



The Swedish Drug Policy Experience: Past to Present

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Abstract

Sweden has a unique history when it comes to drug policy. It was one of the first countries in Western Europe to be afflicted by the modern drug epidemic. Initially Sweden dealt with the problem in a permissive manner, which included a period of legal prescription of drugs between 1965 and 1967.

The turn-around in drug policy was initiated by the Stockholm-based psychiatrist Nils Bejerot, who analyzed the situation and proposed an alternative drug policy. Gradually the drug laws were tightened so there wasn't any legal free-zone for possessing or consuming illicit drugs. However, the legal consequences are relatively mild.

The results of Sweden's balanced and restrictive policy are that Swedish youth use illicit drugs at a very low level in a European context. Sweden has shown that it is possible to combine a modern welfare state with effective methods to prevent non-medical drug use.

Sweden's history of drug abuse began in the late 1940s when abuse was limited to a 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.

During 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 these drugs to patients to keep them 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, which could include stimulants as well as opiates, with a prescription from a handful of doctors who took part in a special program sanctioned by the National Board of Health. More than 4 million doses were prescribed for the initial 110 drug-addicted patients enrolled in the program. Out of those, about 3.4 million doses were stimulants; the remaining were primarily 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 naively 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 with firsthand professional experience of the impact 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. By offering his expertise and experience to the authorities, he tried to stop this legal prescription experiment, but to no avail. Out of frustration and in the hopes that this initial experiment would not continue, 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) to promote the idea of restrictive drug policy by educating both the public and his medical colleagues.

Initially, Bejerot's views on drug policy were not universally accepted in Sweden. There was a strong counterargument, based on the belief that medicalizing nonmedical drug use would, not only reduce drug use but also reduce the many serious and even fatal problems created by drug use. 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 on arresting the drug users for drug possession and street peddling. The presumption was 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 legal 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 no longer be allowed. Overnight, this announcement changed Swedish drug policy as a practical matter. This was the tipping point: Swedish drug policy then changed from permissive to restrictive, continuing along this path 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. During those years, Sweden's economy thrived. 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 inspiration to all professionals working 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 possession, but it was not illegal to smoke, eat, inhale, or inject drugs. 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

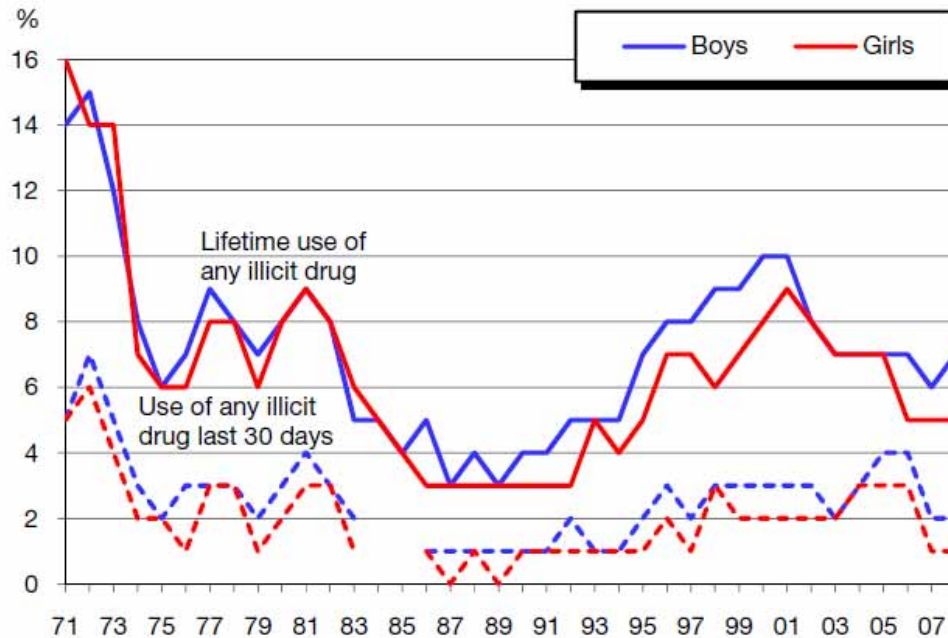
Today approximately 35,000 drug tests are taken yearly by Swedish police based on suspicion of illegal consumption. Over 10,000 tests are taken on suspicion of drugged driving. The punishment for illegal consumption is a monetary fine related to the offender's income. Drugged driving can lead to imprisonment, 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 was at such a low level at the beginning of the 1990s, especially among the young, 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 escalated enough so that Government took action to reverse this trend.

In 1998 the Government appointed a Narcotics Commission which encouraged action and promoted change. As the general debate about the drug problem heated up, Government funding became available for various

types of projects. During the first years of the new century the rise in illegal drug use rates among the young flattened out and gradually declined (see Figure 1).⁵

Figure 1.

