European Monitoring Centre for Drugs and Drug Addiction

Sweden

Sweden Country Drug Report 2019

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 2017 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

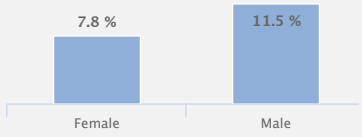
THE DRUG PROBLEM IN SWEDEN AT A GLANCE

Drug use

in young adults (17-34 years) in the last year

Cannabis

9.6 %

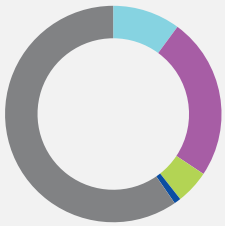


Other drugs

MDMA	2 %
Amphetamines	1.2 %
Cocaine	2.5 %

All treatment entrants

by primary drug



- Cannabis, 10 %
- Opioids, 24 %
- Stimulants other than cocaine, 5 %
- Cocaine, 1 %
- Other, 59 %

Opioid substitution treatment clients

4 468

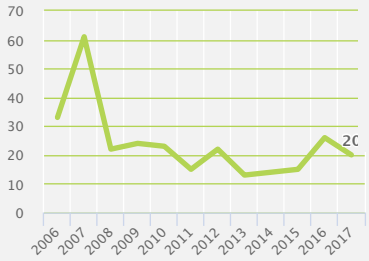
Syringes distributed

through specialised programmes

517 381

Overdose deaths

New HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

100 447

Top 5 drugs seized

ranked according to quantities meas
kilograms

1. Cannabis resin
2. Herbal cannabis
3. Amphetamine
4. Cocaine
5. Heroin

Population

(15-64 years)

6 257 302

Source: Eurostat Extracted on: 18/03/2019

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or numbers reported through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnoses, 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. Under 'All treatment entrant primary drug', 'Other' includes clients entering treatment with hypnotics and sedatives as their primary drug; this drug category accounts for 12 % of all treatment entrants.

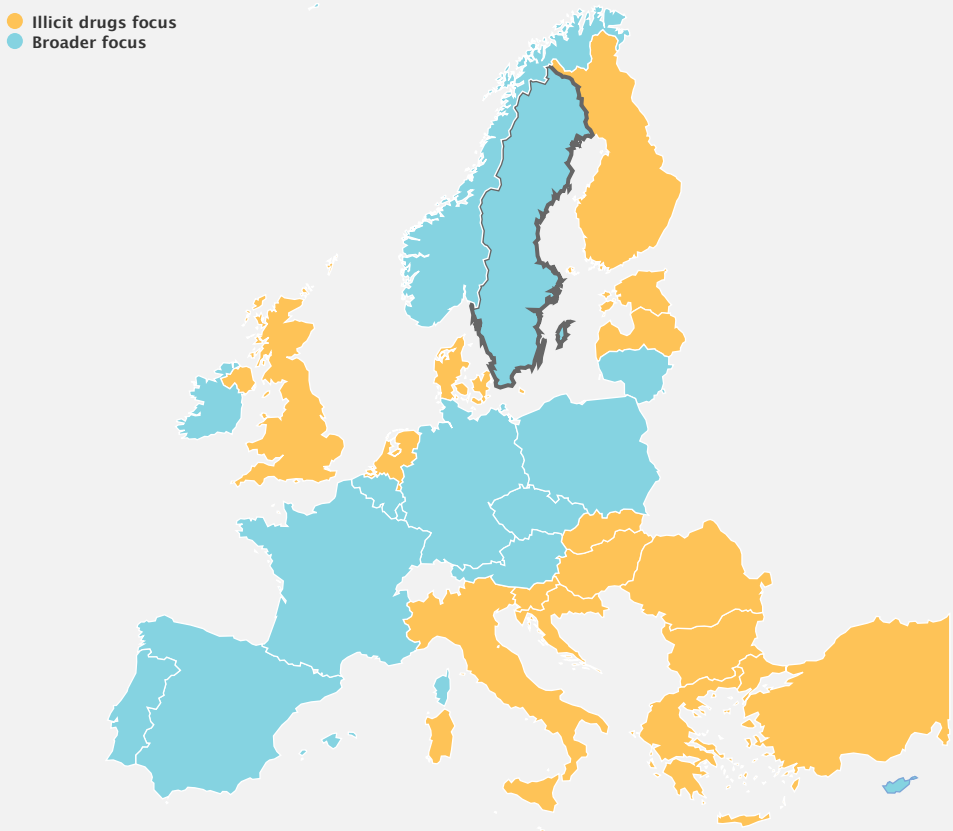
National drug strategy and coordination

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. In 2018, the Swedish Riksdag adopted eight new target areas for public health policy. The overall aim of the policy has been reformulated to have a clear focus on equity in health. Measures relating to illicit drugs and other substances are relevant for several of the target areas. 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 and 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 for 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



NB: Data from 2017. Strategies with a broader focus may include, for example, licit substances and other addictions.

National coordination mechanisms

Sweden has a decentralised system of governance, meaning that there are three political levels at work on issues related to the ANDT strategy: (i) national (Swedish parliament), (ii) regional (county councils) and (iii) local (municipalities). At the central government level are a number of national agencies that help in various ways to implement the ANDT strategy. The Public Health Agency of Sweden has the overall responsibility 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 latest estimate of the total spending of public institutions dealing with drug use suggests that, in 2011, total drug-related expenditure amounted to 0.6 % of gross domestic product.

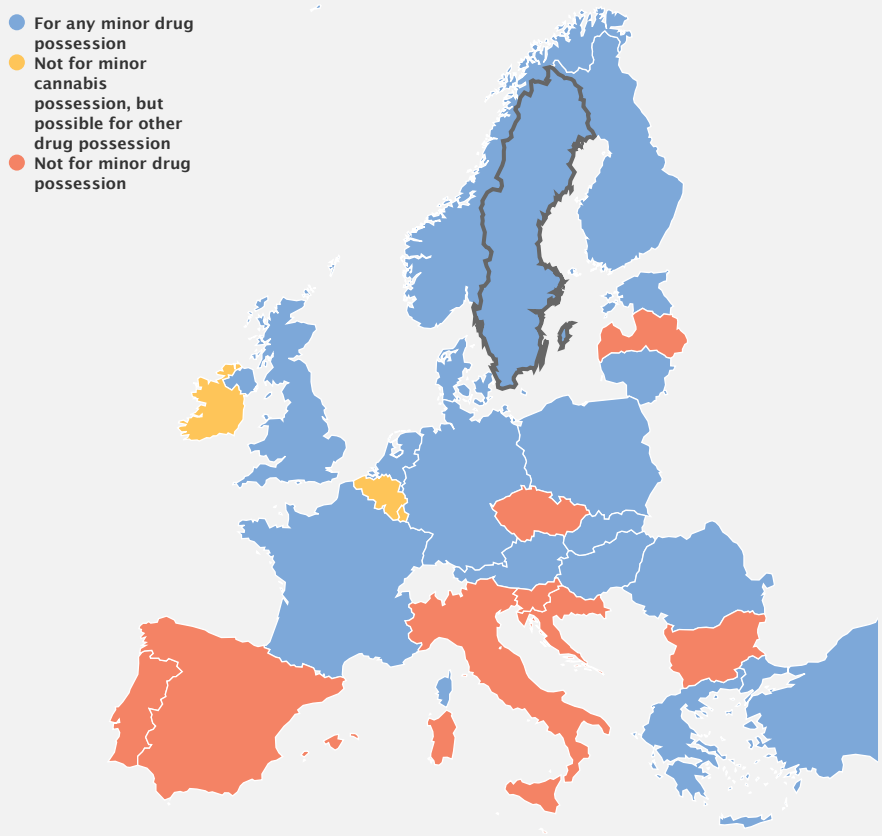
Drug laws and drug law offences

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 6 months' imprisonment; for ordinary drug offences, the penalty is up to 3 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 1 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), which sets out offences with penalty ranges from a fine to up to 10 years in prison. Since 2011, the Law on Destruction of Certain Substances of Abuse (SFS 2011:111) has enabled 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)



