



FÖRENINGEN TRYGGARE
RUSPOLITIK



Submission to the United Nations Committee on Economic and Social Rights ahead of Sweden's periodic review

List of Issues

10 August 2020

Submitting organisations:

The International Drug Policy Consortium is a global network of 198 non-government organizations that advocate for drug policies based on evidence, and on principles of public health, human rights, human security, development and civil society participation.

Association For Safer Drug Policies Sweden is a national non-governmental organisation, that develops and promotes harm reduction, human rights and a non-punitive approach to substance use and drug policy.

Stockholm Drug Users Union was founded in 2004 and contribute with improving the health and quality of life of substance users. Our goal is to strengthen the member collective's position in society, alleviate stigma and powerlessness, counteract coercion and repression, work for voluntariness in care and rehabilitation and support individual members in accordance with their stated wishes and needs.

Contact details:

For IDPC:
International Drug Policy
Consortium
61 Mansell Street
E1 8AN London, United
Kingdom
contact@idpc.net

For Association For Safer Drug
Policies Sweden:
Föreningen Tryggare Ruspolitik
Box 800, 114 79 Stockholm
info@rusreform.se

For Stockholm Drug Users
Union:
Brukarföreningen Stockholm
Livdjursgatan 5A
121 62 Johanneshov
stockholm@brukarforeningarna.
se

Executive summary

1. The International Drug Policy Consortium, the Association For Safer Drug Policies Sweden and the Stockholm Drug Users Union, welcome the opportunity to provide input to the Committee on Economic, Social and Cultural Rights regarding the serious violation of the rights to health and to education of people who use drugs in Sweden.
2. In spite of Sweden's high level of economic welfare and health care, the health situation of people who use drugs is very poor, and deteriorating. Sweden has the second highest rate of drug-induced deaths in Europe, and the highest prevalence of Hepatitis C amongst people who inject drugs. Concerningly, the rates of death by overdose and transmission of blood-borne diseases have increased in recent years.
3. This tragic situation has been driven, at least in part, by the Swedish authorities' consistent refusal to provide an appropriate level of harm reduction services to people who use drugs, which are recognised as life-saving health interventions by international bodies, as well as by Sweden's general punitive policies towards drug use. To highlight this, in this submission we provide information to the Committee on the following items:
 - a. The unnecessary and disproportionate restrictions on the provision of harm reduction services, such as access to sterile injecting equipment, opioid substitution therapies, naloxone (a medicine that reverses overdoses), and safe consumption rooms;
 - b. The imposition of compulsory treatment to certain drug users for up to 6 months,
 - c. The criminalization of personal drug use and ancillary activities, which operates as a barrier to access health care and life-saving harm reduction interventions; and
 - d. The practice of conducting forced urine or blood drug tests in some school districts, which in some cases can lead to the expulsion of student from school.

The health situation of people who inject drugs in Sweden

4. In spite of a very high overall level of economic welfare and health care, the health situation of people who inject drugs in Sweden is very poor, and increasingly so every year. According to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), in 2017 Sweden reported at least 626 drug-induced deaths, namely deaths that can be directly attributed to the use of drugs, such as poisonings and overdoses. ¹ This represented more than a 100% increase from the 307 deaths recorded in 2009.² In fact, Sweden has the second highest drug-induced mortality rate among adults in Europe, with 92 deaths per million in 2017.³ While comparisons should be made with caution due to different reporting mechanisms, neighbouring Denmark, with a similar level of

wealth and an analogous cultural and social context, had a rate of 55 deaths per million in 2016.⁴

5. In addition to this, the prevalence of blood-borne diseases such as HIV and Hepatitis C amongst people who inject drugs in Sweden is also shockingly high. The latest available data indicates that HIV prevalence among people who inject drugs in Sweden is at 7.4%⁵, while in neighbouring Finland and Norway the reported rate went down to 1.2%⁶ and 1.5%⁷ respectively. Even more worrying is the fact that the HIV prevalence rate increased from 2016 to 2018.⁸ Hepatitis C prevalence amongst people who inject drugs is at 96.8%, which is the highest rate in Western Europe.⁹

Denial of appropriate drug treatment and harm reduction interventions for people who inject drugs in Sweden (violation of art. 12 ICESCR, right to health)

6. In spite of this tragic situation, the Swedish authorities are still imposing unnecessary and disproportionate restrictions on the life-saving harm reduction interventions needed to protect the life and health of people who inject drugs.
7. According to the UN Special Rapporteur on Health, harm reduction services (including opioid substitution therapy, needle and syringe programmes, the distribution of naloxone, and safe consumption rooms) are essential for the protection of the right to health.¹⁰ As early as in 2007, the then special rapporteur on the right to health declared himself ‘surprised and disappointed’¹¹ by the lack of harm reduction services in Sweden, and noted the following:

‘The Special Rapporteur emphasizes that the [Swedish] Government has a responsibility to ensure the implementation, throughout Sweden and as a matter of priority, of a comprehensive harm-reduction policy, including counselling, advice on sexual and reproductive health, and clean needles and syringes.’

