen and Tullverket 2004).

Number of analyzed seizures per year of GHB, GBL and BD by the Police and Customs forensic laboratories.

	1996	1997	1998	1999	2000	2001	2002	2003
GHB	11	19	22	57	127	158	121	68
GBL	2	9	7	9	51	78	27	47
BD				1	20	18	39	93

GHB became a controlled substance according to the penal law on narcotics in February 2000. However, in parallel to the decrease in GHB-seizures there has been an increase in the seizures of the non-controlled substances GBL and BD as mirrored in the statistics of the forensic laboratories. According to the Police and other sources GBL and BD are used as substitutes for GHB (Rikskriminalpolisen and Tullverket 2004). The possibility to put also GBL and BD under control is presently investigated.

A positive observation during 2003 was the marked decrease in the availability of the benzodiazepine derivative Rohypnol® (flunitrazepam) on the illegal market. This is most likely a function of the restrictive policy of the manufacturer versus the wholesalers, in particular the Russian market. The previous deviation of Rohypnol® from the legal trade to the illegal trafficking has decreased substantially (Mobilisering mot narkotika 2004). In view of the misuse of Rohypnol® in Sweden the manufacturer Hoffman-La Roche Ltd decided to end the marketing in Sweden from May 1st 2004. Hence, Rohypnol® is no longer sold legally in Sweden. However, other flunitrazepam containing drugs are still in use in Sweden as prescribed pharmaceuticals.
For further information on the issue please consult section 5 in Sweden NR 03 (Statens folkhälsoinstitut 2003a).

Production, sources of supply and trafficking patterns within country as well as from and towards other countries

Please consult NR 2003 and relevant sections in this report.

Seizures
For information on the issue please consult section 5.2 in Sweden NR 03 and the standard table 13.

Price/Purity
In 2004 the first Swedish analysis on the price development of illegal drugs was presented (Guttormsson, Ulf 2004b). It covers the years 1988 – 2003 and since the studied period is 15 years the inflation is of significance and a “real price” adjustment by means of consumer price index was performed.

The price at street level (adjusted to the 2003 monetary value) is about halved for hashish and cocaine since the end of the eighties. In 2003 one gram of hashish was reported to cost around 8 € and one gram of cocaine around 80 €.

For amphetamine and brown heroin prices are about 60 per cent lower today than 15 years ago. Prices per gram of amphetamine and brown heroin in 2003 were around 25 € and 100 € respectively.

Prices are as a rule somewhat lower in the major city counties than the other counties and also a north – south axis was observed with increasing prices the further north one gets.

Simultaneously with the decrease in prices an increase in seizures (frequency as well as quantity) of the studied illegal drugs has occurred. This could be interpreted as an increase in availability and is supported by the increase in experimental as well as problematic drug use in the period studied (CAN 2003) (Granath et al. 2003). The lowering price is thus not interpreted as a reaction from the 'market' to adapt to a downward situation.

The report concludes that the Swedish development follows the trends in Western Europe as a whole as far as it was possible to compare. The development and actual price levels for heroin and cocaine in Western Europe indicates that there could be further lowering of prices at the Swedish market for these drugs.

Purity at street level and composition of drugs/tablets.
For information on *Purity at street level and composition of drugs/tablets* please consult section 5.3 in Sweden NR 03

Part B – Selected Issues

11. Buprenorphine, treatment, misuse, and prescription practices

Treatment with buprenorphine

a) Is there a legal basis for providing substitution treatment with buprenorphine in your country?
Yes

b) Is buprenorphine being prescribed for substitution treatment in your country?
Yes

c) If so, which year was buprenorphine substitution treatment initiated in your country?
1999

d) What are the criteria of admission to treatment with buprenorphine?
According to the present situation the following applies:
* Age 16 or older
* Opiate dependence

- Are there any guidelines or recommendations concerning the prescription of buprenorphine? E.g. differential diagnosis, age, pregnancy, length and intensity of opiate use.
From 1st January 2005 a regulation will come into force implying among other things that Medically assisted treatment (Methadone, Buprenorfin)
* Must be given only in specialised clinics
* Could be given patients age 20 or older
* Could be given patients with at least two years of opiate dependence
The full text of the regulation (in Swedish) is available at www.sos.se.

e) Does delivery of buprenorphine as substitution treatment take place through General Practitioners or specialised units or both?
Presently both but as stated above, this will change from January 1st 2005.

