

Letter of Recommendations

Nordic Network on Human Rights and Drug Policy

Date: 28 September 2026

To: The Nordic Council of Ministers, The Nordic Council, the Governments and parliamentary Committees of Denmark, Finland, Iceland, Norway, and Sweden

From: The Nordic Network on Human Rights and Drug Policy, consisting of Foreningen for Human Ruspolitikk (FHR) (Norway), ProLAR Nett (Norway), Brugerforeningen (Denmark), Brugernes Akademi (Denmark), Gadejuristen (Denmark), Föreningen för Human Ruspolitik Sverige (Formerly Linköping Brukarförening) (Sweden), Humaania Päihdepolitiikka ry (Finland), Matthildur, harm reduction organization (Iceland)

Subject: Twelve Recommendations for a More Unified, Human Rights-Based Nordic Drug Policy Framework

PREAMBLE

The Nordic countries are known for strong democratic institutions, high levels of trust, and a commitment to equality and human rights. Yet our drug policies continue to produce preventable deaths, deep inequalities in life expectancy and illegal markets that fund organised crime and undermine the well developed welfare systems on which Nordic societies depend.

We see this as a paradox in Nordic drug policy, a contradiction to the values shared across the Nordic region.

Placing human rights at the centre of the response can help address this contradiction. Nordic cooperation can identify what works and what does not, while the similarities between our societies make it easier to share, adapt and implement effective practices across the region. This is why this letter is addressed both to the Nordic Council of Ministers, The Nordic Council and to national authorities: stronger cooperation can help align approaches and accelerate the adoption of effective practices across the region.

The undersigned organisations are members of the Nordic Network on Human Rights and Drug Policy founded at the [Nordic Mobilization on Human Rights and Drug Policy conference](#), Oslo, 28–29 April 2026^{1,2}. The conference was funded by the Nordic Council of Ministers through the DEMOS programme.

We formally present this letter as a constructive contribution to the work of the Nordic Council of Ministers, The Nordic Council and national authorities on drug policy, and are available to discuss how these recommendations can be implemented

¹ Kankainen, V. & Tammi, T. "Human Rights First: Reflections from the Mobilization on Human Rights and Drug Policy Conference." Nordic Studies on Alcohol and Drugs, 2026.
<https://doi.org/10.1177/14550725261462713>

² Rautoja, Paula. "Conference Greetings: Civil Society and the Call for Drug Policy Reform in the Nordic Countries." Centre for Research on Addiction, Control and Governance (CEACG), University of Helsinki, 11 May 2026.
<https://www.helsinki.fi/en/researchgroups/addiction-control-and-governance/news/conference-greetings-civil-society-and-the-call-for-drug-policy-reform-in-the-nordic-countries>

The recommendations that follow are grounded in the [International Guidelines on Human Rights and Drug Policy](#)³, and the advice of the Office of the UN High Commissioner for Human Rights as well as other human rights mechanisms that have called for states to adopt a [Transformative Approach to drug policy](#)⁴, one that takes control of illegal drug markets, reduces the profits from illegal trafficking, and puts human rights at the centre of drug-policy decisions.

A note: some recommendations below are directed primarily at the Nordic Council of Ministers and the Nordic Council as regional bodies; others are directed at national governments and their parliaments. Where relevant, this is indicated. The Nordic Council of Ministers can facilitate, recommend, and fund cross-border cooperation; the Nordic Council can support and advance this work, and national governments and parliaments retain legislative authority. We ask all to act within their respective mandates.

THE TWELVE RECOMMENDATIONS

Recommendation 1 Ensure Full Human Rights Alignment in All Drug Policy Decisions *[Nordic Council of Ministers + National Governments]*

This recommendation is the foundation on which all others rest. We call on the Nordic Council of Ministers and national governments to commit to aligning all future drug policy decisions with the International Guidelines on Human Rights and Drug Policy, and to adopt the Transformative Approach recommended by the UN High Commissioner for Human Rights.

In practice, this means:

- Conducting human rights impact assessments of current drug policy before introducing or extending punitive drug measures.
- Removing legal and regulatory barriers that prevent people who use drugs from accessing healthcare, legal aid and social services.
- Ensuring that the obligations contained in the UN human rights framework are reflected in national drug legislation and practice.
- Creating concrete plans that ensure access to shelter, food, water and medicine during crisis situations for people with substance use challenges, safeguarding their right to health in crisis.

