

**International Centre on Human Rights and Drug Policy and Swedish Drug Users Union
Submission on Sweden's Sixth Periodic Report to the Committee on Economic, Social and
Cultural Rights**

May 2016

Issues raised by the Swedish Drug Users Union and the International Harm Reduction Association in relation to Sweden's fifth periodic report (2007/2008)

In 2007 the Swedish Drug Users Union became the first organisation of people who use drugs to present a shadow report to the Committee (or any human rights treaty body).

At that time concerns were raised with the Committee about:

- Data gaps: The lack of a population size estimate of people who inject drugs in Sweden
- HIV and Hepatitis C incidence and prevalence rates
- The existence of only two needle and syringe programmes (NSP) in the country
- Restrictions on access to opioid substitution therapy (OST) in the community, and the absence of OST in prisons.
- The lack of adequate responses to overdose deaths

Outcomes of the 2007/2008 reporting process

The Committee took on board some of the NGOs' concerns in its list of issues to Sweden. It requested, at para 29, that the State party:

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?

Regrettably, in addition to an inadequate response from Sweden, this was not taken further in the meeting with the delegation or in Concluding Observations.

Developments in Sweden 2008-2016

Welcome developments

There have been important, positive developments with regard to policies relating to drug use, drug related harms and the realisation of the right to health in Sweden since the last reporting period. In particular:

- The statutory waiting period of two years for access to OST following the first diagnosis of opiate dependence has been removed. It is now at the discretion of the physician to prescribe.¹
- There is no longer a possibility of exclusion from OST for a failed drug test.²
- OST can now be prescribed if a person is mandated for drug treatment.³
- Since 2008 three new needle and syringe programmes have been initiated (over four sites). A programme has been announced for Gothenburg, the second largest city. This has been due to a concerted effort of the new government, given that a major barrier to new NSP was that health budgets are controlled by local authorities, some of which are resistant. There are plans to amend the needle exchange legislation (2005) to remove the ability of municipal authorities to veto the initiation of new services. This would ease considerably the scale up of services. The amendment also aims to reduce the age restriction on access to such services from 20 to 18.⁴
- Sweden has gradually increased its support for organisations of people who use drugs, including: increased funding, inclusion of people who use drugs on key health panels, and visible activities at the UN to encourage other States to follow suit.
- The government has also expressed publicly its sincere concern and desire to address the overdose and hepatitis C situations set out below. A naloxone programme has been announced.⁵

Issues of concern

Remaining data issues

Since the last reporting period there remains no reliable population size estimate of people who inject drugs in Sweden. The estimates we have are both old and unreliable. This is a considerable impediment to appropriate assessment of service need, budget analysis and to the control of communicable diseases.

Opioid Substitution Therapy

OST remains almost entirely absent in prisons, though some people in prison are on this form of treatment. While there are relatively low numbers of people being sentenced to prison for their drug use, a high proportion of people in prison do use drugs. OST cannot be initiated in prisons, and on the discretion of a physician it can be discontinued upon entry into prison. In 2008 it was reported to

¹ <https://www.socialstyrelsen.se/SiteCollectionDocuments/Foreskrifter-och-allmanna-rad-om-lakemedelsassisterad-behandling-vid-opioidberoende-remissversion.pdf>

² *Ibid*

³ *Ibid*

⁴ European Monitoring Centre for Drugs and Addiction, Country Overview: Sweden <http://www.emcdda.europa.eu/country-data/harm-reduction/Sweden>; Goteburg Daily, 'Health Minister Fights for Needle Exchange Programs', Feb 2015 <http://www.goteborgdaily.se/health-minister-fights-for-needle-exchange-programs>

⁵ 2014 National Report (2013 data) to the EMCDDA by the Reitox National Focal Point (2014, Public Health Agency of Sweden)

the Committee that the European Committee for the Prevention of Torture (CPT) had challenged the lack of OST in Swedish prisons. The CPT repeated this concern in its most recent visit to Sweden in 2015.⁶

Needle and Syringe Programmes

While there has been some progress, the coverage of needle and syringe programmes in Sweden is very poor, with only six sites in the country. They are inaccessible to a great many people who inject drugs. In addition they are open only during working hours and those under the age of 20 cannot attend.⁷

While needle and syringe programmes alone cannot address the Hepatitis C epidemic (see below) it is widely acknowledged that high quality, properly stocked programmes are absolutely essential in any public health response to it.⁸

In addition, the Stockholm needle exchange has shown in its first years that it is reaching people that had previously not been in contact with healthcare because of their injecting drug use. Such services fill an important gap in social care and contribute to the effective realisation of their right to the highest attainable standard of health.⁹

In 2006 the UN Special Rapporteur on the Right to Health visited Sweden and recommended national scale up of NSP.¹⁰ There is desire to see this happen but it is very slow.