- Is a specific accreditation needed in order to prescribe buprenorphine (e.g. training)?
A proposal to strictly regulate the prescription of buprenofine as well as all other drugs used in the treatment of opiate misuse is presently circulating for referral among concerned agencies and institutions. The regulation will be issued by the Medical Products Agency and will possibly come into force simultaneously with the regulation on criteria for treatment discussed above.

f) How many clients are currently in buprenorphine substitution treatment? Characteristics of these clients? Differences to e.g. methadone clients?
Presently no official statistics exists. The National Board for Health and Wellfare estimate that 1357 persons were treated in 2003.
The majority were men in the age range 20 – 39
The buprenophine clients were slightly younger than the methadone clients

g) How has the number of subjects in buprenorphine substitution treatment developed in the course of the last years?
The number of clients has increased since the start in 1999.

- Are training courses on buprenorphine prescription offered in your country?
No
By whom (e.g. health authorities, pharmaceutical companies)

h) Please give information (and references) on any planned, ongoing, or concluded evaluation studies and/or research on buprenorphine in your country.
- (Kakko et al. 2003),
- (Heilig and Kakko 2003),
- Läkemedelsassisterad behandling av heroinmissbrukare. En kunskapsöversikt
http://www.sos.se/cgi-bin/MsmGo.exe?grab_id=20509445&CFGNAME=MssFindSV%2Ecfg&host_id=1&page_id=8836&query=buprenorfin&hiword=BUPRENORFIN+

Misuse of buprenorphine

a) To which extent does misuse of buprenorphine exist? (from general population studies, from treatment data, from specific studies)
No formal studies exist but reports from the Police shows that buprenorphine is found among drug abusers as a non prescribed illegal drug.

b) Which routes of administration other than sublingually are used?
No structured information available but Police information mentions snorting as well as injecting.

- To what extent is buprenorphine injected
No structured information available

- Are there any specific harm reduction measures related to buprenorphine, e.g. information, the provision of specific syringes?
No

c) Which other substances are reported to be used together with buprenorphine?
No studies have been performed but rumours that buprenorphine is used in combination with alcohol and benzodiazepines exist.

d) What is the level of diversion of buprenorphine into black markets?
No structured information available but according to the Police the majority of seizures are diversions of legally prescribed buprenorphine in Sweden and not through trafficking from other countries. However, postal packages from France have been seized by the Swedish Customs in northern Sweden. It is assumed that the tablets were designed for the Finish market.

- What is the cost of buprenorphine on the black market? In relation to other comparable substances?
According to the Police an 8 mg tablet costs between 10 and 50 €.

e) Are the clients using buprenorphine in substitution treatment the same as those misusing buprenorphine?
No structured information available

- What are the characteristics of persons misusing buprenorphine?
According to Police sources it is heroin abusers but also others, e g young persons in an initial phase of illegal drug use.

f) What are the reported health consequences of buprenorphine misuse?
No structured information available

g) Were deaths reported related to buprenorphine misuse?
Yes, in two cases

- In combination with other drugs, if so which?
Alcohol and benzodiazepines

h) Evaluation results, statistics, research and training
No structured information available

12. Alternatives to prison targeting to drug using offenders

Political, organisational and structural information.

