

**Smørrebrød or Smögåsbord:
the Danish and Swedish drug users unions:
contexts, aims, activities achievements.**

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Sources and Origin:

This paper is based on visits to the two Unions in 2012, 2013 and 2014; and conversations with members and activists in Copenhagen (2012, 2013) and Lund (2014.) The Copenhagen conversations were in Danish, those in Lund in English. Additional information has come from web-searches and journal articles; and e-mail correspondence. All text has been discussed, fact checked and clarified with the two Unions.

Geography and statistics:

A direct railway service runs the length of the eastern coast of the Danish island of Sjælland, through Copenhagen and its airport and across the Øresund Bridge to the south west coast of Sweden near the city of Malmö in the Skåne region. Many Swedes travel to Copenhagen, using the bridge linking the two countries. It is a twenty minute train journey from Malmö to Copenhagen. Swedish visitors to Copenhagen say that the quality of heroin (white, number 4) available there is superior to the brown in Sweden, and the price lower. In contrast, the quality of amphetamine available in Sweden is regarded as superior to that sold in Copenhagen. Sweden has a long tradition of amphetamine use, supplied mainly from Poland, Lithuania and Hungary.

Facilities for drug users are more accessible and attractive in Copenhagen than in Sweden, which continues to operate a strict prohibition policy. Some Swedish injecting drug users have chosen to settle in Copenhagen because, in their explanations, of the more humane atmosphere and superior treatment facilities in Denmark. The different approaches in the two countries cause some tension between the respective authorities, especially around Copenhagen City Council's proposals to establish a regulated cannabis market. (These proposals were rejected for the third by the Danish government in March 2014.) Because of their proximity to and familiarity with Copenhagen, members of the Skåne Users' Union are highly aware of the consumption rooms there and the impact they are having, on users and more widely – reducing deaths, reducing nuisance and discarded paraphernalia. There are close links between the user organisations in the two countries.

Denmark has a population of 5.6 million. The capital, Copenhagen, has a population of 1.2 million. The 2013 Danish Focal Point report to the EMCDDA ¹ estimates that there are 17,000 injecting drug users, principally using opiates but with an increasing use of cocaine.

BrugerForeningen's (The Danish Drug Users' Union) ² 2013 report to the Ministry of Social Affairs estimated 20,000 heroin and methadone users in Denmark, of which 6,000 were in Copenhagen. In 2012 there were 210 drug-related deaths in Denmark, a marked fall from the average of 250 per annum in the preceding ten years. The Focal Point Report is prepared by Sundhedsstyrelsen - The Danish Health and Medicines Authority, the equivalent of Public Health England and the National Institute for Health and Clinical Excellence ³.

The eastern coast of the Danish island of Sjælland, where Copenhagen is situated, faces the south-western coast of Sweden, the region of Skåne, across the narrow Øresund, an important shipping route and the entrance to the eastern Baltic Sea. The Øresund Bridge, opened in 2000, links the two nations, running the 8 kilometres from Copenhagen international airport to the Swedish coast near the city of Malmö, the 3rd. largest in Sweden with a population of 300,000. Sweden has a population of 9.6 million.

The 2013 Swedish Focal Point Report to the EMCDDA ⁴ estimates that there are between 6,000 (past month) and 10,000 (life time) injecting drug users. (Skåne Drug Users Union estimates a higher, and rising, number – up to 30,000.) Drug related deaths are calculated in three separate registers. These show a consistent rate of between 400 and 500 drug related deaths annually, a

rate of 62.6 per million. The Swedish Focal Point Report is prepared by Folkhälsomyndigheten, the National Institute of Public Health.

To the north, Sweden shares a 1600 kilometer land border with Norway. Denmark does not have land-borders with other Nordic countries. Denmark, Sweden, Norway, Finland, Iceland and the Færo Islands share passport-less frontiers.

Nordic unity?

Although outsiders often regard Denmark and Sweden as both belonging to an idealised and homogenous Nordic region, there are many differences and national identities and cultures remain distinct. The greeting 'hej' (hi, hello), common to both countries, is pronounced 'high' in Danish, 'hay' in Swedish. And although the two countries' user movements – BrugerForeningen in Denmark, Svenskabrugerforeningen (The Swedish Drug Users' Union) ⁵ in Sweden - have activities and aims in common they have very different experiences and priorities because of the differing social, political and legal atmospheres in which they operate.