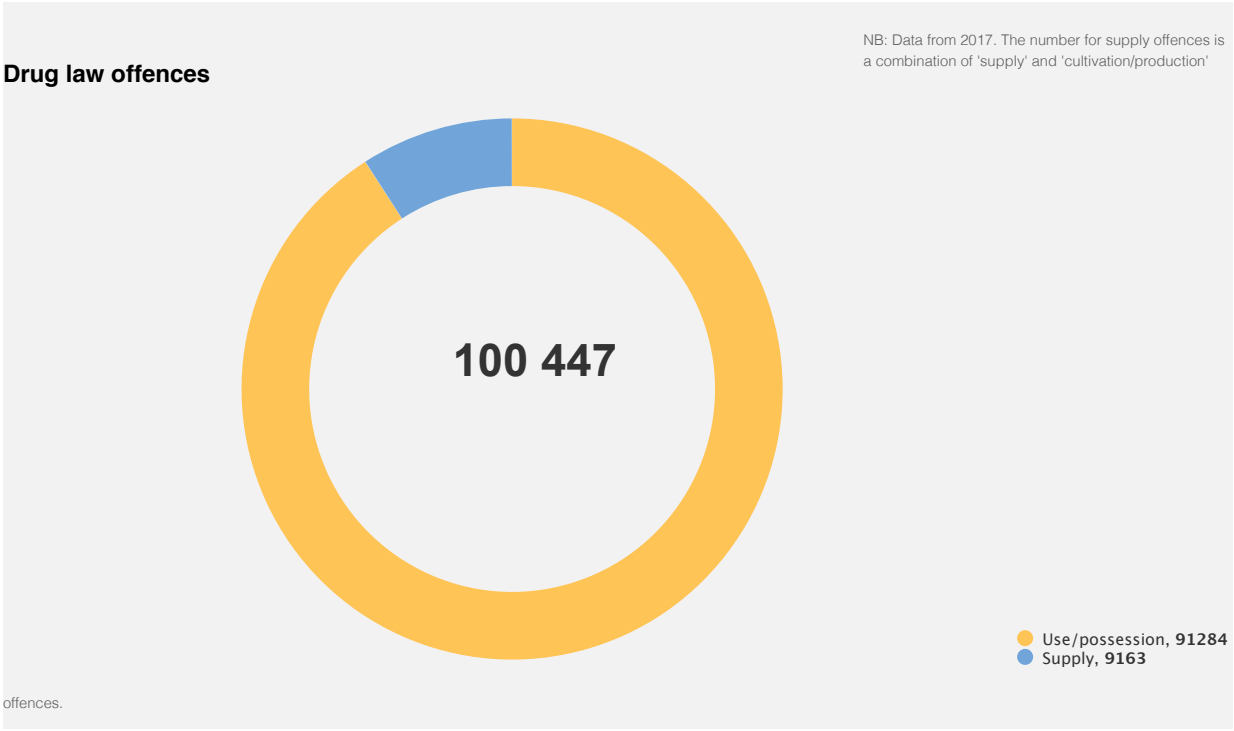
NB: Data from 2017.

Drug law offences

Drug law offence (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.

Official criminal statistics for Sweden show a steady increase in the number of DLOs registered up until 2013; since then, DLOs have decreased. In 2017, the number of registered DLOs increased by 11 % compared with the previous year. Drug use and possession offences predominate.

Reported drug law offences and offenders in Sweden



offences.

Drug use

Prevalence and trends

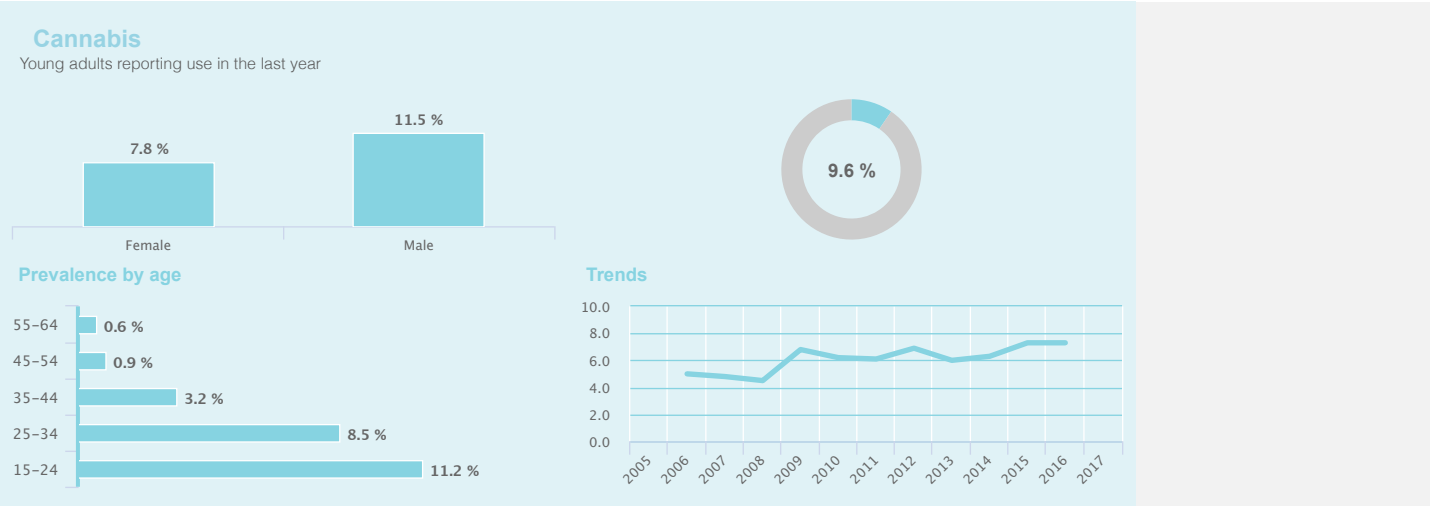
Cannabis remains the illicit substance most commonly used in Sweden. However, lifetime prevalence of cannabis use among the general population remains low in comparison with other European countries. The data indicate that cannabis use is concentrated among young adults, in particular those aged 15-24 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.

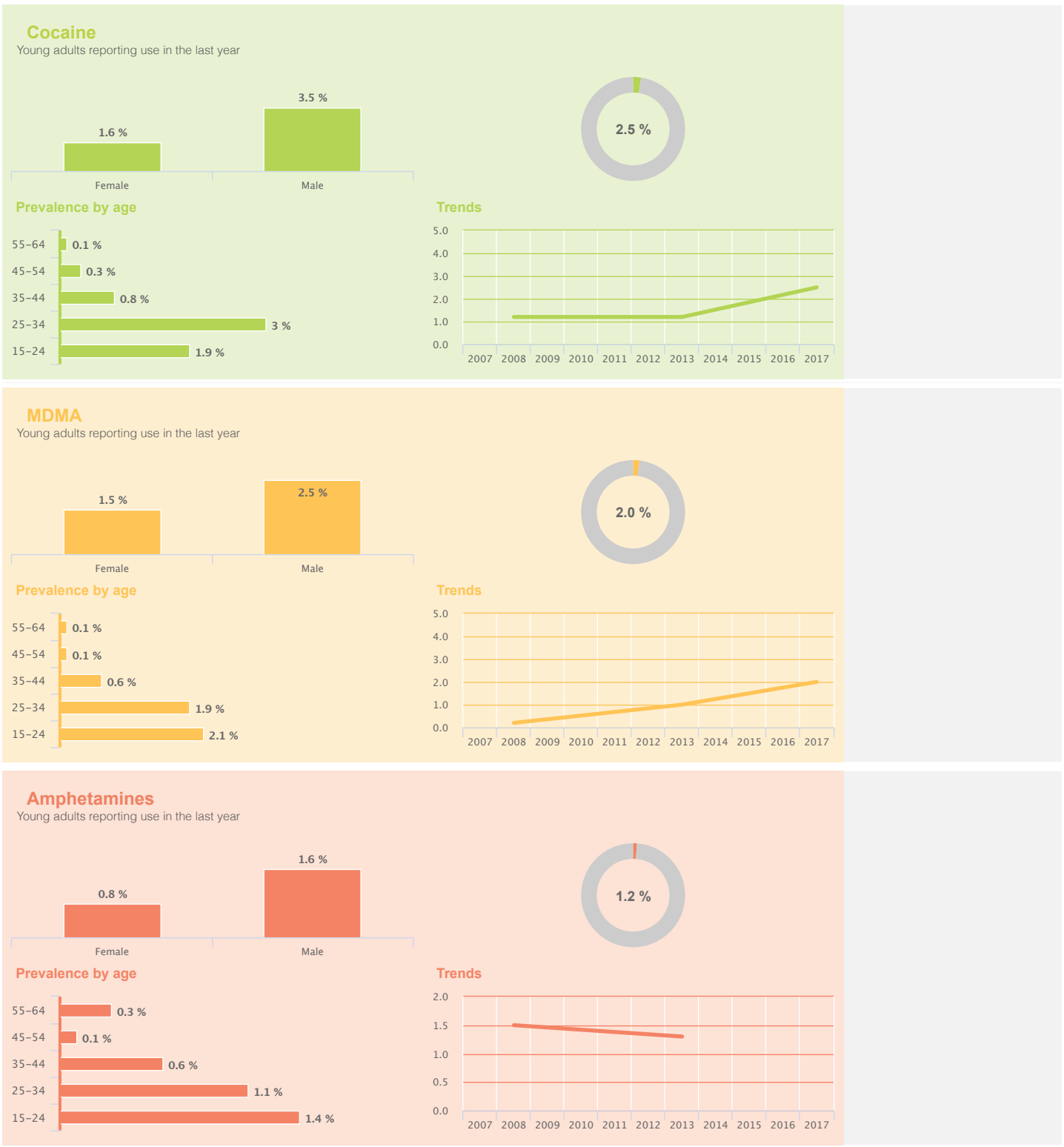
The prevalence of use of cannabis and other illicit drugs was measured in the survey 'Vanor och Konsekvenser', conducted in 2017 following the previous data collection in 2013. The survey was conducted by the Swedish Council for Information on Alcohol and Other Drugs (CAN). The results show that, in 2017, around 4 % of people aged 17-84 years reported using at least one substance classified as narcotics in the previous 12 months.