The International Guidelines on Human Rights and Drug Policy — developed by UNDP, UNAIDS, OHCHR, and WHO — apply existing binding international human rights law to drug policy. No drug policy may violate human dignity, no person loses their rights because of drug use and states have binding obligations on health, non-discrimination, and freedom from cruel and degrading treatment. Drug policies that punish and stigmatise do not meet that standard.

³ International Guidelines on Human Rights and Drug Policy. New York: United Nations Development Programme (UNDP), Joint United Nations Programme on HIV/AIDS (UNAIDS), OHCHR, and World Health Organization (WHO), 2019.

<https://www.undp.org/publications/international-guidelines-human-rights-and-drug-policy>

⁴ Türk, Volker (UN High Commissioner for Human Rights). "The International Pursuit of Sensible Regulation of Drugs." Statement, Office of the United Nations High Commissioner for Human Rights (OHCHR), 4 December 2024.

<https://www.ohchr.org/en/statements-and-speeches/2024/12/hc-turk-international-pursuit-sensible-regulation-drugs>

Recommendation 2 Ensure the Meaningful Participation of Organisations Representing People Who Use Drugs *[Nordic Council of Ministers + National Governments]*

Organisations that represent people who use drugs and their significant allies must be equal partners and stakeholders in all areas of drug policy, from community-level harm reduction to national legislation. The expertise, knowledge and lived and living experience of people who use drugs are essential resources for developing effective and impactful policy.

We recommend:

- That organisations representing people who use drugs and their significant allies receive stable, sufficient funding to ensure genuine participation at all levels - from municipal to national social- and health services and policy processes.
- That Norway and Denmark, which already have established user organisations operating in this capacity, share their framework of rights based participation with Nordic partners.
- That the Nordic Council of Ministers establish a Nordic Working Group, including the new Nordic Network and the Nordic research network, to oversee the implementation of these recommendations and report on progress. Should a Nordic Drug Policy Observatory, as proposed in Recommendation 9, be established, this working group's function can be transferred to the Observatory.
- Concrete measures to end stigma against people who use drugs should be a priority across the Nordic region.

“Nothing about us without us” is a core principle in rights-based work. Norway and Denmark have already demonstrated that organisations who represent people who use drugs and their significant allies function as genuine partners in policy. This is based on knowledge based practice consisting of three equal pillars: [research, professional expertise, and the user voice](#).⁵ This model should be the Nordic standard.

Recommendation 3 Integrate Harm Reduction into Social and Healthcare Systems *[National Governments]*

Harm reduction must be a core pillar of national, regional and municipal social and healthcare, not a marginal activity dependent on project funding or local political goodwill.

We recommend:

- That harm reduction services (access to full spectrum harm reduction, including but not limited to safer use supplies, drug analysis, counselling, outreach) be fully integrated into social and healthcare systems in all five Nordic countries.
- That funding for these services be guaranteed through social and health budgets, ensuring continuity regardless of local political shifts.
- That the leadership and expertise of people who use drugs be central to the design and delivery of harm reduction services.
- That all Nordic countries work toward full-spectrum harm reduction coverage, drawing on existing Nordic experience with proven effective results.
- Ensure that funds allocated to these services actually reach them. All too often funds which are not specifically earmarked get used for other things.

⁵ Knowledge Based Practice, Kunnskapsbasertpraksis.no. (2024, October 24). *Professional guidelines*. Helsebiblioteket. <https://www.helsebiblioteket.no/inhland/artikler/kunnskapsbasert-praksis/kunnskapsbasertpraksis.no#4kritisk-vurdering-47-faglige-retningslinjer> (Norwegian)

Recommendation 4 Establish National Naloxone Programmes in All Nordic Countries *[National Governments]*

Naloxone is one of the most cost-effective life-saving interventions available in public health. Several Nordic countries already have national naloxone programmes. We call on those that do not, to implement them, and on all Nordic countries to ensure:

- Naloxone is available without prescription and at no cost to people who use drugs, their families and first responders.
- Distribution reaches people where they are, through pharmacies, harm reduction services, peer networks and emergency services.
- Countries with established programmes actively share their experience and protocols with those building new ones

Recommendation 5 Implement and Fund Drug Consumption Rooms *[Nordic Council of Ministers + National Governments]*

Drug Consumption Rooms (DCRs) have a strong and consistent [evidence base](#)⁶. They reduce overdose fatalities, prevent the spread of HIV and Hepatitis C, and serve as a point of contact for treatment and social services. Several Nordic countries already operate DCRs.

