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International perspective – Main challenges and trends, Sweden

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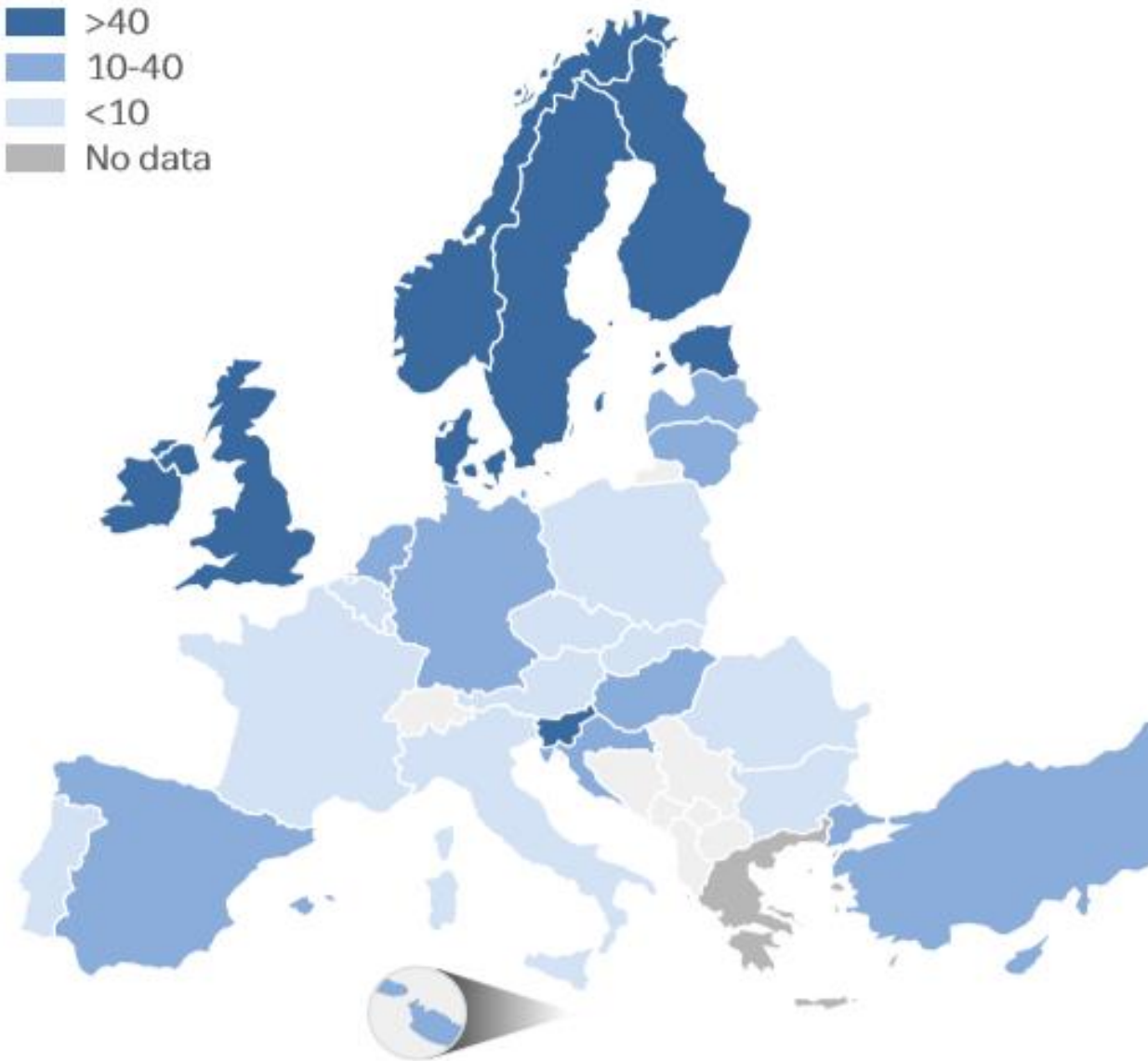
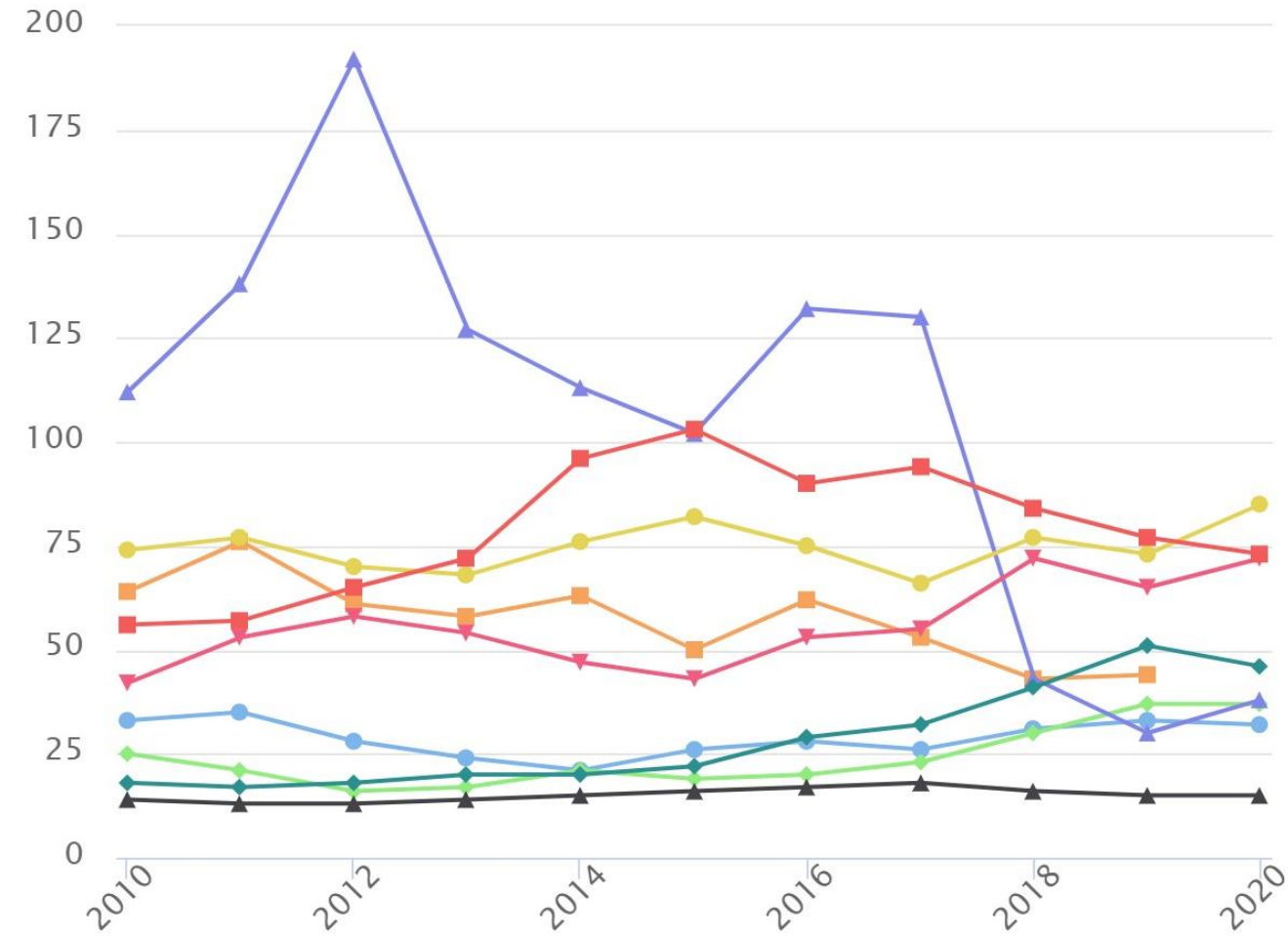