Several Swedish cities have participated 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 most recent available data on stimulant drugs was collected in Stockholm in 2016 and indicate weekly consumption patterns. The loads of the main cocaine metabolite (benzoylecgonine) and MDMA/ecstasy found in wastewater in 2016 were higher at the 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 come from an annual school-based, teacher-monitored survey among a nationally representative sample of students in the 9th grade and the 11th grade conducted by CAN. In 2017, 6 % of boys and 5 % of girls in the 9th grade and 19 % of boys and 13 % of girls in the 11th grade reported having used cannabis at some point in their life.

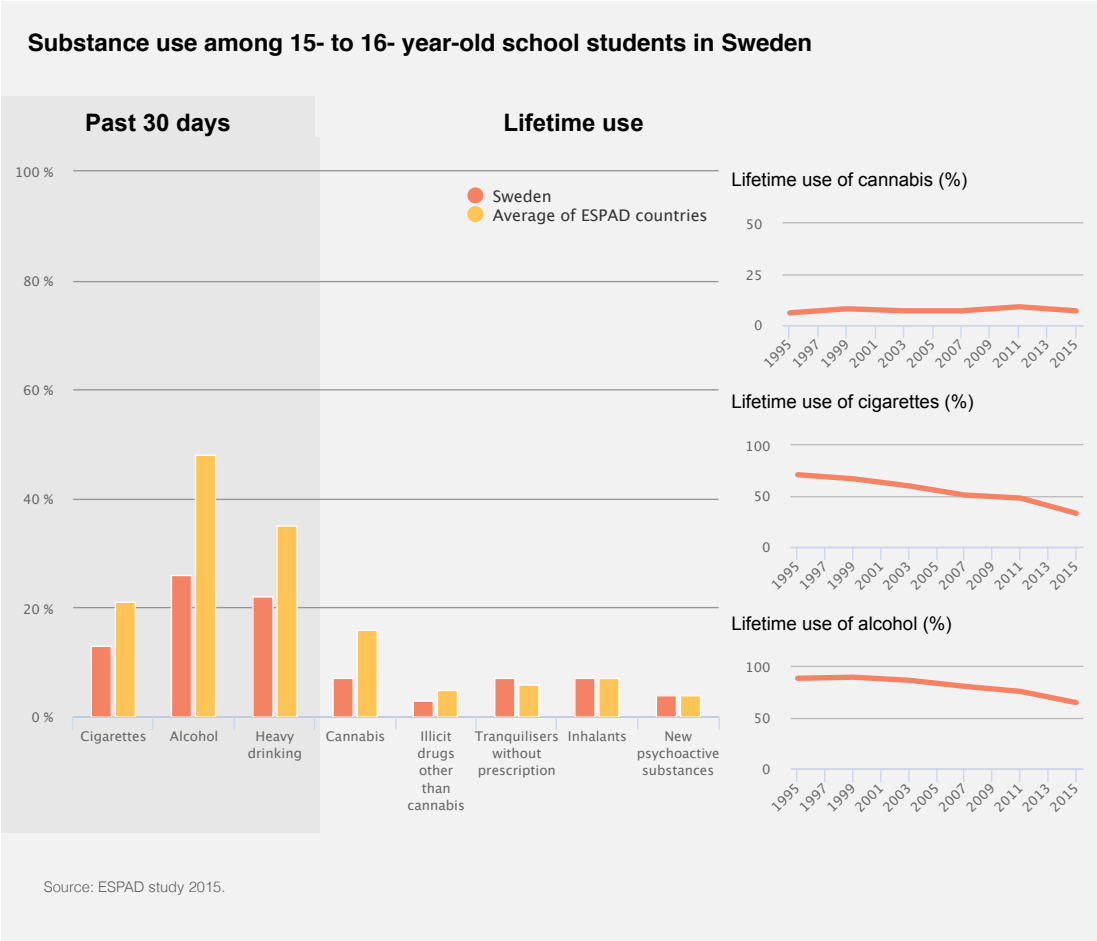
Estimates of last-year cannabis use among young adults (17-34 years) in Sweden





NB: Estimated last-year prevalence of drug use in 2017. As a result of methodological changes, 2017 data for cannabis and amphetamines are not shown in the trends image. Data for cannabis trends are for people aged 17-34 years. Data under the label 15-24 years corresponds to 17-24 years.

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, inhalants and 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.



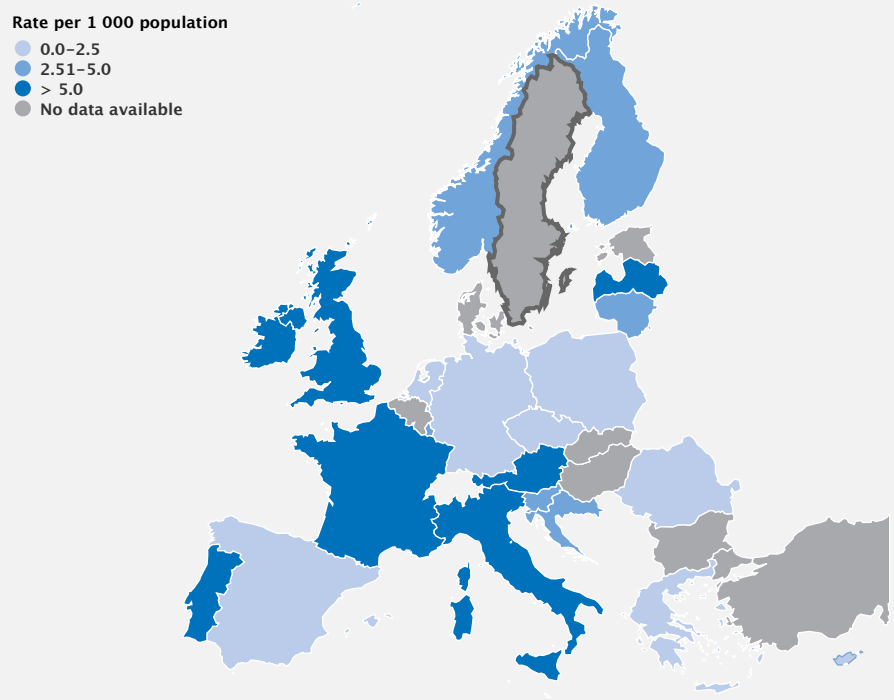
High-risk drug use and trends

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 in Sweden, the majority of whom used opioids and/or amphetamine. There is no national estimate on the prevalence of high-risk drug use by substance.

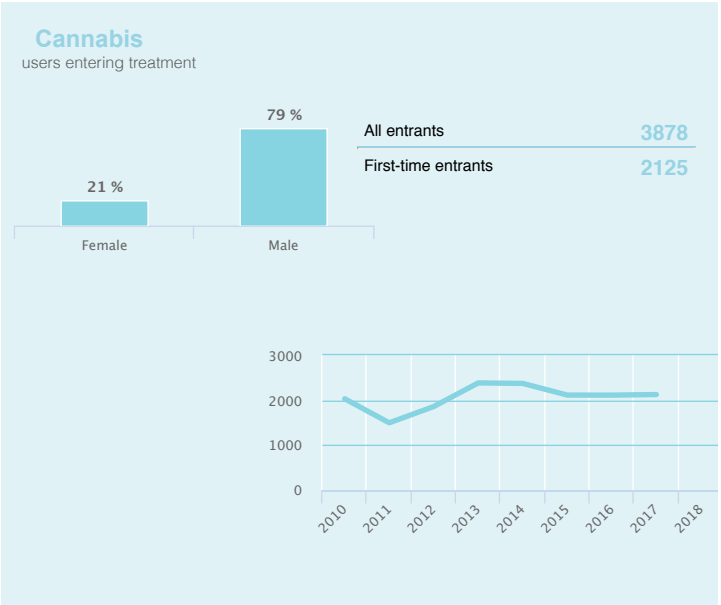
Data from drug treatment providers indicate that opioids, cannabis and stimulants remained important among first-time clients entering treatment in 2017. Approximately 3 out of 10 treatment clients in Sweden are female; however, the proportion of females in treatment varies by type of primary drug and programme. In the last decade, the treatment demand registration system in Sweden has undergone changes, which need to be considered when interpreting the data.

