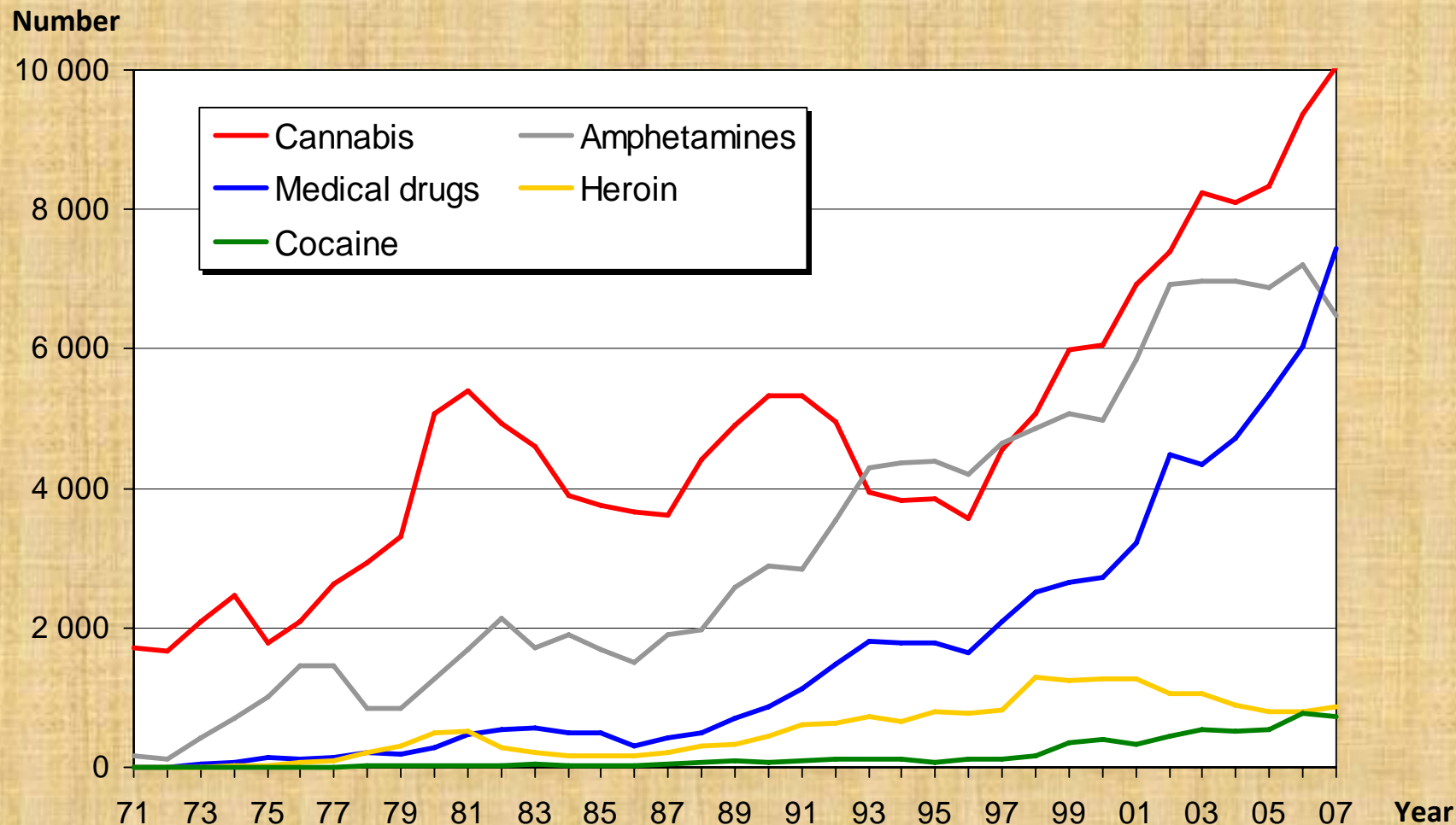


Number of seizures (by Customs and Police) of cannabis, amphetamines, medical drugs, heroin and cocaine, 1971–2007.