Both countries share a history of co-operative associations and grass-roots organisations, a history which has played an important part in the creation of high-levels of welfare provision. It appears, though, that in Sweden the political rhetoric around citizens' movements is based, as in Britain, on the expectation that any such activity will meet the approval of government, and not venture into critical, dissident or transgressional behaviours, activities and analyses. The Danish approach tends to use grass-roots organisations to extend political and social agendas, with some issues adopted and supported by government and officialdom. These differences have a clear impact on the focus of the two countries' user unions' activities and campaigning.

Danish voices.

Denmark's BrugerForeningen (Danish Drug Users Union: BF) was established in 1993. Initially known as "BrugerForeningen af 3 11 1993", the name was changed to "BrugerForeningen – for aktive stofbrugere – København" at the 2002 annual general meeting. The name change emphasises that the Union represents individuals who are currently/actively using drugs. Its objectives are to further drug and methadone users' social, health and societal interests through support, information and advice work for individual users. Its ten-paragraph constitution ⁶ details the organisation's aims and procedures.

BF is managed and organised exclusively by and for drug and methadone users. Its constitution states that BF should campaign to challenge discrimination and reduce powerlessness. In order to do so, the social, political and economic conditions which determine drug users' lives are to be brought to wider public attention through debate and participation in democratic processes. The Union should conduct itself credibly and responsibly in its relations with official bodies and by doing so act as an effective user voice.

BF's decision-making body is the annual general meeting. Extraordinary general meetings may be called at 14 days notice by the management body (made up of between 5 and 7 active members) or 2/3 of the membership. The constitution's provisions include activities and campaigning; management and organisation; election of management body post-holders; accounts; allocation of resources and expenditure. 'Active' is an essential part of the name and functioning of BF: an 'active' member is someone who is currently using drugs or methadone and who contributes to the organisation, maintenance and activities of the Union, a status required for election to the management body. Others sharing BF's aims can become members by payment of an annual fee of 100 Danish kroner (equivalent to £ 10.00.) There are currently 750 members of BF, 60% male, 40% female. 150 – 200 regularly visit the premises. ⁷

Above all, BF seeks, with other campaigners and NGOs, to re-establish individual dignity and a sense of self-worth amongst drug users. BF expects to act as both a communicator with and an influence on treatment agencies, national authorities and the police. To this end, BF maintains a range of networks and communication with relevant national and international organisations and bodies, including the European Harm Reduction Network and the International Network of People who Use Drugs ⁸. The views, needs and requirements of drug users are debated on BF's web-site, which also acts as a platform for the expression of individual user's views and situations. These include users looking for others with shared interests and hobbies; advice on wider health needs, including dentistry; combatting loneliness, isolation and discrimination; accounts of experiences with other agencies and services.

Negotiations with political authorities extend through local authority officers and deputy mayors, members of the regional assemblies and national parliament to Ministry and Ministerial levels. There is day-to-day contact with treatment agencies, police forces and Sundhedsstyrelsen, the Danish Health and Medicines Authority. In February 2014 BF was invited to a Roundtable

discussion at the British Embassy to inform visiting UK Minister Norman Baker of Danish drugs policy and practice ⁹.

BrugerForeningen has three principal sources of income. The largest, 850,000 Danish kroner (about £ 100,000.00) comes from the Ministry for Social Affairs; Copenhagen City Council (Københavns Kommune) contributes 700,000 kroner (£ 75,000.00) via Danish social fund law; 150,000 kroner (£ 16,000.00) comes from Mændenes Hjem (The Men's Home) ¹⁰, the largest homeless persons project in Copenhagen, in recognition of the joint work the two agencies do with drug users.

Organisationally, BF is recognised as a job-training project for members required by the national employment service to maintain or up-grade their employment skills. It provides space and equipment for members to follow hobbies, including a gym, carpentry, music making and the BF band, bicycle maintenance - always in demand in Copenhagen, sewing and textiles, IT and web-building skills; organises lectures and seminars about drugs, drug policy, law and criminology for professional groups, for example national and local politicians and civil servants, students on health and social work courses, student journalists, police cadets. BF is also recognised as an organisation arranging placements for students. For users, including crack users, BF runs harm-reduction activities. Work with and for users includes home, hospital and prison visits; advice on regaining or retaining contact with family and children; support and advice for the families or friends of users; maintenance and repair of the Union's equipment and resources, including bicycles; planning or contributing to courses and training for other users; taking part in education and prevention programmes for younger people.

Setting.

