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Research Paper

Police officers' attitudes and practices toward harm reduction services in Sweden – a qualitative study

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ABSTRACT

Background: Since the 1980s, Swedish drug policy has combined a restrictive zero tolerance approach with the vision of a "drug-free society". However, in recent years, access to harm reduction services has increased through local initiatives and new national guidelines. The possible success of these services may be affected in part by police drug law enforcement. The aim of this study was to explore how Swedish police officers act toward and view harm reduction services in a national drug policy setting of zero tolerance toward drug use.

Methods: Applying a qualitative research design, we conducted 19 in-depth interviews with police officers who worked with drug law enforcement in Malmö. We conducted a qualitative textual analysis of the data.

Results: Officers largely supported harm reduction services and refrained from overtly enforcing drug laws in their vicinity. Officers engaged in boundary work that assigned the responsibility of care of marginalized people who use drugs (PWUD) to the health care system, while including policing of drug market problems, young PWUD and dealers in their own jurisdiction. Opioid substitution treatment was seen as positive, although diversion of medicines was pointed out as a problem. Needle exchange programs were seen as offering important public health services and a no-go zone for the police. Several officers wanted to carry naloxone on duty but requested more information about its use.

Conclusion: The general support among police officers for harm reduction services is an indication of a changing drug policy landscape in Sweden. Drug policy should take police officers' views into consideration and there is a need for collaboration between police and harm reduction services. Further research should focus on how the police conduct boundary work since police actions may impact on the success of harm reduction services.

Introduction

The relationship between police forces and harm reduction services has increasingly been discussed in the wake of the opioid crisis in North America and in relation to the development of local harm reduction services such as drug consumption rooms and naloxone programs in several European countries (Bacon, 2016; Beletsky et al., 2005; Caulkins & Reuter, 2009; Cooper et al., 2005; Kammersgaard, 2019; Khorasheh et al., 2019; Midford et al., 2002; Rhodes et al., 2006; Watson et al., 2012, 2018). Research from North America and Europe indicates a shift in drug law enforcement from punitive interventions toward increased focus on the human rights and public health of people who use drugs (PWUD) (Bacon, 2016; Kammersgaard, 2019; Watson et al., 2018). Countries such as the U.S. and the U.K. have seen members of the police forces advocating harm reduction approaches and voicing criticism of the War on Drugs, although such criticism may also be opposed by officers who argue for the usefulness of traditional deterrence approaches (Bacon, 2021). One significant reason behind a move toward public health and harm reduction is a sense of hopelessness regarding the outcomes of police work with PWUD, and beliefs that it is pointless to continually arrest PWUD for drug crimes without any real sense of improvement in their lives (Bacon, 2016). This "revolving door" phenomenon is a central part of why some officers gradually or through turning points become critical toward traditional drug law enforcement approaches that focus on deterrence (Bacon, 2021). However, some enforcement practices can undermine harm reduction services through deterrence in the vicinity of services, and police officers may have limited understanding of the harm reduction paradigm (Khorasheh et al., 2019). Khorasheh and colleagues argue that stigmatizing attitudes toward PWUD may generate stereotypes, and highlight the need for police training to improve interactions between the police and diverse populations of PWUD (Khorasheh et al., 2019, p. 148).

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A study of police attitudes toward harm reduction and supervised consumption services in Canada found police officers to hold generally negative views of such services, as they thought these services enable drug use, make policing more difficult, and move focus away from rehabilitation (Watson et al., 2012). However, there are indications that working relationships between harm reduction services and the police may be more beneficial than police training (Watson et al., 2018).

Police officers may be the first responders to drug overdoses, and since police strategies affect PWUD and drug use practices, harm reduction advocates have focused on approaches in which the police may act in ways that reduce harm (Caulkins & Reuter, 2009). Good Samaritan Laws that provide immunity from drug possession charges regarding people who alert medical emergency care services is one example. To equip police officers who may be first responders to opioid overdoses with naloxone is another (Banta-Green et al., 2013). Police officers who work with drug law enforcement need to take other stakeholders into consideration, such as the social services and healthcare providers that offer help and support to PWUD, since they interact with clients and patients common to them (Kammersgaard, 2019). Examples in the Nordic countries are Copenhagen, Denmark where police officers do not charge people with drug crimes in the vicinity of drug consumption rooms (Houborg et al., 2014), and Bergen in Norway where PWUD were pushed away from the city center toward harm reduction services located in a more remote location (Lundeberg & Mjåland, 2017).

The enforcement of drug laws is a complex task involving professional discretion, social norms, policing cultures, and national and local drug policies (Houborg et al., 2014; Kammersgaard, 2018; Small et al., 2006; Watson et al., 2012). Law enforcement strategies regarding illicit drug use can affect the everyday lives of PWUD, social marginalization, vulnerability and health-related risk-taking in various ways. The strategies undertaken by the police on open drug scenes vary across time and space (Dovey et al., 2001), although a common strategy is time-limited "crackdowns" aiming to remove public drug use or selling in urban "hot spots" (Cooper et al., 2005). Such crackdowns can change the dynamics of open drug scenes and cause them to become more violent, reduce access to harm reduction services and increase risky drug use practices (Aitken et al., 2002; Small et al., 2006; Stallwitz, 2012).

There is a strong case to be made that national drug policy is enacted in local settings in a process that includes translation of broad policies into the local setting (Houborg et al., 2014). Furthermore, police culture in terms of values, beliefs and norms shared by police officers shape how they view and approach their work (Bacon, 2021). Police drug law enforcement is conducted in relation to other organizations that provide medical and social services to PWUD, which highlights organizational boundaries. The issue of boundaries has gained some attention regarding drug law enforcement (Watson et al., 2021) and police practices in other fields (Crawford & L'Hoiry, 2017). Policing involves symbolic boundary work that defines specific core activities and competences. Boundaries are sites of negotiation that appear when there are overlaps between different organizations. Boundary work often entails demarcation in relation to other actors, but may also concern bridging of boundaries, in a process where objects, people and practices are categorized (Lamont & Molnár, 2002). The relationship between police forces and harm reduction services is an interesting case where the police may take on different roles since officer discretion may allow for divergent points of focus on drug law enforcement, community policing, public health and safety or public nuisance reduction (Houborg et al., 2014; Kammersgaard, 2019).