Main challenges, Sweden

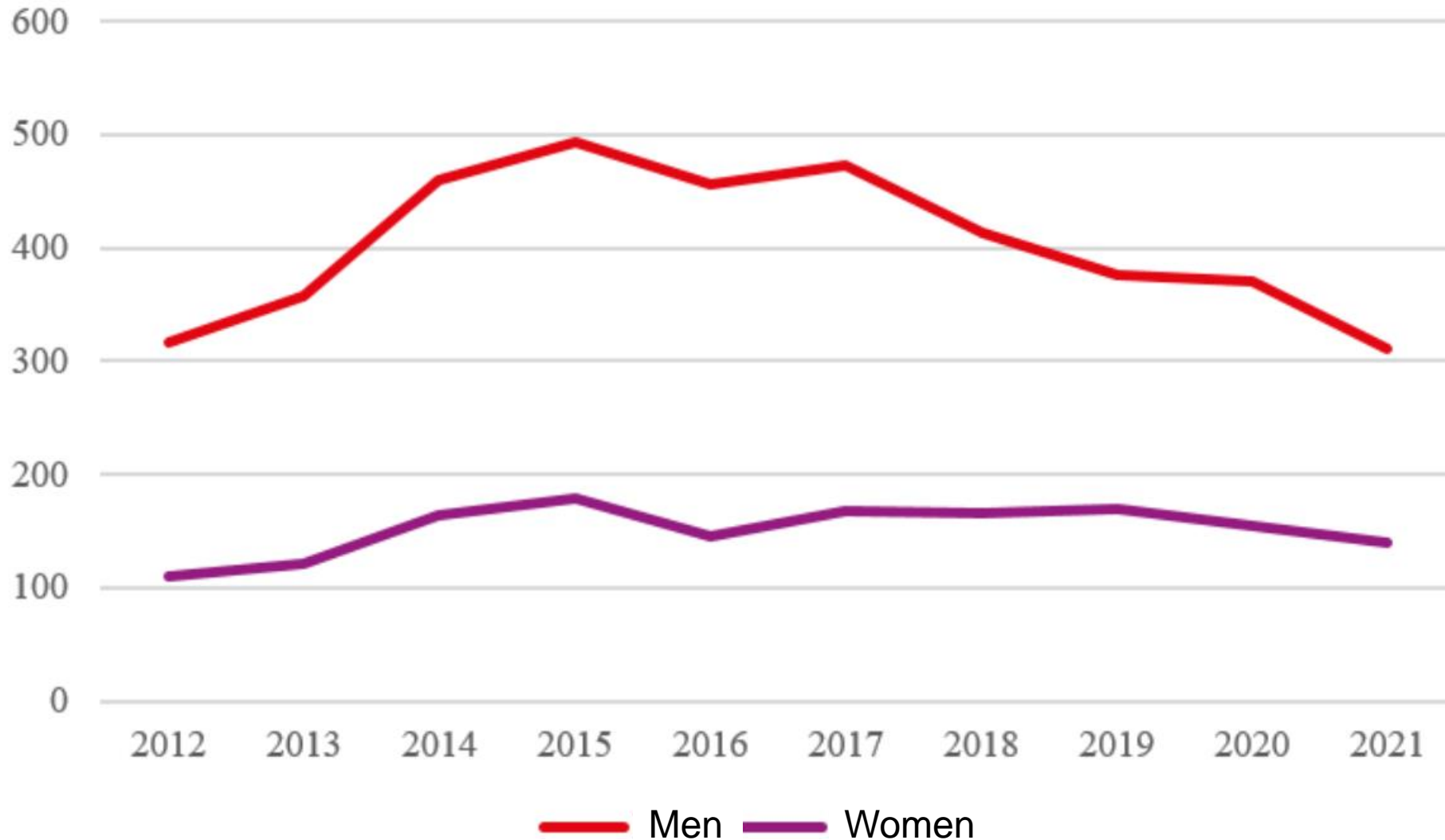
- High overdose mortality, although declining

Drug-related mortality

Cases per million population



Drug related mortality, men/women



~90%
involve
opioids



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Decline in drug-related mortality

- Naloxone, 20/21 regions
- Increased access and availability of OAT
- Increased access and availability of NSP
- Decrease in deaths due to fentanyl analogues after efforts by authorities

Main challenges, Sweden

- High overdose mortality, although declining
- Infrastructure - Large differences regional infrastructure
- Self-governing regions (including economy)
- No national or regional overview (except for Skåne Region)
- Lack of broad-scale strategies (except for Skåne Region)
- Prescription needed – only for individuals at-risk of own overdose
→ hard to reach at-risk individuals outside healthcare
- Prison – state responsibility (under-financed) - Healthcare regional responsibility
- Police - some regions are positive to naloxone - decisions (incl naloxone) are made on a national level – no national support today. Naloxone = healthcare
- (Repressive) Harder punishment for drug offences, July 2023.