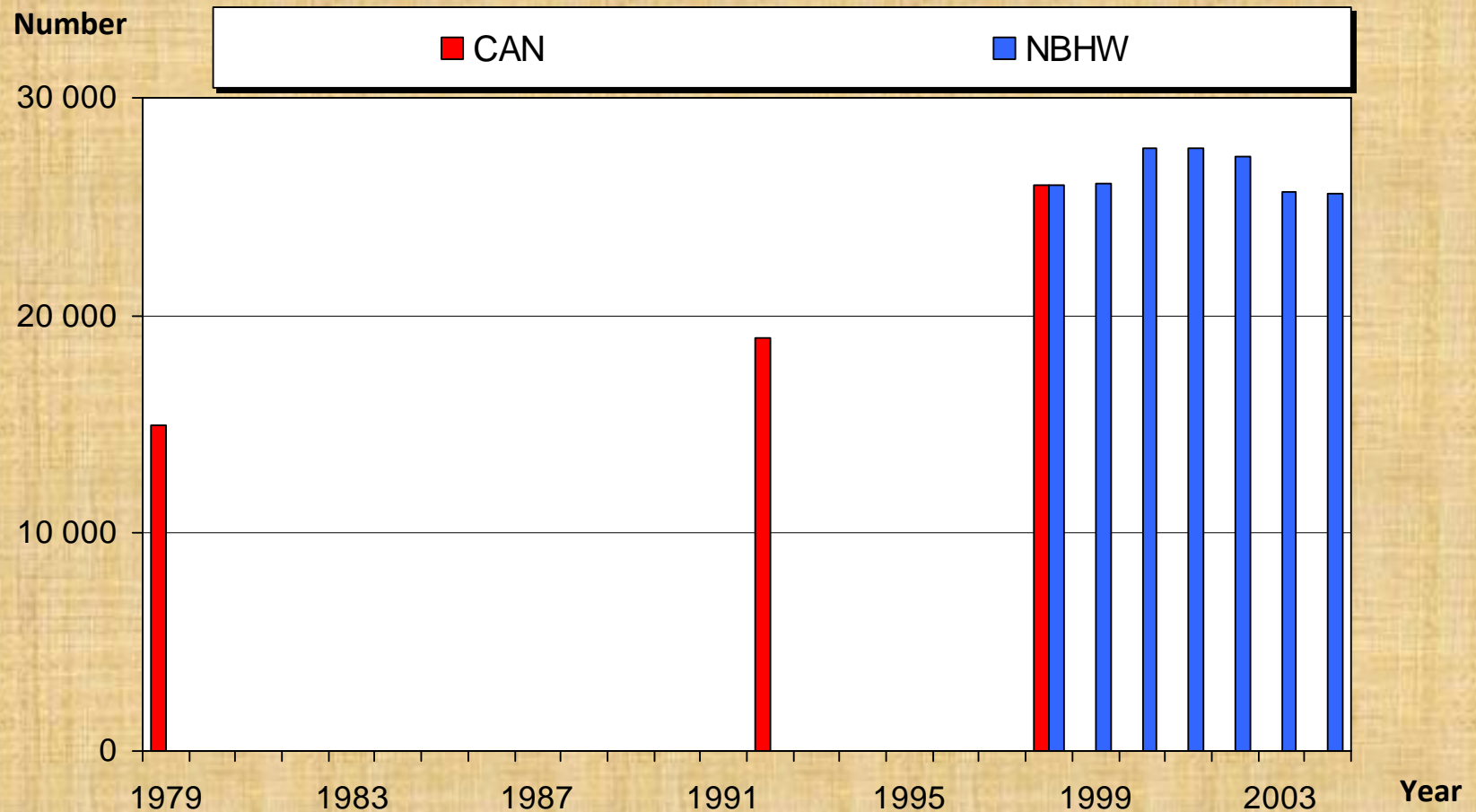


Narcotic abuse and dependence, historical development in Sweden

- 30-40 Non medical use of central stimulants per orally in individual cases
- 50-60 Some small sub groups as students, artists, musicians and individual criminals per orally but also i.v.
- 60 Central stimulants abuse spreading to criminal groups as well as teenagers per orally and i.v.
- 70 Central stimulants dominating drugs for i.v. users and the population is increasing. Treatment facilities are developed throughout the country