We recommend:

- That all Nordic countries explore the implementation of DCRs as a permanent, publicly funded health measure.
- That countries with operating DCRs ensure that their services are, at all times aligned with the current needs of their users and reach the diverse groups within their target population. They should share their experience, data, and operational models with Nordic partners considering implementation of DCR.
- That the Nordic Council of Ministers facilitate this knowledge exchange as part of its public health cooperation mandate. Facilitating knowledge exchange, which strengthens Nordic cooperation in the field, could be assigned to a Nordic Drug Policy Observatory as proposed in Recommendation 9.

We recognise that national political contexts differ. We ask governments to engage with the evidence openly and to allow that evidence to lead the policy discussion.

Recommendation 6 Expand Access to Medical Cannabis *[National Governments, with Nordic Council of Ministers facilitation]*

Current regulations often create unnecessary barriers to patients with unmet medical needs. We call for a harmonisation of medical cannabis policies across the Nordics to ensure that:

- Prescribing criteria are evidence-based and consistent.
- Cost barriers are removed for patients with chronic conditions.
- Access is treated as a standard component of pain management, palliative care and other relevant treatment modalities.

⁶ Harm Reduction International “Drug Consumption Rooms – Service Models and Evidence” Thomas Kerr, Mary Clare Kennedy and Colleen Daniels © Harm Reduction International 2025 https://hri.global/wp-content/uploads/2025/03/DCRs_ServiceModels_Evidence.pdf

Recommendation 7 Eliminate the Life Expectancy Gap for People Who Use Drugs *[National Governments]*

People who use drugs in the Nordic region face a significantly lower life expectancy than the general population⁷. This gap is a measurable consequence of policy choices and inconsistent with the Nordic commitment to equality.

We call for:

- Targeted national health strategies specifically designed to close the life expectancy gap for people who use drugs
- Substance use challenges to be treated with the same level of urgency and resource allocation as other conditions producing comparable mortality
- Disaggregated health data to be collected and published, so the gap is visible and progress can be measured
- Ensuring full spectrum Social and Health services are available where people come or meet.
- Ensuring swift, safe and effective access to screening and treatment of HIV, HCV and other diseases, across the Nordic region and beyond.

Recommendation 8 Guarantee Access to Mental Health Care Regardless of Drug Use Status *[National Governments]*

No person should be refused mental health care because of their drug use. This happens all too often. We call on all Nordic governments to:

- Establish enforceable policy through binding professional guidelines that explicitly prohibits discrimination in healthcare settings on the basis of substance use or use history.
- Ensure a solid standard of care for mental health issues and substance use conditions.
- Ensure that mental health services and addiction treatment services are coordinated, not siloed.
- Allow evidence-based novel mental health and addiction treatments utilising controlled substances (such as psychedelic assisted therapy) in public health services and prioritise access to people with substance use challenges.
- Ensure quick and equal access to treatment to remove long wait times.
- Ensure that people entering mental health care are stabilised and offered agonist medication for the duration of their stay if needed.

Ensuring healthy lives and promoting well-being for all, applies to every person, regardless of their drug use status. Nordic healthcare systems should reflect this without exception.

Recommendation 9 Establish a Nordic Drug Policy Observatory *[Nordic Council of Ministers]*

In order to translate these recommendations into concrete actions and measurable policy changes, we propose that the Nordic Council of Ministers establish a permanent Nordic Drug Policy Observatory to:

- Monitor the implementation of these recommendations across all five countries
- Monitor drug policy changes and what the effects of these policy changes have been in other countries.

⁷ GBD 2019 Nordic Drug Use Collaborators, Agardh EE, et al. "Disease Burden Attributed to Drug Use in the Nordic Countries: a Systematic Analysis for the Global Burden of Diseases, Injuries, and Risk Factors Study 2019." *International Journal of Mental Health and Addiction*, 2023.
<https://doi.org/10.1007/s11469-023-01131-w>

- Collect and publish comparable data on drug-related health outcomes, criminal justice interventions and civil society capacity.
- Share best practices and facilitate policy learning across the region.
- Monitor and analyse the scientific evidence regarding novel mental health treatments utilising controlled substances and how they can be used in public health services.

This observatory can be developed as an extension of, and in cooperation with, the existing Nordic research network, ensuring it is grounded in independent evidence rather than government reporting alone. The Nordic Network on Human Rights and Drug Policy would be a natural partner in such an observatory, ensuring user participation and that current trends are reflected in all feedback. We ask the Nordic Council of Ministers to consider the scope, funding and governance of such an observatory.

Recommendation 10 Agonist-based Pharmacotherapy for People Who Have Substance Use Challenges *[National Governments]*

People with substance use challenges should have quick access to evidence-based agonist treatment in order to improve health and establish safer use, which can in turn reduce the size of criminal drug markets. Several Nordic countries already have such services.