8. Although some progress has been made, thirteen years later the availability of harm reduction interventions in Sweden remains very limited, and the Swedish authorities continue to fail to discharge their obligations on the right to health of people who inject drugs, thus contributing to Sweden’s astonishingly high death by overdose, as well as HIV and Hepatitis C transmission rates. These are some of the most important restrictions.

Restrictions on the access to sterile injecting equipment

9. In spite of progress in recent years, Swedish legislation still retains important restrictions on the access to sterile needles and syringes, which are an essential intervention in order to limit the transmission of blood-borne diseases amongst people who inject drugs. According to the preparatory work for the regulations on syringes and needles,¹² these

restrictions were initially established with the explicit aim to reduce injection behaviour.¹³ They include:

- Sales of needles and syringes can legally only be made by pharmacies and others with a permit issued by the Medical Products Agency.¹⁴
- It is illegal to sell needles and syringes if there is reason to suspect that the use will be related to drugs, and the licensee or pharmacist risks a fine in case they breach this provision.¹⁵
- The importation of syringes and needles into the country by private individuals is prohibited.¹⁶

10. There are currently only 14 needle and syringe programmes (NSPs) operating across Sweden. (NSPs are services that provide sterile injecting equipment to people who inject drugs, and have been endorsed by the WHO, UNAIDS and the UNODC as key components of an effective HIV and viral hepatitis response).¹⁷ However, the availability of NSPs depends on the place of residence, and some people have to travel close to two hours to get to an NSP.¹⁸

11. In the past years, Sweden has reviewed the existing legislation on this matter, introducing positive progress such as removing municipal veto over the opening of NSPs. While this shows that legal reform is possible, the changes are still insufficient to guarantee access to sterile injection equipment.

Restrictions on the access to opioid substitution therapy

12. Opioid substitution therapies (OST) are programmes that provide people with a drug dependence on injectable opioids with an alternative prescribed medicine, such as methadone or buprenorphine, that is usually swallowed rather than injected.¹⁹ The WHO, the UNODC and UNAIDS have recommended OST as a highly effective intervention to reduce opioid injecting, which can put people at risk of HIV, and can lead to deaths by overdose.²⁰

13. Availability and access to OST are limited by several unnecessary and disproportionate limitations:

- **Lack of availability in certain geographical areas.** Due to the scarcity and uneven geographical distribution of OST programmes across Sweden, waiting times to get into OST vary widely across the country,²¹ and are documented to exceed a year,²² with the submitting organisations having anecdotal knowledge of longer waiting times, of up to four years.
- **Access subject to non-medical criteria.** When a person applies for access to an OST programme, a social worker decides whether to recommend the person for the service, or instead refer them to a different treatment, including abstinence-based interventions.²³ As the person making that referral is a social worker typically without medical training, the decision is grounded in considerations of

social assistance policy, rather than medical criteria. This goes against the principle that access to evidence-based health care services should be decided only on the basis of medical parameters. Furthermore, the detour through sometimes not-necessary social services only adds to the already long waiting lines for OST.²⁴ (It should be noted that people can also be referred to OST clinics by general practitioners, and in some cases there can be self-referral).

- **Access conditioned to residency.** People who do not have a residence permit in Sweden are excluded from access to OST programs, which can violate the non-discrimination provision set in Article 2.2 ICESCR.²⁵ As the UNODC has recently recognised, marginalised people, including migrants, suffer disproportionately the brunt of the health harms associated to drug use problems, and require special consideration in the delivery of drug treatment.²⁶
- **Involuntary discharge from treatment in case repeated drug use.** If a patient undergoing OST uses an illegal substance while under treatment, the Swedish authorities can discharge patient from treatment against their will and without their consent, referring them to a different intervention,²⁷ thus punishing people that can have a substance use problem, or whose drug use is driven by a complex set of personal and socio-economic drivers, with the denial of the freedom to choose health care. A survey of patients that had undergone OST in Sweden showed that over a third of them had experiences of involuntary discharge, and more than 60% had been afraid of being discharged.²⁸

