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Research Paper

Police officers' attitudes and practices toward harm reduction services in Sweden – a qualitative study



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ABSTRACT

Background: Since the 1980s, Swedish drug policy has combined a restrictive zero tolerance approach with the vision of a “drug-free society”. However, in recent years, access to harm reduction services has increased through local initiatives and new national guidelines. The possible success of these services may be affected in part by police drug law enforcement. The aim of this study was to explore how Swedish police officers act toward and view harm reduction services in a national drug policy setting of zero tolerance toward drug use.

Methods: Applying a qualitative research design, we conducted 19 in-depth interviews with police officers who worked with drug law enforcement in Malmö. We conducted a qualitative textual analysis of the data.

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Background

- Sweden's official policy aim to create a "drug-free society" through a restrictive (repressive) drug policy approach.
- Three pillar approach: 1) Prevention and education, 2) treatment, 3) criminalization. No clear official support for HR.
- Over 90 % of all drug-related judicial sentencing concern personal possession or personal use.
- The criminalization of personal use presents challenges to harm reduction services' relation to the police. NEP in Sweden similar to SIS in other countries (shared view of policing jurisdiction needed).

1967	Possibility for committal to psychiatric care for drug abusers
1968	Imprisonment for aggravated drug crime increased from a maximum of 2 years to 4 years
1969	Imprisonment for aggravated drug crime increased to a maximum of 6 years
	Phone tapping for aggravated drug crime introduced
1972	Imprisonment for aggravated drug crime increased to a maximum of 10 years
1980	Limitations of waiver of prosecution for possession of drugs
1981	Imprisonment for normal drug crime increased from a maximum of 2 years to 3 years Imprisonment for aggravated drug crime increased from minimum of 1 year to 2 years
1982	Law on compulsory care for adult drug abusers
1985	Imprisonment for minor drug crime increased to maximum 6 months
1988	Criminalization of consumption of drugs, maximum fine
1989	Increased time from 2 to 6 months for psychiatric care for drug abusers
1993	Consumption of drugs, maximum imprisonment 6 months
1999	Expansion of criminalization of synthetic drugs
	Zero tolerance for drugs in road traffic
2016	Extremely aggravated drug crime as new category in the Penal Drug Law

- Tham (2021)

Some shifts toward harm reduction in recent years

- Development and liberalization of OST guidelines toward low threshold approach
- Private OST clinics in Scania county
- Development of NEP (16 out of 21 regions in 2019). 20/21 in 2022.
- Take-home naloxone for PWUD in 2018
- 2022 Governmental inquiry suggests pilot SIS
- Official acknowledgement of very high rates of DRD
- Some LEAP style discussion by individual police officers

Background

- The police may disrupt harm reduction services by seizing safe injection tools, confiscate OST medications and by patrolling and surveilling services.
- Harm reduction policing.
- There are examples of fruitful cooperation between services and the police, but also examples of resistance toward harm reduction in police forces.
- Personal contacts between HR services staff and police probably more efficient compared to educating police about HR.

Methods and theory

- Qualitative interviews with 19 police officers working specifically toward PWUD in Malmö.
- Themes:
 - 1) Knowledge about and attitudes toward harm reduction services
 - 2) Boundary work toward services
 - 3) Views about service users
- Symbolic boundary work (Lamont & Molnár 2002) defines specific core activities and competences. Boundaries are sites of negotiation that appear when there are overlaps between different organizations, in demarcation to other actors. Boundary establishment and bridging.

Knowledge about and attitudes toward harm reduction services

- A general acceptance of specific harm reduction services: OST, NEP and naloxone.
- NEP defined as a public health intervention within the medical field.
- *Well, I would say personally that I don't think anyone has ever started to use drugs because they got free syringes. And if you can actually reduce disease and their sharing of syringes with each other - absolutely. I don't see anything strange in that*
- Generally positive to naloxone, but some uncertainty about when and how to use it. Higher degree of acceptance among officers who work closely with PWUD.
- Positive to OST, but concerns over illegal use. Officers mostly meet patients who experience problems in treatment.

Boundary work toward services

- Strict boundary toward the NEP. Drug law enforcement would “mess with their intentions with our presence”.
- Boundary toward OST, but officers crossed into this medical arena when patients sell their medicines or act disorderly in public places.
- Bridging toward naloxone as an important life-saving service. For PWUD and potentially for officers who handle confiscated drugs.
- *We want it [naloxone]. The colleagues I have spoken to think it's a good idea. Also for our own sake. Because fentanyl is really dangerous.*

Views about service users

- Officers prioritized drug law enforcement toward dealers and young PWUD who were new to the drug scene – restrictive drug policy enforcement toward these groups.
- Marginalized PWUD as users of harm reduction services described as "sick and in need of care and treatment" in general, and not subject to the jurisdiction of the police. Zero tolerance not applied and these PWUD were largely "left alone".

Conclusions

- Police officers engage in boundary work toward HR services, based on dichotomized distinction between policing and health care services.
- HR seen as health care for persons with addiction problems – the police should focus on dealing, youth and first-time offenders.
- Boundary toward OST, but police encounter patients who experience problems in treatment, and OST medication dealing on the illicit drug market.
- Strict boundary toward the NEP – police do not want to disturb an important medical intervention.
- Bridging toward naloxone. Support for access for PWUD, police naloxone on duty and a will to acquire more knowledge about its use.
- It seems boundary work by police officers impact on their attitudes and actions toward harm reduction services. Attitudes and actions toward HR services may have a high impact the potential success of HR services.

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