Traditionally, Swedish politics

OAT – Introduction in 1966

- High thresholds in, low thresholds out
- Unequal distribution on a national level, restricted number of patients in treatment
- Low access – National Inventory 2022: 6805 (65/100');
Skåne: 2135 (153/100')*

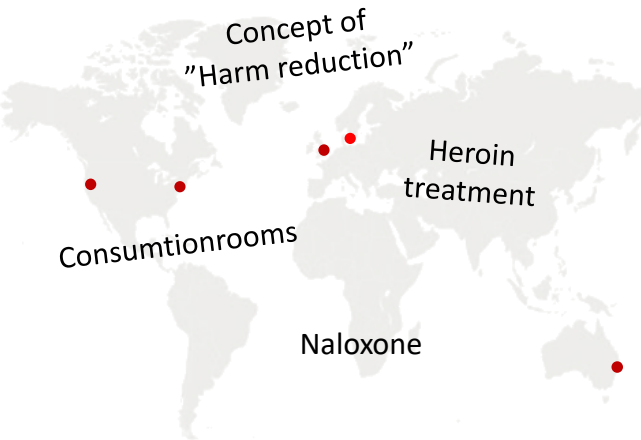
NSP – introduction in 1986

- Unequal distribution, mainly due to legislation and right to veto (abolished in 2017)
- Low access

Harm reduction in Sweden – Development of NSPs as an example

WHO-meeting 1986 in Stockholm
 → WHO recommendation
OPEN NEPs TO STOP HIV!

- 1986** – Lund NSP opens on a trial basis
- 1987** – Malmö NSP opens on a trial basis
- 1988** – Evaluation of NSPs
- 1989** – Evaluations
- 1990** – Evaluations
- 1991** – Evaluations
- 1992** – International research states: **“the Skane region may be the strongest example of successful HIV prevention among IDU”** ¹
- 1993**
- 1994**
- 1995**
- 1996**
- 1997**
- 1998**
- 1999** – Further evaluations...
- 2000**
- 2001**
- 2002**
- 2003**
- 2004**
- 2005**
- 2006** – A law (2006:323) formally permitting NSPs was passed
- 2010** – Helsingborg NSP opens
- 2012** – Kalmar NSP opens over night after an hiv outbreak
- 2013** – Stockholm NSP opens
- 2014** – Kristianstad NSP opens
- 2015**
- 2016** – The Swedish Public Health Agency recommends to open NSPs
- 2017** – Revision of the law to facilitate establishment of NSPs
- 2018** – It’s happening!



UN criticism of Sweden's – zero tolerance drug-policy:
No respect of human rights and discrimination of people who use drugs ²

¹ Des Jarlais DC, Friedman SR, Choopanya K, Vanichseni S, Ward TP. International epidemiology of HIV and AIDS among injecting drug users. AIDS 6:1053-68, 1992
² <https://www.thelocal.se/20151108/un-swedish-drug-policy-violates-human-rights>



Government Offices of Sweden

The National Board of Health and Welfare assigned to increase availability to naloxone

Could naloxone....