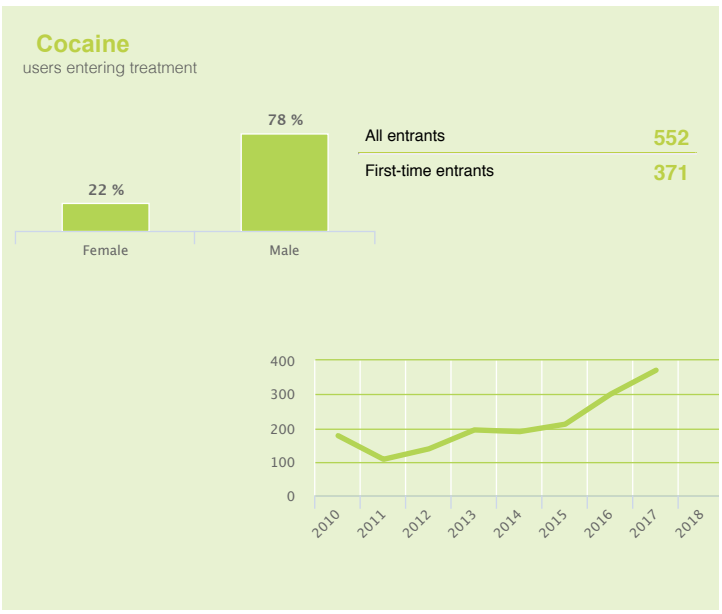
National estimates of last year prevalence of high-risk opioid use

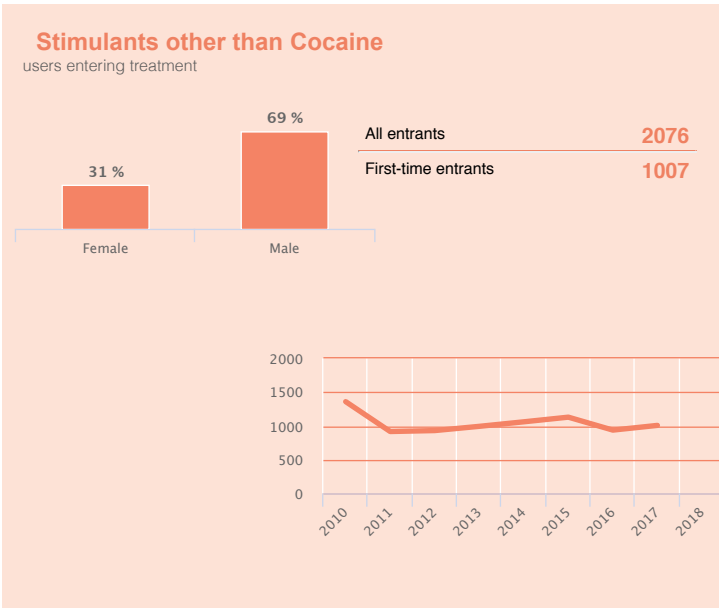


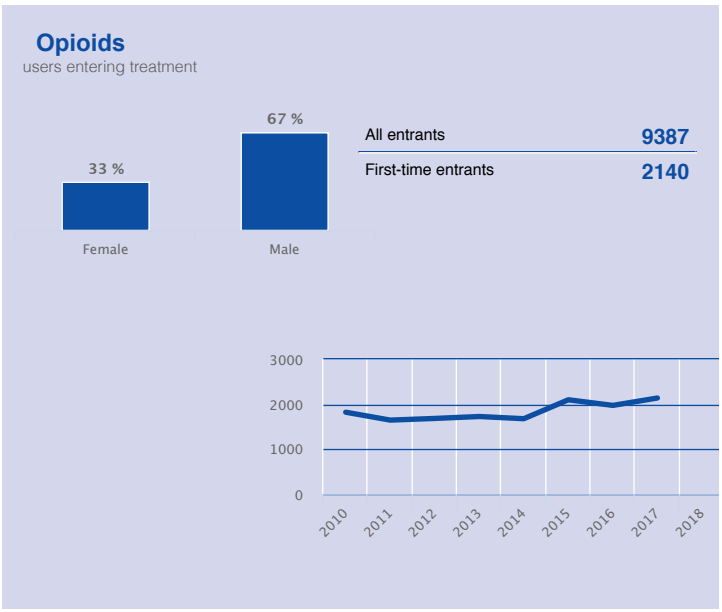
NB: Data from 2017, or the most recent year for which data are available.

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









NB: Data from 2017. Data are for first-time entrants, except for the data on gender, which are for all treatment entrants. Data for clients entering treatment refer to clients treated in hospital-based care and specialised outpatient care facilities. Data shown are not fully representative of the national picture.

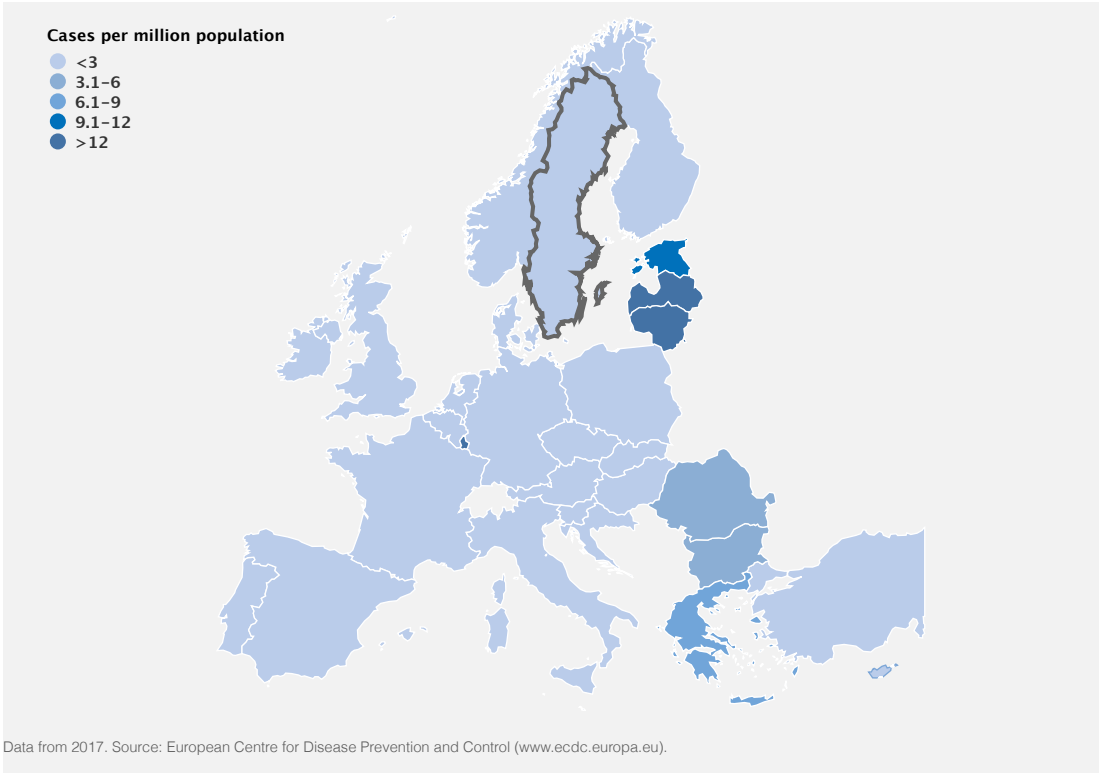
Drug-related infectious diseases

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. For those cases in which the route of transmission is known, injecting drug use is the most common risk factor. The latest study on the prevalence of HCV antibodies in prison settings showed that HCV is very common among people who inject drugs (PWID).

The number of human immunodeficiency virus (HIV) notifications has been stable over the past 6 years. In 2017, 10 out of a total of 20 new HIV cases reported among PWID were linked to infections acquired in Sweden. In the same year, the number of notified cases of hepatitis B virus infection was lower than in previous years. The number of cases linked to injecting drug use remain rather low and stable.

Newly diagnosed HIV cases attributed to injecting drug use



Data from 2017. Source: European Centre for Disease Prevention and Control (www.ecdc.europa.eu).

