



Sweden

Sweden Drug Report 2018

This report presents the top-level overview of the drug phenomenon in Sweden, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2016 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

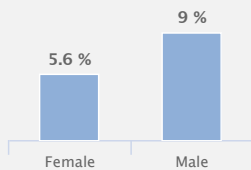
THE DRUG PROBLEM IN SWEDEN AT A GLANCE

Drug use

"in young adults (15-34 years)
in the last year"

Cannabis

7.3 %



Other drugs

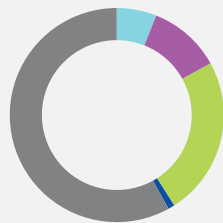
No Data

High-risk opioid users

No Data

Treatment entrants

by primary drug



● Stimulants other than ...
● Cannabis, 11 %
● Opioids, 24 %
● Cocaine, 1 %
● Other, 58 %

Opioid substitution treatment clients

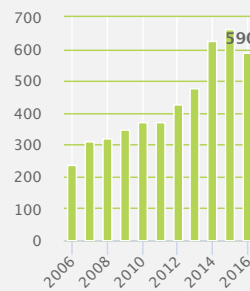
4 136

Syringes distributed

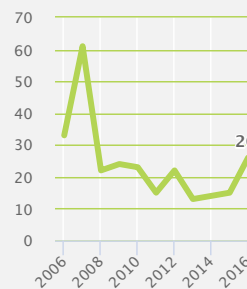
through specialised
programmes

386 953

Overdose deaths



HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

90 883

Top 5 drugs seized

ranked according to quantities
measured in kilograms

1. Cannabis resin
2. Herbal cannabis
3. Amphetamines
4. Cocaine
5. MDMA

Population

(15-64 years)

6 186 647

Source: EUROSTAT Extracted on:
18/03/2018

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or reported numbers through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnosis, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin.

National drug strategy and coordination

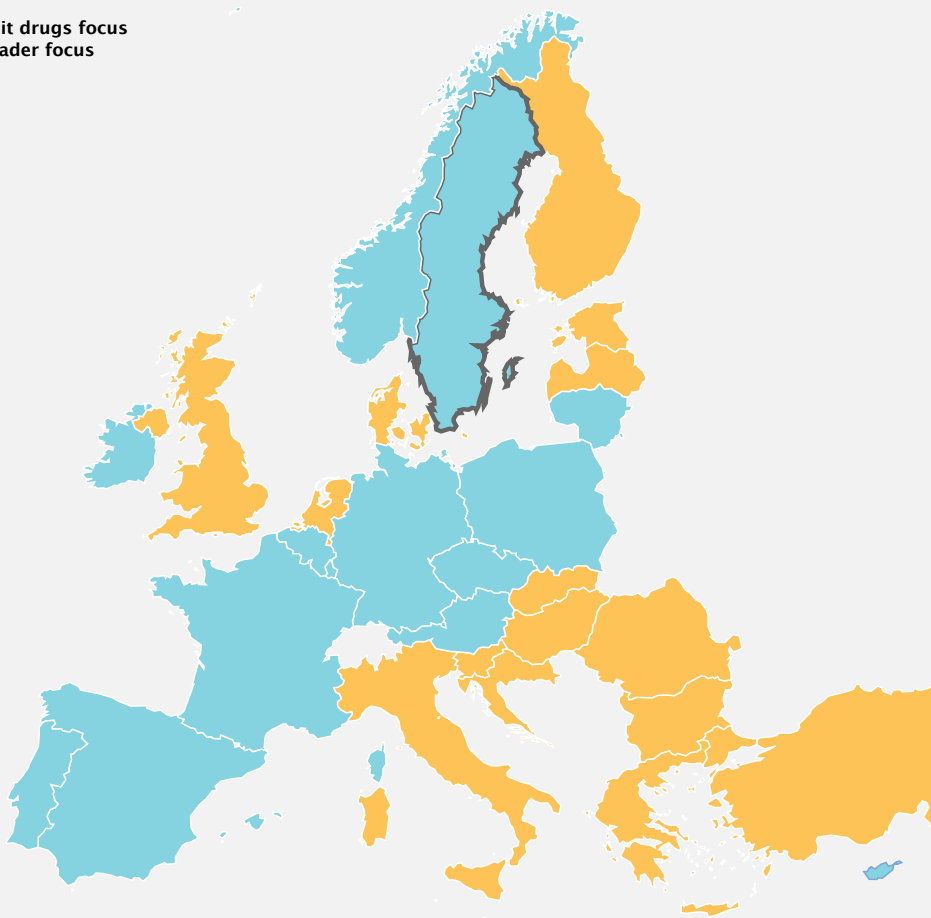
National drug strategy

Sweden's national drug strategy, the Comprehensive Strategy for Alcohol, Narcotics, Doping and Tobacco (ANDT), adopted in 2016, covers the period 2016-20. Its overarching goal is to have a society free from narcotics and doping, reduced medical and social harm from alcohol, and reduced tobacco use. The ANDT strategy represents 1 of 11 objectives of the national public health policy. The ANDT strategy takes as its starting point the right of every person to have the best possible physical and mental health. The ANDT strategy is structured around six objectives where each objective has defined fields of action.

Sweden follows up on and evaluates its drug policy and strategy by monitoring indicators aimed at describing developments related to the ANDT strategy's objectives. In 2015, two different multi-criterion evaluations of the Strategy for Alcohol, Narcotics, Doping and Tobacco (2011-15) were completed. The Swedish Agency for Public Management carried out a process evaluation focused on the degree to which the stated objectives were met and their operational level and quality. The Public Health Agency of Sweden undertook an evaluation that considered the implementation of the strategy based on the indicators it included, its design and the development of the successor strategy for the period 2016-20.

Focus of national drug strategy documents: illicit drugs or broader

- Illicit drugs focus
- Broader focus



NB: Year of data 2016. Strategies with broader focus may include, for example, licit drugs and other addictions.

National coordination mechanisms

At central government level, the Ministry of Health and Social Affairs is responsible for work related to the ANDT strategy. The Public Health Agency of Sweden is responsible for supporting the implementation of the ANDT strategy. At regional level, county administrative boards coordinate and support the implementation of the ANDT strategy in each county. At the local level, municipalities are tasked with preventing and combating drug abuse.

Public expenditure

Understanding the costs of drug-related actions is an important aspect of drug policy. Some of the funds allocated by governments for expenditure on tasks related to drugs are identified as such in the budget ('labelled'). Often, however, most drug-related expenditure is not identified ('unlabelled') and must be estimated using modelling approaches.

In Sweden, the implementation of the previous Cohesive Strategy for Alcohol, Narcotic Drugs, Doping and Tobacco Policy, covering the years 2011-15, was supported by annual action programmes adopted by the government. In line with the principles of the action plans, the Swedish government also detailed an annual budget for some drug-related activities.

Six estimates of drug-related public expenditures have been made in Sweden so far, but the study for 2002, published in 2006, is the only one that provides information about the methodology used. In 2002, total drug-related expenditure was estimated to account for between 0.2 % and 0.4 % of gross domestic product (GDP), amounting to between EUR 449 million and EUR 1 billion. The majority of total expenditure was spent on law enforcement (70-76 %), followed by treatment (22-28 %), and small proportions were spent on prevention (0.7-1.7 %) and harm reduction (0.1-0.2 %).

As the methods used to estimate drug-related expenditures have changed over time, it is not possible to report on trends in drug-related public expenditure in Sweden.

For the implementation of the national drug strategy 2016-20, the government earmarked SEK 163 million (EUR 17.2 million) in 2016. The proposal for the implementation of the strategy indicated annual budget allocations of SEK 213 million for 2017 and 2018 (corresponding to EUR 22.5 million at 2016 prices).

Drug laws and drug law offences

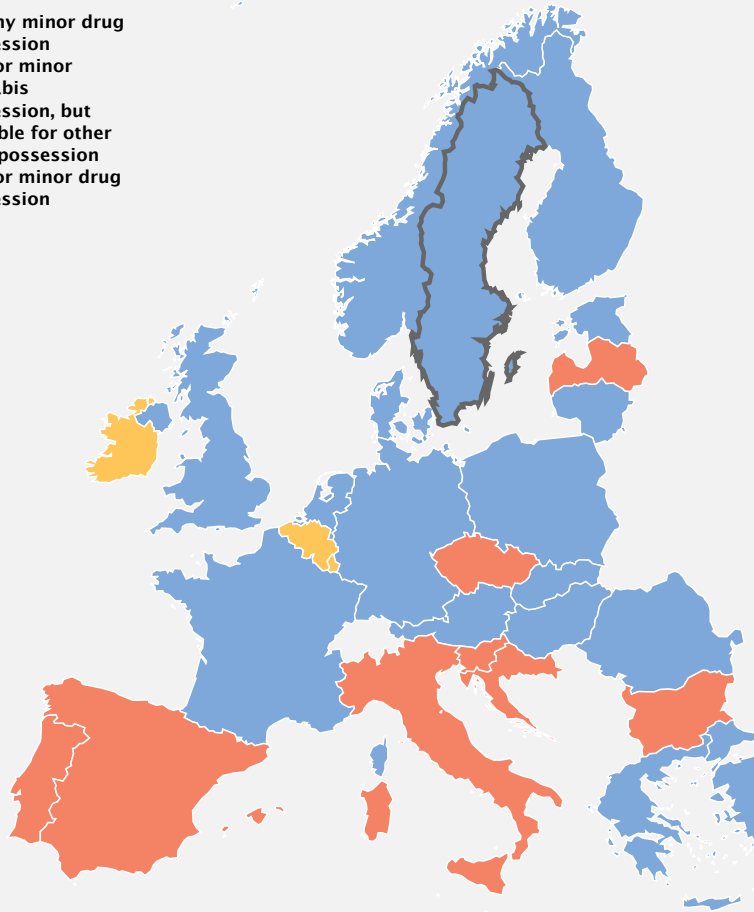
National drug laws

The use and possession of illicit drugs are criminal offences under the Penal Law on Narcotics (SFS 1968:64). The punishment for possession offences depends on the severity of the offence, which is classified as minor, ordinary, serious or particularly serious. The severity of the offence takes into consideration the nature and quantity of drugs used or possessed as well as other circumstances. Penalties for minor drug offences are fines or up to six months' imprisonment; for ordinary drug offences the penalty is up to three years' imprisonment; for serious drug offences it is 2-7 years' imprisonment; and for particularly serious drug offences, the penalty is 6-10 years' imprisonment.