Hepatitis C

The situation with regard to HCV in Sweden remains very serious. With one of the highest prevalence rates in Europe, it is estimated that 80% - 90% of people who inject drugs are infected with HCV.¹¹ This requires widespread HCV testing and treatment, as well as the high coverage of OST and the considerable scale up of needle and syringe programmes to address.

Overdose deaths

It was reported to the committee that approximately 135 people died from overdose in Sweden in 2007. This has *increased considerably* and, while the numbers are unclear due to the ways in which deaths are recorded, it is thought that the total is closer to 600 per year. Sweden now has one of the highest rates of overdose mortality in Europe. This has become a crisis in the country.¹²

⁶ 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 18 to 28 May 2015, paras 79-80; <http://www.cpt.coe.int/documents/swe/2016-01-inf-eng.pdf>

⁷ European Monitoring Centre for Drugs and Addiction, Harm Reduction Overview: Sweden <http://www.emcdda.europa.eu/country-data/harm-reduction/Sweden>

⁸ Vickerman, P; Martin, N; Turner, K; Hickman, M; (2012) *Can needle and syringe programmes and opiate substitution therapy achieve substantial reductions in HCV prevalence? Model projections for different epidemic settings.* *Addiction* (Abingdon, England)

⁹ 'Health Minister backs more needle exchanges' <http://www.thelocal.se/20150217/easier-needle-exchange-backed-by-health-minister>

¹⁰ 'Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health: Mission to Sweden' (2007) A/HRC/4/28/Add.2

¹¹ European Monitoring Centre for Drugs and Addiction, Harm Reduction Overview: Sweden <http://www.emcdda.europa.eu/country-data/harm-reduction/Sweden>

¹² European Monitoring Centre for Drugs and Drug Addiction (2014) 'Country overview: Sweden – Drug-induced deaths and mortality among drug users'

Naloxone is an effective medicine for reversing opiate overdose and when deployed it saves lives. A programme has very recently been announced, but today naloxone is not widely distributed, though it is available to paramedics. In order to save lives widespread distribution is needed, *including through peer distribution to ensure that people who use drugs can respond immediately when friends overdose.*

In addition, the evidence for the effectiveness of OST in reducing overdose mortality is clear. This is particularly important in prisons, where OST remains extremely limited.¹³ People who use opiates are at very high risk upon release from prison.

Additional concerns: Budgetary allocation

At the last assessment in 2002, it was estimated that Sweden spends approximately 75% of its drug policy budget on law enforcement, 24-25% on prevention and treatment and less than 1% on harm reduction.¹⁴ This has likely changed to some degree, but remains still entirely disproportionate for the progressive realisation of the right to health. A large proportion of police resources is spent on low-level possession and sales offences.

Developments in the Committee's jurisprudence since 2008

While the Committee did not take up these issues in its 2008 Concluding Observations on Sweden it has since then increased its attention to issues of drug use and drug related harm. The following issues have been taken up:

- Needle and syringe programmes (Mauritius 2010, Russia 2011)
- Opioid substitution therapy (Poland 2009, Kazakhstan 2010, Mauritius 2010, Russia 2011)
- Overdose prevention (Russia 2011)
- Youth-focused harm reduction services (Mauritius 2010)
- Specific protections for women at risk (Mauritius 2010)
- Prison OST and NSPs (Ukraine 2007 and Mauritius 2010 respectively)
- Law reform to facilitate harm reduction (Mauritius 2010, Russia 2011)

Recommendations

We encourage the Committee to welcome the above developments and to ask questions of the Swedish delegation on the above issues of concern. We also encourage the Committee to make these specific time-bound recommendations with a view to the next periodic report from the state party:

- Conduct research to develop a population size estimate for people who inject drugs.
- Continue to work to scale up needle and syringe programmes, in line with international best practice standards. In this regard, age restrictions should be removed entirely, and opening

¹³ European Monitoring Centre for Drugs and Addiction, Harm Reduction Overview: Sweden <http://www.emcdda.europa.eu/country-data/harm-reduction/Sweden>

¹⁴ M. Ramstedt (2006), 'What drug policies cost: estimating drug policy expenditures in Sweden, 2002: work in progress', *Addiction* 101, pp. 330-8; European Monitoring Centre for Drugs and Addiction, Public Expenditure Overview: Sweden <http://www.emcdda.europa.eu/countries/sweden>

hours should accommodate the fact that people who require services have jobs, children and other commitments that can preclude access.

- Ensure access to OST in prisons equivalent to that available in the community.
- Work to ensure that all people who inject drugs are offered testing for hepatitis C and offered treatment if they test positive.
- Ensure the widespread distribution of naloxone to help to reduce the mortality from opiate overdose in the country.
- In line with article 2 and with a view to the progressive realisation of the right to health, rebalance budgetary allocation in drug policy to ensure proportionate expenditure on harm reduction, prevention and treatment versus enforcement.