Restrictions on the access to naloxone

14. Naloxone is an opioid antagonist that reverses the effects of an opioid overdose on the respiratory system, and thus prevents deaths by overdose.²⁹ As such, naloxone programmes have been repeatedly endorsed and promoted by the WHO as a life-saving health intervention.³⁰ Naloxone can be administered both in nasal spray or injectable form, though in Sweden it is only available on the injectable form. In both cases, naloxone is harmless even if administered in an erroneous manner.
15. Despite some positive change in recent years, such as the fact that NSPs located in certain regions are now allowed to give out naloxone to people who inject drugs (with the caveat that some NSPs have extremely limited opening hours, even of just a few hours per week), the Swedish authorities continue to restrict access to naloxone in two crucial ways.
 - **No ‘take-home’ naloxone programmes.** Because many overdoses do not happen in isolation, but in the close vicinity of friends, peers and bystanders, ‘take-home’ naloxone programmes combine the distribution of naloxone to people likely to witness an overdose, with training on overdose risk and management.³¹ ‘Take-home’ naloxone has also been endorsed by the WHO³² as one of the most effective ways of distributing the medicine. As of 2020 there are no ‘take-home’ naloxone programmes operating in Sweden. Skåne county launched a pilot programme in 2017, but it is still in its recruiting phase³³ 34.

Furthermore, in 2018, police officers allegedly seized naloxone³⁵ from patients at the Uppsala NSP, thus endangering the life of people who use drugs for no apparent reason.

- **No naloxone without prescription.** In Sweden, Naloxone can only be prescribed to people who use opioids, but not to third parties (though doctors can provide instructions to the close family of a patient on how to administer). At the same time, naloxone cannot be used without a prescription.³⁶ In the case of naloxone, this is highly problematic as naloxone is typically administered during an overdose, when the person at risk is not responsive, while overdoses are normally witnessed by people who are not medically trained, such as other people who use drugs. (As stated above, naloxone is harmless even if administered in an erroneous manner). The law should be adopted in order to allow for the administration of naloxone by persons who are not medically trained.

Lack of safe consumption rooms

16. Safe consumption rooms are protected places for the hygienic consumption of drugs in a non-judgmental environment and under the supervision of trained staff.³⁷ They are one of the most effective interventions to reduce risk behaviours associated with overdose and the transmission of blood-borne illnesses, as well as to refer clients to healthcare facilities.³⁸ However, there are currently no safe consumption rooms in Sweden, as opposed to Denmark and Norway.³⁹ As a result, some Swedish drug users go to neighbouring Denmark to use safe consumption rooms and live on the streets.⁴⁰

Limited access to harm reduction in Swedish prisons

17. According to 2016 data, half of people incarcerated in Sweden had used drugs in the 12 months prior to incarceration, ⁴¹ a trend that is increasing for incarcerated women.⁴² Although fewer than one in ten people in prison tested positive for drug use in 2017, ⁴³ the WHO reports that the Swedish authorities publish no data on the number of people who inject drugs while in prison.⁴⁴
18. States have a heightened duty of care to take any necessary measures to protect the life and health of people deprived of their liberty.⁴⁵ Furthermore, under the principle of equivalence of care, people in prison must have access to health care at least equivalent to that in the community ⁴⁶ – a principle that has also been accepted by the Swedish authorities.⁴⁷
19. In spite of this, evidence-based harm reduction services are significantly more limited to the (already lacking) coverage in the community. For instance, there are currently no NSPs in Swedish prisons, and the WHO has reported that there is no disinfectant for syringes available in prisons free of charge. ⁴⁸ As a consequence, people deprived of liberty in Sweden are also deprived of access to sterile injecting equipment, thus putting them at risk of HIV transmission, as well as of other blood-borne viruses like Hepatitis B and C.

Non-consensual drug treatment as a violation of the right to health (article 12 CDESCR, right to health)

20. The Committee on Economic, Social and Cultural Right has made clear that the freedom to control one's health and body, including the right to be free from non-consensual medical treatment, are contained within the right to health as enshrined in Article 12 ICESCR.⁴⁹
21. Swedish law allows for the imposition of non-consensual drug treatment for people who use drugs, for a period of up to 6 months, when they 'cannot be provided in any other way'.⁵⁰ according to court statistics, 1,250 applications for compulsory care for "substance abusers" were filed in 2013.⁵¹ Compulsory treatment can be provided either in an outpatient mode or within an institution, in which case it leads to the compulsory detention of a person who use drugs in a closed health facility against their will.⁵²
22. A peer-reviewed study concerning a group of women undergoing compulsory care between 2007 and 2010 showed that only about 10% of them been offered or started a psychotherapeutic treatment or completed a pharmacological intervention in response to a drug use problem, and that evidence-based pharmacological or psychosocial treatments were not available for amphetamine users, which was the major problem in this particular sample. ⁵³
23. There is a growing amount of evidence that compulsory drug treatment is far less effective than voluntary interventions. A systematic review of studies on this topic found that compulsory treatment 'does not, on the whole, suggest improved outcomes' in comparison to voluntary treatment approaches, 'with some studies suggesting potential harms'.⁵⁴ In a similar sense, the EMCDDA has found that that there is 'evidence of ineffectiveness' on compulsory treatment.⁵⁵
24. The Swedish government has argued that 75% of the people in compulsory treatment 'choose to', at some point, transition to voluntary treatment,⁵⁶ but the freedom of such a decision when a person is under state detention is questionable.
25. In view of all of this, it is clear that the system of compulsory drug treatment established by the Swedish authorities constitutes a restriction on the right to be free from non-consensual medical treatment that is neither appropriate nor necessary according to the existing scientific evidence, and that can put people at risk.