Sweden also operates a system of classifying substances as 'goods dangerous to health', which may be used to control goods that, by reason of their innate characteristics, entail a danger to human life or health and are being used, or can be assumed to be used, for the purpose of intoxication. Goods covered by the Act on the Prohibition of Certain Goods Dangerous to Health (SFS 1999:42) may not be imported, transferred, produced, acquired with a view to transfer, offered for sale or possessed. A penalty consisting of a fine or imprisonment for a maximum of one year can be imposed on individuals who violate the provisions stated in the Act. However, unlawful importation is punished in accordance with the provisions of the Act on Penalties for Smuggling (SFS 2000:1225). The Law on Destruction of Certain Substances of Abuse (SFS 2011:111) came into effect in 2011 to enable the confiscation and destruction of new psychoactive substances before their official classification as goods dangerous to health or narcotics, with no other penalty for the owner.

Legal penalties: the possibility of incarceration for possession of drugs for personal use (minor offence)

- For any minor drug possession
- Not for minor cannabis possession, but possible for other drug possession
- Not for minor drug possession



NB: Year of data 2016

Drug law offences

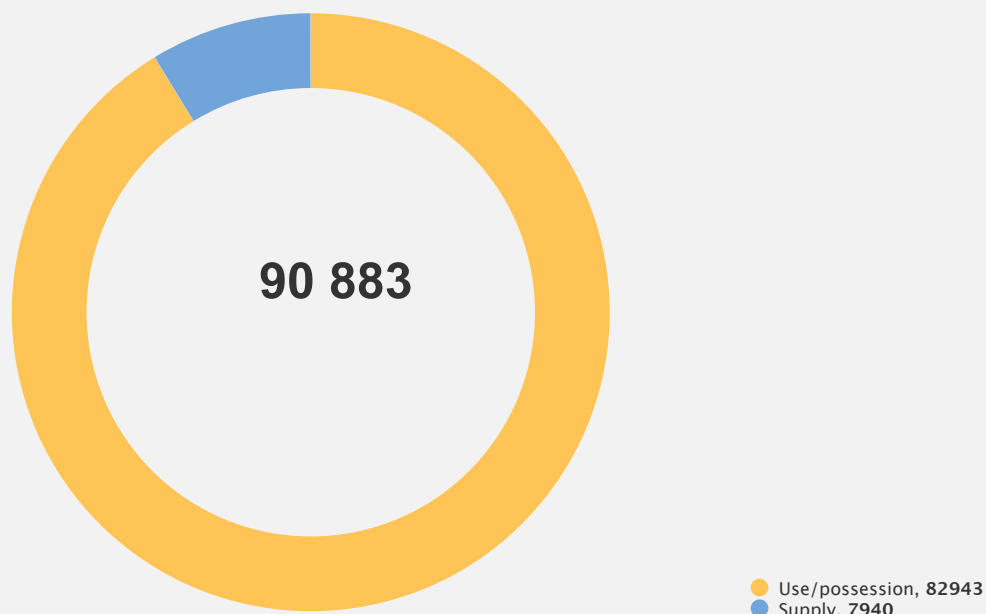
Drug law offences (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

According to the official criminal statistics for Sweden, there was a steady increase in the number of DLOs registered up until 2013, but in the last three years DLOs have decreased. Drug use and possession offences predominate.

Reported drug law offences and offenders in Sweden

NB: Year of data 2016. The number for supply

Drug law offences



offences is a combination of 'supply' and 'cultivation/production' offences.

Drug use

Prevalence and trends

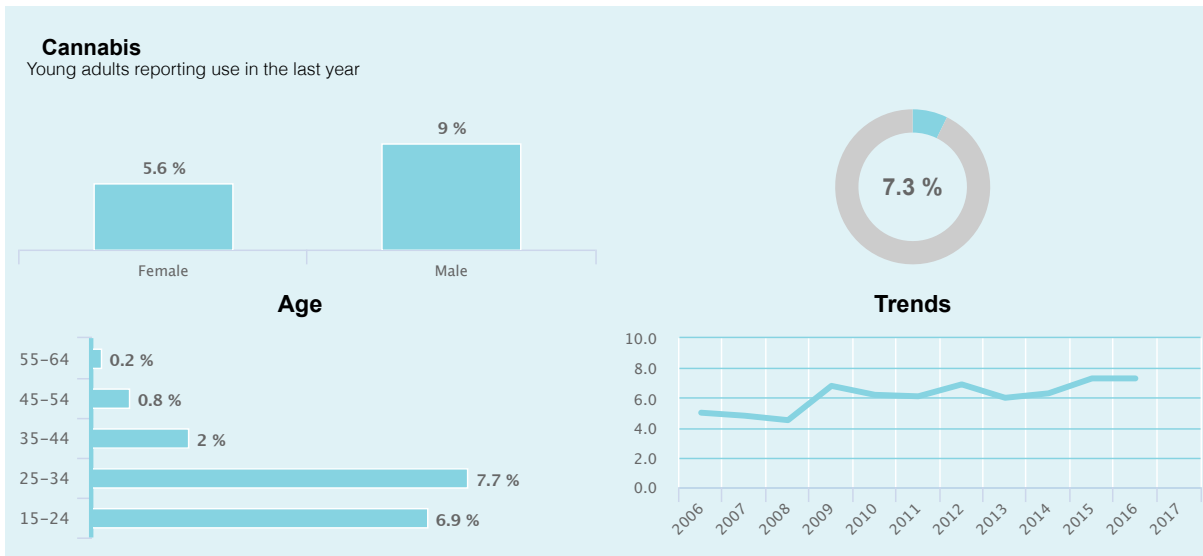
Cannabis remains the illicit substance most commonly used in Sweden, even though lifetime prevalence of cannabis use among the general population aged 16-64 years remains low in comparison with other European countries. The data indicate that cannabis use is concentrated among young adults, in particular those aged 16-24 years. The long-term trend analysis shows a slight increase in last-year cannabis use over the past decade among 16- to 34-years-olds. In general, cannabis use is more common among males than females. Moreover, the use of cannabis is more common among those living in larger cities and those with a lower personal income.

Stockholm participates in the Europe-wide annual wastewater campaigns undertaken by the Sewage Analysis Core Group Europe (SCORE). This study provides data on drug use at a municipal level, based on the levels of illicit drugs and their metabolites found in wastewater. These data complement the results from population surveys; however, wastewater analysis reports on collective consumption of pure substances within a community, and the results are not directly comparable with prevalence estimates from population surveys. The available data on stimulant drugs from Stockholm indicate weekly consumption patterns. The loads of the main cocaine metabolite (benzoylecgonine) and MDMA/ecstasy found in wastewater in 2016 were higher at weekends than on weekdays, whereas methamphetamine traces were found to be distributed more evenly throughout the week.

The most recent data on drug use among students comes from an annual school-based, teacher-monitored survey among a nationally representative sample of students in 9th-grade and 11th- grade conducted by the Swedish Council for Information on Alcohol and Other Drugs (CAN). In 2016, 4.6 % of boys and 4.3 % of girls in 9th grade and 19.8 % of boys and 12.9 % of girls in 11th grade reported having ever used cannabis. The proportions have been fluctuating, making it difficult to describe changes over time.