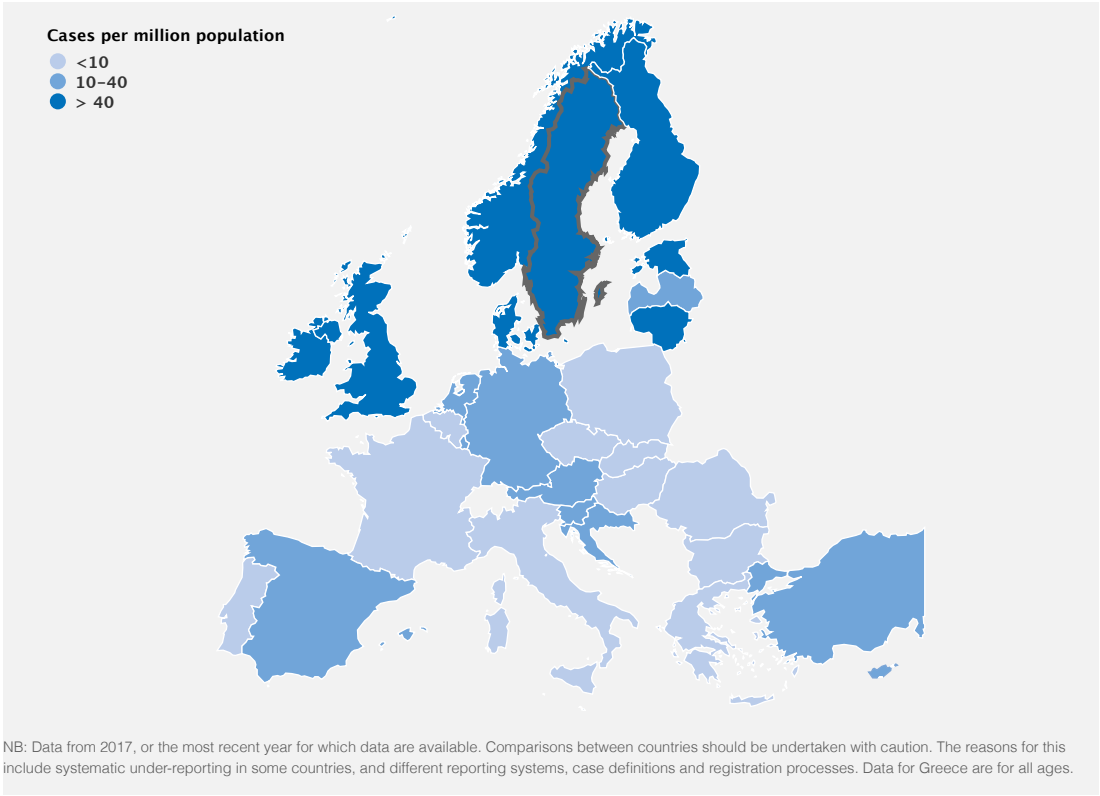
Drug-induced deaths and mortality

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

In 2017, 626 drug-induced deaths were reported in Sweden, slightly more than in the previous year. Around three quarters of deaths were of males. The mean age was 41 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, are likely to have contributed to the increase in the number of deaths reported over the last decade.

In Sweden, the estimated drug-induced mortality rate among adults (aged 15-64 years) was 92 deaths per million in 2017. Comparisons between countries, and with European estimates, should be undertaken with caution. The reasons for this include systematic under-reporting in some countries and different reporting systems, case definitions and registration processes.

Drug-induced mortality rates among adults (15-64 years)

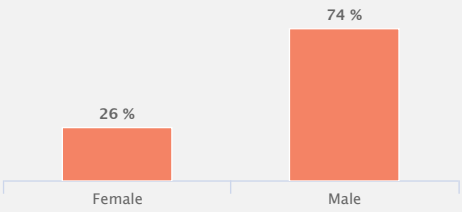


NB: Data from 2017, or the most recent year for which data are available. Comparisons between countries should be undertaken with caution. The reasons for this include systematic under-reporting in some countries, and different reporting systems, case definitions and registration processes. Data for Greece are for all ages.

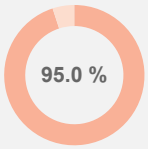
Characteristics of and trends in drug-induced deaths in Sweden

NB: Year of

Gender distribution

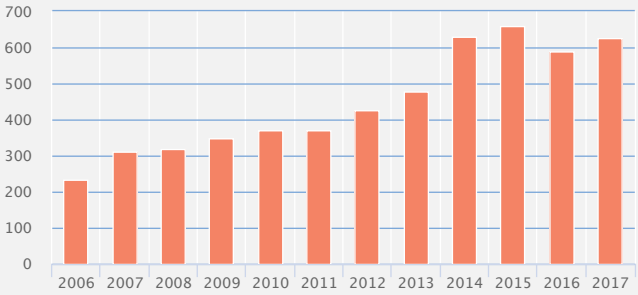


Toxicology

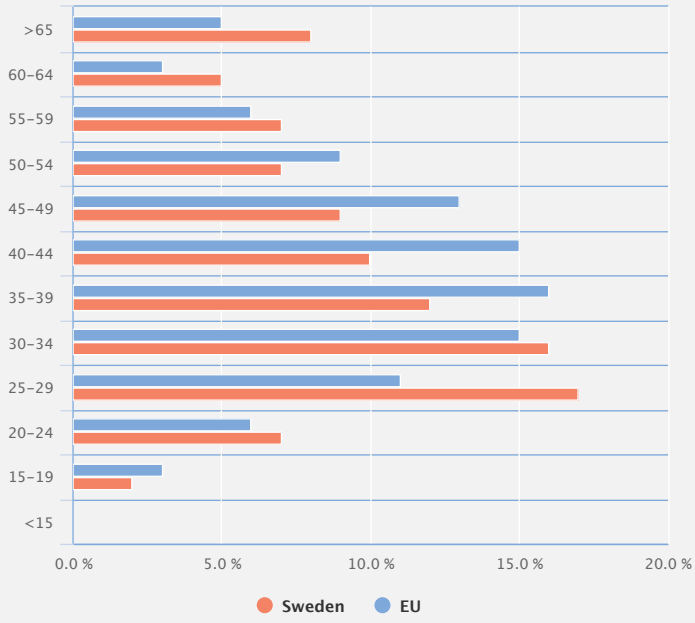


Deaths with opioids present among deaths with known toxicology

Trends in the number of drug-induced deaths



Age distribution of deaths in 2017



data 2017

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 as 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 those working on prevention at the local and regional levels, while county councils and municipalities are responsible for implementing drug prevention at the regional and local level. Most counties have substance use prevention strategies, and all counties have a coordinator to synchronise and promote evidence-based prevention measures.

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.

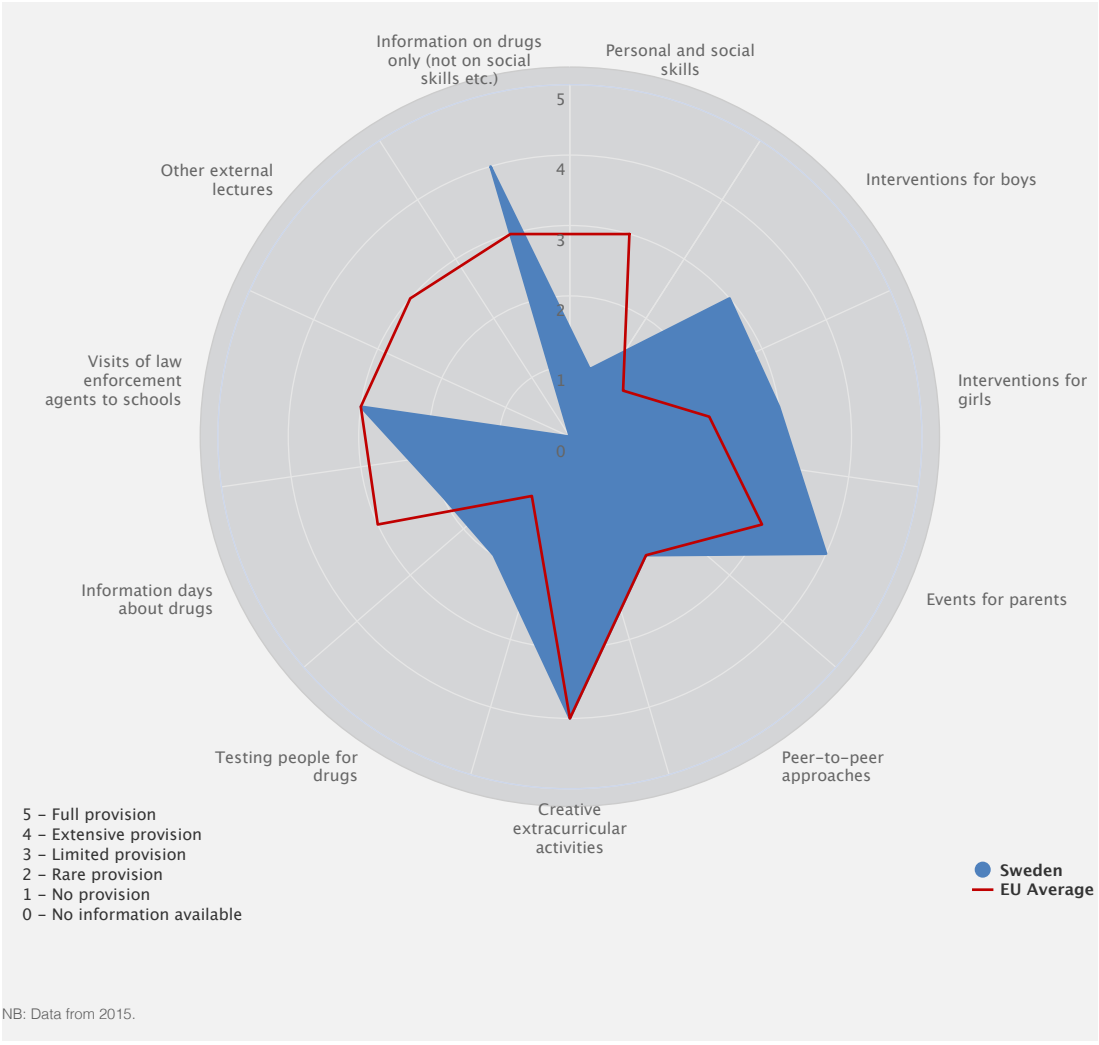
In the national strategy, the collaboration between crime prevention work and substance use prevention work is emphasised. One priority for the police is tackling drug networks in socially vulnerable neighbourhoods, including hotspot policing.

