

Adam Zivo:

Sweden's failed safer supply experiment offers a warning for Canada

Nearly 60 years ago, Sweden began prescribing free drugs to addicts — with disastrous results

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Harm-reduction activists portray “safer supply” as an innovative addiction strategy, but it’s actually a stale and discredited concept. Both Sweden and the United Kingdom experimented with it roughly 60 years ago and saw catastrophic results, yet thanks to the [incompetence](#) of our political leaders, history is repeating itself in Canada today.

Safer supply refers to the practice of distributing free addictive drugs, typically through prescription, as an alternative to illicit substances. Proponents claim that this reduces overdoses and deaths, but [my reporting](#) over the past year has shown

that these drugs are [regularly resold](#) on the black market and are causing new people to develop addictions, [including youth](#).

While the Canadian debate over safer supply has focused on contemporary realities, I was contacted a few weeks ago by Staffan Huebinette, a researcher with the [Swedish Drug Policy Centre](#), who informed me of the experiment's dark (and rather obscure) history in Europe.

According to Huebinette, Sweden experimented with safer supply between 1965 and 1967, but cancelled the initiative when it became obvious that the distributed drugs were being diverted en masse and exacerbating the country's addiction problems. After these drugs caused several high-profile overdose deaths, including that of a 17-year-old girl, public support for safer supply evaporated.

"People died from the prescribed drugs," said Huebinette, who sees strong parallels between the experience in Sweden and Canada. "That was a big thing at that time."

Much of the literature on this history is written in Swedish, but Huebinette's testimony is corroborated by a number of English-language sources — including a 1970 [New York Times](#) article, a [2007 report](#) by the United Nations Office on Drugs and Crime and [a 2002 report](#) produced by the Canadian Senate.

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As described in the UN report, in 1965, a group of Swedish doctors launched an experimental safer supply clinic under the belief that a "liberal and non-authoritarian view" on drug prescription could reduce harm to both drug users and society as a whole. Near-unlimited amounts of free stimulants and opioids were prescribed to over 100 addicts, who were not required to consume them under supervision.

Despite its risky nature, the clinic was not managed as a scientific experiment — no control group was used to help measure benefits and harms, and data collection lacked rigour.

“Problems became apparent soon after the experiment had started. As the legally prescribed drugs were increasingly diverted to the illicit market, the project drew criticism from the police and the drug prosecutor,” noted the UN report. “It was widely known that many patients supplied friends and acquaintances with considerable quantities of narcotic drugs obtained on prescription.”

Drug use in Stockholm immediately exploded. The number of arrested individuals who showed signs of intravenous drug use skyrocketed from 20 per cent in 1965 to 33 per cent in 1967. As a result, almost all of the doctors participating in the experiment abandoned safer supply.

However, as described by the New York Times, Dr. Sven Erik Ahstrom, who was in charge of the program, refused to stop giving out free drugs, as he believed that it was “better for (drug users) to get drugs from me than to get them illegally.”

His patients created networks of “satellite patients,” who soon had satellites of their own. This system of diversion and fraud allowed Ahstrom to prescribe over 600,000 doses of morphine and four-million doses of stimulants in just two years, despite having only 82 legitimate patients a month. The doctor’s narcotic flood was stopped only after regulators revoked his ability to prescribe.

“No one is certain how many addicts got their pills through Dr. Ahstrom or how many became addicted because of pills given to them by his official or unofficial patients,” wrote the New York Times, which quoted a doctor who called safer supply “the worst scandal in Swedish medical history.”

It was noted that the government and media initially supported the project because it seemed that similar experiments in the United Kingdom were working. However, British doctors also abandoned safer supply in the late 1960s when they, too, realized that it was exacerbating the nation’s addiction problem.

As described in [a 2022 paper](#) published in the science journal *Minerva*, within two years of safer supply’s launch in Sweden, the national media “no longer referred

to the users as defenceless victims of narcomania, but with moral indignation as remorseless profiteers, and to the clinic's neighbourhood as 'The Swamp,' and the former advocates became opponents."

The Swedish backlash against safer supply was so severe that the government completely changed its addiction policies and embraced a restrictive approach that emphasized law enforcement, minimizing access to drugs, heavy investment in treatment and a reduced reliance on harm-reduction programs. As a result, overdoses and deaths declined for decades.

Much like their British counterparts, Swedish researchers widely concluded that safer supply failed to reduce crime and that it was actually one of the main reasons why the country developed a serious drug epidemic. In this way, there are stunning parallels between Sweden and Canada.

Not only are the impacts alike, the rhetoric and political tactics used by harm-reduction activists are similar, as well. In both countries, activist "researchers" relied on low-quality qualitative studies to whitewash safer supply and then insisted that any concerns about mass diversion amounted to nothing more than a "moral panic."

It has been said that all history happens twice: first as a tragedy and then as a farce. But it's hard to laugh when people are dying.

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