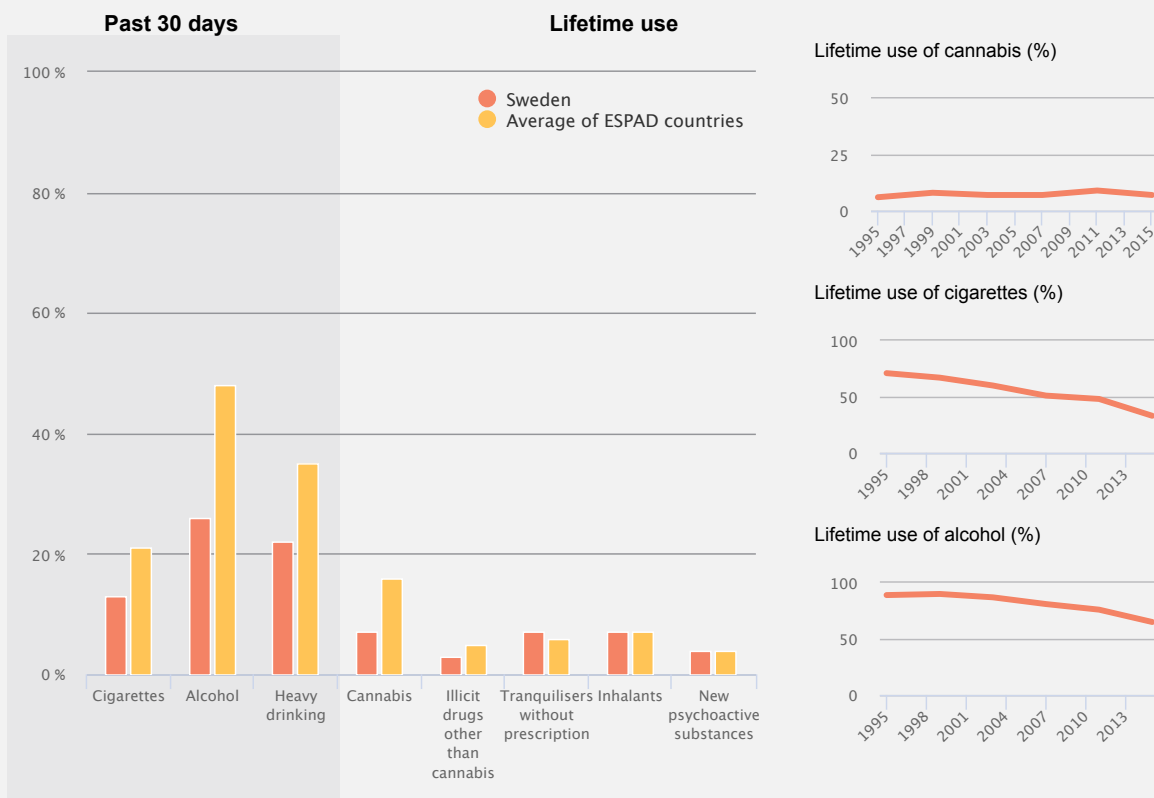
Data from the 2015 European School Survey Project on Alcohol and Other Drug (ESPAD) show that lifetime use of cannabis among school students in Sweden is less than half of the European average (based on data from 35 countries). Lifetime use of tranquillisers or sedatives without prescription, lifetime use of inhalants and lifetime use of new psychoactive substances (NPS) in Sweden were approximately the same as the ESPAD averages, whereas alcohol use during the last 30 days and heavy episodic drinking during the same period were markedly lower. Swedish students were also less likely to report cigarette use during the last 30 days. The data also point to a slight decrease in NPS use among this group compared with 2011.

Estimates of last-year cannabis use among young adults (15-34 years) in Sweden



NB: Estimated last-year prevalence of drug use in 2016.

Substance use among 15- to 16- year-old school students in Sweden



Source: ESPAD study 2015.

High-risk drug use and trends

Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform an understanding of the nature of and trends in high-risk drug use.

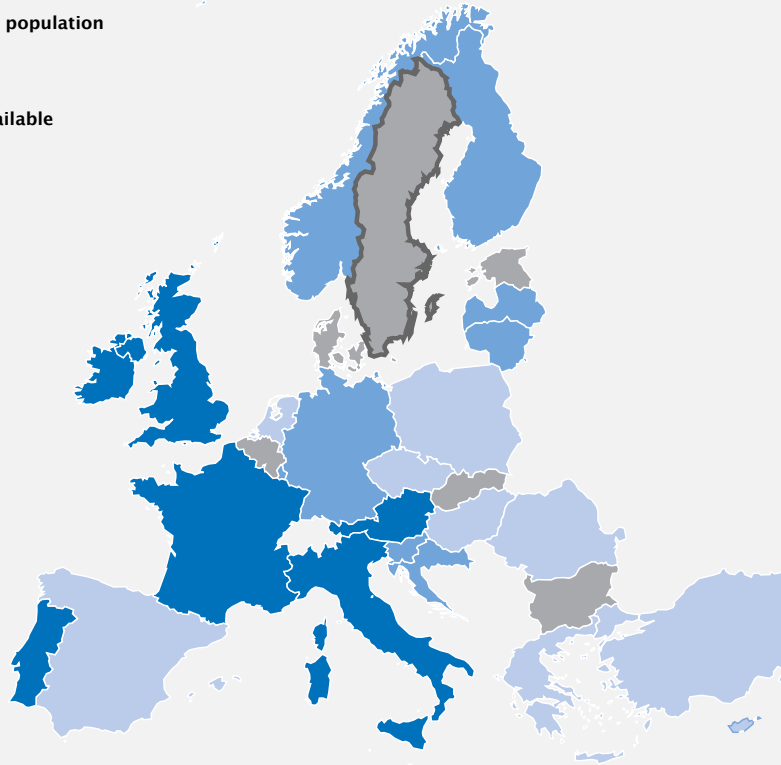
A 2011 study estimated that there were 8 000 people who inject drugs (PWID) in Sweden, and that most of them used opioids and/or amphetamine. There is no national estimate on the prevalence of high-risk drug use by substance.

Data from drug treatment providers indicate that opioids and stimulants also remained important among first-time clients entering treatment in 2016, while, based on available data, cannabis has been the most frequently reported primary drug among new treatment entrants since 2010. Approximately 3 out of 10 treatment clients in Sweden are female; however, the proportion of females in treatment varies by type of primary drug and programme.

National estimates of last year prevalence of high-risk opioid use

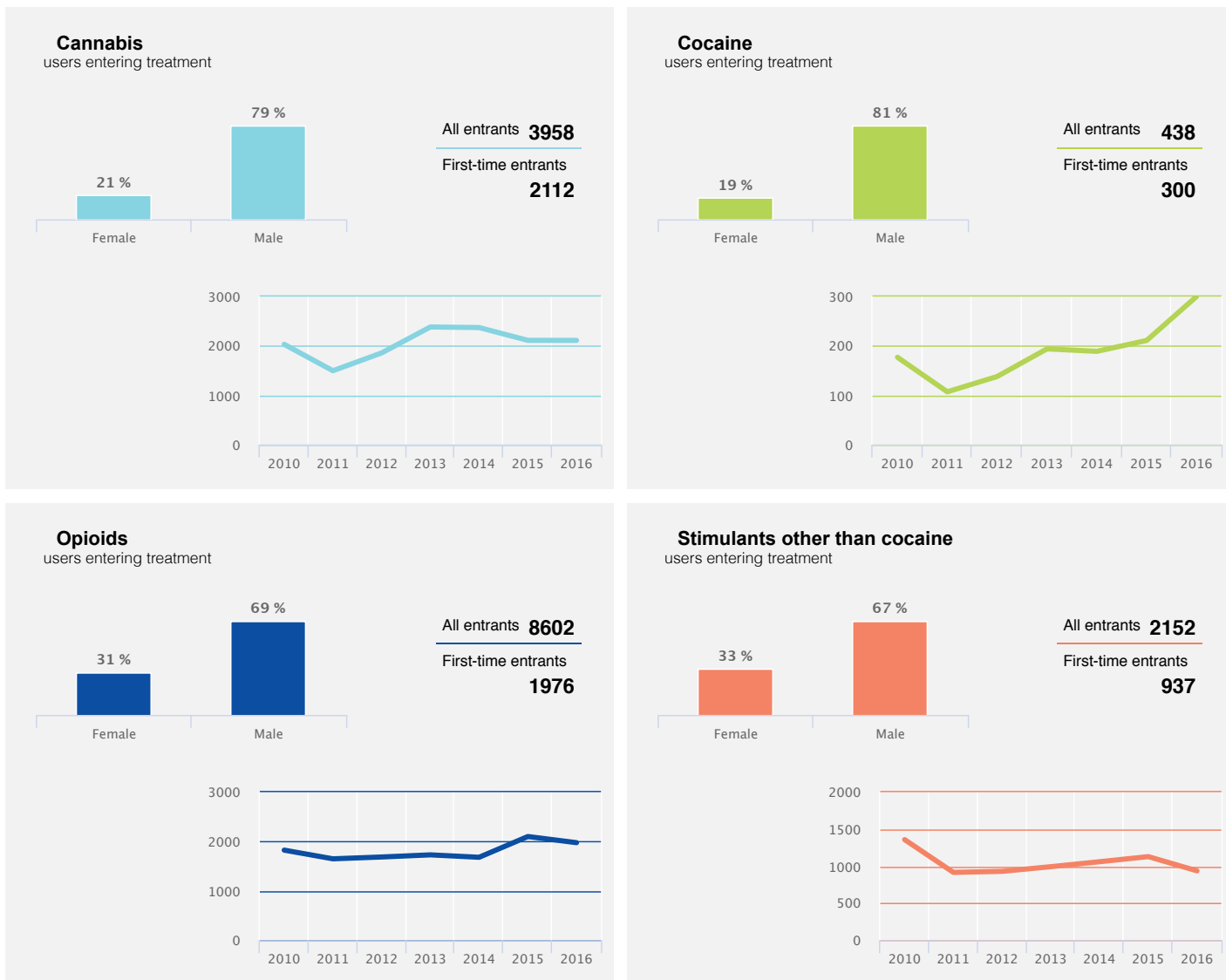
Rate per 1 000 population

- 0.0–2.5
- 2.51–5.0
- > 5.0
- No data available



NB: Year of data 2016, or latest available year

Characteristics and trends of drug users entering specialised drug treatment in Sweden



NB: Year of data 2016. Data is for first-time entrants, except for gender which is for all treatment entrants. Data for clients entering treatment refers to hospital based care and specialised outpatient care facilities. Data shown is not fully representative of the national picture.

Drug harms

Drug-related infectious diseases

In Sweden, data on drug-related infectious diseases are collected through the statutory surveillance system SmiNet and notifications are submitted by the County Medical Officer of Communicable Disease Control of each of the 21 counties in Sweden.

