

The Swedish Drug Policy Experience: Past to Present
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Sweden's history of drug abuse began in the late 1940s when abuse was limited to few bohemian circles in Stockholm. As more young people were introduced to nonmedical drug use in the early 1960s, Sweden became one of the first countries in Western Europe to experience a large-scale drug problem among its population, creating the Swedish drug epidemic.

At this time, the illegal drug market in Sweden was dominated by stimulants of the amphetamine-type. Because these drugs were seen as non-addicting and had widespread clinical use at the time, it is not hard to understand why many Swedish physicians were attracted to the idea of prescribing drugs in order to keep individuals from obtaining them through illegal sources. This idea was quickly adopted by some health and law enforcement authorities. Between 1965 and 1967 nonmedical drug users in Stockholm could obtain their favorite drugs including not only stimulants, but also opiates, with a prescription from a handful of doctors who took part in a special program sanctioned by the National Board of Health. Initially, around 110 drug-addicted patients were enrolled in the program for whom more than 4 million doses were prescribed. Out of those, about 3.4 million doses were stimulants; most of the rest were opiates. Unsurprisingly, a large percentage of these legally prescribed drugs were resold or given away, flooding the city with drugs and spreading the drug epidemic in Sweden rather than limiting it as the program's sponsors naïvely expected. This legal prescription experiment came to an abrupt end in June of 1967 two years after it started, following the tragic and widely publicized death of a 17 year-old girl who had been offered drugs by one of the patients in the prescription program.¹

As a psychiatrist working with the Stockholm police, Nils Bejerot was one of the few physicians in Sweden at this time with firsthand experience of drug addiction. Bejerot's work with criminals since the 1950s in Stockholm gave him a unique perspective with regard to the National Board of Health's drug policy experiment. He tried in vain to stop this legal prescription experiment by offering his expertise and experience to the authorities. Out of frustration and in the hopes that this initial experiment would never be restarted, in 1965 he initiated a study of drug injection marks among arrestees at the Remand Prison in Stockholm. He later linked the changes in the frequency of injection marks to the changes in the Swedish drug policy.² In 1969 he founded the National Association for a Drug-Free Society (abbreviated RNS in Swedish) in order to promote the idea of restrictive drug policy by educating both the public and his medical colleagues.

Bejerot's views on drug policy initially were not universally accepted in Sweden. There was a strong counterargument based on the belief that medicalizing nonmedical drug use would reduce not only drug use but the many serious and even fatal problems that drug use created. This view was attractive to many Swedish health officials because it appeared to be more compassionate and humane. During the 1970s the debate about drug policy in Sweden picked up momentum gradually. Official drug prevention policy at that time directed the police to concentrate on trafficking and smuggling and not arrest the drug users for drug possession and street peddling on the presumption that this would make it more attractive for them to voluntarily seek treatment and other help from social services providers or hospitals. During those years in

Sweden it was legally safe for drug users to possess up to 20 grams of hashish for personal use. Naturally the street pushers never had more than this legal limit. This legal practice was criticized by Bejerot and RNS for several years. Public debates, demonstrations and media debates were organized and finally achieved results. The Swedish Prosecutor General issued a directive to all prosecutors in January 1980 that waivers of prosecution for small amounts of narcotic drugs would not be allowed any longer. Overnight, this announcement changed Swedish drug policy as a practical matter. It was the tipping point, when Swedish drug policy swung from being a permissive to a restrictive drug policy. The restrictive policy has continued to the present time.³

Based on this newly articulated drug policy, the Swedish police changed its priorities to focus on small crimes of possession, making small-scale trafficking of drugs a much riskier business. Unsurprisingly, the number of drug crimes rose initially while at the same time drug use surveys showed a consistent decline all through the 1980s. In those years the economy in Sweden was good. The city councils were generally willing to fund drug treatment and anti-drug prevention activities in schools. The general debate in society about drug policy receded as all parties adopted the restrictive policy, which was an important inspiration to everyone working professionally with the drug problem.