- 80-90 Opiates are introduced and gradually increasing as street drugs

The typical heavy drug carrier starts with cannabis going over to central stimulants and continues to opiates.

Estimated number of persons with heavy drug abuse (1979–1998) and problematic drug abuse (1998–2004).



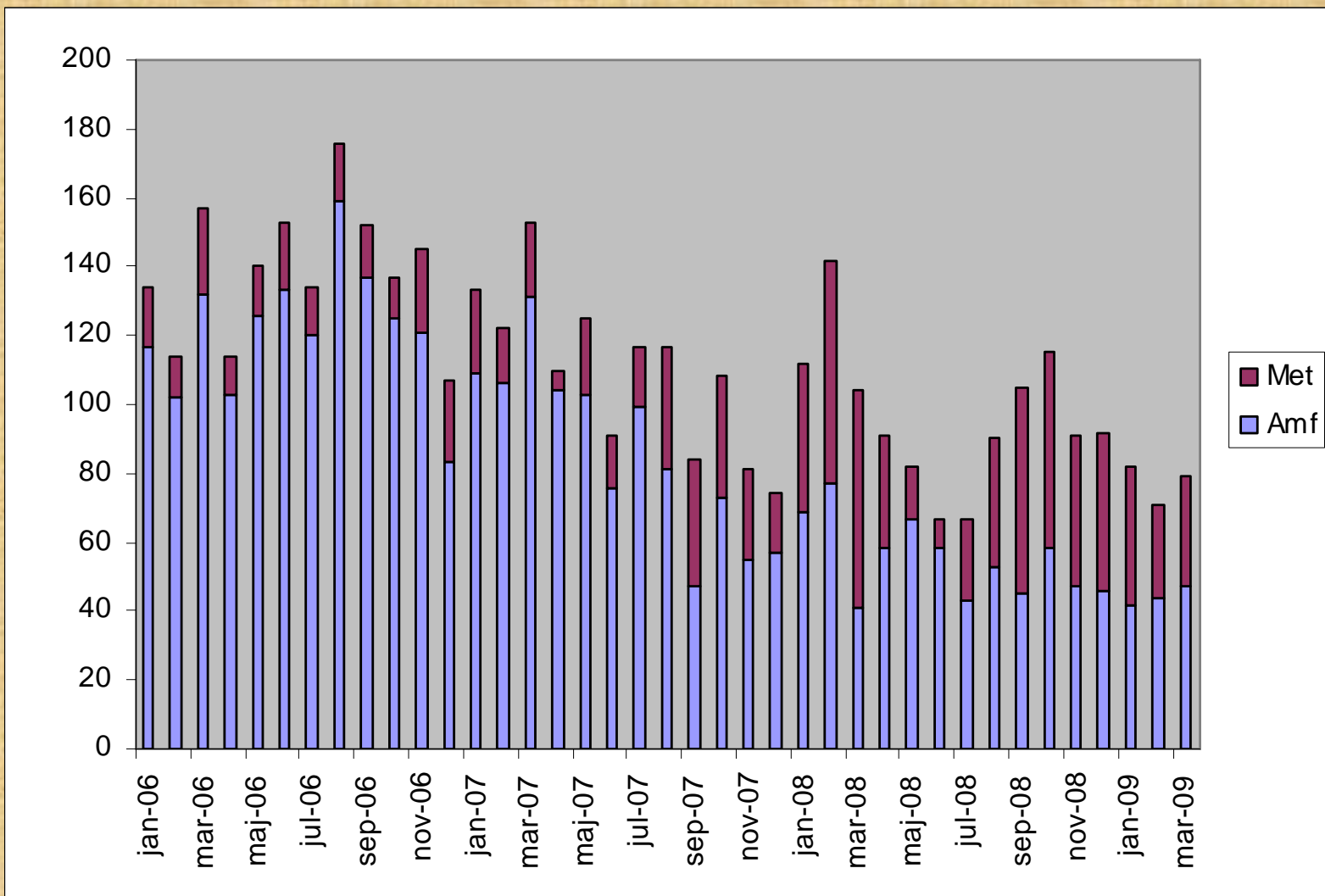
Have you ever used the following drugs without a
doctors prescription?
questionnaire to draftees for the Swedish military service %

