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Towards Drug Free Society: A study of Sweden's Illicit Drug Policy

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Degree report, spring 2008 **(**15 higher education credits)

Author: **Fazal Haq Sahibzada**

Supervisor: **Syeda Shahanara Begum**

Abstract

The degree report is about towards Drug Free Society; a study of Sweden's illicit Drug Policy. Sweden was the country faced illicit drug abuse problem in the 20th century, especially in 1960s. To overcome the increase of the problem Sweden started restrictive illicit drug policy with slogans like drug free society and drugs cannot be accepted in Swedish society etc. The restrictive measures control the dispersion of the abomination; however, illicit drug consumption is still a problem of Swedish society, especially among the adolescents.

The main purpose of the report is to investigate the Swedish restrictive drug policy achievements. Further to look at the Swedish model in comparison with other European countries in illicit drug abuse among young adolescents.

The report starts the introduction of illicit drug abuse, background and purpose of the study in a Swedish context. Second chapter gives some background about illicit drug abuse trends in Sweden in a historical perspective. Some concepts related to the restrictive drug policy are studied in the third Chapter. Chapter four highlights review of the available literature regarding illicit drug abuse and the policy of the state. Methodological issues are discussed in Chapter five where secondary data of statistics is used for the analyses of the research questions. Findings of the study report are consisted in chapter six. The last chapter is the conclusion of the report.

The study report shows that the "Drug free society" task has not achieved so far and findings demonstrate the variations of illicit drug consumption by young adolescents after the implementation of restrictive illicit drug policy. At the same time the restrictive policy has striking achievements in illicit drug abuse consumption in comparison with other European states.

Key words*: Illicit drug abuse in Sweden, young adolescents, drug free society, restrictive illicit drug abuse policy, Sweden comparison with Europe.*

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Chapter 1

Introduction

Drugs abuse has been a problem since the beginning of recorded history. In the contemporary period from 1920 till the present day it is the most serious problem of the west as well as East. It has been specified that Drug abuse in the past was considered the use of opiates (morphine, opium and heroin) but today this context has widened and include all those Amphetamines Types of Stimulants (ATS) and depressants that may be tobacco, sleeping pills, and the dangerous/more use of Alcoholic drugs, and cannabis, cocaine & heroin use through Syringe sharing creates multiple problems throughout the globe, especially in the health sector. Pharmaceutical drugs which were previously used for psychological troubles, but afterwards they were regularly taken by the abusers with or without the advice of medical doctors. According to United Nations Office on Drugs and Crime (UNODC) report 2008, only cannabis global users are attracted close to 160 million customers annually, or 3.8 per cent of the population aged 15 to 64, and is the leading drug which is abused globally (UNODC 2008). Further UN has declared that Drug abuse in Europe has been expanding over the past three decades (UNODC 2007).

In Sweden drug abuse was unknown until 1930s, though it was assumed as a problem since 1930s when few cases were found. Excessive use of drugs was first reported in 1933 but was a very limited incident. As illustrated by Goldberg (1968) that in 1940, a total of 70 known cases of drug abuse, mainly of opiates were registered (Goldberg 1968. Cited in; UNODC 2007). Historically, Sweden has not had a problem with illegal drug use and as in many other western countries, this changed in the 1960s because of excessive use of illicit drugs and liberal drug policy of the time. To prevail over the problem the Government started with restrictive policy measures like Narcotics Drug committee (1965), Stockholm experiment (prescription drugs) 1965-67, Swedish National Methadone maintenance programme (1966), The Narcotics Drug Act (1968), The 1969 ten-point anti-drugs programme etc were first taken steps to combat drug abuse in the society (UNODC 2007). Although Swedish drug control model is unique which has positive affects so far and according to UNODC Illicit Drug Index that Sweden very low value of drug abuse indicates that its drug problem is small, compared to that of other states (UN 2007). At the same time Sweden has drug abuse problem either small or large and its drug policy has criticized because of some deficiencies in the policy in attainment of the target and also the availability of drugs. Still drug abuse is a serious social problem especially among the targeted groups and according to the report of The Swedish

Council for information on Alcohol and other Drugs (CAN), the leading illicit drug for abuse is cannabis especially among young groups including adolescents, followed by amphetamines, ecstasy and other drugs (CAN 2007a).

