United Nations Committee on Economic
Social and Cultural Rights
Palais Wilson
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Switzerland

INTERNATIONAL HARM REDUCTION ASSOCIATION

SVENSKA BRUKARFÖRENINGEN • SWEDISH DRUG USERS UNION •

2 October 2008

Re: Review of Sweden's fifth periodic report, 41st Session of the Committee on Economic, Social and Cultural Rights, November 2008 – supplementary information relating to the Committee's 'List of Issues'

Dear Committee Members:

We write to provide updated information on the right to health (article 12) of people who inject drugs, and the related issue of the availability of harm reduction programmes in Sweden since our last supplementary report submitted in October 2007.[1]

We note that Sweden has not yet responded in writing to the List of Issues raised by the Committee. We would therefore like to take this opportunity to provide the Committee with additional information on its question (at para 29) regarding drug use, HIV and harm reduction:

> *Please provide disaggregated data concerning the incidence of HIV/AIDS, in particular regarding the coincidence of drug use and HIV/AIDS and indicate how successful harm reduction measures have been (such as needle exchange programmes), whether they are foreseen to be scaled up, and whether such programmes are foreseen in detention facilities?*

The information submitted in this letter is intended to provide a clearer picture of the situation relating to harm reduction and drug use in Sweden, and to facilitate a thorough and constructive dialogue with the Swedish delegation in November.

We include a series of recommended questions for the Swedish delegation at the end of our letter.

Lack of accurate and reliable data on injecting drug use

It is notoriously difficult to gather accurate data on 'hidden populations', such as people who use drugs, and differences in methodologies and definitions often render comparisons between studies impossible. In Sweden, as in many other countries, the lack of accurate and reliable data on injecting drug use is problematic when trying to establish an appropriate response.

Our previous supplementary report cited an estimate from 26,000 to 30,000 people who inject drugs in Sweden with information obtain for that report from the Department of Social Affairs

[1] http://www2.ohchr.org/english/bodies/cescr/docs/info-ngos/sduu-ihra.pdf

and the Drug Co-Ordinator's Office and the University of Malmö. This figure, however, may not be accurate. IT is more accurate to say that the extent of injecting drug use in Sweden is not known.

Most Swedish research uses the wide categorisations of 'heavy drug users'[2] or 'problematic drug use',[3] both of which include non-injecting drug use. There are few available estimates of the numbers of people who inject drugs in Sweden and those that do exist are often subject to methodological limitations. This is of concern as injecting drug use is connected with specific health harms that require specific preventative interventions.

A detailed study on rates of illegal drug use carried out ten years ago estimated there to be 26,000 'heavy drug users' in the country.[4] Of these, approximately 32% identified themselves as being primarily amphetamine-type stimulant (ATS) users, and 28% primarily opiate/heroin users. Around 88% of those classed as 'heavy drug users' had injected in the last twelve months (although the frequency of injecting was not studied).[5] Recent research indicates that ATS are the most commonly injected drugs in Sweden, followed by heroin.[6] Significantly, ATS injecting is associated with increased risk of HIV and HCV transmission, as it requires more frequent injecting than heroin.

That study is, of course, considerably out of date. Current estimates are based on the studies from the European Monitoring Centre for Drugs and Drug Addiction. In 2003, EMCDDA estimated the there to be 25,745 (23,500 to 27,300)[7] 'problematic' drug users in the country, which again included non-injecting drug use.

An important limitation, however, is that this estimate was based on hospital discharge figures that had a main or secondary diagnosis that was 'drug-related'.[8] There are a number of shortcomings with the use of hospital discharge figures as the sole data source. Increases in outpatient care, for example, may affect the numbers. More importantly, however, these figures only count drug related hospital admissions, not all drug users, which could mean that such estimates do not represent an accurate estimate of problematic drug use in the country. It is likely, for example, that the significant numbers of people who inject drugs in prison are not reflected in these numbers. EMCDDA report that over half of Swedish prisoners inject drugs.[9]

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[2] Ibid. 'Heavy drug abuse' is defined as 'injection of illegal drugs in the past twelve months (regardless of frequency) or daily/near-daily use of illegal drugs in the past four weeks'