	Cannabis	Amphetamine	Heroin	Hypnotic/ sedative
76	15,2	2,3	0,6	2,2
86	4,4 (hasch)	0,7	0,2	0,9
96	13	3,0	0,7	3,1
06	11,8	1,5	0,2	1,8

Number of subjects with narcotic convictions

	% Cannabis	% Central stimulants	% Opiates	N	Total number of convictions with opiates
1975	58%	45%	3%	2325	77
1985	61%	37%	5%	4587	211
1995	43%	47%	10%	7832	747
2005	44%	42%	6%	15877	939

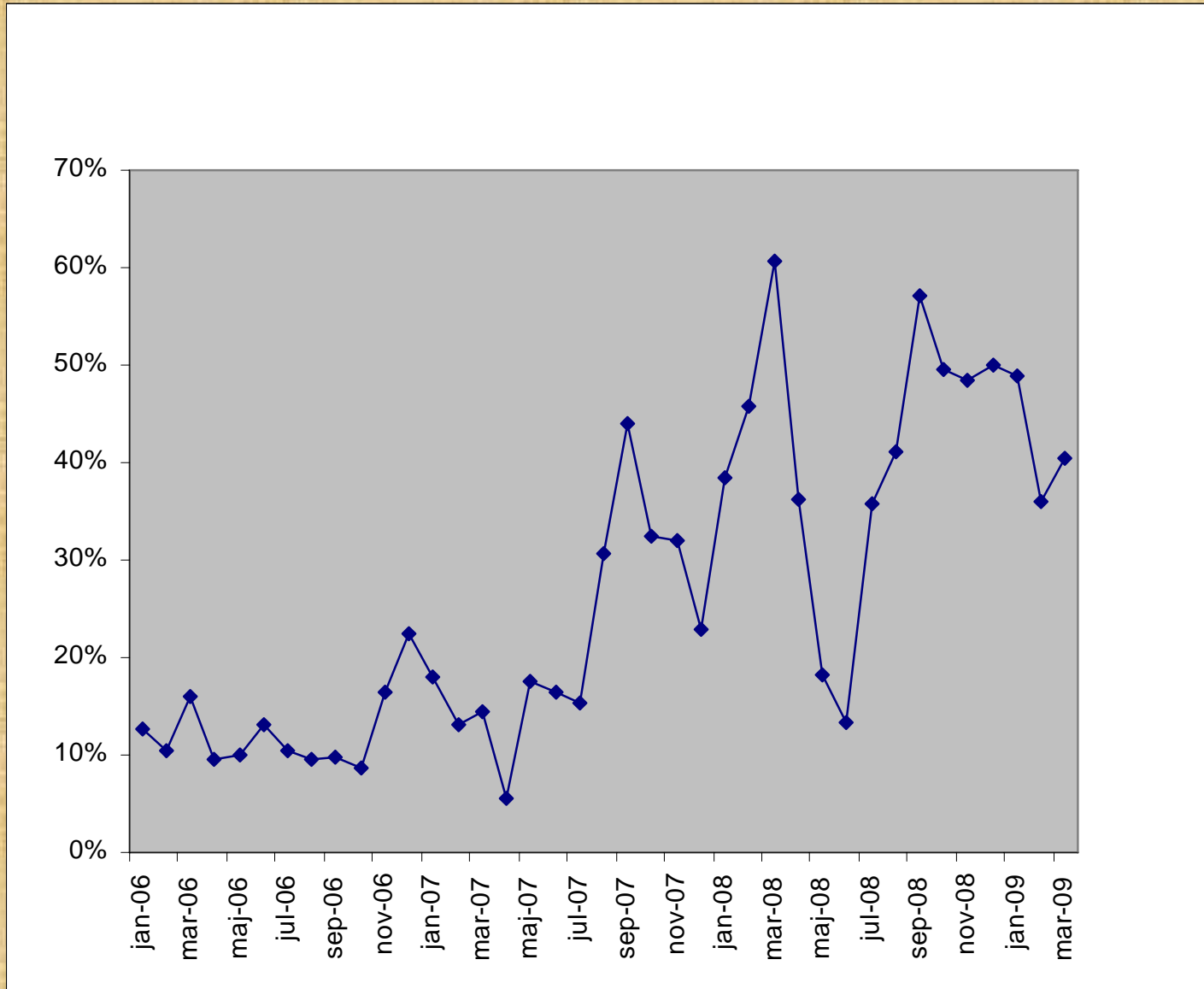
The number of positive amphetamine verifications per month