Drug abuse is associated with social disintegration, poverty, homelessness and unemployment. Chronic drug users tend to be alienated from their families, out of schools and away from home, and to have family problems and a circle of friends in which drug use is wide spread.

Prashant (1993) describe two Schools of thoughts about the factors; According to one school of thought *"addiction is basically a psychiatric problem and probably related to other forms of abuse, such as alcoholism or excessive use of psychotropic substances"*. The other school of thought believes that *"addiction is caused by the environment, broken houses, scum areas, bad associates and the like"* (Prashant 1993, p.230). It can be argued that no single factor can be said to be the cause of addiction and there can be many other contributing factors.

The undesirable consequences of drug abuse by the young include dependence, over dose, accidents physical and psychological damage and sometimes premature-death. The danger impacts of drug abuse put emphasis on by the spread of Hepatitis B/C and HIV/AIDS kind of diseases among users of injectable drugs who have shared infected needles and syringes.

1.1: Purpose of the Study

Illicit drug abuse is increasing day by day even more measures have been taken globally to overcome the problem. According to United Nations Commission on Narcotics Drugs "More people are abusing drugs today than in any other time in history, and many of those people are youth" (UN 1999). Every country has different approaches in terms of social policies to overcome the problem of drug abuse, and Sweden has considered being the very restrictive policy since 1970s to combat drug abuse problem in the country. The country has a unique approach. i.e. "Drug Free society" slogan and Drugs cannot be accepted in the society, though for almost in the last three decades the task is not achieved, but compare to other European countries where the approaches are quite liberal, Sweden has quite low consumption in illicit drug abuse. It has been showed in annual school surveys in Sweden since 1971 conducted by CAN, where illicit drug prevalence indicates decline among adolescents. According to the report of CAN, the major contributions of annual surveys are to monitor the development of Alcohol and Illicit drug use from occasional experimentation to long term (daily or nearly daily) abuse by adolescents (CAN 1993).The comparative study results conducted by The European School Survey Project on Alcohol and other Drugs (ESPAD 2003) also shows the

very low prevalence of illicit drugs among adolescents in comparison with other European countries (Hibell, et al 2004).

Although in Sweden there is low prevalence of illicit drug abuse but it does not mean that it is a society free of drugs and still it is considered one of the major social problems of the state. Maria Larsson (Minister for Elderly Care and Public Health) has commented that "we have far from solved the drug problem…." (See UNODC 2007). Therefore the aim of the grade report is to look the illicit drug abuse among young adolescents in a developed society like Sweden, and to study the Swedish restrictive and "Drug Free society" policy measures, to know that either the policy is implemented (the expected outcomes are achieved) or still it is in the process. According to The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) that, Sweden has simultaneously adopted two interlinked action plans, one for alcohol and one for illicit drugs (EMCDDA 2006). For that reason the report will only present the illicit drug abuse picture with Swedish restrictive drug policy. The target population will be young adolescents (15-16) because of the two reasons; first it is the most targeted group in illicit drug abuse problem in any society and second because of the available and accessible statistical data, as the research questions will be analysed with statistics to find out the actual picture of the problem and the policy implementation. The report will also give some statistical comparisons of Sweden illicit drug consumption with other European countries to look in depth of the Swedish policy results with a broader perspective.

1.2: Research Questions

- The main purpose of the report is to study Swedish illicit drug policy in terms of the success, i.e. "Sweden a drug free society".
- To compare Sweden with other European countries in the achievement of the task, i.e. "drugs free society".

The research will be conducted through statistical data available, especially from CAN, ESPAD, EMCDDA and other databases. At the same time the policy will be critically assessed through different researches and articles in the field. The age limit for this study will be adolescent's youth, i.e. the ages used in the earlier researches that has done already. The research is an attempt to assess the implementation of the Swedish strict drug policy where drugs are unbearable in the society or zero tolerance and to find out that either the policy has worked/perfectly implemented or still it is in the process of the target achievement.