[3] Problematic drug use is defined by the EMCDDA as 'injecting drug use or long duration/regular use of opioids, cocaine and/or amphetamines'

[4] Centralförbundet för alkohol- och narkotikaupplysning, Det tunga narkotikamissbrukets omfattning i Sverige, 1998, Stockholm 2001 http://www.can.se/documents/CAN/Rapporter/rapportserie/CAN-rapportserie-61-det-tunga-narkotikamissbrukets-omfattning-i-sverige-1998.pdf

[5] ibid

[6] Swedish Council for Information on Alcohol and other Drugs (CAN), Drug Trends in Sweden 2007, http://www.can.se/documents/CAN/Rapporter/rapportserie/CAN-rapportserie-107-drogutvecklingen-i-sverige-2007-summary.pdf

[7] http://www.emcdda.europa.eu/stats08/pdutab1a

[8] ibid

[9] European Monitoring Centre on Drugs and Drug Addiction *Annual Report 2006 Statistical Annex: Table DUP-05. Prevalence (percentage) of drug use among prisoners in EU member states, candidate countries and Norway - full listing of studies* (2006) 12 http://stats06.emcdda.europa.eu/download/duptab05.xls

Indeed, the lack of adequate data on injecting drug use in Sweden is such that the 2008 study of the UN Reference Group on HIV and Injecting Drug Use[10] includes no data for the country on this aspect of its study,[11] stating that the extent of injecting drug use is 'not known'.[12]

Due to the lack of sufficient data from Sweden, therefore, the number of injecting drug users and trends in injecting in the country are not sufficiently known to adequately target interventions and address the issue. This gap requires attention as a matter of priority in order to identify those in need to targeted and evidence-based assistance to ensure that their right to health is guaranteed.

HIV and hepatitis C transmission, and other drug related harms

There are no available national estimates of HIV among people who inject drugs in Sweden.

Non-national estimates, however, indicate that around 5.4% of injecting drug users in Stockholm County are HIV positive.[13] Between 1985 and 2005, 14 per cent of new HIV infections in Sweden (over 960 people) were through injecting drug use.[14]

In 2007, sixty-one new cases of HIV were recorded among injecting drug users, 11% of the 541 total new infections recorded for that year.[15] However, the situation is worse for injecting drug users than these figures suggest. One hundred and seventy-eight of the 541 new HIV cases recorded in 2007 actually occurred in Sweden. The rest represent people living with HIV who newly immigrated to the country. Fifty-two of the 178 infections that occurred inside Sweden were through injecting drug use. A more accurate incidence rate for injection driven HIV in Sweden in 2007 is therefore just over 29%, almost one in three new infections.[16]

There were 992 new hepatitis C infections (HCV) among injecting drug users in 2007.[17] It is estimated that approximately 90% of injecting drug users in the Sweden are hepatitis C positive,[18] which represents approximately 57% of the overall HCV prevalence rate.[19]

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[10] http://www.idurefgroup.unsw.edu.au/idurgweb.nsf/page/home

[11] http://www.idurefgroup.unsw.edu.au/IDURGWeb.nsf/resources/Mathers2008IDUHIVepi/$file/Mathers+et+al+2008+IDU+and+HIV.doc

[12] http://www.idurefgroup.unsw.edu.au//IDURGWeb.nsf/resources/AppendixE/$file/Appendix+e+-+details+of+data+used+for+estimates+.pdf

[13] EMCDDA. Table INF-108. Prevalence of HIV infection (percentage) among injecting drug users, 1991 to 2007 http://www.emcdda.europa.eu/stats08/inftab108 date of last access 3rd October 2008

[14] *Sweden's successful drug policy: A review of the evidence*, United Nations Office on Drugs and Crime, February 2006, 86. See also Donoghoe M et al. *Access to highly active antiretroviral therapy (HAART) for injecting drug users in the WHO European Region*, 2002–2004 (2007), 18 International Journal of Drug Policy 4, 275

[15] Swedish Institute for Infectious Disease Control http://www.smittskyddsinstitutet.se/upload/15570/fig2_hiv2007.xls