Efforts to provide a safe school environment together with measures to strengthen student health centres, to strengthen parenting skills and to provide active leisure for children and young people have been implemented in around 80 % of the Swedish municipalities. Training meetings for municipal coordinators often consider collaboration in the supervision of restaurants (as recreational settings in which alcohol is consumed), in local crime prevention and in other local preventive measures. 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 to promote 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 other countries.

Provision of interventions in schools in Sweden (expert ratings)



NB: Data from 2015.

Harm reduction

One of the long-term objectives of Sweden's Comprehensive Strategy for Alcohol, Narcotics, Doping and Tobacco 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 Swedish national guidelines for health promotion and prevention of hepatitis and human immunodeficiency virus (HIV) infection among people who inject drugs (PWID). The guidelines recommended that county councils 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. Since a new law on NSPs came into force in March 2017, this area has been undergoing a fast transition and expansion.

Harm reduction interventions

The National Board of Health and Welfare and the Public Health Agency of Sweden defines the procedures that county councils should follow when setting up NSPs, which include 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), and 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.

In 2017, there were 13 NSPs operating across Sweden, and available data document a steep increase in syringe provision, starting from about 200 000 in 2014 and reaching more than half a million in 2017. Pharmacies in Sweden may sell needles or syringes only to people with a prescription for medical use.

During 2018, several regulatory changes came into force to increase the availability of naloxone. These included allowing (i) emergency services staff to give naloxone before an ambulance arrives, (ii) nurses to prescribe naloxone and (iii) the medication to be handed out directly to the patient. National guidance on naloxone use and the risks of overdose has recently been published.

Availablity 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	Yes	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czechia	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

Treatment

The treatment system

The treatment-related objectives of the Comprehensive Strategy for Alcohol, Narcotics, Doping and Tobacco 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. Compulsory treatment (for up to a maximum of 6 months) is possible in Sweden, which is provided by the National Board of Institutional Care.

County councils are responsible for the provision of detoxification facilities and opioid substitution treatment (OST) and for the treatment of psychiatric comorbidities. 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

NB: Data from 2017.

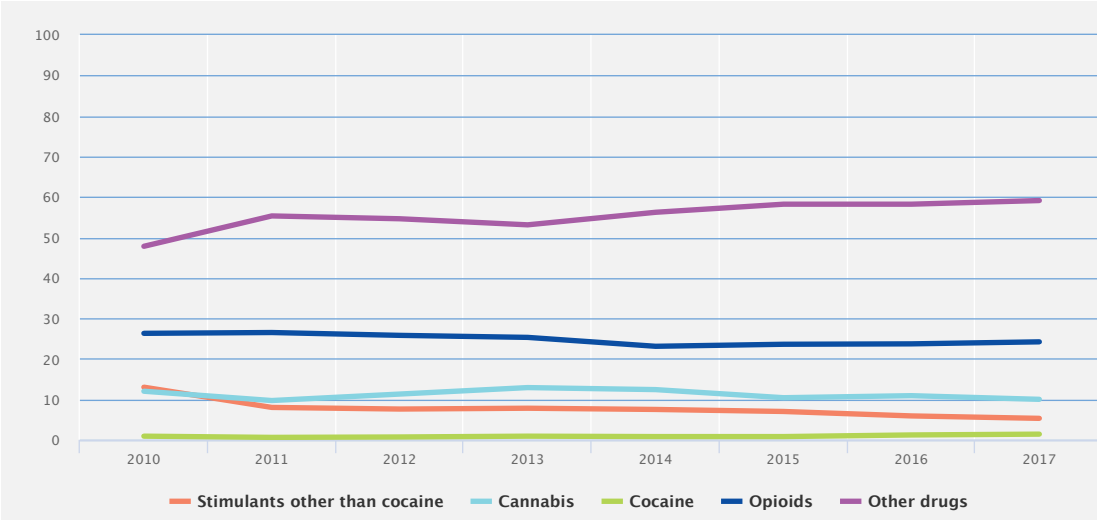
Treatment provision

During 2017, around 31 400 people entered treatment in Sweden, the majority of whom were treated in an outpatient setting. However, the estimate of the number of clients treated in different treatment settings should be interpreted with caution, as it is influenced by data availability issues. 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 changes, which should be considered when interpreting the data.

The latest available data indicate that, in 2017, almost 4 500 clients were receiving OST in Sweden, of whom more than half received buprenorphine-based medication. OST is subject to strict regulation in Sweden. In cases of repeated illicit substance use while receiving OST, the provision of OST may be stopped and clients are referred to a different type of treatment.

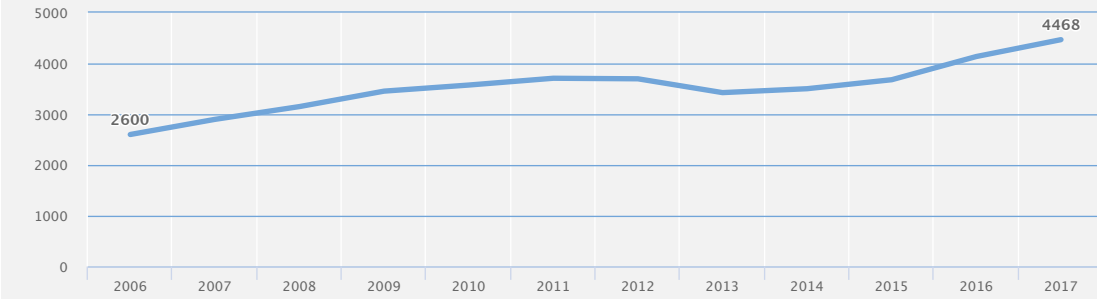
Trends in percentage of clients entering specialised drug treatment, by primary drug, in Sweden



NB: 'Other drugs' include patients with multiple drug use as their main diagnosis.

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: Data from 2017.

Drug use and responses in prison

The Swedish government has an overall strategy for alcohol, narcotics, doping and tobacco, covering the period 2016-20, which is also applicable to prison health. 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 relevant guidelines are issued by the National Board of Health and Welfare.

The guiding principle for the treatment of drug users in prison and during probation is that the prisoner has the same right to social and medical treatment as other people 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. The programmes are accredited and evaluated. Opioid substitution treatment (OST) is available in prison and can be either continued or initiated in prison, following a medical assessment. The decision to continue OST in prison is made in agreement with the prescribing doctor and the agency that provides the treatment, regardless of the prison sentence.

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 an assessment of drug use status. Routine tests on drug use are mandatory. Available data from routine random drug tests carried out in prisons in 2017 indicate that fewer than 1 in 10 tests produced a positive result for illicit substances. Based on the initial assessment on prison entry, it is estimated that three out of four prisoners have alcohol and/or drug use problems.

Up to one third of prisoners are infected with hepatitis C virus (HCV) and less than 5 % are infected with human immunodeficiency virus (HIV). Infectious disease testing and vaccination are available, and new treatment for HCV infection has been offered in prisons in two regions as part of study trials. All persons entering a remand prison are offered the chance to participate in a vaccination programme against hepatitis B. Several specific pre-release measures exist in Sweden: parole, extended parole, halfway house and stay-in care. The last is aimed at clients in need of treatment for substance use and is carried out in treatment centres or in the form of outpatient care.

Quality assurance

The Comprehensive 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 participants, including both independent national agencies and government agencies, work in the field of quality assurance and best practice by evaluating the methods used and offering guidance to treatment providers. The strategy also includes specific objectives to facilitate access to knowledge-based interventions, to ensure the right to equal treatment and to improve collaboration among health and social services.

The Swedish Agency for Health Technology Assessment and Assessment of Social Services is an independent national authority tasked with the assessment of healthcare interventions from a broad perspective. The National Board of Health and Welfare (NBHW) 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, for health professionals. The website compiles information on health consequences, evidence-based practice and laws and regulations related to particular health issues, including substance use and dependencies.

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 addition, the ANDT coordinators themselves provide educational sessions aimed at professionals working in their local region. Uppsala University offers a course in prevention and substance abuse aimed at people working in the police service, municipalities and non-governmental organisations. The course is currently offered in several counties in Sweden.