In 1983 the Supreme Court of Sweden ruled that the Narcotic Drugs Act did not cover the act of consuming illegal drugs. Simply speaking, it was forbidden to have any drug of abuse in your pocket or in your possession in any other way, but to smoke, eat, inhale or inject drugs was not illegal. The following year RNS began campaigning to make the consumption of illegal drugs itself a crime. An opinion poll in 1984 showed that 95% of the public were in favor of this change in the law. The debate went on for several years, engaging all of Sweden's political parties in the Parliament. In 1988 the Swedish law was changed so that consumption of narcotic drugs was made illegal. Initially the law did not allow the police to take a urine or blood test as evidence of use. The law was rewritten in 1993 so that the police could use drug tests for evidence of drug consumption.³

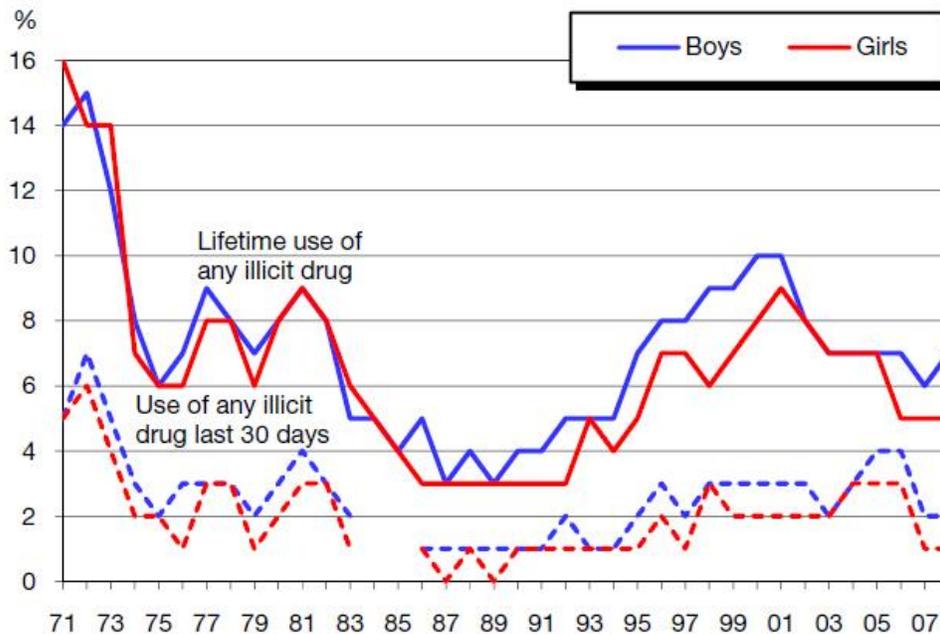
Today approximately 35,000 drug tests are taken yearly by Swedish police based on suspicion of illegal consumption. Over 10,000 tests are taken on suspicion of drugged driving. The punishment for illegal consumption is a monetary fine related to the offender's income. Drugged driving can lead to imprisonment, depending on the circumstances. During 2010 the number of crimes classified as illegal consumption was 51 766. The total number of reported drug crimes was 102 655.⁴

If the 1980s were the Golden Age of drug prevention in Sweden, then the 1990s were the Dark Age. Sweden was hit by a severe economic crisis in the early part of the decade, a crisis that took the rest of the decade to sort out. Virtually all segments of Swedish society experienced an economic decline, or ground to a halt. Since the drug problem, especially among the young, was at such a low level at the beginning of the 1990s, drug policy did not receive much attention from those with political power. As a consequence, anti-drug efforts declined in the 1990s, and drug treatment became much harder to obtain. For these same economic reasons schools did not focus on the drug problem in the 1990s. It is not surprising that drug abuse levels in Sweden went up during this decade, although they never again reached the levels seen in the

late 60s and early 70s. However by the end of the 90s drug abuse was again serious enough for the Government to take action to rectify this trend.

In 1998 the Government appointed a Narcotics Commission which put forth many suggestions for action and change. With the general debate about the drug problem heating up, funding for various types of projects was made available by the Government. During the first years of the new century the rise in illegal drug use rates among the young flattened out and gradually declined.⁵

Figure 1.

