
From punishment to help?

EDITORIAL

ESPEN WALDERHAUG

E-mail: espwal@ous-hf.no

Espen Walderhaug, Dr. psychol. and research coordinator at the Department of Addiction Treatment, Division of Mental Health and Addiction, Oslo University Hospital.

The author has completed the ICMJE form and declares no conflicts of interest.

The government has proposed that the use of hard drugs should remain illegal but not treated as a criminal offence.

The government's proposal, *Drug policy reform – from punishment to help*, means that society's reaction to illicit drugs for personal use will be transferred from the justice sector to the health sector (1). Today, the use and possession of narcotics is penalised with fines and up to six months' imprisonment or a decision not to bring criminal charges followed by monitoring and drugs testing. This will change if the government gets its way. The police will continue to focus on use and possession, but if you are caught with small amounts of narcotics, this will instead result in a compulsory meeting with the municipal drugs counselling services. Selling drugs will continue to be criminally prosecuted as it is today. The same applies to the storage of large quantities of narcotics, production and import as well as driving under the influence.

The Norwegian Drug Reform Committee (with one abstention) claims that the general deterrent effect of punishment can be achieved by different and less intrusive measures. The Committee also believes that removing punitive sanctions against users will help to strengthen their contact with the public welfare services.

«The Norwegian Drug Reform Committee claims that the general deterrent effect of punishment can be achieved by different and less intrusive measures»

In a study now published in the Journal of the Norwegian Medical Association, the authors, Røgeberg and Pedersen, have examined help-seeking behaviour among users of illicit drugs (2). Using data from an anonymous questionnaire on the Rusupplysningen.no website, help-seeking behaviour in a sample of almost 2500 respondents who stated that they had used illicit drugs was investigated. The authors found that just over one-third had failed to tell health personnel about their illicit use of drugs in situations in which this information was relevant. The respondents were also asked whether they had ever been in a situation where someone overdosed, became psychotic, had a worrying reaction or had been seriously harmed by ingestion of an illicit drug. Of the 815 respondents who had experienced this once or more, almost half had postponed calling an ambulance or had not called an ambulance at all. Fear that the police or other public sector agencies would be notified was given as a reason by 71 % and 60 % respectively. It is alarming that the most common response was *not* to call an ambulance, and that the most common reason given for this was fear of the police being notified.

Norway has one of the highest rates of drug overdose deaths per capita in Europe (3), and reducing the number of such deaths is an area of strategic focus (4). One of the strategies currently employed is the Patient Safety Programme, which provides information on the prevention of overdoses. Broadly speaking, the central message of the programme is to always call the medical emergency number (113) if there is reason to believe that someone has overdosed (5). If those in the target group expect that calls to 113 will lead to punishment, the program's effectiveness will likely be reduced. Sweden and Estonia are the only European countries with a greater number of overdose deaths than Norway (3). A Swedish study indicates that the high numbers of overdose deaths there can be partly explained by a reduction in help-seeking behaviour caused by fear of penal reaction (6).

A retrospective look at the history of drug policies in Norway does not support the view that punishment has a general deterrent effect. In the 1950 s, drug abuse was regarded as the responsibility of the health authorities (7). However, in 1968, provisions related to narcotics were incorporated into the Penal Code, and drug dependence was regarded as 'infectious'. To reduce the 'infection', scare tactics were employed to stop people from trying drugs. In the mid-1970 s, 10 % of prison inmates were substance abusers who had violated the Norwegian Medicines Act (8). The following decade saw increased penalties, with the maximum sentence for aggravated drugs offences increased to 21 years' imprisonment (1). Despite the sharp increase in minimum and maximum sentences, the use of narcotics increased during this time (1).

«Despite the sharp increase in minimum and maximum sentences, the use of narcotics increased during this time»

It seems logical that punishment reduces use and heightens the threshold for experimenting with drugs, but so far the debate has brought little evidence of this to light. A commission appointed by The Lancet and John Hopkins University concluded that the criminalisation of drug use has harmful

repercussions that far outweigh any conceivable benefits (9). In a joint statement, the World Health Organization and the United Nations call for laws that criminalise drug use and possession of drugs for personal use to be reviewed and repealed (10). These recommendations have a global perspective that is not wholly relevant for Norway in all areas, but it now appears that a historical, international, and evidence-based shift from punishment to help is taking place.

LITERATURE

1. NOU 2019: 26. Rusreform – fra straff til hjelp.
<https://www.regjeringen.no/no/dokumenter/nou-2019-26/id2683531/>
Accessed 6.5.2021.
2. Røgeberg O, Pedersen W. Hjelpesøkende atferd blant brukere av illegale rusmidler. *Tidsskr Nor Legeforen* 2021; 141. doi: 10.4045/tidsskr.21.0249. [CrossRef]
3. Europeisk overvåkingssenter for narkotika og narkotikamisbruk. Europeisk narkotikarapport: Trender og utviklinger 2018.
https://www.emcdda.europa.eu/system/files/publications/8585/20181816_TDAT18001NON_PDF.pdf Accessed 12.5.2021.
4. Helsedirektoratet. Nasjonal overdosestrategi 2019–2021.
https://www.regjeringen.no/contentassets/405ff92c06e34a9e93e92149ad616806/20190320_nasjonal_overdosestrategi_2019-2022.pdf Accessed 6.5.2021
5. Oslo universitetssykehus. Hvordan forebygge overdoser. <https://oslo-universitetssykehus.no/avdelinger/klinikk-psykisk-helse-og-avhengighet/avdeling-rus-og-avhengighetsbehandling/hvordan-forebygge-overdoser> Lest 6.5.2021.
6. Soussan C, Kjellgren A. Alarming attitudinal barriers to help-seeking in drug-related emergency situations: Results from a Swedish online survey. *Nordisk Alkohol Nark* 2019; 36: 532–41. [PubMed][CrossRef]
7. Tønne B, Lie AK. Fra sykdom til kriminalitet – endringer i synet på rusavhengighet. *Tidsskr Nor Legeforen* 2019; 139: 1482–7. [CrossRef]
8. St.meld. nr. 66 (1975–1976). Om narkotikaproblemer.
<https://stortinget.no/no/Saker-og-publikasjoner/Stortingsforhandlinger/Lesevisning/?p=1975-76&paid=3&wid=f&psid=DIVL280&s=True> Accessed 6.5.2021
9. Csete J, Kamarulzaman A, Kazatchkine M et al. Public health and international drug policy. *Lancet* 2016; 387: 1427–80. [PubMed][CrossRef]
10. World Health Organization. Joint United Nations statement on ending discrimination in health care settings. 27.7.2017.
<https://www.who.int/news/item/27-06-2017-joint-united-nations->