[16] Swedish Institute for Infectious Disease Control http://www.smittskyddsinstitutet.se/upload/15570/fig4_hiv2007.xls see also http://www.smittskyddsinstitutet.se/statistik/hivinfektion/?t=com&p=10632#statistics-nav for explanatory notes

[17] Swedish Institute for Infectious Disease Control http://www.smittskyddsinstitutet.se/statistik/hepatit-c/?t=com&p=12567#statistics-nav

[18] Swedish National Action Plan on Narcotic Drugs 2006-2010 http://www.sweden.gov.se/content/1/c6/09/88/53/49c4a92e.pdf, quoting Drogutvecklingen i Sverige (Drug trends in Sweden), report 2007

[19] Swedish Institute for Infectious Disease Control 'Kartläggning av hepatit C-smitta bland blodtransfunderade' http://www.smittskyddsinstitutet.se/publikationer/smis-nyhetsbrev/epi-aktuellt/epi-aktuellt-2007/epi-aktuellt-vol-6-nr-19-20-10-maj-2007/#p10396

Aside from HIV and hepatitis C transmission, there is a wide range of health harms connected with unsafe injecting practices that are preventable through comprehensive harm reduction services. For example, approximately 135 people died from overdose in Sweden in 2007.[20] This figure could be significantly reduced through scale-up of access to opioid substitution therapy (see further below), as well as overdose prevention programmes, as a part of a comprehensive harm reduction strategy.

Sweden's response: opioid substitution therapy, needle and syringe exchange and harm reduction in prisons

We would like to take this opportunity to provide the Committee with further information on opioid substitution therapy (OST) and to reiterate the situation relating to needle exchange and prisons.

Approximately 2,800 opiate dependent individuals are currently accessing opioid substitution therapy in Sweden, either with methadone or buprenorphine (Subutex).[21] This marks a considerable improvement in access, and a certain relaxation of access criteria in Sweden since the 1990s. Despite this improvement, this figure is well below the 60% minimum rate of access recommended by WHO. In 1998 EMCDDA estimated there to be as many as 13,400 opiate users in Sweden. As noted above, the current figure is largely unknown.

OST has a vital role to play in preventing the spread of HIV, hepatitis C and other blood borne viruses by reducing unsafe injecting practices, and is proven to be an effective method for treating opiate dependence.[22] Both methadone and buprenorphine are considered essential medicines by WHO.[23]

OST has also been shown to reduce deaths from overdose by as much as 80%.[24] According to one Swedish expert, the connection between the reduction in overdose deaths since the late 1990s and the expansion of methadone and buprenorphine treatment 'can hardly be termed coincidental'.[25]

However, there are a number of significant problems with the current OST programme in Sweden. Of principle concern is the requirement that those seeking OST must have a two year documented opioid addiction. The majority of injecting drug users in Sweden will be hepatitis C positive within two years after initiating injecting. To wait until people who inject drugs have

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[20] Swedish Council for Information on Alcohol and other Drugs (CAN), Drug Trends in Sweden 2007, http://www.can.se/documents/CAN/Rapporter/rapportserie/CAN-rapportserie-107-drogutvecklingen-i-sverige-2007-summary.pdf

[21] Nationella läkemedelsregistret (national register of pharmaceutical products) (2007)

[22] WHO, UNAIDS & UNODC (2004) Position Paper - Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention. Geneva, World Health Organization 2004 http://www.who.int/substance_abuse/publications/en/PositionPaper_English.pdf

[23] World Health Organization (2007) Model List of Essential Medicines, 15th list March 2007. http://www.who.int/medicines/publications/EssMedList15.pdf

[24] Capelhorn JR, Dalton MS, Haldar F, Petrenas AM, Nisbet, JG. Methadone maintenance and addicts' risk of fatal heroin overdose. *Substance Use and Misuse* 1996;31:177-96; Marc Auriacombe, Pascale Franques & Jean Tignol, "Deaths attributable to methadone vs buprenorphine in France", *Journal of the American Medical Association*, vol. 285(1), 2001

[25] Bjorn Johnson, After the Storm Developments in Maintenance Treatment Policy and Practice in Sweden 1987–2006. pp. 278 & 279

already been exposed to illness and become infected with HIV or HCV is insufficient to prevent the spread of epidemic diseases as required by article 12.