BF has occupied its present premises extending over the top floor of a three-storey local authority building in the Nørrebro district of Copenhagen since July 2001. The ground floor is occupied by a children's library. A side-entrance gives access to a youth advice centre and a nursery. The top-floor premises include an extensive lounge area with a large tropical fish tank and an attached industrial kitchen; office space; work rooms and studios. The central corridor has a display of specialist books, pamphlets and journals; and a small 'museum' of drug-related artefacts and paraphernalia. The premises and neighbouring rooms on the same floor provide the venue for BF's regular training sessions and seminars, and for events bringing together user groups from other regions and nations. It is the venue for the annual birthday party and

International Drug Users Day, at which the year's BrugerVen (User Friend) is identified and presented with the award, a long-standing BF practice. 'Friends' include politicians, local and national; individuals from other organisation and agencies working with and for drug users; academics and writers who have brought the needs and situations of drug users to wider public and media attention.

The atmosphere is deliberately domestic and homely. Visitors are typically greeted by active members in the lounge with the words or sentiment: 'I feel at home here, because I am at home.' This reflects the atmosphere of calm and quiet, and acceptance, which is part of BF's aim of restoring a sense of dignity and self-worth to drug users. Visitors can find themselves engaged in conversations about pet care, vintage cars, dentists, rock music, active members not present or dead, UFOs, cooking and food preferences. Active members operate a rota for menu planning, food shopping and food preparation. This, afternoon, part of BF's activities is very much social and restorative.

In the mornings BF operates a drop-in service for drug users, which includes sessions on harm reduction; advice on medical and health concerns; relationships with 'official' agencies, including treatment agencies; housing advice; employment; acquisition of work-related skills; relationships with and obligations to families and children; translation services, mainly to provide Danish versions of English language texts and articles for internal and campaigning use and for posting on the web-site. A number of Norwegian and Swedish users have settled in Copenhagen, finding the services and atmosphere more accessible, attractive and humane than in their own countries. BF assists such individuals in registering with relevant authorities so that, for example, access to health services is ensured. Registration is required for access to employment and training opportunities and housing and welfare benefits. BF reports that recent experience with Swedish citizens has been professional, positive and helpful.

BNF is required to present regular reports to the Ministry for Social Affairs (see end-note 7.)

The most recent report included comments from members about their experience at BF:

- At last I've found somewhere where I can be myself and face up to my drug use
- Nobody here looks down on me or calls me a junkie
- I'm safe here and for the first time in many years I can open myself to others
- I'm accepted here on an equal footing with the others, regardless of my HIV and Hep C status and all the other problems

- Nobody slags me off here
- There's always someone here ready to listen to me when I'm down and pissed off about all the shit I've been through
- I've been HIV+ for 28 years but there's no one here who avoids me because of that – actually I can advise and back up others who are in the same situation but for a shorter time – and it's a real boost when someone say 'thanks for the chat'
- I just love playing around with bikes and it's great to be able to repair others' especially when they say thanks and you're a great bike mechanic

Harm Reduction – pushing the boundaries.

As part of its aim to improve the health and welfare of drug users, BF engages in activities based in its premises which are at the margins of what is legal but which serve the interests of users and have often been the catalyst for changes in regulation and law. In contrast to other countries, the crack cocaine available in Denmark does not come ready-made from dealers and cartels: cooking – free-basing - is done by users themselves. Since March 2010 BF has developed methods of producing crack without using ammonia. BF informs and familiarises users of the use of baking soda rather than ammonia in cooking crack and has provided some 40,000 packages of this alternative method annually. While neither substance is subject to laws aimed at reducing the availability of precursor materials, this has been done as awareness grew of the use of ammonia in attacks and disputes amongst drug dealers, and in aggravated robberies, and corresponds with the reduction of the use of ammonia in commercial and household cleaning products. Some users from recently arrived nationalities continue to use the more harmful ingredients. An additional danger is the toxicity of ammonia if the crack produced is not allowed to dry before smoking – an example of what BF calls 'harm production' as contrasted to harm reduction. Using the experience from projects in Vancouver and Toronto, BF now supplies crack pipes for personal, not shared, use, which are designed to be more easily cleaned than improvised equipment. This reduces the risk of transmission of TB and herpes which had previously been a characteristic of crack use in the city. BF has provided 20,000 pipes annually since 2010. They are available from BF and in the city's consumption rooms.