- National policy and strategy
Does the national drug policy include a defined strategy on alternatives to prison targeting offending drug users? Please provide the reference.
The Government bill on a National action plan on drugs (Regeringens proposition 2001/02:91 (2002)) points out the possibilities in the Swedish Penal Code (SFS 1962:700) to sentence to contract treatment as an alternative to prison (the alternative length of the prison sentence is stated) and request the Swedish Prison and Probation Administration to develop programmes for drug addicts on contract treatment. The same bill also emphasizes the use of early release from prison provided that the prisoner gets transferred to a treatment institution (in accordance with section 34 of the prison treatment act (SFS 1974:203). The same bill also points out the relevance of close co-operation between the prison service and the local social welfare authorities (who are – on a societal level -responsible for the treatment of drug addicts).

Which national authority is coordinating and overseeing the implementation?
The Swedish Prison and Probation Administration in close co-operation with the NDPCo in accordance with the National action plan on drugs.

Is there an established cooperation structure?
No. The responsibility for the measures taken is shared by many different agencies at the national, regional and local level which must work closely together when implementing the alternatives.

Is a specific steering group involved?
The National Drug Policy Coordinator has been commissioned by the government to implement and follow up the national action plan on drugs and to coordinate measures against drugs at national level. However, this does not mean that the Coordinator will take over the responsibility that at present rests on the Government Offices.

Are there any relevant regional strategies and/or competencies?
The National Drug Policy Coordinator is going to undertake special initiatives in collaboration with the three metropolitan areas – Stockholm, Göteborg and Malmö. During a three-year period, a broad, extensive initiative is carried out together with the three metropolitans. A steering group has been appointed to give the activities the greatest possible impact and legitimacy. Researchers are to be involved to guarantee that the work is based on evaluated knowledge and effective methods. For more information please consult www.mobilisera.nu.

- Legislation
Please describe, referring if applicable and possible to the pre-trial stage, the trial stage or the post-trial stage.
Which laws and regulations are generally used in connection with alternatives to prison?
Swedish Penal Code (SFS 1962:700) chapter 28, section 6a: In cases covered by Chapter 30, Section 9, second paragraph, point 3, the court shall, if the planned treatment is of decisive importance for the decision to sentence to probation, state in its judgement what would have been the length of imprisonment had imprisonment been chosen as the sanction. In addition, in such cases, the judgement shall always state the conditions applicable to the treatment plan that the probationer has undertaken to follow. In connection with such a treatment plan, a condition may be imposed that whoever is responsible for the treatment shall report to the local prison and probation administration and a public prosecutor if the probationer seriously neglects the obligations stated.

Are there laws and regulations on alternatives to prison targeting explicitly drug using offenders?
Not explicitly but drug use is stated as one factor to be considered for sentencing to probation as discussed in the above question and the referred legislation. The same is true for the previously discussed possibility for early release in exchange for treatment.

Please provide titles and dates, if applicable referring to the EMCDDA Legal Database.
See bibliography, reference SFS 1962:700 and SFS 1974:203.

- Public debate
Not investigated.

- Implementation structure
Which national, regional and local bodies are involved in the implementation of alternatives to prison? Please describe their respective roles (e.g. coordination, funding, control/evaluation).

- Courts – sentencing and sentencing practice
- Prison and probation service – decisions, (section 34 prison treatment act, se above) co-ordination, funding, control/evaluation
- Social welfare authorities – treatment opportunities, funding

Interventions

Please describe, referring if applicable and possible to the pre-trial stage, the trial stage or the post-trial stage:

- Types of interventions
Which treatment modalities can be applied as an alternative to prison (substitution/drug-free; in-patient/outpatient).
Pre-trial, trial: Pre-sentence reports with thorough investigation of drug-problems (an experimental work with pre-sentence reports based on Addiction Severity Index, ASI is ongoing) by the probation service to prepare for contract treatment

Post-trial stage: Section 34 of the Prison Treatment Act (SFS 1974:203) states that a prisoner may be permitted – while still serving his prison sentence – to be placed on a treatment facility outside prison.