In light of a changing Swedish drug policy landscape in recent years, with developments of harm reduction services within the overarching Swedish restrictive drug policy, we initiated the present study to investigate how Swedish police officers view harm reduction services and which strategies they take toward them. The Scania region in southern Sweden is a particularly interesting case to study since there has been a progressive development of harm reduction services in the region. We have found no previous research or reports about how members of the Swedish police perceive and handle harm reduction services, and police views and strategies may impact on the success of harm reduction services, especially within a setting of restrictive drug policy. The aim of this study was to explore how Swedish police officers act toward and view harm reduction services in a national drug policy setting of zero tolerance toward drug use. In the following section we provide an overview of drug policy, drug law enforcement and harm reduction services in Sweden, to contextualize our study.

Swedish drug policy

The overarching Swedish drug policy goal since the early 1980s has been to achieve a "drug-free society" (Tham, 2005) through a so-called restrictive drug policy. The basic aims of this policy are to stop all forms of illicit drug use and to make it unacceptable to use drugs through strict legal punishments and control of individual PWUD (Svensson, 2012). Control measures have successively been strengthened and penalties for drug-related crimes have increased (Tham, 2005). The most notable example of the increasingly harder line is the criminalization of personal use in 1988. By adding prison as a penalty for personal use in 1993, it became possible for the police to force suspects to provide blood or urine samples if there was probable cause of drug use (Svensson, 2012). The police have been criticized for increasing police interventions against already known PWUD for statistical purposes and to show effectivity toward the public (Brå, 2013). Official statistics for 2019 show that over 92 % of all drug-related sentencing was for personal possession or personal use (Brå, 2021).

Although a methadone treatment program was implemented in Sweden as early as 1966, opioid substitution treatment (OST) has been highly controversial as it has been viewed as opposed to the Swedish drug policy approach (Johnson, 2007). The resistance to OST resulted in limited access to treatment and rigorous inclusion criteria, in addition to strict regulations and controls within treatment (Richert & Johnson, 2015). Today, OST is widely available and a liberalization of guidelines has meant that both public and private clinics offer treatment (Andersson & Johnson, 2020). Needle exchange programs (NEPs) have also been controversial in Sweden as this intervention has been viewed by some political parties and NGOs as counter to a restrictive drug policy approach (Alanko Blomé, 2016; Richert, 2014; Karlsson et al., 2021). Scania county was the first region in Sweden to implement a needle exchange program in Lund, in 1986, and Malmö in 1987 on a pilot project basis under strict scrutiny by the authorities. However, it was not until 2006 that a new law made it possible for all regions to start programs if a mandate was acquired in cooperation with local municipalities. However, this requirement made it possible for municipalities to deny the establishment of new programs, and by 2015 only six NEPs were operating in Sweden (Alanko Blomé, 2016). In 2019, 16 out of 21 regions in Sweden had established NEPs, and several regions were in a development phase (The National Board of Health and Welfare, 2019).

Although community-based naloxone programs have been implemented in some countries since the 1990s (Clark et al., 2014), the first take-home naloxone program in Sweden was established in the Scania region, where Malmö is located, in 2018 as part of a pilot project over three years. The relatively slow introduction of take-home naloxone was related to the official medical regulations that stipulate that pharmaceuticals must be prescribed and administered by professional health care personnel. Currently, all except one of the 21 regions in Sweden have started a take-home naloxone program but there is little knowledge about the extent to which naloxone has been made available in each region. People who use drugs are offered nasal spray naloxone kits and training at the NEP, at OST clinics and during inpatient drug treatment (Troberg et al., 2020).

These developments in harm reduction services in Sweden indicate a changing drug policy landscape where local health care organizations implement services that may be viewed as not in line with Swedish national drug policy. Support for the harm reduction perspective has been growing during the last decade in Sweden within the political arena and

Table 1
Participant demographics (n=19).

Gender	
% Male	73.68 (n = 14)
% Female	26.32 (n = 5)
Median age (range)	38 (29-61)
Median years of police service (range)	11 (1-40)

among professional groups within the health care system (Karlsson et al., 2021). One reason behind the increased support for harm reduction is the high numbers of drug-induced deaths in Sweden compared to other European countries (EMCDDA, 2021). The high rate of drug-induced deaths has been put forward by some researchers and politicians as an indication of the problems of the Swedish drug policy approach and as connected to the pressing need of developing equal access to harm reduction services in all administrative regions (Wester, 2020). Considering this development there are recent tendencies toward a change in Swedish drug policy, with notable movement in the direction of harm reduction, which may be interpreted as a convergence to mainstream European drug policy. An action plan from the National Board of Health and Welfare presented in 2017 proposed increased access to OST, distribution of naloxone to opioid users, and informing PWUD about safer drug use practices. However, the action plan did not suggest any changes regarding the criminalization of personal use (The National Board of Health and Welfare, 2017). The latest Swedish national drug policy strategy of 2021 included a "zero vision" regarding drug-related mortality but contained no drug policy changes that deviate from the restrictive Swedish policy approach (Government of Sweden, 2021).

Methods

We employed a qualitative research design to achieve an in-depth view of police officers' attitudes and actions toward harm reduction services. The study was conducted in Malmö, Sweden's third largest city, located in the south of the country, situated geographically close to Copenhagen in Denmark. The city has a population of around 340 000 inhabitants. The police force in Malmö is organized geographically into two local police areas referred to as LPO South and North. LPO South contains the central part of the city, where most of the low threshold and harm reduction services for PWUD are located, as well as the city's main nightlife establishments. LPO North includes several socio-economically marginalized areas where street level drug dealing occurs in specific hotspots.

We conducted 19 in-depth interviews with police officers who had experience of either 1) interacting with people who use or sell drugs in everyday work practice, or 2) being involved in strategic work concerning policing of drug use or selling in public places in Malmö. Table 1 provides an overview of participant characteristics. We recruited study participants through advertising the study within communication channels internal to the police organization in Malmö and through snowball sampling (Biernacki & Waldorf, 1981). Initially, an officer working with community policing acted as a key contact and sent information about the study to colleagues via email. The initial interviews were conducted with officers who responded to that invitation to participate, while the following interviewees were recruited through snowball sampling. The interviews were conducted between May 2020 and October 2021, a period that coincided with the Covid-19 pandemic. In order to minimize the risk of SARS-CoV-2 transmission, we decided not to meet with the interviewees physically. Instead, we conducted the interviews via telephone and Microsoft Teams. Conducting interviews via telephone and teleconference programs offers both advantages and disadvantages. Such interviews are often time-efficient to carry out and might increase interviewees' perception of anonymity. Limitations may include decreased ability to create rapport with interviewees, lack of visual cues, and lag or poor quality of audio transmission (Archibald et al., 2019). Our assessment is that the telephone and digital interviews were appropriate and efficient. Interviewees spoke in detail and at length about their policing practices, and few technical problems were encountered. Most interviews lasted about one hour, ranging in duration from 55 to 93 minutes. The interviews were recorded with a standalone recorder and then transcribed in their entirety by a professional transcriptionist.