The provision of sterile equipment on BF's premises without the presence of qualified medical personnel to supervise injection and intervene in cases of overdose has also contributed to the momentum for establishing consumption rooms where there is medical supervision. Provision of sterile injecting equipment is only a partial response to harm reduction, safer injection and

disposal of paraphernalia. Seeing the sequence of activities through to the opening of consumption rooms has long been part of the practical and lobbying activity of BF, along with other organisations, individuals and activists. The opening and funding of consumption rooms was finally achieved when the Danish parliament passed a law put forward by the then new-in-office Social Democrat-led coalition government in July 2012, honouring a pre-election commitment. The role of the mobile consumption room, Fixelance (a combination of the Danish word ‘fixerum’ for consumption room, and ambulance), which initially operated (from September 2011) outside the law, has been part of the wider co-operation aimed at improving conditions for injecting drug users. The driving force behind Fixelance was named as BF’s BrugerVen in 2012. The parliamentary spokesperson for the proposals to legalise consumption rooms (a member of parliament) is also a BrugerVen.

Outcomes, present and future.

Amongst its external, civil activities, BF members have been operating Sprøjtepatruljen – Syringe Patrol – in parts of Copenhagen frequented by injecting drug users. The Patrol collects discarded needles and other injection paraphernalia from streets, playgrounds, open spaces and entrances to buildings, responding to residents’ concerns and demonstrating very visibly the civic responsibility active users can demonstrate when organised and supported to do so.

BF’s current activities continue to focus on improvements in the situations of drug users, always with a view to improving health and welfare and reducing the death toll. Currently BF is part of the campaign to increase the availability of and access to naloxone, now a major campaign in Denmark, involving BrugerForeningen and others, notably Gadejuristen (Street Lawyers) ¹¹ Minority CPH ¹² and RED LIV (Save Lives.) At present naloxone, a prescription medicine in Denmark, may only be administered by qualified medical personnel, unlike the situation in the UK. Since 2010, BF and RED LIV have trained 14 active users in the use of nasal spray naloxone. ¹³ To the end of June 2014 it was known that this has saved lives on 32 occasions when active members intervened in incidences of overdose. The outcome of this training is that BF members, i.e. non-medical personnel, are now permitted to carry and administer naloxone (although they can, at present, only do so when a medical professional is present) and to train others to do so. The presence of a doctor is still required for naloxone administration ¹⁴, although in the event of an over-dose the trained active member present may represent and act on behalf of the doctor. BF regards this development as a ‘quantum leap’ in treatment and attitude. While it represents an acceptance of BF and its members as a positive and responsible

organisation and group of individuals, it is not yet clear whether this is the first step in a wider distribution of naloxone to others, for example injecting drug users and their families or those they live with.

However, the results of the pilot project involving BF members have been so striking that the Health Ministry has allocated 5 million Danish kroner (about £ 500,000) to an extension of naloxone to the four largest Danish cities. This extension is currently (autumn 2014) in progress – training drug users to administer naloxone and to train others to do so. BF refers to the 2001 Chicago project which gave them the knowledge and incentive to campaign for similar provision in Denmark. The satisfaction amongst campaigners that this provision is available and being extended is tempered by the fact that it has taken nine years to happen. That BF has been authorised to run this training and its members to administer the antidote is a significant indicator of the role and reputation it has established in Danish society and public life, and the political and public acceptance of the needs of drug users.

A second, long-term topic of campaigning is around the provision of foil in medically-prescribed heroin programmes. These programmes were established in 2010 following a campaign which culminated in opposition parties in the Danish parliament threatening to introduce the legislation for which they could summon a majority of votes if the Conservative-led coalition government did not do so. The government accordingly introduced the legislation, passed by parliament with one opposing vote – a further indicator of the changing attitudes to drug users and, more broadly, those who are socially marginalised. Once the political decision had been made, Sundhedsstyrelsen was required to clarify how the programme was to be implemented and regulated before it was finally introduced. The programme includes a research and evaluation component.

The programme is limited, to 400 by planning, fewer by take-up. There are two clinics in Copenhagen, one each in Odense, Århus and Esbjerg. They serve perhaps 220, mainly older, long-term opiate users in poor physical health with little potential for rehabilitation. Regulations require two visits a day seven days a week to inject the prescribed heroin under supervision. It has to be injected, it can't be smoked or sniffed: users who have never, or who have stopped, injecting would have to. BF and others representing users point out the importance of the rituals associated with smoking. The failure or reluctance of Sundhedsstyrelsen to recognise this may have contributed to the low take-up of the medically prescribed heroin programmes. There is

now an additional option to ingest the dosage in tablet form, under supervision. Methadone is provided for a night-time dose. These requirements, similar to those in other countries, mean that those users cannot be in work, attend courses or contribute to family life, including child-care.