Criminalisation of personal drug use as a barrier to access to health (violation of Article 12 CESCR, right to health)

26. As the Committee on Economic, Social and Cultural Rights noted in its recent Concluding Observations on Norway, the criminalisation of drug use prevents people who use drugs from accessing harm reduction services, and health care more generally,⁵⁷ as people who use drugs avoid health services out of fear of punishment, stigmatization, and interaction with law enforcement officials.
27. For instance, a recent analysis of over 100 peer-reviewed studies showed that scientific literature has been compiling for years evidence that criminalisation has a negative effect on access to HIV prevention and treatment.⁵⁸
28. A plethora of UN bodies and human rights experts have also made clear that detention is never an appropriate response to drug use or drug dependence.⁵⁹ According to the International Guidelines on Human Rights and Drug Policy, which were developed by a coalition including Member States, the WHO, UNAIDS, the UNDP, and the OHCHR, ‘states shall ensure that people are not detained solely on the basis of drug use or drug dependence’.⁶⁰ The criminalisation of mere drug use can also constitute a violation of the right to liberty, as the UN Working Group on Arbitrary Detention has highlighted that ‘drug consumption or dependence is not sufficient justification for detention’.⁶¹
29. In spite of this, and in the midst of expert calls for decriminalisation,⁶² and a growing political and public debate,⁶³ Swedish law still criminalises the personal use and possession of illegal drugs,⁶⁴ with penalties for minor drug offences ranging from fines to up to 6 months in prison.⁶⁵
30. It is important to highlight that criminalization is a reality in the lives of people who use drugs in Sweden. According to the Swedish authorities, in 2019 up to 111,000 drug offences were reported in Sweden; 49% of these offences related to mere personal drug use, while 43% concerned drug possession; only 7% of them related to drug trafficking.⁶⁶ 95% of those charged with a drug offence in 2019 were facing charges of drug use or possession; in total, in 2019 the Swedish courts issued 23,900 convictions that featured drug offences as the main offence, approximately 20,000 of them for minor drug offences.⁶⁷ The number of judicial decisions on drug cases has increased by a 29% since 2009.⁶⁸
31. According to Sweden’s Prison and Probation Service,⁶⁹ around 30% of those admitted to prisons in Sweden during 2019 had been convicted for drug offences, which was the main cause of incarceration. Although offences related to personal use and possession represent more than 9 in 10 of all drug-related offences in Sweden, the submitting organisations could not find any public statistics on how many people were actually incarcerated for personal use or ancillary activities.

32. The criminalisation of the personal use of drugs also means that people who use drugs can end up with a criminal record for mere possession and use, which prevents them from working for the Swedish government in positions such as school teacher.⁷⁰ Criminal records can also be an important barrier to exercising other essential rights, such as housing, travel, or education. This further stigmatises marginalised populations, and might constitute in itself a disproportionate restriction of the right to work under Article 6 ICESCR.

Random drugs testing in schools, and expulsion of students in case of drug use (violation of Article 13 ICESCR - right to education)

33. In Sweden, students under eighteen can be randomly tested for drug use through forced urine or blood sample testing, administered by the police in school premises.⁷¹ In 2019 alone, at least 4,000 people under eighteen were tested for drug use.⁷²

34. There have been several cases reported of students suspended or expelled from school after testing positive for drug use,^{73 74} with the police reporting them to social services, and filing drug offence charges against people under age.⁷⁵ In a shocking case, one student became homeless after he was excluded from school,⁷⁶ showing once again that punitive mechanisms are especially harsh on people living in vulnerable situations. Another negative effect is that faced with drug testing, some students have dropped out of school.⁷⁷