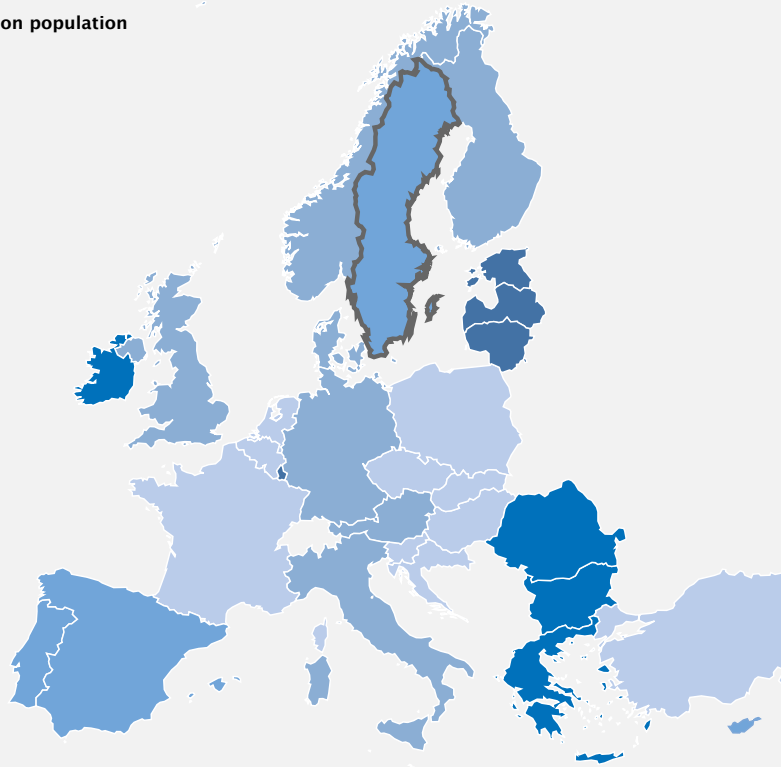
The total number of hepatitis C virus (HCV) infections reported to the national surveillance system remains stable at around 2 000 cases annually. However, in many HCV cases the route of transmission remains unknown. HCV infection continues to be the most common infection among people who inject drugs (PWID). Available data suggest that high-risk injection practices remain common among PWID.

The number of human immunodeficiency virus (HIV) notifications has been stable over the past six years, and only a few cases of newly notified cases of HIV infection are linked to injecting drug use. In 2016, out of a total of 26 new cases reported among PWID, nine were linked to domestic infection. In the same year, the number of notified cases of hepatitis B virus (HBV) infection was higher than in previous years; however, the number of cases linked to injecting drug use remain rather low and stable.

Newly diagnosed HIV cases attributed to injecting drug use

Cases per million population

- <1.0
- 1.0–2.0
- 2.1–3.0
- 3.1–8.0
- >8.0



NB: Year of data 2016, or latest available year. Source: ECDC.

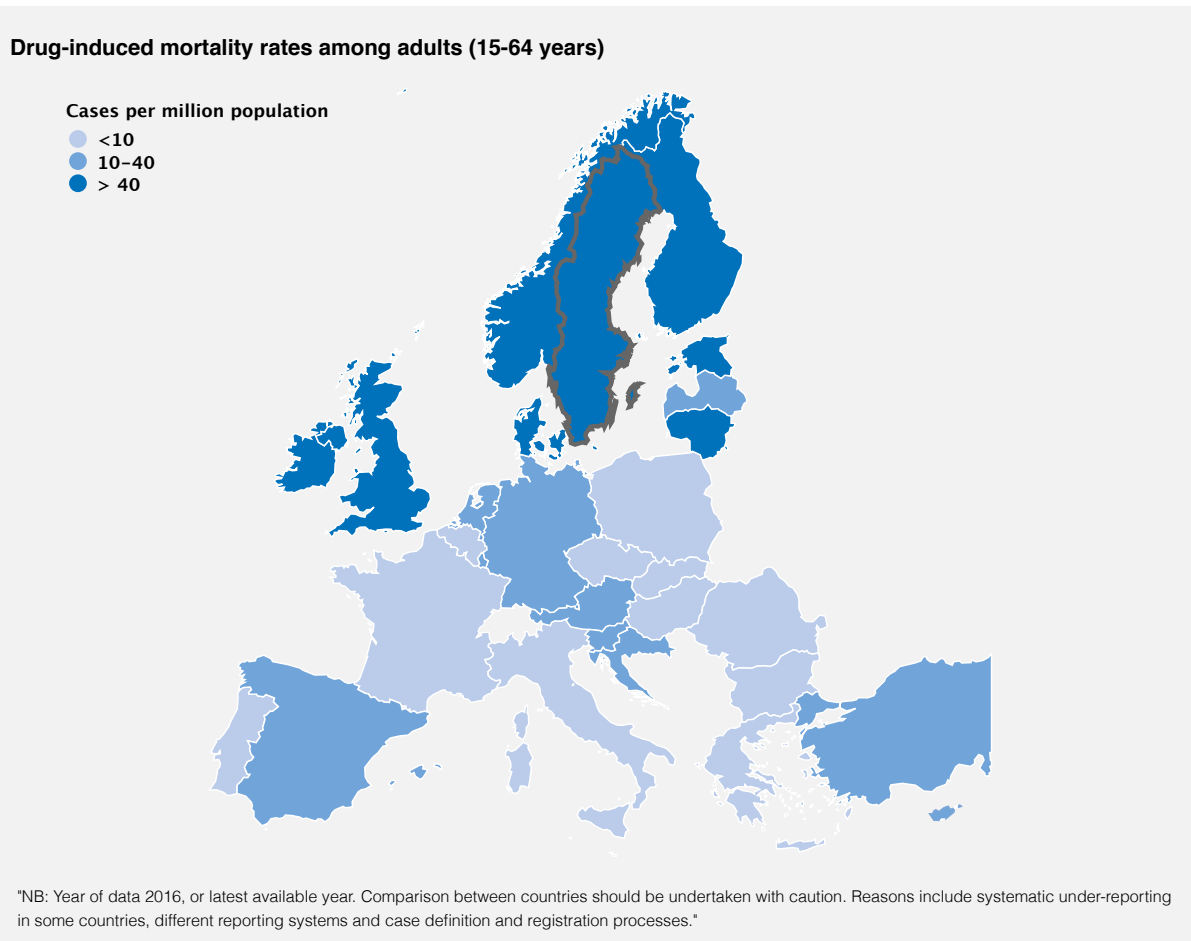
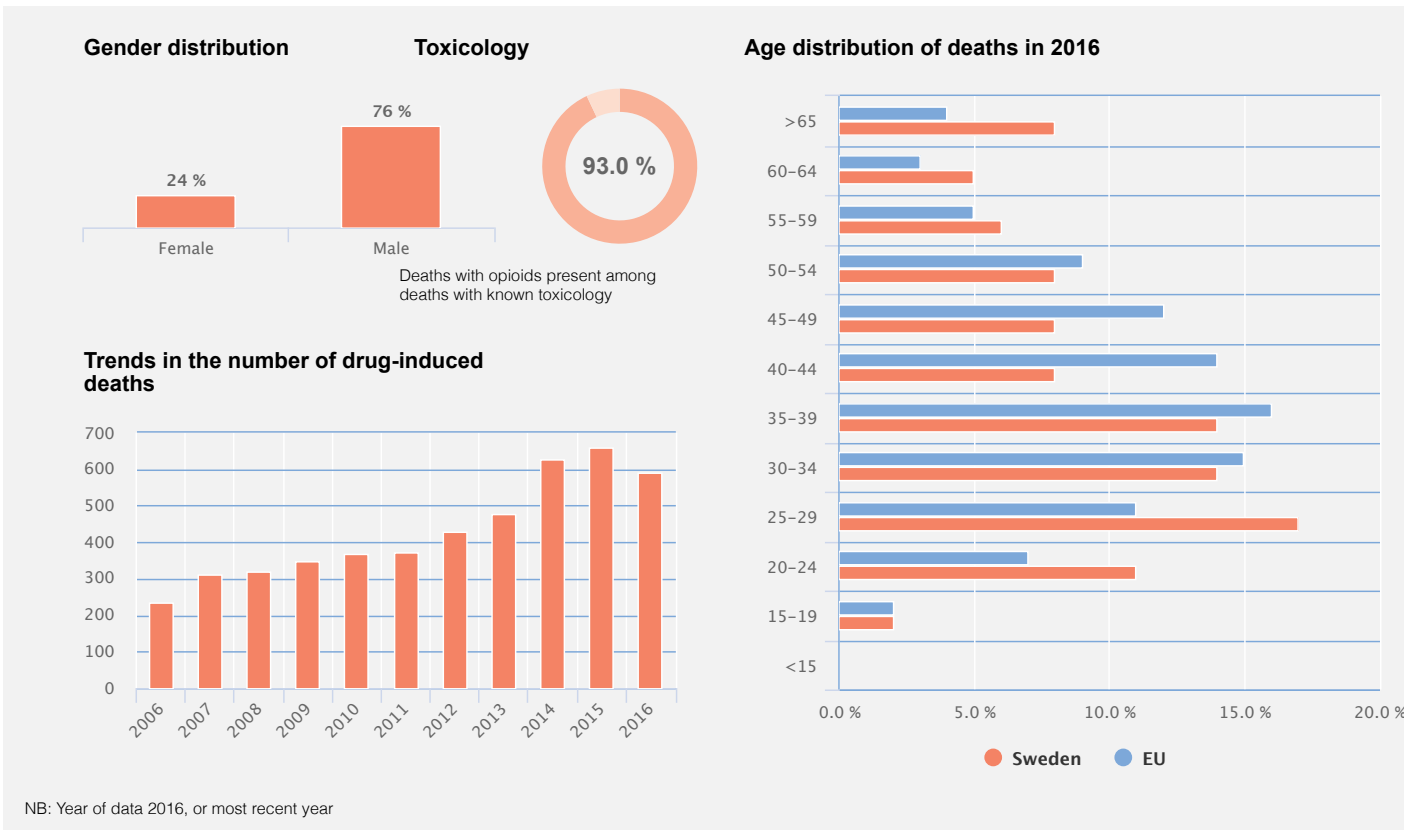
Drug-induced deaths and mortality

Drug-induced deaths are deaths that can be directly attributed to the use of illicit drugs (i.e. poisonings and overdoses).