We recommend:

- The development and/or implementation of best practice evidence-based agonist treatment methods for opioids, stimulants and other substances.
- Ensuring that access to agonist treatment has a low threshold and that people in treatment are allowed continued access to treatment.
- Removing unnecessary hurdles to treatment, such as daily visitation requirements.
- Approving and implementing the use of multiple types of agonist and maintenance medication.
- Giving people in treatment proper information on the side-effects and long term profiles of prescribed medications.

Recommendation 11 Monitor and Collectively Respond to the Global Civil Society Funding Crisis *[Nordic Council of Ministers + National Governments]*

The dramatic decline in global funding for civil society, driven by the winding down of USAID and the retreat of several traditional donor countries from international development commitments, is creating a vacuum with direct consequences for Nordic interests.

On public health: the withdrawal of harm reduction funding in low- and middle-income countries is already contributing to rising rates of HIV and Hepatitis C globally. These are not distant problems. The progress the Nordic countries have made in reducing infectious disease can be undermined by this development.

On security: the withdrawal of funding and civil society support creates conditions for social unrest, which organised crime networks — the same networks that operate in Nordic drug markets, can exploit to expand their influence. Continued investment in civil society is a more effective and less costly response than addressing this only after it happens

We recommend:

- Securing funding for Nordic civil society organisations and monitoring the effect of funding cuts that have led to diminished capacity to address substance use challenges.
- That the Nordic Council of Ministers establish a monitoring mechanism to track the global civil society funding gap and its downstream effects on Nordic public health and security.
- That Nordic countries explore the establishment of a collective Nordic fund to support civil society organisations working in communities at heightened risk, where the withdrawal of international funding has left the greatest gaps

We recognise the collective Nordic fund is an ambitious proposal. We present it as a medium-term ambition and invite the Nordic Council of Ministers to initiate a scoping study as a first step.

Recommendation 12 Use Prevention Methods That Have Proven Positive Outcomes [Nordic Council + National Governments]

Prevention efforts designed to reduce the prevalence of drug use should be aligned and based on international guidelines that have proven positive outcomes.

We recommend:

- That Nordic countries align prevention efforts with, at a minimum, the UNDP, UNAIDS, OHCHR, and WHO International Guidelines on Human Rights and Drug Policy, and the UNODC/WHO [International Standards on Drug Use Prevention](#) (2nd updated edition, 2018)⁸
- That Nordic countries end the use of drug-sniffer dogs for random searches in schools⁹ and random drug testing (urine/biological testing) of students.

CONCLUSION

The Nordic countries have the values, the institutions and the civil society capacity to lead the way in demonstrating that humane, health- and human rights centred drug policy is not only possible but necessary for a safe and democratic society.

The recommendations in this letter are expressions of long held Nordic values and tradition. We ask that they are applied equally to people who use drugs

We are the Nordic Network on Human Rights and Drug Policy — eight organisations from five countries, newly formed and committed to this work for the long term. We stand ready to collaborate with the Nordic Council of Ministers, the Nordic Council and national authorities to turn these recommendations into action.

We respectfully request a formal response to this letter by 16 October 2026 and would like to ask for the possibility of a follow-up meeting to present the recommendations and discuss next steps either in-person or by video conference.

⁸ International Standards on Drug Use Prevention, Second updated edition. Vienna: United Nations Office on Drugs and Crime and the World Health Organization, 2018. Licence: CC BY-NC-SA 3.0 IGO.

<https://cdn.who.int/media/docs/default-source/substance-use/standards-180412.pdf>

⁹ International Guidelines on Human Rights and Drug Policy (2019), III.1.1, “Prevention”: States should “avoid random drug testing, sniffer dogs, and strip searches in schools.”

<https://www.humanrights-drugpolicy.org/guidelines/obligations-arising-from-the-human-rights-of-particular-groups/children-prevention/>

One such opportunity could be at the Nordic Council's Annual Autumn Session, 26–29 October 2026, in Helsinki. We recognise the short timeline this presents and would welcome a meeting at another time that suits your calendars, whether before or after the Session.

SIGNATORIES

On behalf of the Nordic Network on Human Rights and Drug Policy:

Norway

Foreningen for human ruspolitikk (FHR)

ProLAR Nett

Denmark

Brugerforeningen

Gadejuristen

Brugernes Akademi

Sweden

Föreningen för Human Ruspolitik Sverige (Formerly Linköping Brukarförening)

Finland

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