35. Several studies show that drug testing in schools is an inappropriate response to drug use amongst students, and therefore an unlawful restriction on the right to education, in addition to a possible violation of their rights to bodily integrity and privacy. A large random study provided evidence that drug testing in schools is completely ineffective at decreasing the rates of drug use, while detrimental to effective prevention methods based on building the trust between students and teachers.⁷⁸ The United Nations Office on Drugs and Crime has also noted that there is no evidence for drug testing as an effective prevention strategy.⁷⁹ This policy can also be entirely counterproductive, as poor attachment to school is a significant risk factor for drug use amongst children and youth.⁸⁰

Recommendations for the List of Issues Prior to Reporting

36. In view of the foregoing, we recommend that the Committee includes the following questions in the List of Issues Prior to Reporting that will be presented to Sweden:

Article 12 ICESCR

- Please provide information on the existing restrictions on evidence-based harm reduction interventions, such as Needle and Syringe Programmes, Opioid Substitution Therapy, naloxone programmes, and safe consumption rooms, and how they are justified in light of the increasing rates of deaths by overdose and HIV and Hepatitis C transmission.
- Please provide information on the drug treatment available for people who inject drugs incarcerated in Swedish prisons, as well as on the number of people who have been recorded as injecting drugs while in prison.
- Please provide information on the number of people subject to non-consensual drug treatment in Sweden, and on what is the justification for such treatment.
- Please provide information on the number of people stopped by the police, detained, charged, and incarcerated for criminal offences related to personal drug use, and ancillary activities.

Article 13 ICESCR

- Please provide information on the effectivity of the random drug testing conducted by the police in Swedish schools, and on any suspension or expulsion of students as a result of

Endnotes

¹ European Monitoring Centre for Drugs and Drug Addiction (Webpage), *Sweden Country Drug Report 2019*, <https://www.emcdda.europa.eu/countries/drug-reports/2019/sweden/drug-induced-deaths>, (accessed 9th August 2020).

² Centralförbundet För Allkohol-och Narkotikaupplysning, CAN (2016), *Drug-related deaths in Sweden*, <https://www.can.se/app/uploads/2020/01/can-rapport-158-drug-related-deaths-in-sweden.pdf>, p. 19

³ European Monitoring Centre for Drugs and Drug Addiction (Webpage), *Frequently asked questions (FAQ): drug overdose deaths in Europe*, https://www.emcdda.europa.eu/publications/topic-overviews/content/faq-drug-overdose-deaths-in-europe_en#question3, (accessed 9th August 2020).

⁴ European Monitoring Centre for Drugs and Drug Addiction (Webpage), *Denmark Country Drug Report 2019*, <https://www.emcdda.europa.eu/countries/drug-reports/2019/denmark/drug-induced-deaths>, (accessed 9th August 2020).

⁵ Stone, K. & Shirley-Beavan, S. (2018), *The Global State of Harm Reduction: Western Europe* (Harm Reduction International), <https://www.hri.global/files/2018/12/10/WesternEurope-harm-reduction.pdf>, p.62

⁶ Ibid.

⁷ Ibid.

⁸ Ibid, p. 72.