Another possibility is that the court sentences a person to Probation with Contract Treatment. This is possible when there is a clear connection between drug abuse and criminality. Can be in-patient (normally) but also in outpatient departments (special drug-clinic, hospital, social welfare service)

Drug substitution combined with other interventions may occur.

- Implementation
Are alternatives to prison increasingly applied in your country? Please describe developments (if possible with numbers, years of reference).
As shown below no definite trend over the last five years but rather stable figures.

Yearly number of prisoner with drug problems who were early released on §34 for treatment outside prison:

Year	1999	2000	2001	2002	2003
Number	532	418	481	510	590

Yearly number of persons sentenced to contract treatment:

Year	1999	2000	2001	2002	2003
Sentenced	1 493	1 379	1 489	1 511	1 332

Which is the (estimated) proportion of drug offenders diverted to alternatives to prison in relation to drug offenders sentenced to prison?
From the figures available a true estimate is not feasible because other reasons than the drug problem influence the sentence, not least the seriousness of the crime. Also other sanctions or measures are taken by courts, of which some does not fall under EMCDDA definition of "drug treatment". Given those prerequisites a very rough estimate could be calculated as follows:
At least 6 400 drug addicts were sentenced (admitted) to prison the year 2003
About 1 300 drug addicts were sentenced (admitted) to contract treatment the same year.
It should indicate that about 17 per cent got this alternative. As stated above the estimate is rough and must be handled with care since the true figures for the comparison asked for are not at hand.

Which is the (estimated) proportion of clients in treatment who are in treatment as an alternative to prison?
Yet another very rough estimate from '**on a given day**' figures.
On section 34 treatment outside prison 150
On contract treatment 1200
Drug addicts in prison 2500 (of which approx. 30 per cent in treatment inside prison)
1350 / 3850 = 35 per cent. Also this estimate must be handled with care since the true figures for the comparison asked for are not at hand.

Is the availability of treatment as an alternative to prison adequate?
Which are the main obstacles for the implementation of alternatives to prison in practice?
Due to the financial situation, the municipal administrations have to give priority. For a number of years, there has been less money spent on institutional treatment for drug addicts. Since it is the local welfare authorities' responsibility to care for drug addicts as well as other social welfare matters the prison and probation service sometimes have problems when negotiating about treatment needs and costs for sentenced persons. The need for institutional treatment has not been met by the local authorities' service level.

- Funding and provision
Who funds treatment as an alternative to prison (criminal justice system, health and social system, health/social insurance, drug users or their families)?
The social service system (see above)

Who provides the treatment (public sector, private sector: non-profit, profit)?
All forms (public sector most common, private sector both non-profit and profit)

- What is the profile of treatment and control staff?
No definite profile can be pointed out

Monitoring
Which are the procedures for monitoring the treatment process (e.g. reports from treatment centres, controls by the court).
The prison and probation system has the overall responsibility for controlling all sentenced, no matter how the sentence is carried out. By agreements, the treatment providers are responsible for reporting misconduct, absconding etc. The correctional system has to report misconduct to a probation enforcement board or to a prosecutor.

Which are the consequences of non-adherence to the treatment alternative?
The consequences are in a range from a warning to a new sentence (or the alternative prison time stated in the original sentence to contract treatment) or in the case of section 34 placements – back to prison.

- Specific target groups
Are there alternatives to prison treatment programmes targeting specifically juveniles/women/non nationals? Please describe (funding, providers, specificities).
No specific alternatives other than matching to appropriate treatment provider, taking age, gender and area of problem into consideration. Young criminals (though over the age of imprisonment) may be entrusted to the social welfare authorities for supervision/treatment instead of the correctional service.

- Specific projects
Are there any specific, innovative or pilot projects on alternatives to prison in your country?
Nothing to report

Quality Assurance

- Guidelines
Do guidelines or standards exist for implementing alternatives to prison? If yes, who issued them? Please describe.
A standard contract, including quality indicators, is developed by the prison and probation administration. It is used both for section 34 placements from prison and for contract treatment, when in-patient treatment is used.