The calls to end the proscribing of smoking and its associated use of foil may have influenced the regulations applying to the drug consumption rooms now established in Denmark. Smoking is permitted (although not in Sundhedsrummet (The Health Room), the first consumption room opened, in October 2012), and foil provided. The second, Skyen (The Cloud), opened in August 2013, permits smoking and injecting, in separate areas divided by an air-tight, transparent partition. Both methods of ingestion will also be permitted in the third Copenhagen consumption room due to open in summer 2014. The third consumption room will include a café, laundry facilities, provision of sterile equipment and a smoking room.

All three building-based consumption rooms are in the Vesterbro district of Copenhagen, the site of the city's principal open illegal drugs market and, in common with many other European cities, adjacent to the central railway station. Vesterbro is also the site of an inscribed stone in memory of drug users who have died. (In indicating the different atmospheres in the two countries, the Skåne Drug Users Union has adopted a cherry tree in a local park.) BF describes those using the consumption rooms as being at a chaotic stage of drug use. There has not, so far, been any flow of users from the consumption rooms to BF's active membership: the cohorts or populations remain distinct, in need and self-reliance.

BF's harm-reduction and safer injecting information and advice includes messages and posters showing the rapid deterioration of needle quality on repeated use. The information is displayed in the consumption rooms, building-based and mobile. These messages do not, so far, appear to have influenced the behaviour of the prison authorities, who till now have not permitted needle-exchange schemes. Injecting drug use amongst the prison population is not denied, but needle provision is limited and injecting users are expected to re-use needles and to 'clean' them using bleach solutions. This can be seen as a punitive response which is in contrast to the more pragmatic approaches which have become increasingly accepted and practised in Denmark.

Swedish voices.

Svenska Brukaföreningen - 'The Swedish Drug Users' Union'¹⁵ - was founded in 2002 by drug users registered on opiate substitution programmes. The Stockholm branch was the first of a growing number of local branches. The national and local organisations use the slogan 'Nothing about us without us,' which is explained more fully on SBF's web-site.

SBF aims to organise users of all legal and illegal drugs. The definition of users includes legal and illegal drugs, opioid and opiate users, and users who are on opiate substitution treatment programmes or would like to be. It argues for the establishment of maintenance treatment for amphetamine users. SBF campaigns for a separation of the treatment of drug users and drug policy, and for the right of individuals in treatment to determine their own health needs and choices. The 'nothing about us without us' slogan is core to the Union's philosophy – that all users, individuals and groups, must be represented by and speak for themselves, not to have others (professionals and politicians) do so 'on their behalf.' All organisational and official roles in the Union are held by users - those the Union represents and speaks for. Additional core philosophy refers to human rights, equal treatment and zero discrimination for drug users; and an advocacy of harm reduction, including the decriminalisation¹⁵ of drugs.

The Union's activities include lobbying and campaigning, appeals and complaints involving treatment agencies and other organisations users come into contact with; advocating for patients' rights and ensuring that health and social care agencies are informed about and understand users' needs and perspectives; supporting users' needs in housing and benefits cases.

The work of the longer established BrugerForeningen in Denmark has provided examples or templates of activities and good practice which SBF has adopted, including an annual seminar with a harm reduction focus and a Brukervånspris (Users Friend Award.) Past recipients of this award include the founder, in 1967, of the first opiate substitution programme in Sweden – and Europe; the Malmö and Lund needle exchange scheme in Skåne, south west Sweden; academics and MPs who have campaigned for decriminalisation of the possession of illegal drugs for personal use; representatives of NGOs, including the Red Cross, who have campaigned for harm reduction and the human rights of injecting drug users.

SBF has adopted policies designed to contribute to and extend national debate on drugs and drug use but also to establish and clarify the views of users and to ensure that arguments and points of view largely absent from debate are brought to a wider audience. Most Swedish 'debate'

remains circular and tautological, and is firmly based on prohibition principles. This reflects a widely-held political aim of achieving a ‘drug-free society.’ As a result, public opinion in Sweden is, on the whole, anti-drug and unsympathetic to drug users. The origins of this approach can be traced to the 1960s. and the influence and impact of the ‘zero tolerance,’ prohibitionist approach then advocated by Nils Bejerot. Seen by many as the ‘father’ of Swedish drug politics and policy, his views initially found support in many agencies and services, including the police. Individuals who now challenge this approach, call for a review of national drug policies and present alternative policies based on international examples are regularly denounced by government spokespeople as lobbyists for legalisation and liberalisation, an indication of the persistence of polarised views in Sweden. User groups and other commentators, by contrast, see the call for a review of the current approach as being both more humane and more ‘European.’