In 2016, 590 drug-induced deaths were reported in Sweden, less than in the previous years. Around three quarters of victims were male. The mean age of victims was around 40 years. However, further analysis shows that the majority of victims were younger than 34 years. Toxicology reports indicate the presence of opioids in the vast majority of deaths; at the same time, the presence of more than one psychoactive substance is noted in a large proportion of cases, indicating that polydrug use is common. An increased number of toxicological examinations and improvements in analytical confirmation methods, as well as changes in thresholds, have contributed in part to the increase in the numbers of deaths reported over the last decade. The increasing trend observed until 2015 however remains unchanged, even if all these factors are controlled for. The latest European average of drug-induced mortality rate among adults (aged 15-64 years) was 21.8 deaths per million. In Sweden, this rate was 87.8 deaths per million in 2016. However, comparisons between countries should be undertaken with caution. Reasons include systematic under-reporting in some countries, and different reporting systems, case definitions and registration processes.

An action plan proposing 18 actions to reduce the number of drug-related deaths was elaborated by the Public Health Agency of Sweden and the National Board of Health and Welfare and submitted to the Swedish government in April 2017. At the end of 2017, both agencies received additional assignments from the Swedish government to implement a number of the suggested actions.

Characteristics of and trends in drug-induced deaths in Sweden



Prevention

Drug prevention activities in Sweden are a key element of the national drug strategy for 2016-20, with prevention of cannabis use among young people being one of the main priorities. The Public Health Agency of Sweden and the National Board of Health and Welfare are the central agencies that support the implementation of prevention activities at the local and regional levels, while regional governments are responsible for drug prevention at the regional level. All 21 counties have a county coordinator to synchronise and promote evidence-based prevention measures at regional and local levels, and there are also substance use prevention strategies in place in all counties. Municipalities bear the main responsibility for the implementation of prevention measures, and almost all of them have appointed a full-time or part-time drug coordinator for illicit substance use prevention work at the community level.

Prevention interventions

Prevention interventions encompass a wide range of approaches, which are complementary. Environmental and universal strategies target entire populations, selective prevention targets vulnerable groups that may be at greater risk of developing substance use problems and indicated prevention focuses on at-risk individuals.

In recent years, an increasing number of recreational establishments, such as clubs and restaurants, have adopted environmental prevention measures, such as norm-setting among staff and the use of approaches to control and limit drug-intoxicated clients' access to the establishment.

School-based prevention interventions play an important role in municipalities, and they are often implemented in the context of promoting a healthy school environment. They cover both licit and illicit substances.

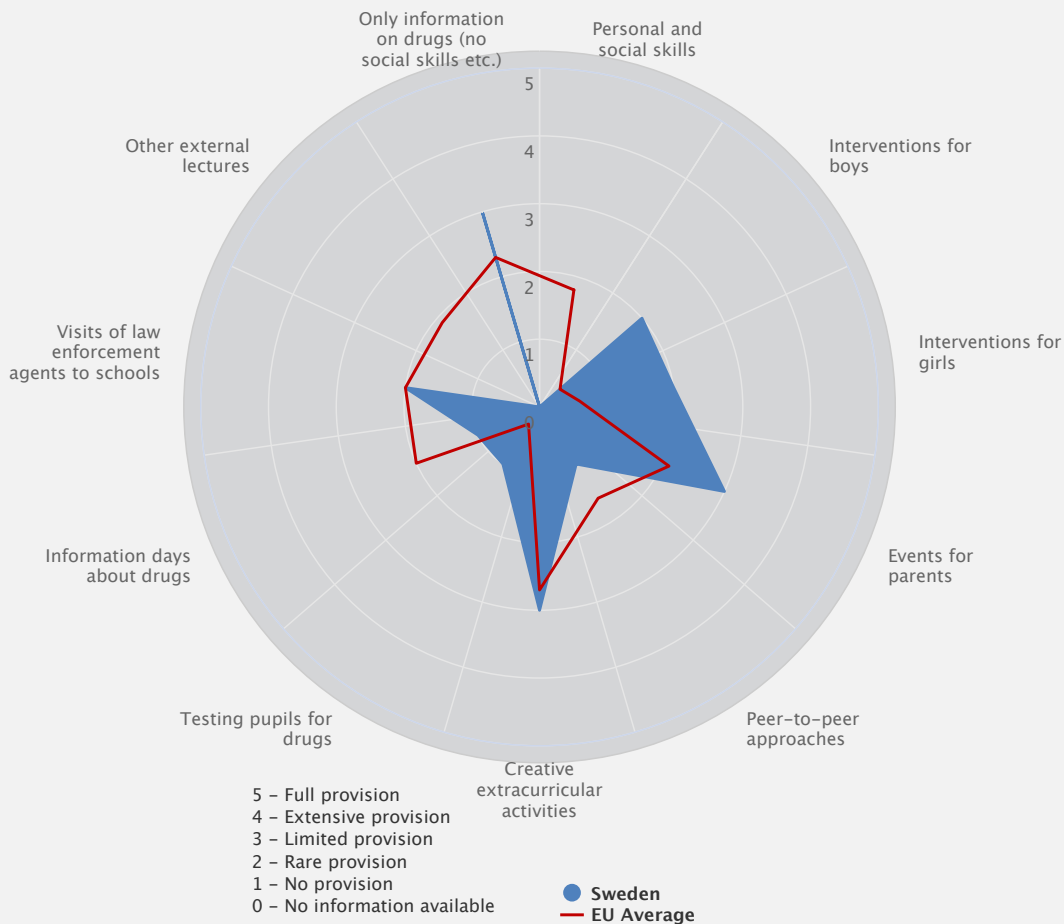
Several interventions focus on the development of children's social and emotional capacities, and many schools also have interventions in place that involve parents.

A number of community-based programmes at the municipal level focus on providing alternative leisure activities and ensuring safe recreational settings, primarily in cooperation with sports organisations, the temperance movement, police and other community-based organisations.

The number of programmes for parents on alcohol and drugs has increased, as has the amount of research done on such programmes. The International Child Development Programme, Komet and COPE have been implemented in approximately one quarter of municipalities. Several versions of the Örebro programme have been implemented, among them Effekt, which has also been implemented in Slovenia, Estonia and — in an adapted version — the Netherlands.

Selective prevention activities mainly include early detection programmes for individuals suspected of drug use (young people, drivers and people suspected of minor offences) and programmes for children whose parents are dependent on alcohol or drugs, have mental health problems or are violent.

Provision of interventions in schools in Sweden



NB: Year of data 2015

Harm reduction

One of the long-term objectives of Sweden's Comprehensive Strategy for Alcohol, Narcotics, Doping and Tobacco (ANDT) 2016-20 is to reduce the harm caused by the use of alcohol, drugs, doping and tobacco. In 2015, the Public Health Agency of Sweden released the first national guidelines for health promotion and prevention of hepatitis and human immunodeficiency virus (HIV) infection among people who inject drugs (PWID), which included the recommendation that county councils should initiate low-threshold services and offer needle and syringe exchange programmes (NSPs) with the aim of preventing drug-related infectious diseases and promoting access to treatment and care services for PWID. By the end of 2017, eight councils reported operating a low-threshold service with a NSP, almost tripling the number of councils that reported running such services in 2015. In March 2017, the law concerning NSPs was changed making it easier to initiate a NSP.

Harm reduction interventions

Regulations drawn up by the National Board of Health and Welfare define the procedures that county councils should follow, which include, among others, a justification of need (e.g. an estimate of the number of potential service users); an assessment of available resources; a provision plan for complementary and additional care services (e.g. detoxification, drug treatment and aftercare), as well as service quality requirements. The offer of low-threshold services includes medical and social care and support, free testing for infectious diseases and vaccination for hepatitis B virus infection and referral.

Data from 9 of the 10 low-threshold centres show that the number of syringes distributed increased to nearly 387 000 in 2016 and that 3 049 individual clients were reached. Pharmacies in Sweden may sell needles or syringes only to people with a prescription for medical use.

Availability of selected harm reduction responses in Europe

Country	Needle and syringe programmes	Take-home naloxone programmes	Drug consumption rooms	Heroin-assisted treatment
Austria	Yes	No	No	No
Belgium	Yes	No	No	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czech Republic	Yes	No	No	No
Denmark	Yes	Yes	Yes	Yes
Estonia	Yes	Yes	No	No
Finland	Yes	No	No	No
France	Yes	Yes	Yes	No
Germany	Yes	Yes	Yes	Yes
Greece	Yes	No	No	No
Hungary	Yes	No	No	No
Ireland	Yes	Yes	No	No
Italy	Yes	Yes	No	No
Latvia	Yes	No	No	No
Lithuania	Yes	Yes	No	No
Luxembourg	Yes	No	Yes	Yes
Malta	Yes	No	No	No
Netherlands	Yes	No	Yes	Yes
Norway	Yes	Yes	Yes	No
Poland	Yes	No	No	No
Portugal	Yes	No	No	No
Romania	Yes	No	No	No
Slovakia	Yes	No	No	No
Slovenia	Yes	No	No	No
Spain	Yes	Yes	Yes	No
Sweden	Yes	No	No	No
Turkey	No	No	No	No
United Kingdom	Yes	Yes	No	Yes

The treatment system

The treatment-related objectives of the Comprehensive Strategy for Alcohol, Narcotics, Doping and Tobacco (ANDT) 2016-20 place an emphasis on enhancing the access and quality of care based on a client-centred approach. In Sweden, drug treatment is organised by social services in local communities (specialised outpatient clinics), hospitals (providing detoxification) and residential treatment facilities. Sweden does provide compulsory treatment (for up to a maximum of six months), which is provided by the National Board of Institutional Care.