- Evaluation and research
If evaluation and research on alternatives to prison is carried out in your country, please answer the following questions if applicable and possible:
No high standard scientific work is published. Some university work on different aspects and some reports from the correctional service are available but none covering the questions about effectiveness and outcome.

Training
Are there specific training programmes for staff providing alternatives to prison. E.g. for treatment staff, probation staff, criminal justice staff? Please describe.
No standards for specific training are applied.
The NBHW has an inspectorate function for the standard of drug treatment institutions and family homes for drug addicts. They also collect information on quality and statistics from the county administrations (which give permits for running a private treatment unit).

13. Public nuisance: definitions, trends in policies, legal issues and intervention strategies.

The familiarity and irritation with public nuisance caused by alcohol and drug abusers is shared by ordinary people, professionals and others. In spite of that it has not very often been publicly discussed at length or formally documented although other angles on the drug problem have been under intensive debate now and then. The key phrase “public nuisance” does not result in more than one or two references in a library search. However, problems with nuisance are a topic in letters to the press. There are also examples of local questionnaires showing that people, especially older people, are afraid when they have to pass parts of the town known to lodge drunkards. It is not uncommon that the police take action to clear such a refuge from boisterous crowds, practicing zero tolerance with alcohol, drugs and harassment.

As part of the Eurobarometer surveys in 1996 and 2000 the public opinion regarding security and victimisation was studied. People were asked how often they were personally in contact with drug-related problems during the last 12 months. In the first of these surveys 7% had such contacts in Sweden. This escalated to 18% in Sweden in the second survey, the largest increase of all countries in percentage terms (European commission 2003). The number of problematic drug abusers increased during the period and simultaneously the efforts in the health and care sector were reduced (Section 8). These factors can have contributed to make the problems more visual.

Public nuisance is much more noticed together with alcohol abuse than drug abuse. There is a law, LOB, that regulates when the police can take drunken offenders into temporary custody. This law can also be used against disorderly conducting drug abusers, but in most cases it is alcohol abusers that are seized. In 2002 the police made 44 163 interventions (39 427 men, 89%, and 4 736 women) of this art.

As use of drugs is criminalised an investigation regarding violation of the Penal law on narcotics will take place when a drug abuser is seized even if he fulfils the necessary conditions for public nuisance defined in LOB (alcohol, illegal drugs and paraphernalia are seized and disposed of). This seems to have contributed to the relatively low awareness of public nuisance made by drug abusers. Focus is on the drugs per se. Illegal drugs subordinates everything else and the dope fiend is an entity of its own. It might also be that private experiences of being harassed by drug abusers is not publicly known, debated and attended to.

When drug abusers are involved in manifest public nuisance they are almost always in the category of “double troubled”, i.e. persons with co-morbidity. In the latest decade or so professionals declares that the number of persons with double diagnoses has increased. Several reasons are cited; they are poly drug abusers, the average age of the population of problematic drug abusers has successively risen, they have spent many years entirely within the subculture, they are under-assisted, homeless and displeasing. One might add that professionals today are better trained to identify behaviours like theirs.

Public nuisance is most discussed regarding annexation of public space and open drug scenes, and it is also stated in the National Action Plan on Drugs that it is important to prevent open drug scenes to be established. In Stockholm, a certain space in the down-town city area, by Swedish standards, has some of the trademarks of an open drug scene. The police and the social authorities have paid an almost constant supervision on this place. Yet, a popular movement, the National Association for a Drug-free Society, RNS, has criticized authorities for not doing enough to clear this area from drug-dealers and drug abusers. A group of popular movements has also arranged regular open-air meetings in the area to inform the public of the drug problem.

How are such problems categorised or labelled?