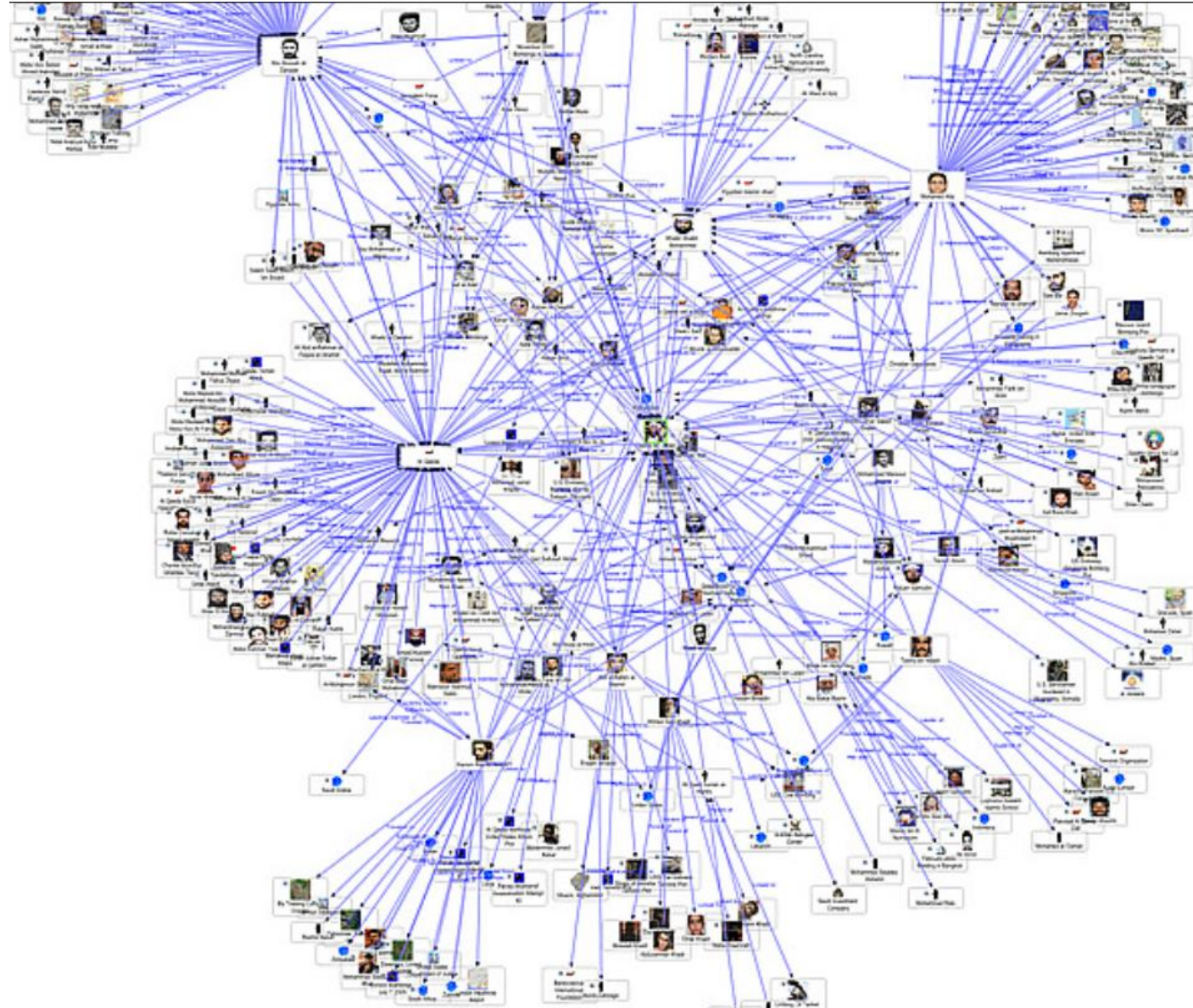
- be distributed **without prescription?**
- Accessed **outside the healthcare system?**
- distributed **free of charge** for the individual?
- be accessed in **prisons and correctional facilities**

Review of knowledge-supporting material and systematically implementation of work



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However... meanwhile in Skåne



Main challenges and trends Skåne

Challenges

- High staff turnover
- Rapid expansion (from 22 to >50 units, and counting)
- Staff training outside programme

Advantages

- Positive vibes
- Importance of THN understood by politicians – "Early" financing
- YES to THN in Skåne 2015 – Unfortunately not legal until 2017, not available until 2018
- Distribution free of charge – handed over after training
- Infrastructure (and possibly by the help of the underground network)