Approximately 80 % of outpatient services are provided by municipalities, county councils or the state, while 60 % of all inpatient services are provided by private and non-governmental organisations.

County councils are responsible for the provision of detoxification facilities and opioid substitution treatment (OST) and for the treatment of psychiatric comorbidities, while municipalities have overall responsibility for long-term rehabilitation through social services, for example in so-called 'homes for care and living' or 'family homes'. Many of these 'homes' are privately operated.

OST with methadone (introduced in 1967) and buprenorphine-based medications (introduced in 1999) can be prescribed by a medical doctor. In general, the national OST guidelines give priority to buprenorphine-based medication in OST treatment.

Drug treatment in Sweden: settings and number treated

Outpatient

Specialised Drug Treatment Centres (24893)

Low-Threshold Agencies (3049)

Inpatient

"Hospital-based residential drug treatment" (11382)

"Residential
drug
treatment"
(565)

NB: Year of data 2016

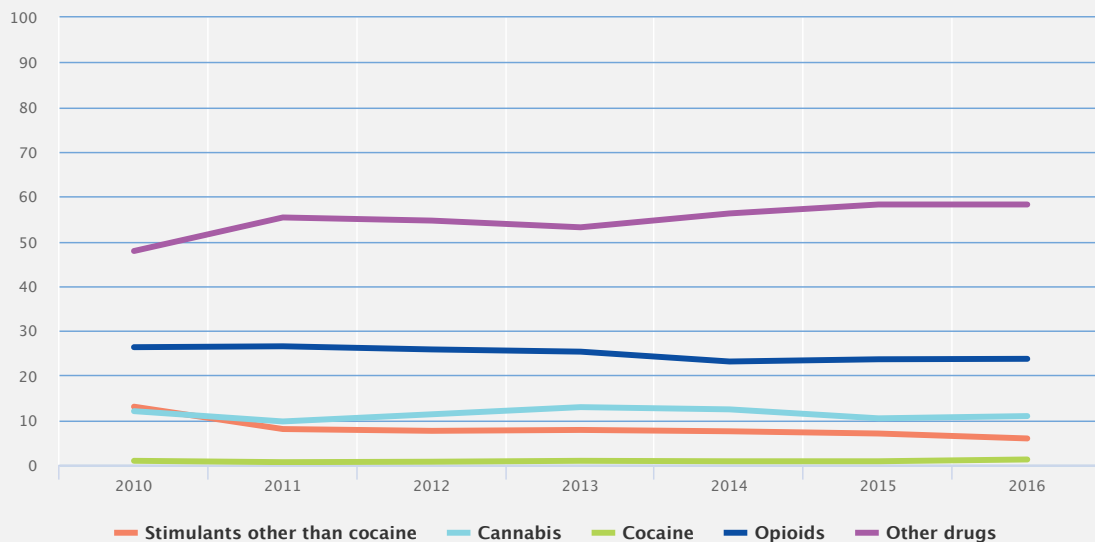
Treatment provision

The majority of the total of around 38 000 people entering treatment in Sweden during 2016 were treated in an outpatient setting. The estimate of the number of clients treated in different treatment settings should, however, be interpreted with caution, as it may be influenced by the availability of data. In general, the number of people entering treatment has increased in both inpatient and outpatient settings in recent years.

Treatment demand data indicate that a large proportion of people entering drug treatment are polydrug users; opioids and cannabis play an important role in drug treatment demands. In the last decade, the treatment demand registration system in Sweden has undergone several changes, which should be considered when interpreting the data.

The latest available data indicate that in 2016 a total of 4 136 clients were receiving OST in Sweden, of whom the majority received buprenorphine-based medication. OST has always been subject to strict regulation in Sweden. For example, some centres have introduced 'zero tolerance' against the use of illicit substances while on treatment. In cases of illicit substance use while receiving OST, the provision of OST is stopped and clients are referred to a different type of treatment.

Trends in percentage of clients entering specialised drug treatment, by primary drug, in Sweden

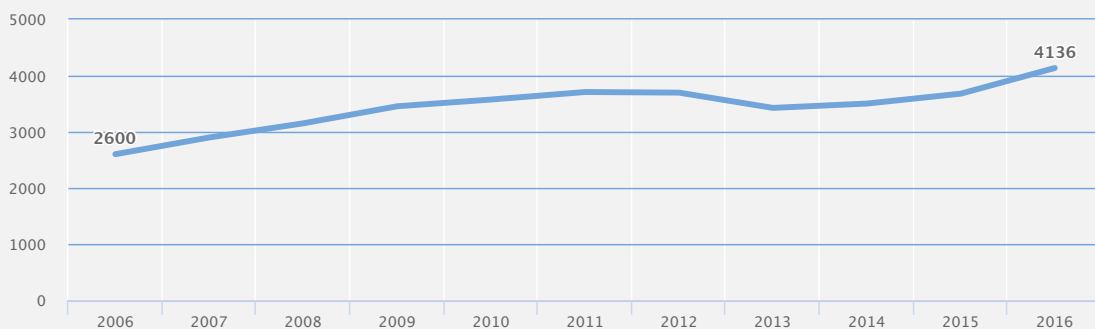


NB: Year of data 2016.

Opioid substitution treatment in Sweden: proportions of clients in OST by medication and trends of the total number of clients



Trends in the number of clients in OST



NB: Year of data 2016.

Drug use and responses in prison

According to the latest annual census of prisoners, conducted in 2016, around half of inmates had used illicit substances during the 12 months before their imprisonment. Drug use during imprisonment is reported to be low and is related mainly to the misuse of prescription medicines, and illicit substances smuggled into prisons or used during a period of leave. On admission, each new prisoner undergoes a medical assessment, which includes assessment of drug use status. Routine tests on drug use are mandatory. Available data from drug screening carried out in prisons in 2016 indicate that about 1.5 % of prisoners tested positive for illicit substances, which is slightly lower than the previous year. Based on the initial assessment at prison entry, it is estimated that three out of four prisoners have alcohol and/or drugs problems and that around the same proportion have a personality disorder. It is estimated

that up to 40 % of clients sentenced to one year or more in prison suffer from attention deficit hyperactivity disorder and that other neuropsychiatric conditions are also common. Up to one third of prisoners are infected with hepatitis C virus (HCV) but less than 5 % are infected with human immunodeficiency virus (HIV).

The Swedish Prison and Probation Service provides healthcare in prison. However, the Health and Social Care Inspectorate is responsible for the supervision of prison healthcare services, and the guidelines for such care are issued by the National Board of Health and Welfare. These authorities are governed by the Ministry of Health and Social Affairs.

The guiding principle for the treatment of drug users in prison and during probation is that the prisoner has the same right to social or medical treatment as other people living in Sweden. Prisoners with drug use problems are offered drug treatment programmes; these are mainly abstinence oriented and based on cognitive-behavioural interventions and 12-step programmes, adapted from Alcoholics Anonymous. The programmes are accredited and evaluated. Opioid substitution treatment (OST) is available in prison and can be either continued or initiated in prison prior to release, following a medical assessment. The decision to continue OST in prison is taken in agreement with the prescribing doctor and the treatment agency that provides the treatment. Initiation of OST can be conducted in some prisons with specialised staff.

Infectious disease testing and vaccination is available and new treatment for HCV infection has been offered in prisons in two regions as part of study trials.

Several specific pre-release measures exist in Sweden: parole, extended parole, halfway house and stay-in care. The latter is aimed at clients in need of treatment for substance use and takes place on location in treatment centres or as outpatient care.

Quality assurance

The Comprehensive Drug Strategy for Alcohol, Narcotics, Doping and Tobacco (ANDT) 2016-20 emphasises the need for a knowledge base and evidence-based interventions to achieve high-quality drug-related treatment and prevention activities. Several actors work in the field of quality assurance and best practice by evaluating methods used and by providing guidance to treatment providers through guidelines and knowledge provision.

The Swedish Agency for Health Technology Assessment and Assessment of Social Services is an independent national authority tasked by the government with the assessment of healthcare interventions from a broad perspective, covering medical, economic, ethical and social issues.

The National Board of Health and Welfare (NBHW), a government agency under the Ministry of Health and Social Affairs, publishes guidelines on the treatment of substance use and dependence. The NBHW also supports the development and use of evidence-based methods within the social services. Together with several other national agencies, the NBHW runs the national website *Kunskapsguiden*. The website's target audience is healthcare professionals, and it collects information about health consequences, evidence-based practice, and laws and regulations related to certain health issues, substance use and addiction, among other topics. The NBHW was recently tasked by the government to analyse how social services identify children and young people with drug addiction who are convicted of crimes and how they offer care and treatment.

In Sweden, there is no general accreditation system in place for drug-related interventions, but service providers or those who implement different projects often have their own accreditation systems to assure the quality and effectiveness of the interventions they provide.

The County Administrative Board offers annual educational sessions aimed at local ANDT coordinators in the counties. In addition, the ANDT coordinators themselves provide educational sessions aimed at professionals working within the field in their local region. Furthermore, the County Administration Board — together with the Swedish Council for Information on Alcohol and Other Drugs (CAN) — arranges a three-day course on the basics of working within the field of substance use prevention. Uppsala University offers a course in prevention and substance abuse. This course is aimed at people working within the police, municipalities and non-governmental organisations. The course is currently offered in several counties in Sweden.