The interviews were conducted with the help of a semi-structured interview guide that included the following main topics: 1) personal background information and motivations to become a police officer, 2) current position and focus of the work, 3) interactions with people who use or sell drugs, 4) perspectives and strategies relating to open drug scenes, 5) views on and actions relating to the criminalization of drug possession for personal use, and 6) attitudes to drug policy and harm reduction services. The interview guide allowed us to be flexible and let the police officers' answers lead the interview in different directions, and thus we got to know what the interviewees considered important and relevant to discuss further, while focusing on specific topics of interest (Galletta, 2013).

Our approach to analyzing the empirical material was based on qualitative textual analysis (Kvale & Brinkmann, 2009). This means that our aim in analysis was to interpret meaning from the empirical material consisting of transcribed interview data. Coding was carried out in a three-step process conducted by the first two authors. The first step consisted of reading the transcribed interviews with the aim of obtaining a holistic view of the material. In the next step the material was categorized into broad themes such as "police officers' views on harm reduction in general" and "work practices in relation to OST". In further analysis of the data, these themes were then categorized into more specific sub-themes. The first two authors then discussed the coding and compared and reviewed the identified themes. This analytical work resulted in a focus on police views and practices toward the harm reduction services available in Malmö. In the third step, the first two authors selected quotations that represented these themes for inclusion and translated them from Swedish to English.

The study was approved by the Swedish Ethical Review Authority (Dnr. 2019-06509). We informed the study participants about the study before they agreed to participate, and they provided oral informed consent before the start of the interview. In our presentation of the research results, we have anonymized the individual police officers as well as their organizational belonging because of the small sample, and we have thus removed or changed details that would identify a specific interviewee or his or her work unit.

Findings

In this section we present the police officers' views of and practices toward specific harm reduction services that are available to PWUD in Malmö; opioid substation treatment, needle exchange program and take-home naloxone. We discuss three central themes in the data: 1) knowledge about and attitudes toward harm reduction services, 2) boundary work toward services, and 3) views about service users.

Knowledge about and attitudes toward harm reduction services

Overall, police officers supported harm reduction services provided to PWUD. All of the police officers were well-informed about the NEP and had positive attitudes toward the service, but it was common that they added that it was their personal opinion, which might indicate skepticism within the wider police force. Police officers argued for the many benefits of NEP and did not see any significant concerns regarding the service. One interviewee argued that PWUD will inject drugs regardless, and that clean needles may prevent the transmission of diseases:

> I personally think that its good to get clean syringes because I don't think that because it's a bit dirty and you can get diseases it will

make people quit using. It's so low ranked [the risk of infection] for an addict that they don't give a shit about it. But if you get it for free, I think there is a greater chance that you will have clean syringes and avoid certain diseases. So I think it's all good, personally (Participant 1)

One criticism that has been levied against NEPs is that free access to needles would increase injection drug use. One police officer argued against this fear, and positioned the NEP as a positive public health intervention:

Well, I would say personally that I don't think anyone has ever started to use drugs because they got free syringes. And if you can actually reduce disease and their sharing of syringes with each other - absolutely. I don't see anything strange in that (Participant 5).

Overall, officers clearly defined the NEP as positive for PWUD and society in general, and positioned this kind of service within the realm of public health.

There were several examples in the data of police officers being uncertain about naloxone practices and uses, indicating a lack of information about it. The lack of information about naloxone might be because the program in Malmö is relatively new and dissemination about it to officers may take time. One police officer said that there had been conversations about naloxone in his team, but he was unsure about the details of administration and what kind of training was needed in order to carry and administer naloxone:

We don't have it in our medical treatment bags. I heard that the special task force has someone medically trained who has it. So we talked about it a week ago and that you have to be medically trained to use it. Theoretically, I think we should carry it, because often the police are actually the first responders if someone has taken an overdose. But I don't know if you might fail to use it in the proper way or if it could make something worse. I know too little about it (Participant 5).

As shown in the quotation, this officer was positive toward naloxone because the police may often be the first responders to an opioid overdose, although he also noted that he lacked enough information about how naloxone should be administered.

The police officers were generally positive toward OST and argued that this treatment should be available to PWUD. Several of the officers interacted with patients enrolled in OST, although to varying degrees. One officer accepted OST treatment for people with opioid addiction, but also implied an abstinence approach as the desired goal:

I actually believe it works, although it would be preferable if they could stop using, to make them stop. I mean, when I do patrol work I meet these persons and they say themselves that they more or less can't be without it. And I think it's like that for most people who are deep into their drug abuse, and I think if that's the case then it's better to do it in a controlled way (Participant 9)

A small minority of the interviewees were critical of OST. Overall, police officers mainly saw advantages with OST, but they also identified certain problems, especially those relating to the illicit market for OST medications and the fact that many patients continued with a lifestyle linked to crime and illegal drug use.

Boundary work toward harm reduction services

A common theme in the interviews revolved around the jurisdiction of the police in relationship to the jurisdiction of the health care services. All police officers were of the view that PWUD that have severe addiction problems are in need of support from the social services and the health care system, and have little use for police interventions regarding their use of drugs. The following quotation is an example of this argument:

Is needle exchange a service that should exist or is it a bit controversial from a police perspective that there are those kinds of services where you can come and get syringes to take drugs?

No, it is not very controversial, and I think most colleagues also see this primarily as positive. These people are often in such a deep addiction that they need completely different support and other measures than being reported by the police or that you should… how should I put it… they find ways to get their drugs anyway. So I think most of my colleagues see that as a positive service (Participant 14).

It was in the relationship between the police and the NEP that the boundary work to the medical field was most pronounced in the empirical material. Another officer saw: no problems at all with it [NEP]. /…/ It's a health care issue quite simply /…/ health care is health care, and you have to respect that. If you don't, our work becomes so much more difficult. We're supposed to work together, the police and the ambulance service, the police and the psychiatric services, the psychiatric intensive care unit, we work well together, and we should continue to do so (Participant 15).

This quotation illustrates that police officers erect a rigid symbolic boundary toward the NEP, but that there are also instances when different organizations converge in cooperation regarding PWUD. We interpret this kind of boundary work as a definition of core competencies seen as being harbored within specific professional groups. However, there were mixed views among the interviewees about the nature of the police force's relationship with the NEP. Some of the police officers spoke about a shared view with the NEP staff about not policing PWUD at the services, while others were unsure about the exact nature of cooperation with the NEP. One police officer viewed the NEP staff as not wanting to cooperate with the police officers in his unit, but he accepted this wish of the staff:

Interviewer:What about the needle exchange in Malmö – is that a place that you frequent?