THN Skåne Region

5 year follow-up

Juni 2018 – June 2023

Population 1.4 million

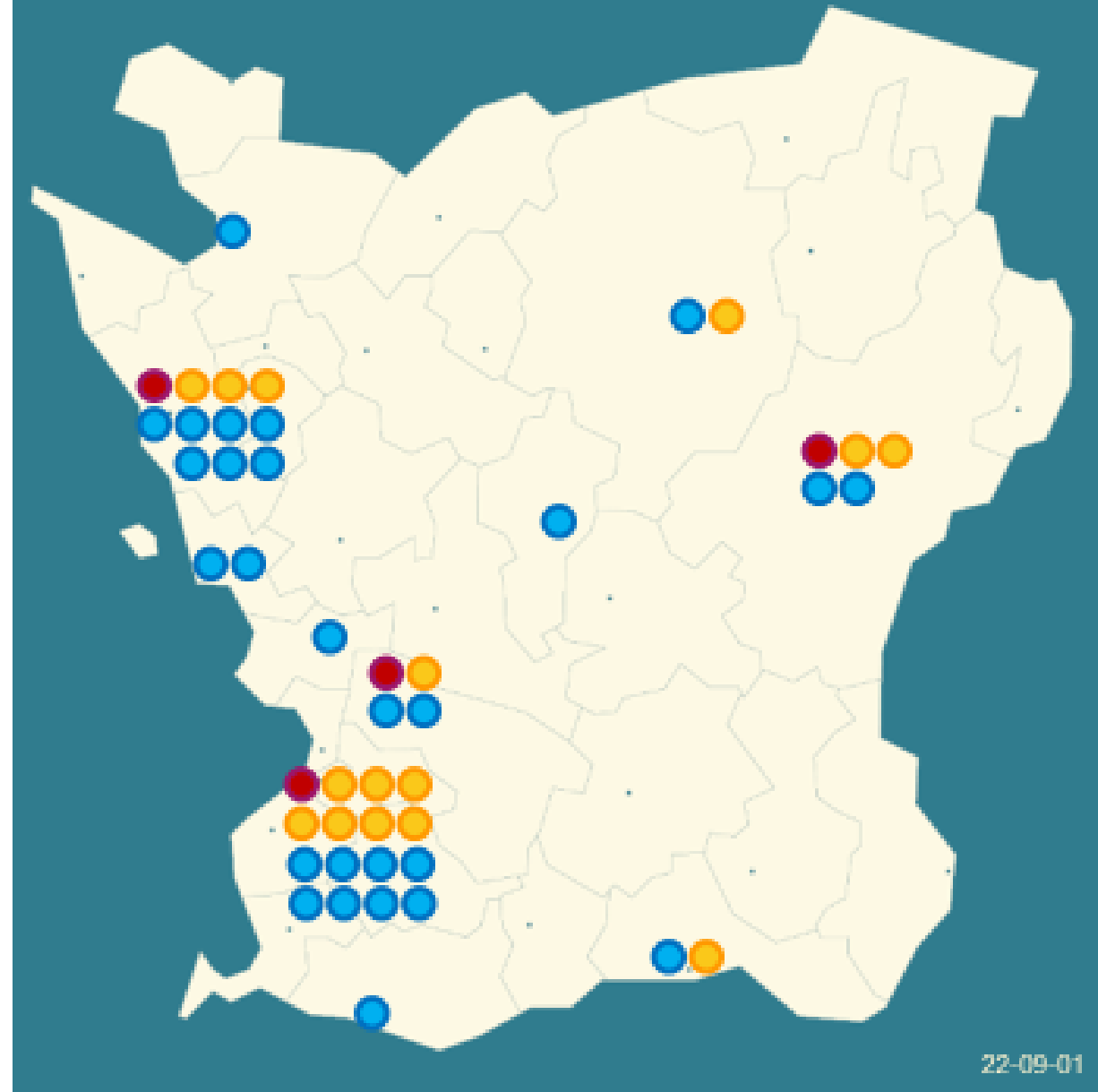
Trained (at-risk individuals) > 2650

189/100'

THN kits distributed > 5750

411/100'

Reversed overdoses > 900



22-09-01

- Needle and syringe programmes (NSP)
- Opioid agonist treatment facilities (OAT)
- In- and out-patient addiction facilities (non-OAT)



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