Drug-related research

Funding for research comes mainly from governmental sources. The Public Health Agency of Sweden and other agencies have the task of handling project funding related to drug prevention and treatment. The main organisations involved in conducting drug-related research are university departments, although non-governmental and governmental organisations are also relevant partners.

Several channels for the dissemination of drug-related research findings are available in Sweden, including scientific journals, dedicated websites, reports, manuals and conferences.

Drug markets

While a large proportion of drugs seized in Sweden are smuggled into the country via the bridge connection with Denmark, smuggling via postal packages has increased, linked to the rise in drug sales on the internet, including the darknet. The drug market is dominated by organised criminal groups, which tend to be involved in the trade of several types of illicit substance as well as prescription

medicines classified as narcotics. Some domestic production of cannabis and amphetamines has been reported in Sweden. This is often small-scale or household based, while large-scale indoor cultivation of cannabis also takes place and is mainly operated by organised criminal networks. New psychoactive substances (NPS) are part of the Swedish drug market, and they usually originate from China and are procured online. Moreover, in recent years an increase in the number of packaging laboratories for NPS have been reported and two cases of small-scale production of fentanyl from a raw material ordered from China have been identified by the police.

The Swedish illicit drug market is dominated by cannabis and amphetamines. Cannabis remains the most frequently seized illicit substance. Herbal cannabis available on the market is both produced domestically and smuggled from abroad. Cannabis resin originates mainly from Morocco. Herbal cannabis seizures increased both in number and in quantity between 2006 and 2013; however, in 2014-16 there was a fall in the number of herbal cannabis seizures, while cannabis resin seizures increased.

Amphetamines originate mainly from the Netherlands or Lithuania and are involved in a substantial number of seizures. Heroin seized in Sweden, typically originating from Afghanistan, is trafficked into the country via the Balkan route. Following a downward trend during 2006-11, recent years have seen a gradual, albeit small, increase in heroin seized in Sweden, although the heroin market remains relatively small. Associated with the overall reduction in the heroin market, seizures of synthetic opioids, mainly pharmaceuticals, have been on the rise, including the recent emergence on the market of high-potency fentanyl analogues.

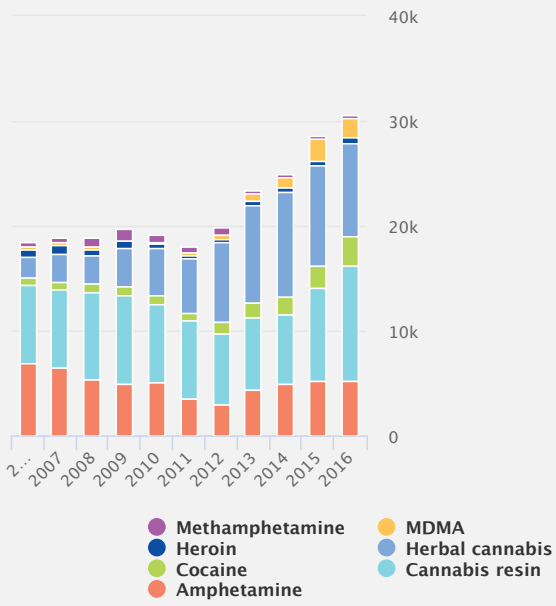
Cocaine seized in Sweden originates from South America and is smuggled in through other European countries. MDMA/ecstasy is smuggled from the Netherlands, and in the past 10 years an increase in the number of seizures has been reported.

In recent years, a significant decrease in seizures of synthetic cannabinoids has been observed; at the same time, extremely potent fentanyls have been reported. The reduction in synthetic cannabinoid seizures is explained by the introduction of legal controls and may be a result of increased awareness among the target groups and the general population.

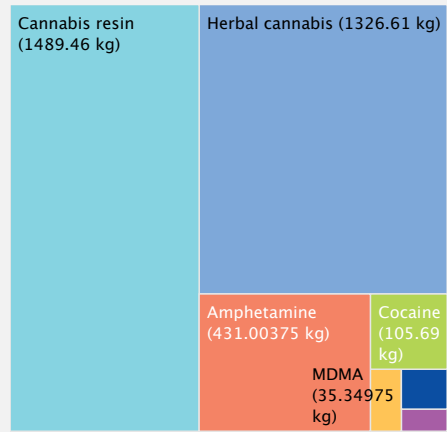
Taking into account the nature of the Swedish drug market and known trafficking patterns, the law enforcement agencies focus their activities on prevention of drug-related and serious organised crime, with international cooperation being extremely important in these fields.

Drug seizures in Sweden: trends in number of seizures (left) and quantities seized (right)

Number of seizures



Quantities seized



NB: Year of data 2016

Key statistics

Most recent estimates and data reported

	Year	Country data	EU range	
			Min.	Max.
Cannabis				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	6.63	6.5	36.8
Last year prevalence of use - young adults (%)	2016	7.3	0.4	21.5
Last year prevalence of drug use - all adults (%)	2016	3.4	0.3	11.1
All treatment entrants (%)	2016	10.91	1.0	69.6
First-time treatment entrants (%)	2016	16.7	2.3	77.9
Quantity of herbal cannabis seized (kg)	2016	1326.6	12	110855
Number of herbal cannabis seizures	2016	8828	62	158810
Quantity of cannabis resin seized (kg)	2016	1489.4	0	324379
Number of cannabis resin seizures	2016	10972	8	169538
Potency - herbal (% THC) (minimum and maximum values registered)	2016	0.1 - 20	0	59.90
Potency - resin (% THC) (minimum and maximum values registered)	2016	0.5 - 32	0	70.00
Price per gram - herbal (EUR) (minimum and maximum values registered)	2016	7 - 16	0.60	111.10
Price per gram - resin (EUR) (minimum and maximum values registered)	2016	6 - 16	0.20	38.00
Cocaine				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	1.5	0.9	4.9
Last year prevalence of use - young adults (%)	2013	1.2	0.2	4.0
Last year prevalence of drug use - all adults (%)	2013	0.6	0.1	2.3
All treatment entrants (%)	2016	1.2	0.0	36.6
First-time treatment entrants (%)	2016	2.4	0.0	35.5
Quantity of cocaine seized (kg)	2016	105.6	1.00	30295
Number of cocaine seizures	2016	2939	19	41531
Purity (%) (minimum and maximum values registered)	2016	n.a.	0	99.00
Price per gram (EUR) (minimum and maximum values registered)	2016	69 - 127	3.00	303.00
Amphetamines				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	1.1	0.8	6.5
Last year prevalence of use - young adults (%)	2013	1.3	0.0	3.6
Last year prevalence of drug use - all adults (%)	2013	0.7	0.0	1.7
All treatment entrants (%)	2016	5.9	0.2	69.7
First-time treatment entrants (%)	2016	7.4	0.3	75.1
Quantity of amphetamine seized (kg)	2016	431	0	3380
Number of amphetamine seizures	2016	5165	3	10388
Purity - amphetamine (%) (minimum and maximum values registered)	2016	0.5 - 100	0	100.00
Price per gram - amphetamine (EUR) (minimum and maximum values registered)	2016	8 - 45	2.50	76.00
MDMA				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	1.1	0.5	5.2
Last year prevalence of use - young adults (%)	2013	1	0.1	7.4
Last year prevalence of drug use - all adults (%)	2013	0.5	0.1	3.6
All treatment entrants (%)	2016	0	0.0	1.8
First-time treatment entrants (%)	2016	0	0.0	1.8
Quantity of MDMA seized (tablets)	2016	80559	0	3783737
Number of MDMA seizures	2016	1848	16	5259
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2016	110 - 235	1.90	462.00
Purity (MDMA % per tablet) (minimum and maximum values registered)	2016	n.a.	0	88.30
Price per tablet (EUR) (minimum and maximum values registered)	2016	3 - 26	1.00	26.00
Opioids				
High-risk opioid use (rate/1 000)	n.a.	n.a.	0.3	8.1
All treatment entrants (%)	2016	23.7	4.8	93.4
First-time treatment entrants (%)	2016	15.6	1.6	87.4
Quantity of heroin seized (kg)	2016	34.1	0	5585
Number of heroin seizures	2016	599	2	10620

Purity - heroin (%) (minimum and maximum values registered)	2016	0.5 - 53	0	92.00
Price per gram - heroin (EUR) (minimum and maximum values registered)	2016	52 - 296	4.00	296.00
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to Injecting drug use -- aged 15-64 (cases/million population, Source: ECDC)	2016	2.6	0	33.00
HIV prevalence among PWID* (%)	n.a.	n.a.	0	31.50
HCV prevalence among PWID* (%)	n.a.	n.a.	14.60	82.20
Injecting drug use -- aged 15-64 (cases rate/1 000 population)	n.a.	1.31	0.1	9.2
Drug-induced deaths -- aged 15-64 (cases/million population)	2016	87.77	1.40	132.30
Health and social responses				
Syringes distributed through specialised programmes	2016	386953	22	6469441
Clients in substitution treatment	2016	4136	229	169750
Treatment demand				
All entrants	2016	36275	265	119973
First-time entrants	2016	12657	47	39059
All clients in treatment	2016	39889	1286	243000
Drug law offences				
Number of reports of offences	2016	90883	775	405348
Offences for use/possession	2016	82943	354	392900

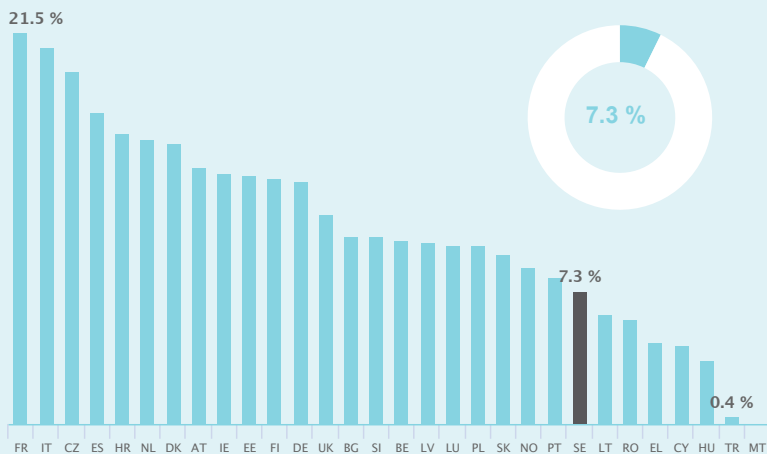
* PWID — People who inject drugs.