They are hesitant toward our presence at the needle exchange at the hospital.

Interviewer:What do you feel about that?

Well, that is a decision that they've made; we have never been able to establish direct contact with them that would allow us to convince them to help us, because that's not part of their approach.

Interviewer: Perhaps that has something to do with their target group not daring to go there if they know that the police are there?

Exactly. That we would mess with their intentions with our presence. And we have accepted that, we never show up there (Participant 17).

Another officer explained that in some cases when a person known to frequent the NEP is wanted for arrest, they could go to the NEP, "but we are not there to take in the regular crew so to speak" (Participant 12). An important finding is that none of the police officers reported that they would confiscate syringes or needles if found in the possession of PWUD, as may be the case in other national settings (cf. Rhodes et al., 2006), and in some other Swedish settings (Holeksa, 2022).

In relation to OST, officers' ways of doing boundary work were divergent. On the one hand there was a fairly strict boundary to this arena of medical treatment and on the other hand there were situations where OST meant the crossing of boundaries, especially regarding patients continuously selling medications on the illicit drug market. One female officer argued that the OST patients that she had been in contact with used illicit substances while in treatment:

Interviweer: I see. You meet those patients that it doesn't work so well for. But do you think that it's a service that should be available?

Yes, I'm split about that. Of course, if it helps them medically and they get health care, then we should offer it. But in general… I'm against it, that you sort of encourage drug misuse so to speak. What you do is

exchange one misuse for that of another substance. So if I should answer in black or white, then I think it's wrong (Participant 12).

What is analytically interesting in this quotation is an ambivalence about the treatment, which may be analyzed in terms of the police officers' boundary work toward the health care system. This police officer supported medical treatment, but less so in cases where patients' behaviors called for police enforcement. The majority of the interviewees argued that PWUD who experience severe addiction problems need treatment and support and that to enforce drug crimes such as possession of small amounts or personal use by the police is not helpful to those PWUD. OST then becomes problematic in those instances where failed treatment services impact on police jurisdiction, such as patients behaving in a disorderly manner in public or when OST medicines are diverted into the illicit drug market.

Overall, the police officers found naloxone to be an important lifesaving measure and several gave examples of situations where access to naloxone would be beneficial. We could identify bridging of boundaries regarding naloxone based on the fact that the police could save lives using a medical intervention. However, some officers who more seldom interacted with marginalized PWUD were more skeptical. One police officer who focused on high- and mid-level dealers seldom encountered drug overdoses but reflected on his previous experiences as a patrolling officer:

> *Interviewer: Do you think it would be good if the police were to carry naloxone?*

Well, if I consider my two and a half years of patrolling, I don't think I actually had a case of an overdose. And then it's like… you're supposed to take a training course and know if and how to use it. So I don't think it would be needed. Well, of course it would be needed if one person is saved over three years, but there are a lot of other things that you could put your energy and effort toward (Participant 1).

Here it seems that a lack of personal experience of encountering overdoses made this officer skeptical toward spending time and resources on educating the force about naloxone. This may indicate that officers who work closely with marginalized PWUD might be more inclined to support naloxone programs (Ray, O'Donnell, & Kahre, 2015). The police officers who were well-informed about naloxone often had daily interactions with PWUD and were positive toward naloxone. One argument that the police officers put forward in support for naloxone was that it may offer an overdose antidote both for PWUD and for colleagues who might accidentally ingest an opioid. The following quotation is an example of how one police officer discussed this issue:

> We want it [naloxone]. The colleagues I have spoken to think it's a good idea. Also for our own sake. Because fentanyl is really dangerous. For example, colleagues in other countries, I think it was in the United States, one police officer saved the life of his colleague since he had this nasal spray. They handled some kind of package and it was fentanyl and he was affected. I mean it takes a super short time before you die. So for our own sake and also when it comes to overdoses [of PWUD], you can just spray it into the nose and as I understand it you can't do it wrong (Participant 11).

Almost all police officers discussed the lifesaving aim of naloxone. One officer argued that it is useful for PWUD to carry naloxone so that they can offer help without notifying the police or calling an ambulance: "they can have it among themselves and spray it into their friend and do not have to call an ambulance. Because there have been many occasions when they have carried their buddy into the public stairwell because they're afraid that the police will come and take their drugs" (Participant 6). Overall, we found that police officers who were informed about naloxone supported a naloxone program for the police force, for their own protection and to be able to save PWUD who overdose. The finding that police officers who had more frequent interactions with PWUD were more positive to naloxone indicate the importance of this social interaction and the value of developing shared knowledge and understanding between police officers, PWUD and service providers (Bacon, 2021; Watson et al., 2021).

Views on and actions toward harm reduction service users

In their drug law enforcement practices, the interviewed police officers prioritized young PWUD who were new to the drug scene, and dealers. Zero tolerance applied to these groups and it was justified by preventing the recruitment of new users, removing drugs from the streets, and reducing organized crime. There was a completely different approach regarding older, marginalized people with severe drug use problems, the group that mainly uses harm reduction services. These drug users were described as "sick and in need of care and treatment" in general, and not subject to the jurisdiction of the police. Regarding this group, zero tolerance was not applied, and these PWUD were largely "left alone" because "there are other agencies that should work with them". Although police officers operated with this dichotomy of different kinds of people who use drugs, there were situations where they would act toward marginalized PWUD. When people in this group would behave disorderly in public officers would make them leave. In cases where PWUD frequently sold their medicines officers sometimes used drug law enforcement such as arrests and confiscation of drugs. When PWUD were found passed out in public or having overdosed, police officers would drive that person to medical emergency services. The tendency was that police officers who had worked longer and who had established rapport with PWUD seemed to have a better understanding of their situation and were more inclined to offer help and less inclined to report them for personal use and possession.

The clearest examples of boundary crossing by the police officers were related to OST patients. Several police officers brought up a concern over diversion of OST medications into the illicit drug market. It would perhaps be expected that police officers' views on OST were characterized by a focus on diversion and illicit use of OST medications considering the classification of these activities as criminal. Officers may encounter the medications as part of the illicit drug market that they try to combat. The following officer brought up the problem of diversion, but separated this issue from the basic positive promises of OST being available to people who use opioids:

> At the center of the problem is when a secondary market or a market appears regarding these pills, because then we lose the aim of this [treatment]. I feel that's when you miss the goal a little bit in these services. But I don't think you should stop this treatment because of that. You must try to find new ways to handle it. But it's certainly a concern I have … I mean, some pick up their pills and then go directly onto the streets and sell them (Participant 2).