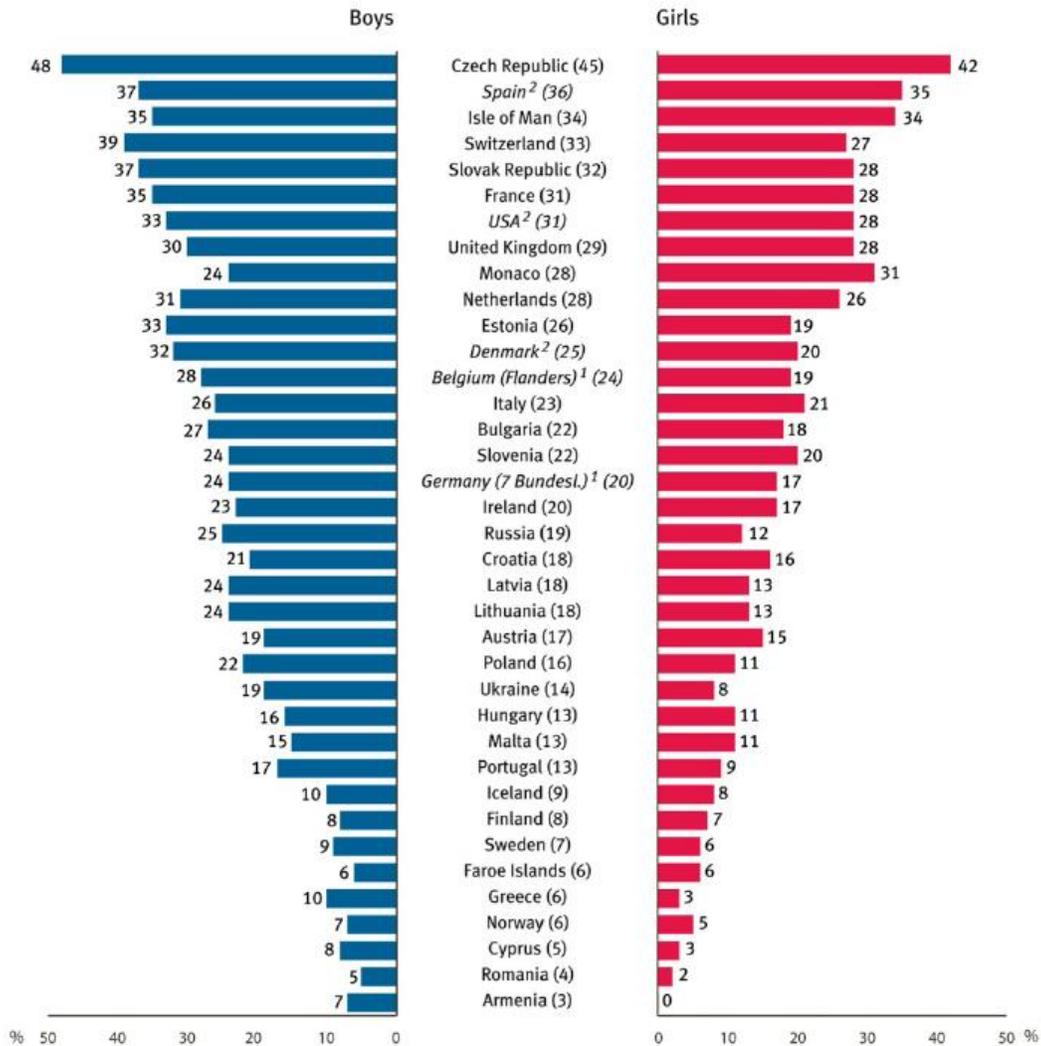


Lifetime use of any illicit drug and use of any illicit drug last 30 days (data not available 1983–1985), by gender. 1971–2008.

Source: Hvitfeldt T and Nyström S (2009). *Skolelevers drogvanor 2008*. Swedish Council for Information on Alcohol and other Drugs. Stockholm, Sweden.

There are many in Sweden who believe there are further challenges in the nation’s efforts to curtail illegal drug use. However, with unusually low rates of drug use, Sweden compares very favorably to other developed nations. Since 1971 the Swedish Council for Information in Alcohol and other Drugs (CAN) has administered drug use surveys among teenagers during the year they have their 16th birthday. The model used in these surveys was adopted from a European survey conducted in 1995 in 26 countries, the European School Survey Project on Alcohol and other Drugs (ESPAD). The latest ESPAD survey was presented in February 2009 and shows data from 2007.⁶

Figure 2.



Lifetime use of marijuana or hashish by gender. 2007.

- 1) Belgium and Germany: Limited geographical coverage.
- 2) Denmark, Spain and USA: Limited comparability.