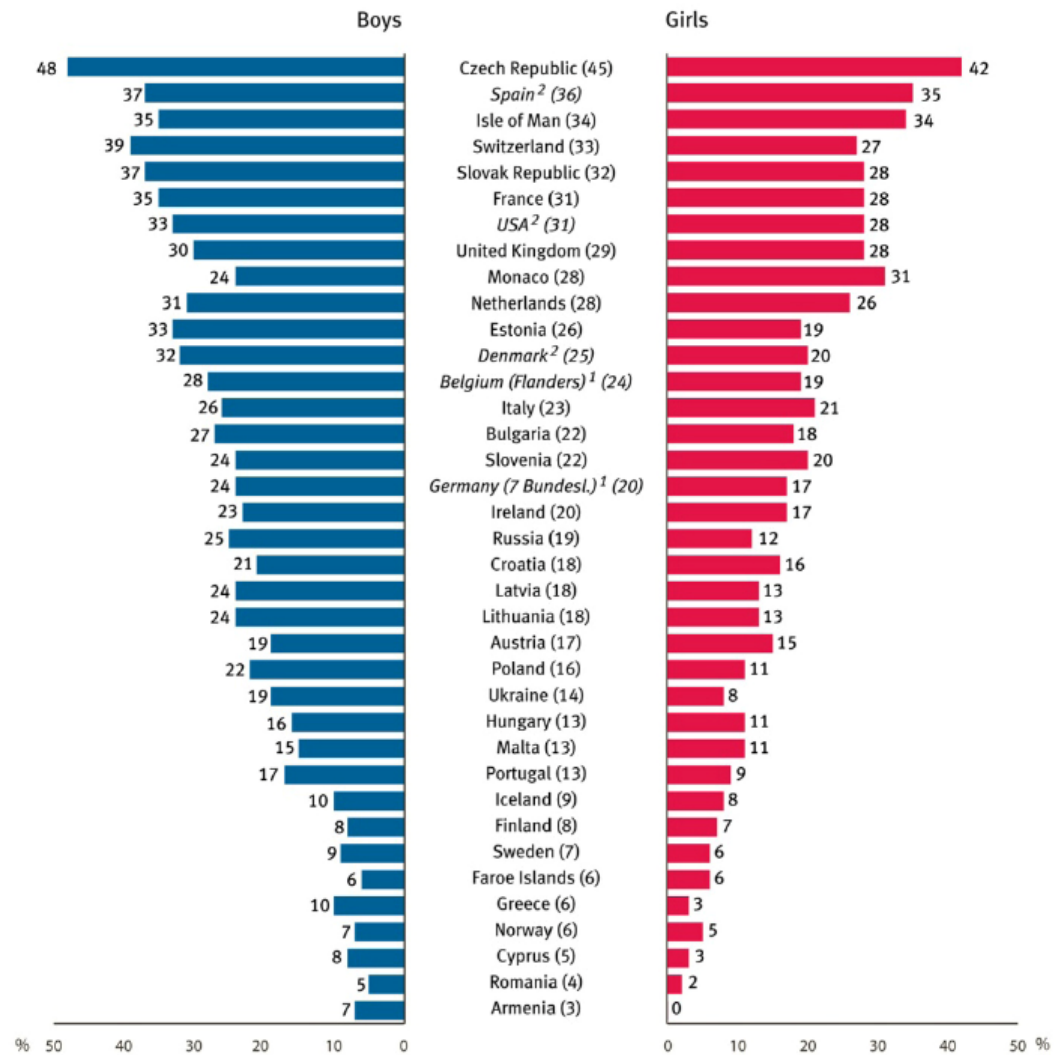


Lifetime use of any illicit drug and use of any illicit drug last 30 days (data not available 1983–1985), by gender. 1971–2008.

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 that further challenges exist, 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 to teenagers during the year of 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 (see figure 2).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 dictatorships. It can be inferred that since some of these countries became democratic, such as the Czech Republic, Slovak Republic, Spain, and Estonia, they included the choice to use illegal drugs in their concept of freedom. However this is not a uniform experience, since other countries, such as Greece, with a similar historical experience, maintain a restrictive drug policy and experience low levels of teenage drug use. Portugal, which became a democracy in 1974, 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 by 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, thereby lowering drug use and its associated harms. 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. In Sweden, The prison population rate (prisoners per 100 000 inhabitants) 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 has involved almost 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 who need it. However, Sweden is not an island and is an important part of the international community. In the area of drug policy and related issues, Sweden's future remains to be seen.

Author Information

Per Johansson graduated from a teacher's college in Stockholm in 1978, then got into the construction business and worked with various projects during the 1980s.

In 1979, Per Johansson came in contact with RNS (National Association for a Drug-free Society) and met Nils Bejerot, who founded the organization. He became an enthusiastic volunteer and devoted much of his free time working for RNS.

Since the early 1990s he has been working full time for RNS as Secretary General and represents the organization at media opportunities. He is responsible for their production of books, magazine and other printed matters. He has been involved in our international projects, mainly in former Soviet Union countries. Together with his (few) colleagues at their office, he organizes seminars on various topics related to the drug problem. In the last few years their main focus has been to introduce random student drug testing in Sweden. They have learned much from the US experience and their work in Sweden is proceeding.

In September 2008, he took part in organizing the First World Forum in Stockholm. This prompted four of the Swedish NGO organizers to found World Federation Against Drugs, WFAD, in 2009. One of the main activities of WFAD is to organize Forums. The second was held in May 2010 and the third will be held in May 2012.

Conflict of Interest

I declare that I have no proprietary, financial, professional or other personal interest of any nature or kind in any product, service and/or company that could be construed as influencing the position presented in, or the review of, the manuscript entitled: The Swedish Drug Policy Experience: Past to Present

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