This perspective can be seen as acceptance of harm reduction, although the focus is mainly on reducing the harms related to or caused by drug markets (Caulkins & Reuter, 2009). It was in cases of diversion of OST medications that the police seemed to cross a boundary into the medical area, since OST patients then became targets for potential drug law enforcement efforts.

From the interviews it is clear that the police officers tended to interact mainly with OST patients who experience problems although they are in treatment. They seldom conducted regular patrol work outside OST clinics, but would on occasion go there if the staff at a clinic had reported disturbances among patients. Several officers told of encounters with persons they had arrested that were OST patients, as in the following quotation:

> I've encountered some, or a few, in recent times who get their pills – methadone and I think Suboxone – and I would say that it seemed to work so-so. I'm sure it helps some of them to keep it in check. But a couple of days ago I took in a guy who had his pills but who had also just bought hashish. So I think… It's really difficult, but it can be good for sure, overall [OST] is a good thing (Participant 1)

Officers acknowledged that they mostly interacted with "problematic" patients and that this shaped their perceptions of OST treatment and its patients:

> I notice it when I discuss with friends who are not police officers, and officers as well. The problem is that we get a very skewed perspective on everything. Because the people who I meet that take methadone, they are the ones who misbehave and then I assume that everyone who is in the methadone program will be like that. So you get a skewed picture of everything really. That's what's difficult (Participant 11).

What this police officer discusses can be defined as vernacular risk perception (Goldstein, 2004) that is based on biased memories of previous encounters with OST patients, although this particular officer engaged in self-reflection about why such stereotypes may emerge from drug law enforcement practice, and how stigmatization may affect OST patients and other harm reduction service users.

Discussion

Harm reduction services have been highly controversial in Sweden since they have been viewed as in opposition to the Swedish drug policy approach, which includes a zero tolerance view on drug use and criminalization of both use and personal possession of minor amounts of drugs (Johnson, 2007). However, in some regional settings in Sweden such as Scania, the harm reduction approach is more broadly accepted than in others (Andersson & Johnson, 2020; Troberg et al., 2020), which indicates a changing drug policy landscape in Sweden. The tendencies toward new directions in drugs policing analyzed by Bacon (2016; 2021) have recently appeared also in Sweden. In 2021, a high-ranking police officer in Scania county publicly criticized the Swedish drug policy approach and the focus on enforcing personal use and possession by the police (Mikkelsen, 2021) but was subsequently met with critique from a colleague (Steiner, 2021). Our finding that police officers in Malmö were generally positive toward the harm reduction approach, as well as toward specific harm reduction services offered to PWUD, is a further indication of increased acceptance of harm reduction principles among professional groups that interact with PWUD in Sweden.

For harm reduction services to be beneficial to PWUD, it is important that the police and service providers share a similar approach to illicit drug use and how to handle problems related to it (Houborg et al., 2014; Watson et al., 2018; Watson et al., 2021). As such, cooperation and consensus are required where the police in practice in some cases deviate from their primary task of enforcing drug crimes even in situations where they could do so. In the officers' approaches to some of the harm reduction services, we found that they engaged in boundary work that positioned the services within the medical field. It seems that many police officers assign the main responsibility for solving problems experienced by marginalized PWUD to the health care services. This finding is interesting when put in comparison to interactions between harm reduction services and the police in other settings. Watson et al. (2021) found police presence at Canadian safe consumption sites somewhat frequent, which was unwanted by service users and staff, while the officers in the present study reported very little interaction with OST clinics and the NEP related to drug law enforcement.

Police officers' views and actions toward harm reduction services merit attention to symbolic boundaries (Lamont & Molnár, 2002), and especially regarding how police forces define their core activities and competences in relation to other professional groups. The police officers' boundary against the NEP was rigid and characterized by few or no interactions, which was based on the aim of the NEP to be a "no-go zone" for the police in order to protect their service and enrolled patients. This kind of boundary negotiation has also been reported in regard to supervised injection services (SIS), although formal protocols stipulating SIS and police boundaries are uncommon (Watson et al., 2018). NEP was also described as an important public health intervention clearly situated within the medical jurisdiction. However, some of the police officers stated that their positive view of NEP was their personal opinion. Although there is a lack of knowledge of Swedish police officers' attitudes toward NEP, skepticism within the wider police force would not be surprising given the long-lasting political controversy about this service in Sweden (Karlsson et al., 2021). Furthermore, a study of strategies of PWUD in a small Swedish city with low provision of harm reduction services found that police officers commonly confiscated needles and syringes (Holeksa, 2022), indicating a lack of knowledge about the aims of harm reduction services in some settings. The rigid boundary toward the NEP in Malmö may have to do with the fact that the service has existed for over 35 years in the city and that the NEP has been legitimized primarily based on a broader public health perspective (Alanko Blomé, 2016).

Regarding naloxone the boundary work of the police toward the health care system was characterized by bridging. Many officers were well-informed about naloxone, although some expressed uncertainty about how and when it should be used. However, many officers were positive toward carrying naloxone when in service and expressed a will to do so themselves, both to save the lives of PWUD and in some cases to protect themselves or colleagues from accidental overdoses when handling seized drugs.

One way to interpret the officers' positive view of harm reduction services is that they relate to concrete services that are available to PWUD. In this case their views are more related to the conceptualization of harm reduction as a public health matter, rather than harm reduction as a political or ideological perspective in opposition to the Swedish restrictive drug policy approach. However, the criminalization of personal use in Sweden makes the boundary work of the police more complex, and constitutes a challenge in the development of harm reduction services to PWUD.

On a general level, lack of interactions between harm reduction services, PWUD and police officers may be positive in some cases if this enables safety of PWUD and the continued successful operation of the services (Watson et al., 2021). On the other hand, in his study of police officers who advocate for alternatives to traditional drug law enforcement in the U.K, Bacon found that: "Interactions with people who use drugs sensitized officers to the causes, consequences and complexities of drug use, increased understanding of users' health and social needs, and engendered scepticism and nuance in attitudes towards criminal justice approaches" (Bacon, 2021). This is in line with our finding that police officers in Malmö who had worked longer and more closely with PWUD were less inclined to use traditional drug law enforcement toward this group. Collaboration with services and attending PWUD can create turning points in officers' attitudes and practices towards drug law enforcement by increasing compassion and empathy (Bacon, 2021).