Source: Hibell B, Guttormsson U, Ahlström A, Balakireva O, Bjarnason T, Kokkevi A and Kraus L (2009). *The 2007 ESPAD Report. Substance Use Among Students in 35 European Countries.* Swedish Council for Information on Alcohol and other Drugs. Stockholm, Sweden.

Figure 2 shows a comparison among self-reported lifetime marijuana and hashish use by 16 year olds from 35 European countries. The reported drug use of boys can be found in the left-side graphs, while the reported drug use of girls appears in graphs on the right. The average of

the reported use of the boys and girls combined can be found as a number to the right of the country name. The differences in self-reported use of cannabis are very large between the European countries with the lowest and the highest prevalence levels. Several comparisons of other countries with Sweden are of interest. There is a striking difference between Sweden and the United Kingdom even though the modern drug epidemic started at about the same time in both countries and even though both are liberal welfare states with high levels of economic development. In another comparison, it is interesting to note the reported drug use between teenagers in Sweden and in The Netherlands. During the 1970s Sweden, after a heated internal debate, began enforcing stricter drug laws. The Netherlands in 1976 decided to go the opposite way by passing the Opium Act, making a distinction between the permissive enforcement of *soft* drug use and a more restrictive enforcement of *hard* drugs.⁷

It is helpful to consider the impact of significant change in a country's political structure and the resulting impact on drug policy when viewing these data. For example, a number of these countries endured harsh and repressive experiences of dictatorship. It can be inferred that some these countries, such as the Czech Republic, Slovak Republic, Spain and Estonia, having become democratic, include the freedom to use illegal drugs in their concept of freedom. However this is not a uniform experience, as other countries such as Greece, have had a similar historical experience yet the country maintains a restrictive drug policy and experiences low levels of drug use among its teenagers. Portugal, which became a democracy in 1974, has adopted a less stringent policy, with resulting reported teenage use approximately midway between the data reported by teens in Spain and Greece. From this ESPAD scale it is possible to infer the presence of quite permissive drug policy associated with the increased prevalence levels of illegal drugs.

The authors of the ESPAD-survey concluded in their summary that in the 2007 data there are apparent associations between the aggregated use of different substances at the country level. In countries where teenagers drink more, they also tend to use illegal drugs more.⁶ A nation's drug policy reflects a cultural set of values, beliefs and behaviors, and its associated laws result in normative actions on the part of its citizens. People, especially young people, adapt quickly to laws that impact on behavior related to the use of illegal drugs.

One of the common stereotypes in global drug policy debates is that successful welfare states adopt permissive drug policies as part of their commitment to compassion and tolerance of diversity. Sweden, a country noted for its liberal views, stands out as an exception to this stereotype and offers a model for a more restrictive drug policy, not because it is repressive politically but because it promotes the public health and lowers both drug use and the harms caused by drug use. Unfortunately there is no universally accepted standard model for comparing countries as to the level of their drug problems. United Nations Office on Drugs and Crime, UNODC, did however make a comparison between Sweden and other EU-nations in 2006 named *Sweden's Successful Drug Policy: A Review of the Evidence*. Executive Director Antonio Maria Costa writes in the Preface: "It is my firm belief that the generally positive situation of Sweden is a result of the policy that has been applied to address the problem. The achievements of Sweden are further proof that, ultimately, each Government is responsible for the size of the drug problem in its country. Societies often have the drug problem they deserve."⁸

Conclusion

The Swedish approach to drug policy has been restrictive but not repressive, which is an important distinction. The prison population rate (prisoners per 100 000 inhabitants) in Sweden is 74, which is well below the median rate for western and southern Europe at 95. The rate for The Netherlands is 100, a difference to Sweden many would think to go the opposite way.⁹

The focus on the consumer end of the illicit drug market, in line with the analysis Bejerot presented in the late 1960s, is most likely the reason why Sweden's drug policy has been comparatively successful. There is no legal free zone in Sweden when it comes to illicit drugs. The legal consequences are not harsh but they exist and are for real. The debate about drug policy has gone back and forth for over four decades and involved more or less all levels of society. A great majority of public opinion is behind a restrictive and balanced policy that includes law enforcement as well as good access to treatment for those in need of it. However, Sweden is not an island and very much a part of the international community. What the future will bring for us in that respect when it comes to drug policy is yet to be seen.

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