The number of positive amphetamine verifications per year



The proportion of methamphetamine of positive verifications



Samples of analyzed at The National forensic laboratory

Minor narcotic offences, personal abuse

År	Metamphetamine,MA Pos	Number of samples	Procentage positive for MA
2005	1498	21284	7.0
2006	1576	27576	5.7
2007	1483	30670	4.8
2008	4094	33287	12.3
2009 090421	1628	11031	14.8

About 1770 blodanalyzes and 8500 urinesamples

Source ass. Professor Robert Kronstrand

Treatment of central stimulant abuse – Swedish experiences

1. No long term treatment has been reported as evidence based
2. Pharmacological long term treatment recommended by the National Board of Health and welfare are Disulfiram and Naltrexone
3. The social treatment system is used in personal support for social and personal problems. Psychological and educational programs are influenced by NA, 12-step and different psychotherapeutic traditions, individual, family and groups
4. Pharmacological treatments used are symptomatic treatment of complications – Insomnia anxiety, psychotic symptoms.
5. The psychotherapeutic format's recommended are cognitive behavioural therapy. Psychodynamic psychotherapy has been reported effective in retention in treatment
6. In clinical practice amphetamine dependent patients with signs of neuropsychiatric conditions are treated with methylphenidate in slow release per orally.
7. Central stimulants – amphetamine – has turned out to create heavy drug abuse/dependency careers in criminal groups, subjects with personality disorders or psychosocial problems.

Evaluation of Naltrexone as a Treatment for Amphetamine Dependence



Nitya Jayaram-Lindström



**Karolinska
Institutet**

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ORGANISATION

Treatment of abuse and dependency in Sweden,

- Central stimulants – amphetamine – has turned out to create heavy drug abuse/dependency careers in criminal groups, subjects with personality disorders or social problems
- Treatment of abuse and dependency is a responsibility for the social care system as well as health sector.
- Social sector is responsible for housing, daytime activities, treatment homes, behaviour changing programs (e.g. 12-step)
- Health sector is responsible for treatment of acute intoxication withdrawal treatment, long term medical treatment – Disulfiram, Acamprosate, Naltrexone, Methadone, Buprenorphine
- Psychotherapy both in medical and social organisations
- In the large cities, special dependency clinics
- In other areas medical responsibilities taken by general psychiatry