Svenska Brukaföreningen sets out alternative arguments and presents concrete proposals for change. The SBF web-site seeks to show the complexity of drug use and the range of social and political responses which exists and could be adopted in Sweden. It distinguishes between prevention, organized crime, and harm reduction, arguing that policy and practice informed by these distinctions would enable agencies to focus on their core work and purpose, without being drawn into what SBF describes as irrelevancies and distractions. So the police should fight crime, social services care for those needing or seeking help, and treatment be based on knowledge of best practice stemming from drug users’ own experience, and national and international evidence and research. Perspectives and experiences should be drawn from users, practitioners and professionals. Such inter-professional and inter-disciplinary co-operation and exchange can combine to create the best policy.

Such a shift, from an ideological, zero tolerance, abstinence, ‘drug free society’ approach to an evidence-based, human rights, harm reduction approach, needs to be built on principles of the right to life and health. It will involve combatting the stigmatisation of drug users and the daily discrimination they encounter. It will further involve practice which preserves or restores rights, dignity and respect for individuals. In practical terms, this means changes to legislation, which, says SBF, currently increases and maintains harms to individual users (c.f. the Danish BrugerForeningen’s ‘harm production’) and wider society. The law on personal use conflicts with article 12 of the Human Rights Convention: the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. The present law, as amended in 1988, makes the possession of an illegal drug within the body – i.e. after ingestion – a crime. Originally

intended to identify young people experimenting with illegal drugs and to fast-track them into treatment, the law is now being used by many police officers to harass known heroin and cannabis users, claiming that doing so is 'clearing up crime.' SBF sees the use of this law as a major hindrance to the implementation of harm reduction policy and practice.

Additional proposals are that the well-established and progressive Swedish practice of having an 'ombudsman' (not necessarily male....) as the advocate of various interest groups in society should include drug users. Doing so would enable the upholding of Swedish law and international laws and conventions which, SBF argues, are frequently contradicted by current Swedish drugs laws. Drug users are a social group whose members frequently find themselves in situations where their rights are denied, abused or over-looked, for example when treatment is denied or withdrawn. A harm reduction coordinator should be appointed who can collate and assess the overall need for information, joint ventures and projects, and who can also initiate and evaluate projects before making recommendations.

SBF supplements the Riksförbundet för Rättigheter, Frigörelse, Hälsa, Likebehandling (the National Association for Rights, Freedom, Health and Equality ¹⁶), originally established as The National Association for Aid to People Addicted to Drugs and Pharmaceuticals. Although claiming to represent users' interests, RFHL was principally an organisation of social workers, academics and journalists. None of its members were users, although the Malmö RFHL branch now includes users who are on OST programmes. A lengthy conversation with members of the Skåne Drug Users Union established parallels with the paternalist UK view of the deserving and undeserving poor and Swedish attitudes towards marginalised and socially excluded groups, who are now organising to change attitudes by, amongst other means, focussing on empowerment, respect, dignity and self-worth, emphasising the 'nothing about us without us' slogan.

National law permits needle exchanges, provided local authority approval is obtained. The needle exchanges now operating in Sweden have been recent innovations, most opening since 2005. Those now open are concentrated in the south of the country (Helsingborg, Kalmar, Lund and Malmö) and in Stockholm - this may reflect the influence and example of near-by Danish policy and practice. Similar permissions are required for opiate substitution programmes and clinics. The results have been that there is poor overall provision and geographical distribution. There are no needle exchanges north of Stockholm, geographically the largest part of Sweden. Sweden's second city of Göteborg, with a population of over 500,000, has no needle exchange or

OST provision, because of the long-standing opposition of the local authority. Naloxone is not currently available for peer-to-peer use.