Drug-related research

The Swedish drug strategy is a Comprehensive Strategy for Alcohol, Narcotic drugs, Doping and Tobacco (ANDT). The Public Health Agency of Sweden has overall responsibility for supporting the implementation of this comprehensive strategy. Research plays an important role in identifying challenges and knowledge gaps, and the Public Health Agency of Sweden is fully aware of and committed to having open and well-functioning interoperability channels with research stakeholders.

The main organisations conducting drug-related research are university departments and research centres, although non-governmental organisations (NGOs) and governmental organisations are also relevant partners. Funding comes mainly from governmental sources, but a number of private foundations, NGOs, universities and authorities also provide drug-related research funding.

The Swedish Research Council for Health, Working Life and Welfare (Forte) continues (in accordance with the ANDT strategy) to work with a programme for long-term interdisciplinary research support in the areas of ANDT and gambling. The programme is designed to create long-term capacity-building in collaboration with professionals and users, authorities, and organisations. The Swedish Research Council also provides funding for drug-related research. The Public Health Agency of Sweden allocates funds to various projects, aiming to build and disseminate knowledge-based preventive work.

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

Drug markets

Sweden is mainly a market for drugs produced abroad; for the most part, they are smuggled in via another European country. Domestic production, although it exists, is relatively low.

Cannabis remains the most frequently seized drug. Cannabis resin originates mostly from Morocco. Cannabis available on the market is mainly smuggled from abroad, and the number of cultivation sites dismantled has decreased in recent years. Herbal cannabis seizures increased both in number and in quantity between 2006 and 2013, but fell between 2014 and 2017, while cannabis resin seizures increased. Occasionally, amphetamine production has been reported, albeit on a small-scale. New psychoactive substances (NPS) usually originate from China and are bought online, using the surface web rather than the dark web. Moreover, in recent years, an increase in the number of processing laboratories for NPS has been reported, and two cases of small-scale production of fentanyl from precursors ordered from China have been identified by the police.

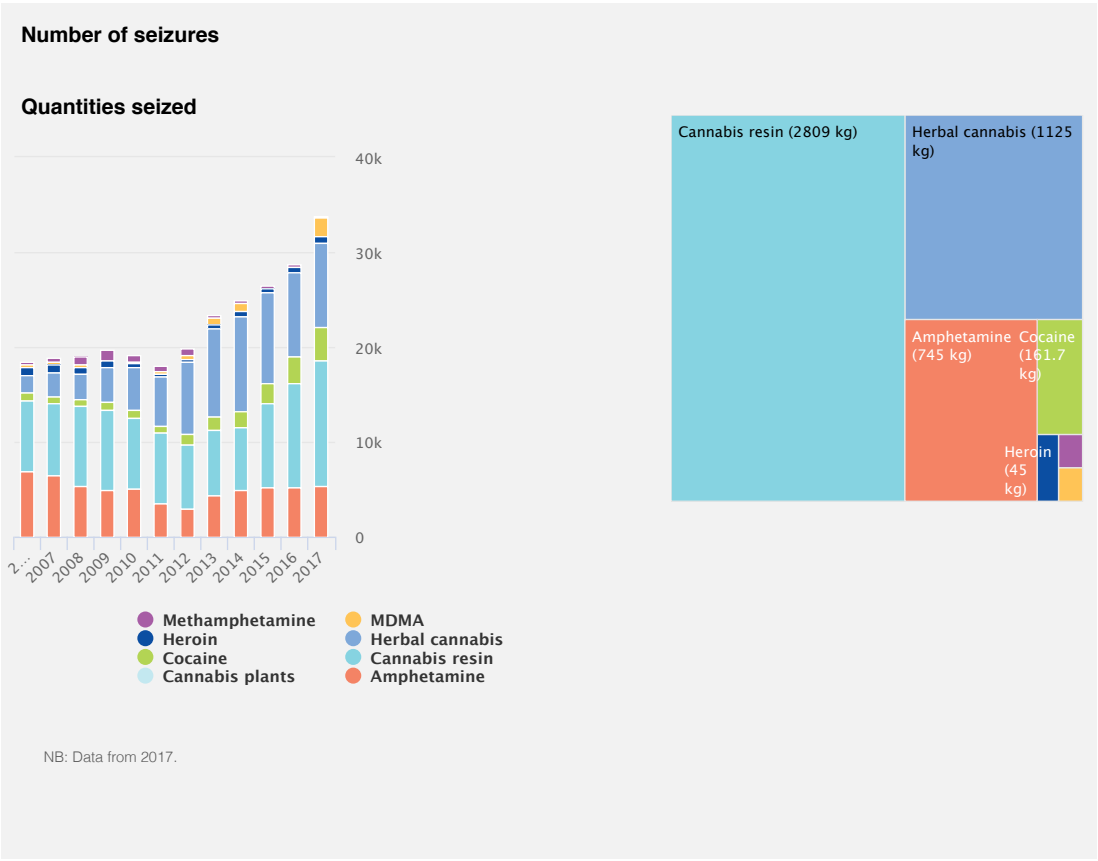
Trafficking of illicit drugs via postal packages has increased, which is associated with drug sales conducted on the internet, including the darknet. The Swedish drug market is controlled by poly-commodity organised crime groups, that is to say, groups involved in the trade of several types of illicit drugs and prescription medicines. Amphetamine in Sweden comes mainly from the Netherlands and Lithuania and a substantial number of seizures are reported each year, although the situation is fairly stable.

Heroin seized in Sweden, typically originating from Afghanistan, is trafficked via the Balkan route. Following a downward trend during the period 2006-11, there has been a marginal increase in heroin seizures in Sweden in recent years. In addition, seizures of synthetic opioids, mainly medicines, have been increasing, including high-potency fentanyl derivatives.

Cocaine seized in Sweden originates from South America and is smuggled 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.

Swedish law enforcement agencies have focused their activities on prevention of drug-related and serious organised crime, with an emphasis on international cooperation in this area. Data on the retail price and purity of the main illicit substances seizures are shown in the ‘Key statistics’ section.

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



Key statistics

Most recent estimates and data reported

	Year	Country data	EU range Min.	EU range Max.
Cannabis				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	6.63	6.51	36.79
Last year prevalence of use — young adults (%)	2017	9.6	1.8	21.8
Last year prevalence of drug use — all adults (%)	2017	4.6	0.9	11
All treatment entrants (%)	2017	10	1.03	62.98
First-time treatment entrants (%)	2017	15.4	2.3	74.36
Quantity of herbal cannabis seized (kg)	2017	1 125	11.98	94 378.74
Number of herbal cannabis seizures	2017	8 825	57	151 968
Quantity of cannabis resin seized (kg)	2017	2 809	0.16	334 919
Number of cannabis resin seizures	2017	13 140	8	157 346
Potency — herbal (% THC) (minimum and maximum values registered)	2017	0.1 - 28	0	65.6
Potency — resin (% THC) (minimum and maximum values registered)	2017	0.5 - 44	0	55
Price per gram — herbal (EUR) (minimum and maximum values registered)	2017	8 - 18	0.58	64.52
Price per gram — resin (EUR) (minimum and maximum values registered)	2017	7 - 18	0.15	35
Cocaine				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1.58	0.85	4.85
Last year prevalence of use — young adults (%)	2017	2.5	0.1	4.7
Last year prevalence of drug use — all adults (%)	2017	1.2	0.1	2.7
All treatment entrants (%)	2017	1.4	0.14	39.2
First-time treatment entrants (%)	2017	2.7	0	41.81
Quantity of cocaine seized (kg)	2017	161.7	0.32	44 751.85
Number of cocaine seizures	2017	3 640	9	42 206
Purity (%) (minimum and maximum values registered)	2017	2 - 98	0	100
Price per gram (EUR) (minimum and maximum values registered)	2017	68 - 115	2.11	350
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1.1	0.84	6.46
Last year prevalence of use — young adults (%)	2017	1.2	0	3.9
Last year prevalence of drug use — all adults (%)	2017	0.7	0	1.8
All treatment entrants (%)	2017	5.3	0	49.61
First-time treatment entrants (%)	2017	7.3	0	52.83
Quantity of amphetamine seized (kg)	2017	745	0	1 669.42
Number of amphetamine seizures	2017	5 391	1	5 391
Purity — amphetamine (%) (minimum and maximum values registered)	2017	1 - 100	0.07	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	2017	8 - 47	3	156.25
MDMA				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1.18	0.54	5.17
Last year prevalence of use — young adults (%)	2017	2	0.2	7.1
Last year prevalence of drug use — all adults (%)	2017	0.9	0.1	3.3
All treatment entrants (%)	2017	0	0	2.31
First-time treatment entrants (%)	2017	0	0	2.85
Quantity of MDMA seized (tablets)	2017	34 919	159	8 606 765
Number of MDMA seizures	2017	1 993	13	6 663
Purity (MDMA mg per tablet) (minimum and maximum values registered)	n.a.	n.a.	0	410
Purity (MDMA % per tablet) (minimum and maximum values registered)	n.a.	n.a.	2.14	87
Price per tablet (EUR) (minimum and maximum values registered)	2017	1 - 37	1	40
Opioids				
High-risk opioid use (rate/1 000)	n.a.	n.a.	0.48	8.42
All treatment entrants (%)	2017	24.2	3.99	93.45
First-time treatment entrants (%)	2017	15.5	1.8	87.36
Quantity of heroin seized (kg)	2017	45	0.01	17 385.18
Number of heroin seizures	2017	675	2	12 932
Purity — heroin (%) (minimum and maximum values registered)	2017	9 - 51	0	91
Price per gram — heroin (EUR) (minimum and maximum values registered)	2017	31 - 157	5	200
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2017	2	0	47.8
HIV prevalence among PWID* (%)	2013	n.a.	0	31.1
HCV prevalence among PWID* (%)	2013	n.a.	14.7	81.5
Injecting drug use (cases rate/1 000 population)	2008-11	1.31	0.08	10.02
Drug-induced deaths — all adults (cases/million population)	2017	91.73	2.44	129.79
Health and social responses				
Syringes distributed through specialised programmes	2017	517 381	245	11 907 416