- 9 Ibid, p. 71.
- 10 United Nations Special Rapporteur on the right to health, *Statement by the UN expert on the right to health on the protection of people who use drugs during the COVID-19 pandemic*, <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25797&LangID=E>
- 11 Hunt, P. (2008), *Human Rights, Health and Harm Reduction: States' amnesia and parallel universes* (Harm Reduction International), <https://www.hri.global/files/2010/06/16/HumanRightsHealthAndHarmReduction.pdf>, p. 8.
- 12 Swedish Government Offices, A review of the regulations for syringes and needles, Reference Ds 2010: 36, <https://www.regeringen.se/49bbbe/contentassets/76e4ad0f4fdc4bfd8c847b4e5bd8b052/en-oversyn-av-regelverket-for-sprutor-och-kanyler-ds.-201036>, p 23. Mention is made here of the preparatory work that forms the basis for the regulation below, Bill 1968: 7 is mainly of interest, p 86 and onwards control of syringes and needles is discussed to reduce the spread of injection abuse by controlling the availability of syringes and needles.
- 13 Ibid, p. 23.
- 14 Swedish Act (2012: 595) on the import and trade of syringes and needles, <https://www.tullverket.se/download/18.4ab1598c11632f3ba9280007806/>, section 3
- 15 Ibid.
- 16 Ibid, section 2.
- 17 World Health Organisation (WHO), United Nations Office on Drugs and Crime (UNODC), and UNAIDS (2012), *WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users*, https://www.unaids.org/sites/default/files/sub_landing/idu_target_setting_guide_en.pdf
- 18 Landetsfria (25th September 2019), “*Sprututbyten borde finnas i alla städer*”, <https://landetsfria.nu/2019/nummer-35/sprututbyten-borde-finnas-i-alla-stader/>
- 19 Avert (Webpage), *Opioid Substitution Therapy (OST) for HIV prevention*, https://www.avert.org/professionals/hiv-programming/prevention/opioid-substitution-therapy#footnote1_z7c9ljh, (accessed 9th august 2020).
- 20 World Health Organisation (WHO), United Nations Office on Drugs and Crime (UNODC), and UNAIDS (2012), *WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users*, https://www.unaids.org/sites/default/files/sub_landing/idu_target_setting_guide_en.pdf, p. 6.
- 21 Vardfokus (30th March 2020), *Stora skillnader när det gäller läkemedelsbehandling vid missbruk*, <https://www.vardfokus.se/webbnyheter/2015/mars/stora-skillnader-nar-det-galler-lakemedelsbehandling-vid-missbruk/>
- 22 Richert, T. & Johnson, B. (2014), *Brukarens erfarenheter av och syn på sin behandling : en intervjustudie med 411 LARO-patienter i fem städer*, <http://muep.mau.se/handle/2043/18667>
- 23 Socialstyrelsen (2020), *Läkemedelsassisterad behandling vid opioidberoende*, <https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/kunskapsstod/2020-3-6607.pdf>
- 24 Svenska Dagbladet (30th March 2020), *Professorer: Sluta att utreda rätt hjälp*, <https://www.svd.se/professorer-sluta-att-utreda--ge-ratt-hjalp>
- 25 United Nations Office of the High Commissioner for Human Rights (Webpage), *International Covenant on Economic, Social and Cultural Rights*, <https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx>, (accessed: 9th August 2020).
- 26 UNODC (2020), *World Drug Report 2020 Executive Summary*, https://wdr.unodc.org/wdr2020/field/WDR20_BOOKLET_1.pdf, p. 30.
- 27 European Monitoring Centre for Drugs and Drug Addiction (Webpage), *Sweden Country Drug Report 2019: treatment*, https://www.emcdda.europa.eu/countries/drug-reports/2019/sweden/treatment_fr, (accessed: 9th August 2020).
- 28 Socialstyrelsen (2020), *Läkemedelsassisterad behandling vid opioidberoende*, <https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/kunskapsstod/2020-3-6607.pdf>, p. 18.
- 29 European Monitoring Centre for Drugs and Drug Addiction (Webpage), *Take-home naloxone*, https://www.emcdda.europa.eu/publications/topic-overviews/take-home-naloxone_en, (accessed: 9th August 2020).
- 30 WHO (2014), *Naloxone: A take-home antidote to drug overdose that saves lives*,

<https://www.who.int/features/2014/naloxone/en/>

31 Ibid.

32 Ibid.

33 European Monitoring Centre for Drugs and Drug Addiction (Webpage), *Sweden Country Drug Report 2019: harm reduction*, https://www.emcdda.europa.eu/countries/drug-reports/2019/sweden/harm-reduction_fr, (accessed: 9th August 2020).

34 Sveriges Television (22 February 2017), *Brukare protesterar mot trögstartat Naloxon-program*, <https://www.svt.se/nyheter/inrikes/brukare-protesterar-mot-trogstartat-naloxon-program>

35 Sveriges Television (19 February 2018), *Läkare larmar: Polisen beslagtar livräddande läkemedel*, <https://www.svt.se/nyheter/lokalt/upsala/lakare-larmar-polisen-beslagtar-livradande-lakemedel>

36 Socialstyrelsen and Läkemedelsverket (2017), *Tillgängliggöra naloxon för patienter och personer utanför hälso- och sjukvården*, <https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/ovrigt/2017-6-6.pdf>

37 European Monitoring Centre for Drugs and Drug Addiction (2004), *European Report on Drug Consumption Rooms*, https://www.emcdda.europa.eu/system/files/publications/339/Consumption_rooms_101741.pdf, p. 8.

38 Folch, C. et al. (2018), 'Drug consumption rooms in Catalonia: A comprehensive evaluation of social, health and harm reduction benefits', *International Journal of Drug Policy* **62**:24-29, <https://www.sciencedirect.com/science/article/abs/pii/S0955395918302445>

39 European Monitoring Centre for Drugs and Drug Addiction (Webpage), *Sweden Country Drug Report 2019: harm reduction*, https://www.emcdda.europa.eu/countries/drug-reports/2019/sweden/harm-reduction_fr, (accessed: 9th August 2020).