The Skåne branch of the Swedish Drug Users Union was established in 2005 with an office in the university city of Lund, ten rail minutes from Malmö. Their office premises are shared with a homeless people's magazine, a linkage seen as valuable and mutually beneficial by both organisations. Local branches have organisational autonomy while sharing the broad aims, philosophy and principles of the national union. Skåne Drug Users Union is growing in civil confidence. It has established links with universities and hosts visits from social work and medical students and their schools. There is a consortium of marginalised groups – those who are HIV+, homeless people, injecting drug users – in the Malmö-Lund area who now meet health and social care commissioners and practitioners on a regular and formal basis to discuss service provision and other relevant topics. These links, which cover service providers, town and city councils and the county council, are part of the Union's work to see drug users and other marginalised groups treated as citizens and patients on an equal standing with others.

The Lund conversations expanded on the national picture. The police service is regarded as acting in a political way – adopting an ideological approach to drugs (and other social) policy through the views and publications of Svenska Narkotika Polis Foreningen – the Swedish Drugs Police Association. While relationships and communication with local authorities and health and social care agencies are expanding and improving, most personnel are still seen as being heavily influenced by the prevailing prohibitionist attitudes. This influence is observed and experienced by users as prioritising prohibitionist opinions and assumptions over professional behaviours. This prompted comments by the users in Lund that the Hippocratic oath – 'first do no harm' – was a victim of the prohibitionist mind-set. The users acknowledge that attitudes are beginning to change, especially in the Malmö-Lund area and the wider Skåne region, where users registered on OST programmes can now choose which service to attend.

OST staff are becoming more experienced, informed and reflective about the needs and situations of users, and more responsive to individuals, no longer seeing users as a homogenous group. Where registering with OST programmes previously required four years' documented use of illegal drugs, this has now been reduced to one year. Removal from OST programmes, mainly for top-up use, is now for three months where it had previously been for one year – contributing, in the Lund users view, to Sweden's high death-rate amongst users. Swedish users

are not permitted to use alcohol when registered on OST programmes – a ban assisted by the requirement to show ID when purchasing alcohol from the state-run Systembolaget outlets. One experience recounted during the Lund conversation was of the difficulty experienced in obtaining sleeping tablets while on an OST programme. Medical staff were expressing caution about amplifying the effects of depressants and not accepting that users were sufficiently intelligent and responsible to avoid double-dosing.

Asked to list five priorities for future attention the Lund users defined:

- decriminalisation: since 1988 it has been illegal to have heroin traces in an individual's blood or urine;
- the opening of drug consumption rooms;
- wider availability of and access to naloxone;
- changes in the regulations for opiate substitution treatment so that some 'rule breaking' (e.g. top-up using) is no longer punished by removal from such programmes;
- those registered on OST programmes can choose which clinic or service to attend - this assumes that a choice is available. This demand is being met in the Malmö – Lund area, where there respectively 2 and 4 OST clinics.

Asked to list five successes the group defined:

- the local (Skåne) union has been active for four years (though established for longer) and has autonomy over its working. Although linked with the national union, there is no hierarchical control or structure;
- OST provision has increased. There is a 'more honest' discussion about drugs, in public debate and with health and medical personnel and taboos around discussion are reducing;
- there is an awareness of new psychoactive substances although, as yet, lack of clarity about responses. Their emergence is seen as a direct result of prohibition policies;
- local needle exchanges provide sterile water, filters and acids. They do not provide foil;
- progress has been made regarding Hepatitis C. Safer behaviours are being promoted amongst injecting users, some through drop-ins, some via Facebook, others through outreach and street-based activity. There is increasing involvement and exchange with professional groups and training programmes - the local authority, local health providers.

In addition, Swedish user groups have established links with their Norwegian counterparts. It is not yet legal to provide ascorbic acid in Norway so Norwegian user groups buy it in Sweden and distribute it in Norway. Norway has, though, recently allowed the establishment of drug consumption rooms, in Oslo and (it was thought) Bergen. The Lund users were also concerned at the closing of OST and other drug treatment services in Crimea following the Russian annexation of the territory. Both discussion topics indicate the awareness and knowledge of the situations of users in other countries.

Further reading:

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Anker, Jørgen; [Asmussen, Vibeke](#); Kouvonen, Petra; Tops, Dolf (2006). [Introduction: Drug users and spaces for legitimate action](#). In: Anker, J; V. Asmussen, V; Tops, D & Kouvonen, P (eds.) Drug users and spaces for legitimate action. Vol. 49 Helsinki : NAD (Nordic Council for Alcohol and Drug Research), p. 5-22.

