Harm Reduction and Public Health: The Case of Sweden

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Swedish policy background

- Historically a paternalistic welfare state, not being afraid of control through prohibition and/or regulation. A strong political and public support for absolutism.
- Control measures is by far the biggest expdenditure in the drug policy budget – usually aimed at the users in accordance to the police motto: ”It shall be difficult to do drugs.”
- A public health agenda rather aiming for the protection and safety of the non-users than the users.
- A policy centered on the users becoming drug-free rather than staying healthy.
- Still aiming for a drug-free society.

1960s: A small opening soon closed shut

- Drug use viewed as contagious: What if the disease could be treated – or at least relieved – by prescribing drugs?
- An experimental clinic prescribed drugs 1965-1967
- Positive media and Royal Medical Board 1966: ”eases suffering and prevents criminality”
- At the end of 1966 the opinion turned as a 17 year girl died
- The knowledge-base of the quite positive research was hampered by the small number of observations. Which in turn allowed the policy makers to disregard results challenging the framing of drugs as a policy of prohibition

1980s: A potential opening staying closed - AIDS

- The problem analysis ”People who inject drugs are those most at risk” (Aidsdelegationen, okt. 1985)
- The solution: ”An offensive drug treatment” (Aidsdelegationen okt. 1985)

2000s: The window actually opening

- The 2017 reform of the 2006 needle exchange law, making NEPs mandatory where needed for the sake of a) an increased equality of health; b) for general public health reasons

The keys

Scandals: Sweden has the second highest mortality rate linked to drug overdose in Europe. (Euobserver, By Nikolaj Nielsen BRUSSELS, 7. Jun 2017, 08:53, https://euobserver.com/justice/138137. A 100 per million.)

Research: A growing volume of research supporting needle exchange programs.

Context: "However, the degree to which Sweden's low prevalence of drug use can be attributed to its repressive approach is highly questionable, as research consistently shows that wider social, economic and cultural factors are the key drivers of drug prevalence – not the harshness of enforcement" (https://transformdrugs.org/drug-policy-in-sweden-a-repressive-approach-that-increases-harm/)

Trade-offs: The positioning of harm reduction within a public health framework fitting the dominant drug policy culture. Also, leaving room for "surveillance medicine" (NEPs), prioritizing the general public thus avoiding confronting drug laws and stigmatization

What's next?

Thank You!