On top of this delay, lack of resources for OST mean that even those who meet the criteria for admission to a programme sometimes must face a waiting period as long as two more years (e.g. Malmö and Göteborg) before they are able to gain access to a place.

Relapse or a positive urine test for opiates may be punished with a six month ban from the OST programme. Though it does not happen in all instances, this measure can result in people being punished with exposure to the range of health harms and criminal justice implications associated with injecting illegal drugs.

The situation in relation to needle exchange and prisons remains poor.

There remain only two 'experimental' needle exchanges in Sweden. Legislation adopted in 2005 to legalise needle exchanges was overly restrictive and resulted in no new needle exchanges being established.

Needle exchange and OST remain unavailable in prisons. In this regard, we wish to draw the attention of the Committee to the concerns raised by the European Committee for the Prevention of Torture (CPT) following its visit to Sweden in 2003.

The CPT stated that, 'The presence in prisons of many inmates with drug-related problems gives rise to particular difficulties for prison authorities, regarding, for example, the choice of appropriate medical and psychological services to be offered. The CPT considers that such services should be varied, combining medical detoxification, psychological support, life skills, rehabilitation and substitution programmes for opiate-dependent inmates who cannot discontinue taking drugs. Further, they should be associated with a prevention policy, including harm-reduction measures.'[26] In response, the Swedish government refused to comment on existing regulations, except to state that the Law on Compulsory Care for Substance Abusers[27] 'is an enforcement law and which hardly applies with functioning substitution treatment'.[28]

Recommended questions for discussion with the Swedish delegation:

1. Does the State party plan to conduct a thorough study of problematic drug use in the country, appropriately disaggregated, including by type of drug use?

2. What plans does the government have to accurately measure HIV rates among people who use drugs in the State party?

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[26] Report to the Swedish Government on the visit to Sweden carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 27 January to 5 February 2003, CPT/Inf (2004) 32, para 73 http://www.cpt.coe.int/documents/swe/2004-32-inf-eng.pdf

[27] Lag om vård av missbrukare i vissa fall (1988:870) 'Law on compulsory care for substance abusers'

[28] Response of the Swedish Government to the report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT)on its visit to Sweden from 27 January to 5 February 2003, CPT/Inf (2004) 33 http://www.cpt.coe.int/documents/swe/2004-33-inf-eng.pdf

3. The Swedish Minister for Public Health recently stated that some harm reduction interventions are considered part of a 'comprehensive care system' relating to drug use in Sweden.[29]
    a. What are the government's plans to ensure that all those in need of harm reduction, including in prisons, are accessing these essential services?
    b. Does the government plan to amend the legislation relating to needle exchange in order to ensure that it achieves its aim of increasing access to safe needles and syringes?
    c. What plans do the government have to increase access to OST, including through relaxing current restrictive policies?
    d. Does the government have any strategies in place to address deaths from overdose?

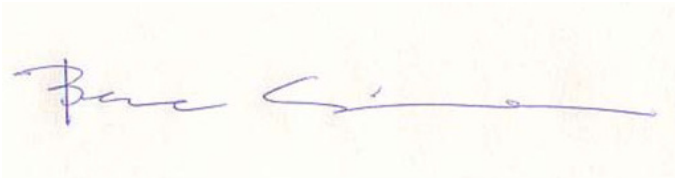
4. What are Sweden's current success or performance indicators for the Action Plan on Narcotic Drugs? Do these include progress on the economic, social and cultural rights of people who use drugs, including health, housing and employment?

5. What measures has Sweden taken to combat stigma and discrimination against people who inject drugs as population vulnerable to HIV/AIDS?

Thank you for your consideration and we hope that our input will contribute to a constructive discussion with the Swedish delegation in November.

Sincerely,

Prof Gerry Stimson
Executive Director
International Harm Reduction Association



Berne Stålentrantz
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[29] Speech at the World Forum Against Drugs, Stockholm, September 2008