40 Vice (Webpage), *Heroin Commuters: Swedish Drug Users are Migrating to Denmark*, https://video.vice.com/en_us/video/heroin-commuters-swedish-drug-users-are-migrating-to-denmark/5d5a7882be407725f0343084?jwsourc=cl, (accessed: 9th August 2020).

41 European Monitoring Centre for Drugs and Drug Addiction (Webpage), *Sweden Country Drug Report 2019: drug use and responses in prison*, https://www.emcdda.europa.eu/countries/drug-reports/2019/sweden/drug-use-and-responses-prison_fr, (accessed: 9th August 2020).

42 Sveriges Radio (30 July 2020), *Kriminalvården: Fler kvinnor på anstalt har drogmissbruk*, <https://sverigesradio.se/artikel/7508271>

43 European Monitoring Centre for Drugs and Drug Addiction (Webpage), *Sweden Country Drug Report 2019: drug use and responses in prison*, https://www.emcdda.europa.eu/countries/drug-reports/2019/sweden/drug-use-and-responses-prison_fr, (accessed: 9th August 2020).

44 WHO (2019), *Sweden Health in Prisons Factsheet*, https://www.euro.who.int/_data/assets/pdf_file/0006/404178/Health_in_prisons_FS_Sweden_WHO.pdf,

45 United Nations Human Rights Committee, *General Comment 36 on the right to life*, UN Doc. CCPR/C/GC/36, <https://undocs.org/CCPR/C/GC/36>, para. 25.

46 United Nations, Human Rights Council, *Human rights in the administration of justice: Report of the United Nations High Commissioner for Human Rights*, UN Doc. A/HRC/42/20, <https://undocs.org/en/A/HRC/42/20>, para. 35.

47 European Monitoring Centre for Drugs and Drug Addiction (Webpage), *Sweden Country Drug Report 2019: drug use and responses in prison*, https://www.emcdda.europa.eu/countries/drug-reports/2019/sweden/drug-use-and-responses-prison_fr, (accessed: 9th August 2020).

48 WHO (2019), *Sweden Health in Prisons Factsheet*, https://www.euro.who.int/_data/assets/pdf_file/0006/404178/Health_in_prisons_FS_Sweden_WHO.pdf,

49 United Nations Committee on Economic, Social and Cultural Rights, *General Comment 14*, UN Doc. E/C.12/2000/4, <https://www.refworld.org/pdfid/4538838d0.pdf>, para. 8.

50 Government of Sweden, Ministry of Health and Social Affairs (Date not provided), *Swedish drug policy – a balanced policy based on health and human rights*, https://www.government.se/496f5b/contentassets/89b85401ed204484832fb1808cad6012/rk_21164_broschyr_narkotika_a4_en_3_tillg.pdf p.8

51 Reitan, T. (2016), 'Commitment without confinement: Outpatient compulsory care for substance abuse, and severe mental disorder in Sweden', *International Journal of Law and Psychiatry* **45**:60-69, <https://www.sciencedirect.com/science/article/pii/S0160252716300206>, p. 61.