Nuisance is seen as part of the drug abusers lifestyle and, as the root of the nuisance is the consumption of drugs (which is illegal) there is not an incentive to pay much attention to the disturbing behaviour as the drug crime is more essential. The nuisance is only a part of the problem. Drug abusers are handled with the Penal law on narcotics and this is made with high priority.

Measures taken

Responses to the problems

Drug related public nuisance has been mostly connected with the situation in the capital and the down-town drug scene in particular. Police and social authorities have paid much attention to drug trafficking in Stockholm, and much of these efforts have for many years been focused on the down-town drug scene. Overall, it has been a police tactics to disturb young abusers and tendencies to form meeting places for abusers and sellers. An investigation recently identified three other places in Stockholm that are at least as important as drug markets (Puhakka 2004) as the city drug scene. Since cell-phones are used by most persons nowadays it is no longer necessary to meet at a certain places known to the abusers to deal with drugs. By doing business over a phone, buyers and sellers can meet at less supervised places to make the deal.

Police actions to disturb and disintegrate drug markets have been practiced all over the country. The result has not been that drug abuse has ceased, but it has moved to other places, usually to the outskirts of the city or, as in Stockholm, to several smaller markets. It has also happened that the market is resurrected in its original place when the intensified police actions are called down.

The quoted report also states that more criminality and public nuisance has been reported in places where the new peripheral (local) drug markets have been established. The report will be used as a starting point for developing new strategies to cope with the problem. It will be obvious that the police alone are not sufficient to solve the problem as it is not only a problem with public nuisance but also with shrinking resources for treatment of drug abusers. The strategy that will be developed points in the direction of united efforts and better use of resources. This was the conclusion drawn when a hearing was arranged at the publication of the report.

Results/evaluation

Public nuisance has not been a prominent theme for analysis. The cited report about open drug markets in Stockholm is an exception, and it only covers one aspect of public nuisance. There is, of course, opportunities to go through the official criminal statistics for crimes that falls under the definition of public nuisance, but that will only give figures to the problem. Trends in policies, legal issues, intervention and public opinion will not be covered as long as research in this area is missing.

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Annexes

List of abbreviations used in the text

APM	The Agency for Public Management
ANT	Alcohol, Narcotics and Tobacco training in Swedish schools
BRÅ	National Council for Crime Prevention
CAN	Swedish Council for Information on Alcohol and Other Drugs
CRD	CANs rapporteringssystem om droger
ELDD	European Legal Database on Drugs
FHI	Statens folkhälsoinstitut
KrAMI	The Correction Services Employability Institute
LOB	Lag om omhändertagande av berusade personer
LTP	Life time prevalence
MHSA	Ministry of Health and Social Affairs
MPA	Medical Products Agency
NAE	National Agency for Education
NR	National report
NBHW	National Board of Health and Welfare
NBIC	National Board of Institutional Care
NCCP	National Council for Prime Prevention
NDCo	Swedish National Drug Policy Coordinator
NIPH	National Institute of Public Health
PPS	Swedish Prison and Probation Service
PPS	Prison and probation system
SIIDC	Swedish Institute for Infectious Disease Control
SiS	National Board of Institutional Care
SMI	Swedish Institute for Infectious Disease Control
SoRAD	Centre for Social Research on Alcohol and Drugs
SOU	Swedish official government reports
TC	Treatment centre
UNGASS	United Nations General Assembly Special Session on Illicit Drugs and Psychotropic Substances 8-10 June 1998

Part D - Standard Tables and Structured Questionnaires

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3 – STANDARD TABLE 03: CHARACTERISTICS OF PERSONS STARTING TREATMENT FOR DRUGS
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34 –TDI DATA[1]

Standard Tables & Structures Questionnaires are available through the following link:

http://www.reitox.emcdda.eu.int/natreps/nat_reps2-guidelines-2004_final.shtml

[1] 34 is a number given according to the EISDD; it is not meant to be consecutive