Diversion of OST medications was a central example of when police officers interacted with PWUD. Diversion was of concern to most of the police officers and was defined as the main problematic aspect of this treatment modality, although the majority supported OST. We interpret this issue as a case where the boundary between medical care and the police converges. Police officers tend to meet OST patients that experience problems in treatment and who may have closer ties to a criminal subculture compared to other OST patients. Police officers' main concern was to reduce the potential harm of increased access to OST medications on the drug market, but they also argued that such access is better than costly heroin use that may increase acquisitive crime. Some officers also acknowledged the impact of stigmatization on PWUD and how their own biased perception of OST patients could sometimes produce stereotypes that affect policing practices.

A policy implication of this study is the apparent need to educate the police force about the use of naloxone, considering our finding that many police officers wanted to carry naloxone, although some expressed uncertainty about when and how to use it. An important aim of making naloxone available to PWUD is to reduce injuries and overdose deaths, and naloxone programs are thus part of the harm reduction approach

(Faulkner-Gurstein, 2017). The World Health Organization recommends distribution of naloxone to persons who are likely to witness an opioid overdose, and includes police officers in that group (World Health Organization, 2014).

Police officers' attitudes and actions regarding harm reduction efforts can be important for their possible effectiveness. Considering the increasing access to harm reduction services in Sweden, it is important to inform the police about the purposes and benefits of such efforts and to formulate guidelines for the police's work related to PWUD and harm reduction services. Police naloxone programs have been established in several countries as a response to high rates of opioid overdose mortality (Banta-Green et al., 2013; Rando et al., 2015; Ray, O'Donnell, & Kahre, 2015), and our findings suggest that police officers who often interact with PWUD are positive toward such programs. Currently in Sweden, it is not possible for the police to carry naloxone, except in some specific circumstances. A police naloxone program was supported by officers who interact often with PWUD, and we suggest that such a program would be plausible in the local setting under study. Considering that some of the police officers had witnessed opioid overdoses themselves, future research may focus on how a police naloxone program may be beneficial to both police officers and PWUD.

The rather unique "Montagsrunde" (Monday Round) has proved efficient in reducing harm associated with the Frankfurt drug scene and constitutes a regular roundtable of local drug-related social services, police, politicians, criminal justice and other authorities (Dichtl et al., 2020). The committee developed and implemented the conception of one of Germany's first drug consumption rooms in the mid-1990s (Klein, 2002). The interdisciplinary, participatory nature of the board supports the acceptance of innovative decisions and strategies by a broad majority of its actors (cf. Dichtl et al., 2020). This integrative policy approach has been recommended in the context of reducing violence against women in one Swedish drug scene (Stallwitz, 2019). As a Swedish harm reduction pioneer, Malmö might represent a suitable location for the implementation of the "Montagsrunde", and such a roundtable could further benefit from the inclusion of PWUD. Location- and culture-sensitive conceptions of, for example, effective naloxone dispensary and needle exchange programs can be developed and realized feasibly and realistically within such a framework. This kind of deliberate engagement with harm reduction services and PWUD might also be a way to reduce stigma and misconceptions (Bacon, 2021).

Limitations

Some of the study's limitations are the following. The police officers interviewed in this study were a small group who were recruited because they were interested in speaking about their experiences of policing drug problems. We cannot determine how representative their views are of other police officers in Malmö or in Sweden. There is also the analytical dimension to take into consideration regarding differences in what police officers say they do and what they actually do in policing practice. Police officers may have a certain system of values (*ethos*), which may relate to, but may also contradict, a set of habitual behaviors in policing practice (*habitus*). Because of the comparably progressive development of harm reduction services in Scania, there might be a social desirability bias in the police officers' descriptions of their work practices, which is possibly not seen in other parts of Sweden where harm reduction services are underdeveloped (cf. Holeksa, 2022). A study of how PWUD experience drug enforcement practices and attitudes would possibly provide different views.

Conclusions

Our results indicate that police officers who work with drug law enforcement in Malmö, Sweden largely support the harm reduction services available to PWUD. Officers engaged in symbolic boundary work when they delimited their practices in relation to the health care system, placing the main responsibility of help and support for marginalized PWUD on the latter field. Officers erected a rigid symbolic boundary toward the NEP, while they in some situations crossed the boundary toward OST and showed a willingness of bridging to the medical arena regarding naloxone.

This kind of boundary work may be affected by the criminalization of personal use of drugs in Sweden. The criminalization increases the complexity of drug law enforcement in relation to harm reduction services and could be a reason why police officers erect rigid boundaries toward most services that provide support to PWUD. Our findings further suggest a currently changing drug policy landscape in Sweden, where the restrictive drug policy approach is challenged in some ways by local service initiatives and increasing acceptance of harm reduction among various professional groups. The Swedish government has repeatedly refused calls by PWUD, politicians and researchers to evaluate or revise the policy that criminalize personal use however (Johnson & Karlsson, 2020). Our study suggests that local organization of drug law enforcement may provide useful input to the development of Swedish drug policy, and that attention to boundary work is fruitful in understanding current approaches to harm reduction policing.

Declarations of Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Ethics approval

The authors declare that they have obtained ethics approval from an appropriately constituted ethics committee/institutional review board since the research entailed animal or human participation.

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References

Aitken, C., Moore, D., Higgs, P., Kelsall, J., & Kerger, M. (2002). The impact of a police crackdown on a street drug scene: Evidence from the street. *International Journal of Drug Policy, 13*(3), 193–202. 10.1016/S0955-3959(02)00075-0.

Alanko Blomé, M (2016). *Blood Borne Viruses (HIV, HBV and HCV) among Participants of a Swedish Needle Exchange Program*. Lund University https://lup.lub.lu.se/record/d598c820-536b-42b4-9e0d-1c031299001a.

Andersson, L., & Johnson, B. (2020). Patient choice as a means of empowerment in opioid substitution treatment: A case from Sweden. *Drugs: Education, Prevention and Policy,, 27*(2), 105–117. 10.1080/09687637.2019.1591342.

Archibald, M. M., Ambagtsheer, R. C., Casey, M. G., & Lawless, M. (2019). Using Zoom Videoconferencing for Qualitative Data Collection: Perceptions and Experiences of Researchers and Participants. *International Journal of Qualitative Methods, 18*, 1–8 1609406919874596. 10.1177/1609406919874596.

Bacon, M. (2016). Maintaining order in the drug game: Applying harm reduction principles to drug detective work. *Police Practice and Research, 17*(4), 306–316. https://www.tandfonline.com/doi/full/10.1080/15614263.2016.1175171.

Bacon, M. (2021). Desistance from criminalisation: police culture and new directions in drugs policing. *Policing and Society*. 10.1080/10439463.2021.1920587.

Banta-Green, C. J., Beletsky, L., Schoeppe, J. A., Coffin, P. O., & Kuszler, P. C. (2013). Police Officers' and Paramedics' Experiences with Overdose and Their Knowledge and Opinions of Washington State's Drug Overdose–Naloxone–Good Samaritan Law. *Journal of Urban Health, 90*(6), 1102–1111. 10.1007/s11524-013-9814-y.

Beletsky, L., Macalino, G. E., & Burris, S. (2005). Attitudes of police officers towards syringe access, occupational needle-sticks, and drug use: A qualitative study of one city police department in the United States. *International Journal of Drug Policy, 16*(4), 267–274. 10.1016/j.drugpo.2005.01.009.

Biernacki, P., & Waldorf, D. (1981). Snowball Sampling: Problems and Techniques of. *Chain Referral Sampling. Sociological Methods & Research, 10*(2), 141–163. 10.1177/004912418101000205.

Brå. (2013). Narkotikabrottens hantering genom rättskedjan – en beskrivning av utvecklingen åren 2000–2012 [The handling of drug crimes in the legal chain, A description of the development 2000–2012]. *The Swedish National Council for Crime Prevention*.

Brå. (2021). Kriminalstatistik [Crime statistics]. The Swedish National Council for Crime Prevention. https://www.bra.se/statistik/kriminalstatistik.html.

Caulkins, J., & Reuter, P. (2009). Towards a harm-reduction approach to enforcement. Safer Communities, 8(1), 9–23. doi:10.1108/17578043200900003.

Clark, A. K., Wilder, C. M., & Winstanley, E. L. (2014). A Systematic Review of Community Opioid Overdose Prevention and Naloxone Distribution Programs. *Journal of Addiction Medicine, 8*(3), 153–163. 10.1097/ADM.0000000000000034.

Cooper, H., Moore, L., Gruskin, S., & Krieger, N. (2005). The impact of a police drug crackdown on drug injectors' ability to practice harm reduction: A qualitative study. *Social Science & Medicine, 61*(3), 673–684. 10.1016/j.socscimed.2004.12.030.

Crawford, A., & L'Hoiry, X (2017). Boundary crossing: Networked policing and emergent 'communities of practice' in safeguarding children. *Policing and Society, 27*(6), 636–654. 10.1080/10439463.2017.1341508.

Dichtl, A., Jamin, D., Padberg, C., Stöver, H., & Zielinski, A. (2020). *Evaluation von Maßnahmen zur Schadensminimierung für die zivile Sicherheit im Hinblick auf offene Drogenszenen [Evaluation of Harm Reduction Measures to Ensure Civil Security in the Context of Open Drug Scenes] (No. 12/2020)*. Frankfurt University of Applied Sciences.

Dovey, K., Fitzgerald, J., & Choi, Y. (2001). Safety becomes danger: Dilemmas of drug-use in public space. *Health & Place, 7*(4), 319–331. 10.1016/S1353-8292(01)00024-7.

EMCDDA. (2021). European Drug Report 2021: Trends and Developments. *European Monitoring Centre for Drugs and Drug Addiction*.

Faulkner-Gurstein, R. (2017). The social logic of naloxone: Peer administration, harm reduction, and the transformation of social policy. *Social Science & Medicine, 180*, 20–27. 10.1016/j.socscimed.2017.03.013.

Galletta, A. (2013). *Mastering the Semi-Structured Interview and Beyond: From Research Design to Analysis and Publication*. NYU Press.

Goldstein, D. (2004). *Once Upon a Virus: AIDS Legends and Vernacular Risk Perception*. Utah State University Press.

Government of Sweden (2021). *Regeringens proposition 2020/21:132 En förnyad strategi för politiken avseende alkohol, narkotika, dopning, tobak och nikotin samt spel om pengar 2021–2025. [The Government's proposition 2020/21:132 A renewed strategy for policy regarding alcohol, drugs, doping, tobacco and nicotine and gambling 2021-2025]*. Department of Social Affairs.

Holeksa, J. (2022). Dealing with low access to harm reduction: a qualitative study of the strategies and risk environments of people who use drugs in a small Swedish city. *Harm Reduction Journal, 19*(23). 10.1186/s12954-022-00602-y.

Houborg, E., Frank, V. A., & Bjerge, B. (2014). From Zero Tolerance to Non-Enforcement: Creating a New Space for Drug Policing in Copenhagen, Denmark. *Contemporary Drug Problems, 41*(2), 261–291. https://journals.sagepub.com/doi/abs/10.1177/009145091404100206.

Johnson, B., & Karlsson, P. (2020). Inga forskare vill delta i en riggad utredning, Hallengren [No researchers want to participate in a rigged inquiry, Hallengren]. *Dagens Samhälle*. https://www.dagenssamhalle.se/opinion/debatt/inga-forskare-vill-delta-i-en-riggad-utredning-hallengren/.

Johnson, B. (2007). Developments in Maintenance Treatment Policy and Practice in Sweden 1987–2006. In *In On the margins: Nordic alcohol and drug treatment 1885-2007: Vol. 50* (pp. 259–287). Nordic Centre for Alcohol and Drug Research.

Kammersgaard, T. (2018). Police Research Methodology: Studying Police Officers Who Deviate from 'the Police Culture'. *Nordisk politiforskning, 5*(02), 141–156. 10.18261/issn.1894-8693-2018-02-04.

Kammersgaard, T. (2019). Harm Reduction Policing: From Drug Law Enforcement to Protection. *Contemporary Drug Problems, 46*(4), 345–362. 10.1177/0091450919871313.

Karlsson, N., Berglund, T., Ekström, A. M., Hammarberg, A., & Tammi, T. (2021). Could 30 years of political controversy on needle exchange programmes in Sweden contribute to scaling-up harm reduction services in the world? *Nordic Studies on Alcohol and Drugs, 38*(1), 66–88. 10.1177/1455072520965013.

Khorasheh, T., Naraine, R., Watson, T. M., Wright, A., Kallio, N., & Strike, C. (2019). A scoping review of harm reduction training for police officers. *Drug and Alcohol Review, 38*(2), 131–150. 10.1111/dar.12904.

Klein, A. (2002). Die Frankfurter Montagsrunde. *Neue Kriminalpolitik*, 1.

Kvale, S., & Brinkmann, S. (2009). *InterViews: Learning the*. Craft of Qualitative Research Interviewing. SAGE.