[Frank, Vibeke Asmussen](#); Anker, J; Tammi, T (2012). [Drug user organisations in the Nordic countries - local, national and international dimensions](#). Substance Use and Misuse, Vol. 47, No. 5, p. 462-473.

[Frank, V A](#) (2008). [Danish drug policy - shifting from liberalism to repression](#). In: Drugs and Alcohol Today, Vol. 8, No. 2, p. 26-33.

[Houborg, E & Frank, V A](#) (2014). [Drug consumption rooms and the role of politics and governance in policy processes](#). International Journal of Drug Policy, Vol. 25, No. 5, p. 972-977.

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Houborg, E. (2012). [The Political Pharmacology of Methadone and Heroin in Danish Drug Policy](#). Contemporary Drug Problems, Vol. 39, No. 1, p. 155-192.

Houborg, E. (2003). [Producing the voice of socially excluded people](#). In: Pedersen, E.H. & Tigerstedt, C. (eds.). Regulating Drugs: Between users, the police and social workers. Helsinki, Finland : Nordic Council for Alcohol and Drug Research, 2003. p. 33-50.

Johnsen, B. (2008). The Development of User Influence on Swedish Drug Policy 1965-2004. In: Anker, J., V. Asmussen, D. Tops & P. Kouvonen (eds.) Drug users and spaces for legitimate action. Vol. 49 Helsinki : NAD (Nordic Council for Alcohol and Drug Research), p. 131-158.

Laanemets, L. (2008). Organisation Among Drug Users in Sweden. In: Anker, J., V. Asmussen, D. Tops & P. Kouvonen (eds.) Drug users and spaces for legitimate action. Vol. 49 Helsinki : NAD (Nordic Council for Alcohol and Drug Research), p. 105-130. .

Palm, J. (2008). The Consumer, The Weak, the Sick and the Innocent – Constructions of ‘the User’ by the Swedish Users Union. In: Anker, J., V. Asmussen, D. Tops & P. Kouvonen (eds.) Drug users and spaces for legitimate action. Vol. 49 Helsinki : NAD (Nordic Council for Alcohol and Drug Research), p. 159-182.

End Notes:

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- 1 Narkotikasituationen i Danmark 2013: Sundhedsstyrelsen: Copenhagen: 2013
 - 2 www.brugerforeningen.dk – most content is in English and Danish
 - 3 The government body Sundhedsstyrelsen is the health and pharmaceutical authority for Denmark. <http://sundhedsstyrelsen.dk> – pages are in Danish and English.
 - 4 2013 National Report (2012 data) to the EMCDDA: Statens Folkhälsoinstitut: Stockholm: 2013
 - 5 www.svenskabrukarforeningen.se – there is a summary page in English
 - 6 www.brugerforeningen.dk/vedtaegter - this page is in Danish only
 - 7 BF's statusrapport for året 2013 til Socialministeriet – the Danish Drugs Users' Union annual report for the year 2013 to the Ministry of Social Affairs.
 - 8 www.inpud.net
 - 9 This meeting is included in the October 2014 Home Office publication International Comparators.
 - 10 www.maendeneshjem.dk – pages in Danish only. The agency works with homeless men.
 - 11 www.gadejuristen.dk – pages in Danish only. Gadejuristen work with and for socially marginalised groups, including drug users and sex workers. Their tag-line is 'hard core harm reduction.'
 - 12 www.minority.dk – much content in English. Minority are the publishers of ILLEGAL! Street magazine, based on the model of The Big Issue.
 - 13 The training was part of a publicly-funded project – RED LIV (Save Lives) - led by Sundhedsstyrelsen and operating in four local authorities. It focuses on the health needs of homeless people and other socially marginalised groups. It is a continuation of the similar project run by Copenhagen City Council in 2010 - 11. www.hjemlosesundhed.dk/?RED_LIV – page in Danish only.
 - 14 The Danish law governing prescribed medicines is Lægemedellovgivning, introduced in 2005 with subsequent amendments in 2006, 2008, 2011, 2012, 2013. It is the equivalent of the UK Medicines Act 1968. The law governing illegal drugs is Lov om euforiserende stoffer: 1969, amendments added in 1971, 1982, 1996, 2004, 2007 and 2008. It is the equivalent to the UK Misuse of Drugs Act 1971
 - 15 www.svenskabrukarforeningen.se – there is a summary page in English.
 - 16 www.rfhl.se – accessed 16 07 2014
<http://en-gb.facebook.com/rfhlriks> – page in Swedish only
www.svenskabrukarforeningen.se/node/5207