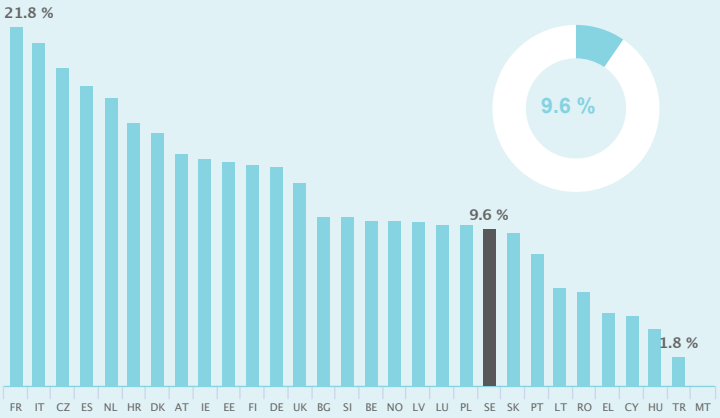
Clients in substitution treatment	2017	4 468	209	178 665
Treatment demand				
All entrants	2017	38 811	179	118 342
First-time entrants	2017	13 810	48	37 577
All clients in treatment	2017	42 929	1 294	254 000
Drug law offences				
Number of reports of offences	2017	100 447	739	389 229
Offences for use/possession	2017	91 284	130	376 282

Data for lifetime prevalence of use among school students is available for 2017 from the National Survey: Cannabis 5.6% for cannabis; 0.8% for Ecstasy: 0.7% for Amphetamines; and 0.9% for Cocaine. Purity for heroin refers to heroin white. Caution is needed in interpreting treatment demand data as patients may be counted more than once if entering both inpatient and outpatient care during the same year.

EU Dashboard

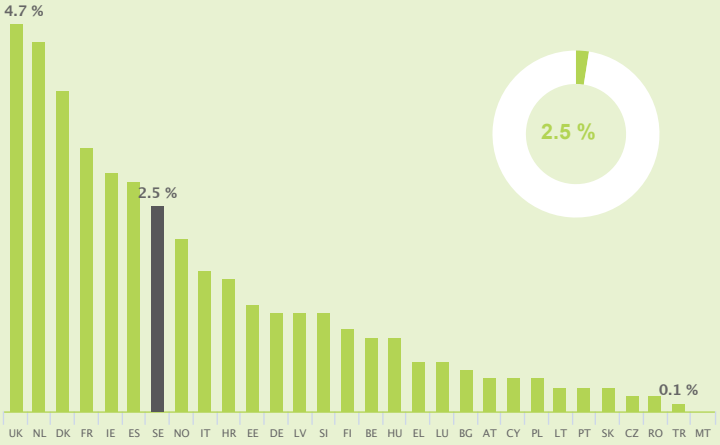
Cannabis

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



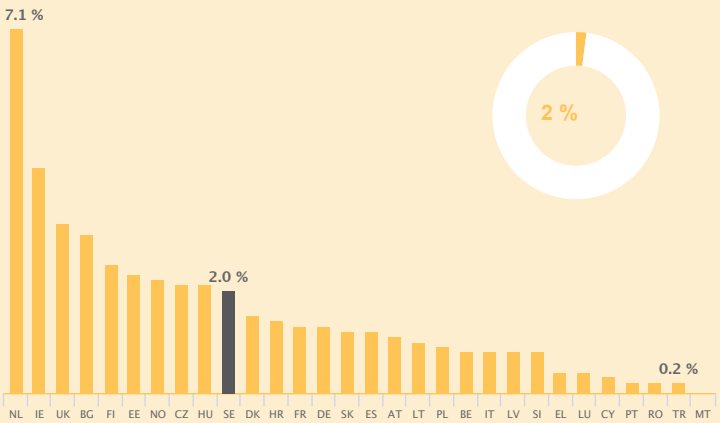
Cocaine

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



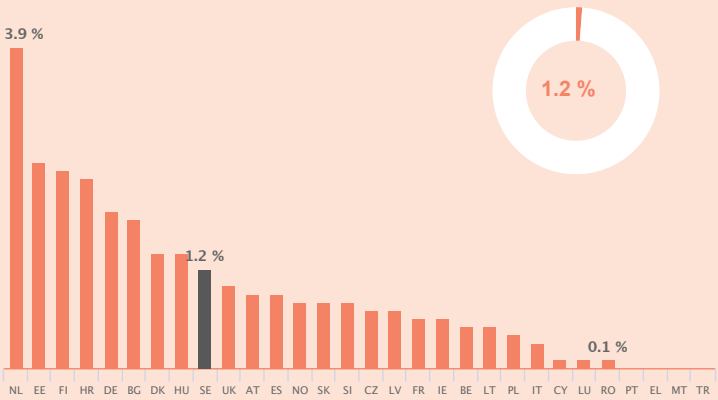
MDMA

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



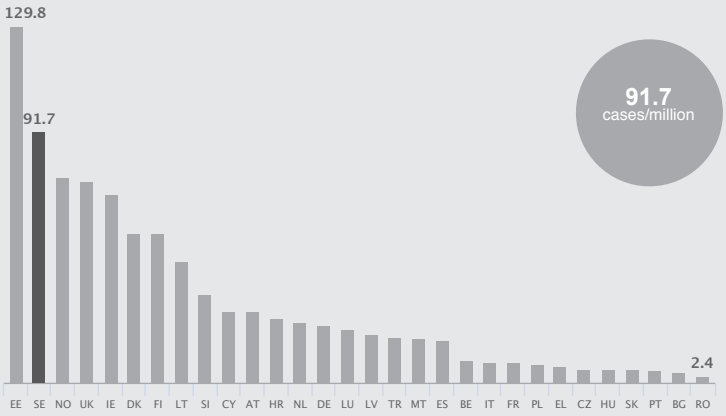
Amphetamines

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



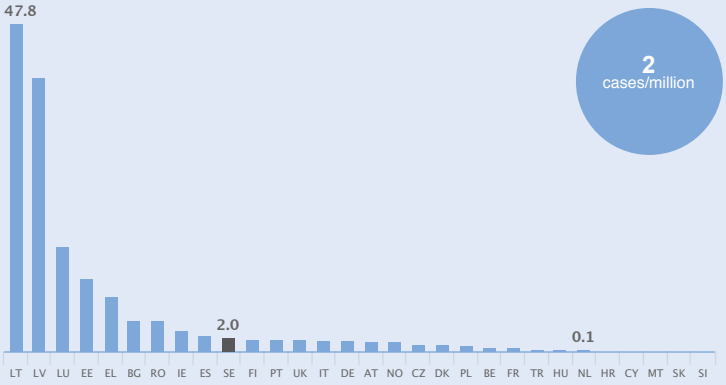
Drug-induced mortality rates

National estimates among adults (15-64 years)



HIV infections

Newly diagnosed cases attributed to injecting drug use



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, qualifcations on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Last year prevalence estimated among young adults aged 16-34 years in Denmark, Norway and the United Kingdom; 17-34 in Sweden; and 18-34 in France, Germany, Greece and Hungary. Drug-induced mortality rate for Greece are for all ages.

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.

Click here to learn more about our partner in Sweden .

Swedish national focal point

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Head of national focal point: Mr Joakim Strandberg

Methodological note: Analysis of trends is based only on those countries providing sufficient data to describe changes over the period specified. The reader should also be aware that monitoring patterns and trends in a hidden and stigmatised behaviour like drug use is both practically and methodologically challenging. For this reason, multiple sources of data are used for the purposes of analysis in this report. Caution is therefore required in interpretation, in particular when countries are compared on any single measure. Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin .