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DRUG POLICY IN SWEDEN AND THE NETHERLANDS

This article is intended to describe and evaluate two completely different drug policies, which are exists in Europe. First drug policy which I want to analyze is Netherland's drug policy because of its permissive character. Second one will be the Swedish drug policy because of its restrictive character. The main reason to write this article was fact that two different way to deal with drug problems are creating similar effects. In this article I want to analyze how could it be that two European societies are dealing with the same problem, with two completely different policies. To get an answer for this question, first of all I want to analyze historical and cultural conditioning of their society. Another important thing is the geopolitical location of those countries. The last thing which I want to research is how those countries are dealing with addicted people problems and how are they the dealing with criminals. To gain an answer for this questions I also want to analyze their political system, especially which Ministries are responsible for creating drug policy. After analyze both examples, we can see that Swedish and Dutch drug policies are succeed because those countries have been creating their drug policy with the participation of their society. While creating drug policy, every country in the world should follow Sweden and the Netherlands' examples because it is almost impossible to create one kind of drug policy that can be introduced all over the world.

***Keywords**: Drug Policy, Addiction, Prohibition, Drugs, Criminals, Harm reduction, Prevention, Drugs Market, Health care system, Sweden, Netherlands*

Introduction

The complexity of a drug policy problem is apparent while we begin to analyze how modern countries are dealing with problems caused by drugs. In the 20th century the one and only way to deal with the addiction problem was drug policy based on prohibition. This kind of drug policy was created by the USA lawmakers and in the course of time, prohibition became one and only way to deal with drugs. Unfortunately, prohibition policy caused a lot of unexpected problems. The most important side effects of this kind of drug policy are for example: disproportionate judgements for a little amount of drugs and black market ruled by the criminals. In the course of time, a lot of countries begin to realize that prohibition policy is not the right way to deal with the drugs problem. War on drugs cost a lot of money but did not solve the problem so a lot of countries have decided to change their drug policy to more permissive. In this article I want to take a look at two completely different examples how European countries are dealing with drugs in the 21st century. The First country which drug policy I want to analyse will be the Netherlands because of its permissive drug policy which is probably the most liberal drug policy in Europe. The second one will be the drug policy of Sweden because their drug policy is based on prohibitions. Two completely different ways to deal with drug problems but both of them are making positive effects on society. When we take a look at the experience that those countries gain in this topic, it turns out that the conclusions are contrary, by extension there is no global trend of war on drugs. Drug problems are different in every country so it is impossible to invent one global way to deal with it. General idea, promoted by the World Health Organization and most of the world, is still drug policy based on prohibition. Conservative drug policy is also recommended by the United Nations but still we can find some countries that find a different, more liberal way to deal with problems caused by drugs.

Chapter 1: Drug policy in Netherlands

At the international level, the Netherlands is most well-known for its cannabis policies and coffee shops, the distinction it makes in law between soft drugs and hard drugs and its harm reduction policies. Its cannabis policy is based on the intention of the law makers to avoid the criminalisation of drug consumers and the separation of markets. The Dutch drugs policies are comprehensive in that they have a criminal justice response, as well as covering prevention, harm reduction and treatment. The most popular drug among adults (15 - 64 years old) in the Netherlands is cannabis (24,3%), followed by ecstasy (7,4%), cocaine (5,1%) and amphetamine (4,4%) [1, S. 132]. Even though the Netherlands has a

special policy for cannabis, the life time prevalence for the cannabis is not the highest in Europe. Because of this special cannabis policy a lot of people think that cannabis in the Netherlands is legal but it is not true. The consumer can completely legal go to a coffee shop and buy there some weed but on the other hand the salesman has no right to supply it. In practice using, possessing and selling weed is not penalized but according to the law, it is illegal. The Netherlands is the country where people put a lot of emphasis on human rights which include civil liberties and possibility to decide about yourself. This kind of liberal policy is related to confidence that in cases of some drugs, the punishment of addicted people is not the right choice. The law that run on hard drugs in the Netherlands is very similar to the rest of European Union countries, but the law apply only to soft drugs is the thing that makes this country special. Decriminalisation in the Netherlands effects in increased marijuana demand but at the same time, despite of coffee shops presence, consumption is not bigger than in neighbouring countries like Belgium and France. The consumption level of drugs in the Netherlands is even lower than in France and the USA, despite of their more restrictive drug policy. Because of their permissive drug policy, the Netherlands is criticized by a lot of countries and international organisations. Dutch people are blamed by the other countries because of their "wrong" understanding of freedom, which can make this country the "drug capital" of Europe in the future. The Netherlands is an exporter of cannabis to the United Kingdom, Germany, Italy and Scandinavian countries. It is also an exporter of synthetic drugs with the primary destination countries being the UK and Scandinavian countries for amphetamines and Australia for MDMA. The Netherlands is also a transit country for heroin and cocaine smuggling [1, s. 136].

A plenty of the Netherlands' cities, especially Amsterdam, are considered to be an operations room for a lot of criminal groups from around the world that spread the drugs on the rest of European Union countries. Additionally a lot of countries blame the Netherlands for creating some kind of "drug touristic" because of the coffee shops system. As a counter-argument it should be pointed out that the Netherlands' youngsters consume less marijuana than their contemporaries in other European countries. In addition, most of the soft drugs in the Netherlands are not coming from coffee shops so they cannot have an impact on consumption rise [2, s. 72]. However in the Netherlands, from time to time, there are showing up some ideas about making drug policy more stringent, but it is still unlikely to change something in the nearest future. This kind of look on a problem is caused by the fact that in the Netherlands addiction to drugs is considered to be a medical and social problem [3, s.61]. Accepting this kind of assumption lead us to confidence that fighting against drugs should be in the interest of social assistance or health service and not in the interest of police and other servants. On the other way, liberal attitude to drugs in the Netherlands results from a willingness to make the drug problem more standardise. This kind of approach to the issue of drug policy is related to confidence that drugs assist people for a thousand years and still will be the integral part of human life. Postulate "zero tolerance" for drugs does not bring right consequences instead of causing a lot of unexpected problems.

According to the EMCDDA researches from the year 2005 they count that every coffee shop in the Netherlands is spent on 30 000 people. When we take a look only at Amsterdam, the scale is rising up for one coffee shop spent on 3000 people. This kind of shops provides employment for 3500 people while annual income of one shop amounts to 280 -380 thousands Euro [2, s.73]. With the benefits of hindsight we can see that the Netherlands' government did not create this system but turn a blind eye when they realized that society got positive attitude to some of the soft drugs. In the early 70's drug dealers in the Netherlands were working the same way like their counterpart in other European countries. Dealers were selling drugs on the streets, in clubs, bars or even in their own houses. Exclusively in 1976 change of the law settled up a shape for drug business. The national legislation criminalising drug-offences in the Netherlands is the Opium Act and the Opium Acts Directives. Since 1976 the Act distinguishes between hard drugs as defined in List I (heroin, cocaine, ecstasy, amphetamines, GHB) and soft drugs as defined in List II (cannabis). New psychoactive substances are regulated through amendments to relevant Schedules of the Opium Act. Drug use in not criminalised as such but can be prohibited at the local level in certain circumstances, for example at schools or on public transport. As confirmed in recent jurisdiction such prohibitions are compatible with the Opium Act if for reasons of public order. The possession of drugs is still a crime under the Opium Act. However, the possession of small quantities of drugs for personal use is not a subject to target the investigation by the police or other servants. The possession of less than 0,5g of hard drugs and soft drugs up to 5g will

generally not be prosecuted. In some circumstances the police will confiscate the drugs. In the case of hard drugs police can refer the person to a care agency. Possession of larger amounts can be sanctioned with fines, community service or in the worst cases, prison sentences.

Producing and supplying drugs, which are on List I and List II, is punishable according to Opium Act from 1976. According to the quantity and type of drug, being supplied penalties up to twelve years of imprisonment. In 2014 Opium Act was amended to include as an offence the acts of preparation or facilitation of large-scale and professional production of cannabis. Although the use of drugs is still not a criminal offence but the selling of it is. However in the Netherlands a special policy exists for the sale of cannabis under which coffee shops can sell cannabis without being prosecuted. Institutional framework for this system consists of five simple rules which were created in 1991 and then amended in 1996 [4]. First of all, coffee shops have no rights to advertise themselves or their stuff and it is forbidden for them to sell hard drugs. The building in which a coffee shop may exist must be located in a discreet place in order not to disturb the neighbourhood's peace. Next rules say that it is forbidden to sell cannabis to underage, also one adult person should not buy more than 5g of cannabis every day. In addition, the supplies of cannabis in coffee shops should not be greater than 500g. The last rule says that entry into coffee shops and sales are limited to residents of the Netherlands, but in practice, large percent of coffee shops' customers are foreigners. Police and other servants control those rules by making unexpected inspections. The enforcement of the coffee shop policy lies primarily with the mayor. Coffee shop owners need a permit from the mayor to work. If a coffee shop does not adhere to the above mentioned criteria, a mayor may close it. The public prosecutor can decide to prosecute coffee shop owners that do not keep to mentioned rules. However this policy has not decriminalise the production of cannabis, to be sold to the coffee shop, or the sale of cannabis to coffee shops. This double standard issues has been called the "backdoor problem".

This kind of drug policy has operated in the Netherlands since 1976. Although cannabis is not legal in the Netherlands, the Opium Act that relates to soft drugs must be considered as permissive act. In the Netherlands this results from opportunism rule which allows servants not to run after little drug crimes. Annual financial influence to the government budget from taxed cannabis comes to more than 400 million Euros. Thanks to this money, the Netherlands is spending the most in Europe for harm reduction programs. Despite of success of Dutch drug policy, there are still people who can see cons and dangers of permissive drug policy. Fundamental problem in the Netherlands' drug policy is the fact that the staff in coffee shops comes from illegal, indoor growing [2, s.73]. Since 2012, the discussions about change the coffee shops system are ongoing in the Netherlands. One of principal ideas is to introduce a special club-card which allows servants to control how much drugs are sold to a specific person. Club-card ideas may also reduce number of people that come to the Netherlands just for "drug-touristic". Other problems that citizens complain about are for example rioting, brawls and noise. From time to time there are showing up some ideas about making drug policy more restrictive but it is unlikely to change the Netherlands' drug policy in the future. Marijuana and coffee shops became an everyday life for a lot of Dutch people and right now it is the part of popular culture. Every year in Amsterdam there is a fest dedicated to marijuana called Cannabis Cup. During the Cannabis Cup, the best growers from around the world are showing up their new strains. Final part of this fest is a moment when the jury choose the best cannabis strain in the world and the best coffee shop in Amsterdam [3, s.63]. In the current Opium Act Directive the objective of the drug policy is described as: 'to discourage and reduce drug use, certainly in so far as it causes damage to health and to society, and to prevent and reduce the damage associated with drug use, drug production and the drugs trade.

For years Dutch drug policy has had five main objectives. First of all is to prevent drug use among their citizens. The second objective is to prevent damage to health caused by drugs and early detect and intervene of short duration. Next rule provides an adequate treatment for addicts and the last one is about harm reduction. In November 2015, Ministry of Health, Wellbeing and Sports, formulated a new policy view on drug prevention, intending among other things to curb the normalisation of drug use among young adults in nightlife settings. In order to prevent harm and to stop this normalisation the following six measures were announced by Dutch government:

1. Supporting parents in talking to their adolescent children about the dangers of drug use.

2. Informing young people about the risk of drug use by modernising the drug education programme for schools

3. Supporting municipalities in their drug prevention policies
4. Cooperating with events and nightlife industry
5. Cooperating with health sector professionals
6. Increase monitoring of the drugs market and provide warning in case of high risk dugs [1, s. 139].

In the Netherlands the responsibility of drug policy is shared between the Ministry of Health, Welfare and Sport and the Ministry of Security and Justice. The first of them is tasked with coordinating the Dutch drug policy. It is responsible in particular for the public health, addiction prevention, harm reduction, and treatment of addicted people. The Ministry of Health, Welfare and Sport also has task for ensuring the availability of reliable information, and it is responsible for innovation in the area of awareness raising, prevention and care and to ensure research and monitoring is carried out [1, s. 140]. The Ministry of Security and Justice is responsible for law enforcement and matters relating to local government with regard to drugs and the police. Another important organisation in the Netherlands that takes care of drug addiction problems is Trimbos Institute. This organisation is the national research institute for mental health and addiction and also it conducts research on issues related to mental health and addiction. The scientists at the Trimbos Institute put research findings into practice to support policymakers, well skilled educators and professionals who provide addiction services. Drug Monitoring and Policy Department is responsible for publishing the National Drugs Monitor report and also works as the EMCDAA REITOX national focal point for the Netherlands [5].

There are no available data on the spending money of the Dutch government on the implementation of the drug policies in the Netherlands. The Dutch policy documents on drugs do not earmark a budget allocated for the implementation of drug policy. Moreover there is no publically available information about the evaluations of executed expenditures. The drug monitor estimated that with regards to law enforcement most money was spent on the enforcement of penalties for hard drugs offences but very little was spent on prevention, prosecution and investigation [6, s. 68]. One of the most important tasks of prevention rest with local authorities which should be supported by centres for addiction care and municipal health services. They for example invent schools educational programmes and provide assistance in its implementation. One of the most popular prevention program is Health School and Drugs Programme developed by mentioned Trimbos Institute. Unfortunately in 2014 an evaluation reported that the program was ineffective in preventing the onset of drugs. It has been suggested by Trimbos Institute experts that the awareness on drugs at too young age can have the opposite effect. As a result of the above mentioned programme it was discontinued for primary school and revised for the secondary school. Trimbos Institute in collaboration with other addiction care centres also established a Drugs Infoline which allows people to call over and ask questions about drugs. In addition, there are information brochures and websites such as: www.drugsinfo.nl

In the Netherlands drug demand reduction is mainly achieved through prevention activities. Treatment and harm reduction activities and drug supply reduction activities are in the duty of law enforcement agencies that cooperate with other agencies and local authorities. Another key feature of the Dutch drug policy is its success of harm reduction policy and activity of drug users. Moreover, the Netherlands has made good use of non-government agencies, NGOs and third sector institutes like the Trimbos Institute. They have credibility, they do not carry stigma and they are closer to drug users, which results in high quality information about social problems caused by drugs. However, the Netherlands still has to resolve the problem of the drug supply side being in the hands of criminal groups.

Chapter 2: Drug policy in Sweden

The primary objective of Sweden’s approach to drug policy has been achieving "A society free from narcotic drugs". Aside from Sweden's drug policy, this country has a lot of restrictions about buying alcohol or cigarettes. Is it possible to control drug market by fully forbidding selling and possession of them? In opinion of United Nations Office of Drugs and Crime, Sweden achieved a great success by implement its "Zero tolerance drug policy". Moreover, United Nations suggest that other countries should follow Sweden's example and implement similar drug policy in their countries. However, Swedish drug policy that consists on keeping society free of drugs is not free of defects. "Zero tolerance for drugs" ideology, does not go hand in hand with harm reduction policies. The biggest defects in Swedish drug policy are apparent when we take a look at Swedish medical system. In

February 2008, Swedish Minister of Health announced that his goal for a next few years is to create a society free from drugs [2, s.88]. This idea did not meet with approval of the neighbouring countries. That is because the idea of society free from drugs is almost impossible to reach and remains in the dreams of Swedish politicians. In this kind of drug policy addicted person is deprive of free will. Addicted people's behaviours are motivated by a need to take another drug portion. To become free of addiction people need enforcement measures used by society.

Swedish drug policy is based on few simple rules. First and main goal of Swedish drug policy is to force addicted people to become free of drugs. In this kind of policy there is almost no place for harm reduction programs. In 1988 drug use in Sweden became fully forbidden. Until this time drugs policy in Sweden was regulated by Drug Use Act from 1968 [7, s.128]. In Sweden there are three kinds of drug crimes, depending on a kind and quantity of drugs. First of them, light crimes are punished with money fine or half a year in prison. Medium crimes can be punished by three years of imprisonment, and heavy crimes can be punished by ten years of imprisonment. Drug selling in Sweden usually end up with imprisonment. Since 1993 even individual consumption can be punished by imprisonment. Swedish police have the right to run a drug test on a suspect or criminals without any special conditions. With the years Swedish drug policy became more and more restrictive, leaving no place for harm reduction programs. The assumptions of harm reduction policy are to cure addicted people so as to reduce the most of addiction effects. This kind of policy is completely unknown for Swedish people because of their faith in zero tolerance drug policy.

The dominant approach to tackling the use of drugs in Sweden is through law enforcement and the criminal justice system. In this respect Sweden's legal framework does not demand heavy sentences when compared to the rest of the European Union and a wide range of alternative sanctions. Sweden also implements other approaches to block drug use including prevention and treatment programs and harm reduction. However, prevention programmes are reported to be primarily fear-based interventions in schools [1, s.190]. Harm reduction programs such as syringe exchange programs are very limited. Although it is not possible to attribute the following indicator to Sweden's policy. Prevalence levels for drugs use are very low in comparison to the rest of European Union countries. These stats reflect the role of the criminal justice system and focus on creating a drug-free society. Important task in Swedish war on drugs is also the availability of recreational alternatives for young people. Key challenge to the Swedish drug policy is to reduce the number of drug-related deaths which is higher than in the rest of European Union. This phenomenon might be caused by the limited availability of treatment and harm reduction programmes [1, s.191].

Marijuana is the focus of the majority of Swedish reporting of drug use. Cannabis is the most commonly used drug in Sweden with a lifetime prevalence figure of 14,4% of the population. However, there are only few academic studies looking at the use of other drugs. A 2013 study found that the most common substances after cannabis in terms of lifetime prevalence are cocaine (3,3%), amphetamine (3,0%), ecstasy (2,4%), opioids (2,2%) and hallucinogens (2,1%) [1, s.191]. In 2006 United Nations commentator Paul Hunt criticised Sweden for lack of harm reduction policy. According to the stats from 2007, about 90% of people who inject drugs by syringe are infected with Hepatitis C virus. Sweden is known worldwide for its respect for human rights, that is why Paul Hunt was confused that addicted people’s problems are ignore by government [2, s.89]. In 2004 Sweden signed Dublin's Declaration which committed them to launch syringe exchange programs. The mainly goal of this program is to stop spreading the HIV virus. Only 6% of addicted people in Sweden are covered by this harm reduction program. In 2006 there was another try to launch syringe exchange programs in Sweden but only cities of Malmo and Lund decided to give it a chance. In these two cities for 26000 addicted people there are only 1200 beneficiaries of this program. It is reported that the Hepatitis C virus is the infection that most commonly affects people who inject drugs. In 2014 Sweden reported 1768 new cases of Hepatitis C virus to the European Centre of Disease Prevention and Control. 757 of them were related to injecting drugs. Experts’ opinions confirm that the proportion of injecting drug users infected with HCV is still high. In 2014, Sweden reported only 8 new Human Immunodeficiency Virus cases among people who inject drugs. However, it is reported that public awareness of HIV and its transmission is at the high level in Sweden. This phenomenon is potentially contributing the low number of new cases [8, s.55]. In 2014, 609 drug-induced deaths were reported in Sweden. This figure represents a significant increase when compared with 460 deaths in 2013. In Sweden this indicator has risen significantly since 2003

when only 211 drug-induced deaths were reported. The majority of these cases were related to opiates and many were injecting more than one drug.

As I mentioned, cannabis is the most commonly used and most freely available drug on the Swedish market. Domestic production of this drug is reported to be increasing. It is reported that this domestic production is connected to transnational organised crime, although it is reported the amount linked to local crime groups has increased in last few years. Cannabis is available to purchase in all areas of Sweden. It is reported that hard drugs, like amphetamine and cocaine and other stimulants are also available in Sweden, although use is concentrated in urban areas. Heroin use is also concentrated to urban areas. Kath and opium use is currently confined to ethnic minority communities. Key way for the importation of illicit drugs includes entry from Denmark via the Oresund Bridge in Malmo and the ferry port of Helsingborg. Second one is most likely because of the speed and availability of these transport routes. Another shocking way for accessing drugs, reported to be rapidly increasing, is the use of mail services to deliver drug orders placed over the internet. More than half of all drug seizures currently relate to postal deliveries [9, s.90]. The primary origin of Sweden's drugs imports are European Union countries. About 90% of drugs seized by Swedish authorities are smuggled from another country within the European Union. The most important sources, according to Public Health Agency of Sweden, are Lithuania (amphetamine and methamphetamine), Poland (amphetamine) and the Netherlands (amphetamine, cannabis). It is also noted that hard drugs like heroin and cocaine are imported from Central Asia and South America.

The key legislation in the field of illegal drugs includes:

1. Penal Law on Narcotics - aims to regulate drugs, their derivatives and other products that can cause harm to the life and health of individuals.

2. Act on the Prohibition of Certain Goods Dangerous to Health - stipulates that substances describe as "goods dangerous to health" may not be imported, transferred, produced, acquired, sold or possessed and lists those substances.

3. Narcotic Drugs Control Act - concerns the control of precursor chemicals including their use in industrial purposes

4. Act on the Destruction of Certain Substances of Abuse Dangerous to Health - set out the mean for the regulation of substances that are dangerous to health but are not yet defined by the law [9, s.92].

As it has been mentioned, Sweden has three levels of penalty which are the same for production, supply, use and possession. The level of penalty is dependent on quantity and type of the drug. Also it can be aggravated later by an individual's involvement in a large scale or professional activities. The outcomes by these factors are not prescribed in the legal framework but are dealt with case-by-case basis. According to the criminologist John Pratt, drugs in Sweden are associated with immigrants' habits. Abstinence of Swedish society is related with their aversion to "foreign dangerous". Committed fight with drugs in Sweden is a sign for common enemy. In that way society became more united and sense of security is rising [2, s. 90]. There is a need to ask a question, if that kind of restrictive drug policy can be effective? According to UNODC, Swedish prohibition policy is making a great success by reducing demand for drugs, while in other European countries drugs became more and more popular. However, when we take a look at some European countries, which drug policy is very permissive, we can see that the liberal drug policy does not need to go hand by hand with the rise of consumption of drugs. So how can we explain the phenomenon of Swedish drug prohibition policy success?

According to the ex-president of UNODC Antonio Costa, the main reason of Swedish drug policy success is determined by their geopolitical placement. This country is place on not popular smuggling trail. Social inequality in Sweden are lower than anywhere in the world by extension rarely comes to cases of social exclusion and unemployment level is one of the lowest in Europe [7, s.109]. In Sweden there exists some kind of social agreement about drug use. Swedish society does not allow producing, selling and using drugs. Another important factor which is the reason why Swedish drug policy is successful is enormous money which this country spends on war on drugs. In recent years, every time when Swedish government increased the budget for war on drugs, the level of their consumption decreased. Unfortunately, even the Swedish society with their restrictive drug policy is not free from problems caused by narcotic drugs. The level of hard drugs demand is similar to the rest of the European countries. Swedish police is very effective when it comes to prevent drug use, but when it comes to prevent drug users from becoming addicted, servants are not that effective. It is really hard to point out

directly connection between Swedish drug policy and low level of drug use in this country. Swedish society is homogeneous in cultural and ethnical way. Most of Swedes share similar conformist attitude and attachment to tradition. Low level of drug use in Sweden is related to historical, cultural and social conditionings. An attempt to introduce Swedish restrictive drug policy in other countries might end up with a huge disappointment.

The Swedish Government's current approach to drug policy is outlined in the 2016-2020 strategy for alcohol, narcotics, doping and tobacco. Swedish drug policy is based on six objectives that are intended to contribute to achieving the overarching objective:

1. Access to alcohol, narcotics, doping substances and tobacco must be reduced.
2. The number of children and young people who star to use narcotics, doping substances and tobacco or who have an early alcohol debut must be reduced.
3. The number of women and men, as well as girls and boys who become involved in the harmful use or abuse of or dependence on alcohol, narcotics, doping substances or tobacco must be progressively reduced.
4. Women and men as well as girls and boys, with abuse or addiction problems must be given greater access to good-quality care and support on the basis of their circumstances and needs.
5. The number of women and men, as well as girls and boys, who die or are injured as a result of their own or others use of alcohol, narcotics, doping substances or tobacco must be reduced.
6. A European Union and international approach to ANDT that is based on public health [1, s.195].

The Swedish Ministry of Health and Social Affairs is the Government's coordinating function for the 2016-2020 Strategy for Alcohol, Narcotics, Doping and Tobacco. It is supported by few national agencies, including the Public Health Agency of Sweden and the National Board of Health and Welfare. ANDT strategy is also supported by three additional government ministries. The first of them is Ministry of Justice, regarding correctional treatment, penal law a police work. In practice, Ministry of Justice is the most important in this kind of restrictive drug policy. The second one is the Ministry of Finance, regarding customs issues and legislation on smuggling. The last one, Ministry of Foreign Affairs, regarding foreign affairs and drugs-related development assistance. There is a national council for ANDT issues, the participants of which include relevant agencies, researchers, civil society representatives, and the Swedish Association of Local Authorities and Regions.

Conclusions:

In this article two European countries with two completely different drug policies have been mentioned. Surprisingly both of them, the Netherlands' and Sweden's drug policy produce similar effects. That is because both of these countries create their drug policy with the participation of their society. However there are also some important differences between those two countries. First of all Sweden's drug policy costs a lot of money. The restrictive character of Swedish drug policy is related to spending a lot of money on police, penitentiary system and the courts. The Netherlands' government thanks to the taxes imposed on cannabis, are getting a lot of money to their budget. Another difference between these two countries is the way their drug policy is dealing with addicted people. In Sweden the most important role belongs to Ministry of Justice, which regarding correctional treatment, penal law and police work. In the Netherlands the primary role belongs to Ministry of Health, Wellbeing and Sport which takes special care of harm reduction programmes. As we can see, Sweden and the Netherlands got completely different ways to deal with narcotic drugs problem but the effects of their drug policies are similar. Both of these countries can say proudly that the level of addicted people in their countries is lower than an average level in other European Union countries. They can also show off a very low level of drug related crimes and their uniformed services are one of the best in the world.