52 Ibid.

- 53 Olsson, T. & Fridell, M. (2018), 'The five-year costs and benefits of extended psychological and psychiatric assessment versus standard intake interview for women with comorbid substance use disorders treated in compulsory care in Sweden', *BMC Health Services Research* **18**, <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-018-2854-y>
- 54 Werb, D. et al. (2015), 'The effectiveness of compulsory drug treatment: A systematic review', *International Journal of Drug Policy* **28**:1-9.
- 55 European Monitoring Centre for Drugs and Drug Addiction (Webpage), *Best practice portal: Compulsory drug treatment to reduce recidivism*, https://www.emcdda.europa.eu/best-practice/evidence-summaries/compulsory-drug-treatment-reduce-recidivism_en , (accessed: 9th August 2020).
- 56 Government of Sweden, Ministry of Health and Social Affairs (Date not provided), *Swedish drug policy – a balanced policy based on health and human rights*, https://www.government.se/496f5b/contentassets/89b85401ed204484832fb1808cad6012/rk_21164_broschyr_narkotika_a4_en_3_tillg.pdf p.8
- 57 United Nations Committee on Economic, Social and Cultural Rights (2020), *Concluding observations on the sixth periodic report of Norway*, UN Doc. E/C.12/NOR/CO/6, <https://undocs.org/sp/E.C.12/NOR/CO/6>, para. 42.
- 58 DeBeck, K. et al. (2017), 'HIV and the criminalization of drug use among people who inject drugs: a systematic review', *The Lancet* **4**(8): e357-e374, <https://www.sciencedirect.com/science/article/abs/pii/S2352301817300735>
- 59 UNODC & WHO (2008), *Principles of Drug Dependence Treatment*, <https://www.unodc.org/documents/drug-treatment/UNODC-WHO-Principles-of-Drug-Dependence-Treatment-March08.pdf> , p. 15.
- 60 International Centre on Human Rights and Drug Policy, UNAIDS, WHO & UNDP (2019), *International Guidelines on Human Rights and Drug Policy*, <https://www.undp.org/content/undp/en/home/librarypage/hiv-aids/international-guidelines-on-human-rights-and-drug-policy.html>, p. 13.
- 61 United Nations Human Rights Council (2015), *Report of the Working Group on Arbitrary Detention*, UN Doc. A/HRC/30/36, <https://undocs.org/es/A/HRC/30/36m> para. 60.
- 62 Svenska Dagbladet (10th June 2020), "Morgan Johanssons magkänsla ska inte styras", <https://www.svd.se/morgan-johanssons-magkansla-ska-inte-styra>
- 63 Sverige Television (30th March 2019), *Majoritet i socialutskottet: Utvärdera kriminaliseringen av narkotikabruket*, <https://www.svt.se/nyheter/inrikes/majoritet-i-socialutskottet-vill-se-utvardering-av-kriminaliseringen-av-narkotikabruket>.
- 64 Government offices of Sweden (Webpage), *Diplomatic Guide: 9.3 Narcotics*, <https://www.government.se/government-of-sweden/ministry-for-foreign-affairs/diplomatic-portal/diplomatic-guide/9-respect-for-the-local-laws-and-regulations/9.3-narcotics/> , (accessed: 9th August 2020).
- 65 European Monitoring Centre for Drugs and Drug Addiction (Webpage), *Sweden Country Drug Report 2019: drug laws and drug law offences*, https://www.emcdda.europa.eu/countries/drug-reports/2019/sweden/drug-laws-and-drug-law-offences_fr , (accessed: 9th August 2020).
- 66 Swedish National Council for Crime Prevention (Webpage), *Narkotikabrott*, <https://bra.se/statistik/statistik-utifran-brottstyper/narkotikabrott.html> , (accessed: 9th August 2020).
- 67 Ibid.
- 68 Ibid.
- 69 Swedish National Council for Crime Prevention (Webpage), *The Prison and Probation Service*, <https://www.bra.se/bra-in-english/home/crime-and-statistics/crime-statistics/the-prison-and-probation-service.html>, (accessed: 9th August 2020).
- 70 Sveriges Television (7th September 2017), *Forskare: Fler riskerar att återfalla i brott*, <https://www.svt.se/nyheter/lokalt/vast/forskare-hinder-pa-arbetsmarknaden-kan-gora-att-fler-aterfaller>
- 71 Sveriges Television (26th February 2020), *Drogtestades åtta gånger på två år – var oskyldig*, <https://www.svt.se/nyheter/inrikes/drogtestades-atta-ganger-pa-tva-ar-var-oskyldig>
- 72 Ibid.
- 73 Sveriges Television (19th July 2020), *Ullvigymnasiet i Köping stängde av elev – får stark kritik av domstol som häver beslutet*, <https://www.svt.se/nyheter/lokalt/vastmanland/ullvigymnasiet-i-koping-stangde-av-elev>
- 74 Norra Halland (25th June 2017), *Uppdrag: Testa elever som misstänks för droger*, <https://norrahalland.se/uppdrag-testa-elever-som-misstanks-droger/>
- 75 Ibid.

76 Sveriges Radio (1 February 2019), *Elev testades positive för cannabis -sparkas ut från skolan*, <https://sverigesradio.se/sida/artikel.aspx?artikel=7145332>

77 Heldmar, T. (11th May 2007), 'Ólagliga dogtester för unga', *Fokus*, <https://www.fokus.se/2007/05/olagliga-drogtester-for-unga/>

78 Barret, D. (2015), *The impact of drug policies on children and young people* (Open Society Foundations), <https://www.ohchr.org/Documents/HRBodies/HRCouncil/DrugProblem/OpenSocietyFoundations.pdf>, p. 9.

79 UNODC (2015), *International Standards on Drug Use Prevention*, https://www.unodc.org/documents/prevention/UNODC_2013_2015_international_standards_on_drug_use_prevention_E.pdf, p. 21.

80 See: United Nations Committee on the Rights of the Child, *Concluding observations on Djibouti*, UN Doc. CRC/C/15/Add. 131, <https://undocs.org/CRC/C/15/Add.131>, para. 56. See also UNODC (2015), *International Standards on Drug Use Prevention*, https://www.unodc.org/documents/prevention/UNODC_2013_2015_international_standards_on_drug_use_prevention_E.pdf, p. 2.