Lamont, M., & Molnár, V. (2002). The Study of Boundaries in the Social Sciences. *Annual Review of Sociology, 28*, 167–195. 10.1146/annurev.soc.28.110601.141107.

Lundeberg, I. R., & Mjåland, K. (2017). Åpne russcener i Bergen etter stengningen av Nygårdsparken: En studie av strategi, tiltak og brukererfaringer. *[Open drug scenes in Bergen after the closure of the Nygård park: A study of strategy, interventions and users' experiences] (No. 1/2017; Bergen Studies in Sociology)*. Department of Sociology, University of Bergen.

Midford, R., Acres, J., Lenton, S., Loxley, W., & Boots, K. (2002). Cops, drugs and the community: Establishing consultative harm reduction structures in two Western Australian locations. *International Journal of Drug Policy, 13*(3), 185–192. 10.1016/S0955-3959(02)00031-2.

Mikkelsen, J. (2021). Polischef vill pröva straffrihet för skötsamma cannabisrökare [Police chief wants to try not punishing well-behaved cannabis smokers]. *Sydsvenskan*. https://www.sydsvenskan.se/2021-11-13/polischef-vill-prova-straffrihet-for-skotsamma-cannabisrokare.

Rando, J., Broering, D., Olson, J. E., Marco, C., & Evans, S. B. (2015). Intranasal naloxone administration by police first responders is associated with decreased opioid overdose deaths. *The American Journal of Emergency Medicine, 33*(9), 1201–1204. 10.1016/j.ajem.2015.05.022.

Ray, B., O'Donnell, D., & Kahre, K. (2015). Police officer attitudes towards intranasal naloxone training. *Drug and Alcohol Dependence, 146*, 107–110. 10.1016/j.drugalcdep.2014.10.026.

Rhodes, T., Platt, L., Sarang, A., Vlasov, A., Mikhailova, L., & Monaghan, G. (2006). Street Policing, Injecting Drug Use and Harm Reduction in a Russian City: A Qualitative Study of Police Perspectives. *Journal of Urban Health, 83*(5), 911–925. 10.1007/s11524-006-9085-y.

Richert, T., & Johnson, B. (2015). Long-term self-treatment with methadone or buprenorphine as a response to barriers to opioid substitution treatment: The case of Sweden. *Harm Reduction Journal, 12*(1), 12. 10.1186/s12954-015-0037-2.

Richert, T. (2014). *Överdoser, försörjningsstrategier och riskhantering—Livsvillkor för personer som injicerar narkotika [Overdoses, income strategies and risk handling—Living conditions for persons who inject illicit drugs]*. Malmö University.

Small, W., Kerr, T., Charette, J., Schechter, M. T., & Spittal, P. M. (2006). Impacts of intensified police activity on injection drug users: Evidence from an ethnographic investigation. *International Journal of Drug Policy, 17*(2), 85–95. 10.1016/j.drugpo.2005.12.005.

Stallwitz, A. (2012). *The Role of Community-Mindedness in the Self-Regulation of Drug Cultures. A Case Study from the Shetland Islands*. Springer International https://library.oapen.org/handle/20.500.12657/34534.

Stallwitz, A. (2019). Violence Against Women in the Stockholm Drug Scene. *Kriminologie - Das Online-Journal | Criminology - The Online Journal, 2*, 148–162. 10.18716/ojs/krimoj/2019.2.4.

Steiner, S. (2021). Att avkriminalisera cannabis för eget bruk är fel väg att gå [To decriminalize cannabis for personal use is the wrong way to go]. *Sydsvenskan*. https://www.sydsvenskan.se/2021-11-16/att-avkriminalisera-cannabis-for-eget-bruk-ar-fel-vag-att-ga.

Svensson, B. (2012). Narkotikapolitik och narkotikadebatt. *[Drug policy and drug debate]. Studentlitteratur*.

Tham, H. (2005). Swedish Drug Policy and the Vision of the Good Society. *Journal of Scandinavian Studies in Criminology and Crime Prevention, 6*(1), 57–73. 10.1080/14043850510035128.

The National Board of Health and Welfare. (2017). Nationellt utvecklingsarbete för att motverka narkotikarelaterad dödlighet. Åtgärdsplan med förslag på insatser och aktörer. [National development work to counter drug-related mortality. Action plan with suggestions for interventions and agencies]. *The National Board of Health and Welfare*.

The National Board of Health and Welfare. (2019). Ändringar i lagen om utbyte av sprutor och kanyler – förslag till systematisk och samordnad uppföljning av sprututbytesverksamhet i Sverige. [Changes in the law on exchange of syringes and needles – Suggestions for a systematic and coordinated evalutation of needle exchange programs in Sweden]. *The National Board of Health and Welfare*.

Troberg, K., Isendahl, P., Alanko Blomé, M., Dahlman, D., & Håkansson, A (2020). Protocol for a multi-site study of the effects of overdose prevention education with naloxone distribution program in Skåne County. *Sweden. BMC Psychiatry, 20*(49). 10.1186/s12888-020-2470-3.

Watson, T. M., Bayoumi, A., Kolla, G., Penn, R., Fischer, B., Luce, J., & Strike, C. (2012). Police Perceptions of Supervised Consumption Sites (SCSs): A Qualitative Study. *Substance Use & Misuse, 47*(4), 364–374. 10.3109/10826084.2011.645104.

Watson, T. M., Bayoumi, A. M., Hopkins, S., Wright, A., Naraine, R., Khorasheh, T., Challacombe, L., & Strike, C. (2018). Creating and sustaining cooperative relationships between supervised injection services and police: A qualitative interview study of international stakeholders. *International Journal of Drug Policy, 61*, 1–6. 10.1016/j.drugpo.2018.08.001.

Watson, T. M., Barnaby, L., Bayoumi, A. M., Challacombe, L., Wright, A., & Strike, C. (2021). 'This is a health service. Leave it alone': service user and staff views on policing boundaries involving supervised consumption services. *Addiction Research & Theory, 29*(1), 55–63. 10.1080/16066359.2020.1730821.

Wester, C. (2020). Sverige flest drogrelaterade dödsfall i EU – skademinimering på frammarsch [Sweden has the most drug-related deaths in the EU – harm reduction on the rise]. *Syre*. https://tidningensyre.se/2020/9-oktober-2020/sverige-flest-drogrelaterade-dodsfall-i-eu-skademinimering-pa-frammarsch/.

World Health Organization. (2014). Community management of opioid overdose. World Health Organization. https://apps.who.int/iris/rest/bitstreams/611762/retrieve.