How could it be that two completely different ways to deal with the same problem produce similar effects? That is because the Netherlands and Sweden have been creating their drug policy with the participation of their society. The creators of these drug policies considered historical and cultural conditioning of their society. Another important thing is the geopolitical location of those countries. Sweden is located on an unpopular smuggling trail, while the Netherlands is located on the most frequent smuggling trail in Europe. While creating drug policy, every country in the world should follow Sweden and the Netherlands' example. It is almost impossible to create one kind of drug policy that can be introduced all over the world. Governors of the state while creating drug policy need to take

a look at public moods and dissemination of drug use. Narcotic drugs are still very dangerous but if some people want to use drugs, regardless of the health consequences, country should allow them to by creating responsible and effective drug policy.

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Чяхла Мачей, Політика щодо наркотиків в Швеції та Нідерландах

Ця стаття покликана описати й оцінити дві абсолютно різні політики щодо наркотиків, які існують в Європі. Перша політика – політика Нідерландів з її дозвільним характером. Друга – шведська політика щодо наркотиків обмежувальногом характеру. Основною причиною написання цієї статті був факт, що два різні способи вирішення проблем наркотиків створюють аналогічні ефекти. У цій статті я хочу проаналізувати, як може бути, що два європейських суспільства мають справу з однією і тією ж проблемою, з двома абсолютно різними політиками. Щоб отримати відповідь на це питання, перш за все, я хочу проаналізувати історичну і культурну обумовленість цих суспільств. Інше важливе значення має геополітичне становище цих країн. Останнє, що я хочу дослідити, – це те, як ці країни діють з проблемами наркозалежних людей і як вони діють зі злочинцями. Щоб отримати відповідь на ці питання, я також хочу проаналізувати їх політичну систему, особливо ті міністерства, які відповідають за розробку політики щодо наркотиків. Після аналізу обох прикладів ми можемо побачити, що шведська і голландська політика щодо наркотиків є успішною тому, що ці країни створюють свою політику щодо наркотиків за участю свого суспільства. При розробці політики щодо наркотиків кожна країна в світі має наслідувати зразкам Швеції і Нідерландів, тому що практично неможливо створити один вид наркополітики, який може бути впроваджений у всьому світі.

Ключові слова: *наркозлочинність, наркоманія, заборона, наркотики, зниження шкоди, профілактика, ринок наркотиків, система охорони здоров'я, Швеція, Нідерланди,*

Чяхла Мачей, Политика в отношении наркотиков в Швеции и Нидерландах

Эта статья призвана описать и оценить две совершенно разные политики в отношении наркотиков, которые существуют в Европе. Первая политика в разрешительная политика Нидерландов. Вторая политика – шведская политика ограничительного характера. Основной причиной написания этой статьи был факт, что два разных способа решения проблемы наркотиков создают аналогичные эффекты. В этой статье я хочу проанализировать, как может быть, что два европейских общества имеют дело с одной и той же проблемой, с двумя

совершенно разными политиками. Чтобы получить ответ на этот вопрос, прежде всего, я хочу проанализировать историческую и культурную обусловленность этих обществ. Важное значение имеет также геополитическое положение этих стран. Последнее, что я хочу исследовать, – это то, как эти страны решают проблемы наркозависимых людей и как они решают проблемы преступности. Чтобы получить ответ на эти вопросы, я также хочу проанализировать их политическую систему, особенно те министерства, которые отвечают за разработку политики в отношении наркотиков. После анализа обоих примеров мы видим, что и шведская и голландская политика в отношении наркотиков являются успешными, поскольку эти страны создают свою политику в отношении наркотиков с участием своего общества. При разработке политики в отношении наркотиков каждая страна в мире должна следовать примерам Швеции и Нидерландов, потому что практически невозможно создать один вид наркополитики, который может быть внедрен во всем мире.

Ключевые слова: *наркопреступность, наркомания, запрет, наркотики, снижение вреда, профилактика, рынок наркотиков, система здравоохранения, Швеция, Нидерланды.*