EU Dashboard

EU Dashboard

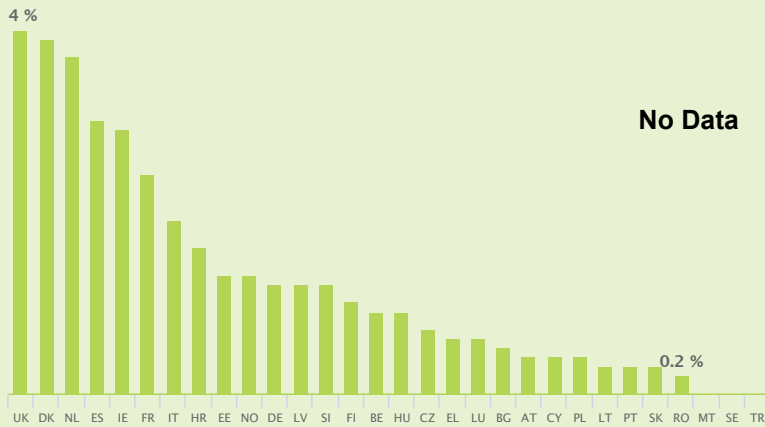
Cannabis

Last year prevalence among young adults (15-34 years)



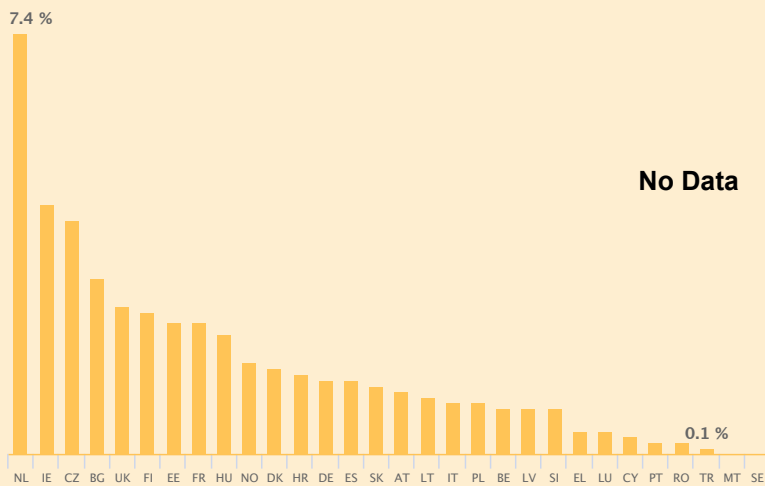
Cocaine

Last year prevalence among young adults (15-34 years)



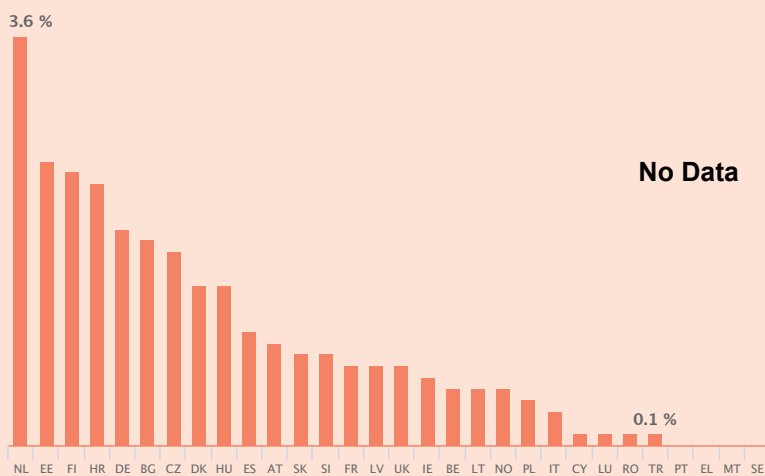
MDMA

Last year prevalence among young adults (15-34 years)



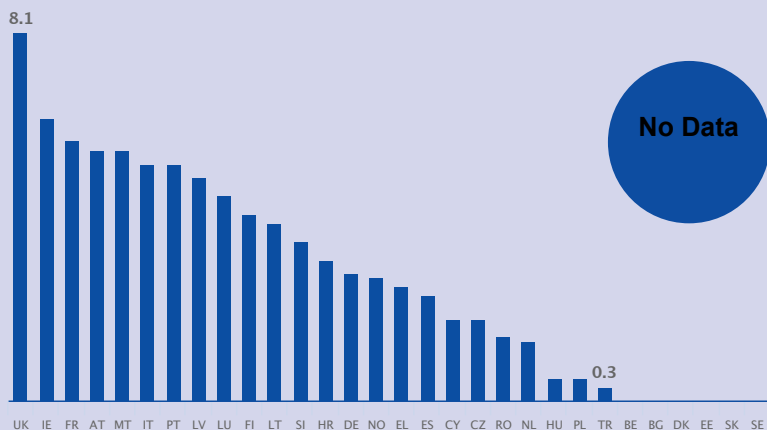
Amphetamines

Last year prevalence among young adults (15-34 years)



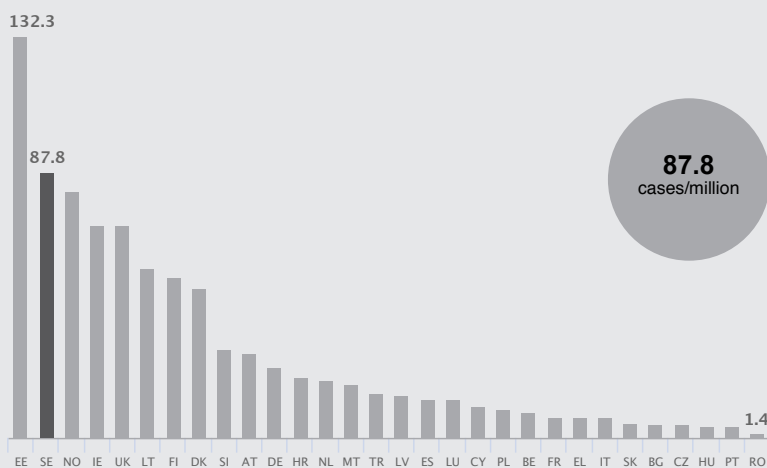
Opioids

High-risk opioid use (rate/1 000)



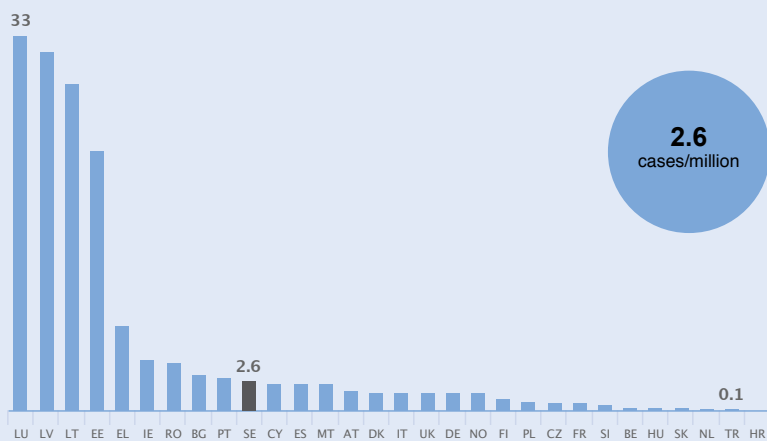
Drug-induced mortality rates

National estimates among adults (15-64 years)



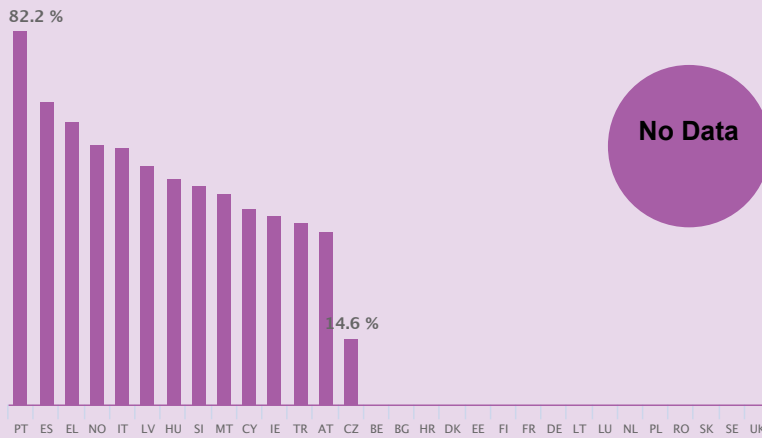
HIV infections

Newly diagnosed cases attributed to injecting drug use



HCV antibody prevalence

National estimates among injecting drug users



NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifications on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Countries with no data available are marked in white.

About our partner in Sweden

The Swedish national focal point is located within the Public Health Agency of Sweden, which is responsible for national public health issues. The agency promotes good public health by building and disseminating knowledge to healthcare professionals and others responsible for infectious disease control and public health.

Public Health Agency of Sweden



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