

Between different committees- will Sweden change its drug policy?

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”After two political committees examined the social services law and the challenges of co-morbidity, a third committee is presenting proposals to address prevention, drug-related death and everything in between”

Will Sweden Change its Drug Policy?

- Background
- Committees: Social law, Co-morbidity, Drug Policy
- And now what?

Background

- Restrictive Drug Policy saluted by UN 2006 but now criticized
- Harm reduction contribution lower than "rest of the Europe"
- Higher drug related death now compared to 20 years ago
- The consumption does not decrease
- Organized crime and gang violence

Two earlier committees

New Social law 2025 (the present is since 1980):

- Prevention, early detection, evidence based
- Even a minister of social law in government

Challenges of co-morbidity (samsjuklighet):

- Mandatory treatment co-morbidity by Psychiatry even if patient on drugs
- The regional level responsible for all treatment (today divided with local)
- Increase of OST, NEP, Naloxon. Pilot of DCR
- The regional level responsibility of treatment is in the majority agreement of governing (Tidö-agreement)

The recent committee of drug policy

- Good proposals on prevention work. Even TCM
- Stand behind the committee of co-morbidity
- Some (necessary) proposals about harm reduction
- DRD-program good, but lack of availability, prevention and recovery (Is in ANDTS-strategy)
- "Rapporteftergift"- people with dependence or at emergency situation

- Change in criminalization not in the directive. Discussion about decriminalization, DCR, drug checking
- Propose change in the vision of drug free society in HR-section.
- No generic classification of drugs

And now what?

- New social law and responsibility of treatment regional level
- Continued discussion of decriminalization and expanded HR
- Lack of resources for regional/ local level