The grade report has seven chapters. The first chapter is the introduction of the report, where the background of the problem and the purpose of the study are mentioned. The next chapter provides some historical background of illicit drug abuse trends in Sweden. In the third

chapter of the report there is some conceptual discussion related to illicit drug abuse policy in Sweden where the emergence of restrictive drug policy, earlier legal measures, current policy and its three pillars, current national action plan and legal frame work has been discussed. The forth chapter comprises the review of the literature. Methodological work covered, in chapter five. Chapter six deal with major findings of the study. Data is used for analyses from statistical database of annual reports from The Swedish Council for Informations on Alcohol and Other Drugs (CAN), European School Survey project of Alcohol and other Drugs (ESPAD) and European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The analyses chapter has found the true picture of the restrictive illicit drug policy of the country and its implementation. The final chapter of the report is conclusion. In the chapter there is the evaluative discussion of the study, some fruitful recommendations and future directions for research in the field of drug abuse are mentioned.

Chapter 2

Drug Abuse development in Sweden (a historical perspective)

2.1: Earlier Development

Drug abuse prior to 1965 was unknown in Sweden. It does not mean that drugs were not existed in the society but the problem was not seriously taken as in the middle of the sixty decade. According to the report of the CAN that "there is no information available from before 1965 which could allow a comprehensive picture of the drug abuse…" (CAN 1993). The report has given some perspective of the consumption of various types of illicit drugs in Sweden. Historically different studies and reports showed that Amphetamines were first drugs which were initiated for medical purposes and came to Sweden in 1938 (CAN 1993). Rapidly it spread among the people to use for different types of health problems and it was recommended by professional journals and in news papers. In 1939 the consumption was little bit decreased because of the prescribed Opiates (e.g., opium, heroin, morphine) entrance in the society. It was estimated that at the time there were about 200 opiates abusers whom were known or in contact with the physicians (CAN 1993).

In the beginning the prevalence of prescribed drugs in Sweden in terms of opiates and especially Central nervous stimulants (CNS) like Amphetamines soon became extensive for non medical use or abuse. In 1942 it is estimated that 6 million pills of amphetamines types of stimulants were sold in one year only and 200,000 people were estimated whom used CNS stimulants and 3,000 individuals who were daily abusers of about 10-15 pills of these stimulants (CAN 1993). In 1944 amphetamines were classified as narcotics drugs and were restricted (CAN 1993). The abuse of amphetamines spread from individual towards group abuse and the first group was found in Stockholm in mid forties and that was musician group (CAN 1993). The situation became worse when intravenous technique grew in 1950s among individuals and especially in groups. Though amphetamines were classified as narcotics but still the prescribed medication by physicians were available and people took advantages to abuse drugs. In 1961 the legal sales of CNS stimulants were 33 million pills and it was decreased to 5 millions in 1965 which lead to the illegal importation of the drugs and also increased the number of abusers (CAN 1993).

The second drug commonly abused in Sweden was cannabis (marijuana and hashish). Prior to 1965 cannabis was smoked in a very limited extent but after that hashish smoking became popular drugs among musicians and youth groups of the time. Other illicit drugs like LSD, other hallucinogens and cocaine were rarely abused drugs before 1965 (CAN 1993).

Barbiturates were commonly psychotropic abused drugs before 1965 but it was introduced for therapeutic purposes in 1903 (CAN 1993). Later on Barbiturates were started to prepare in new shapes like chlormethiazole (Heminephrine) in 1959, chlordiazepoxide (Librium) around 1960 and diazepam (Valium) in 1962. Surveys of young people tend to show that about 60 per cent of those who have tried illegal drugs have used cannabis only, while 5–10 per cent has used other drugs than cannabis only. Amphetamines used to be the second most common drug type, but they now share second place with ecstasy. Illegal use of pharmaceuticals (most often sedatives/tranquillisers), however, is as common as use of ecstasy and amphetamines, (CAN 2005). Cannabis and CNS stimulants (amphetamines etc) remained the main drugs of abuse since the beginning but other drugs like opiates and LSD are also abused drugs in Swedish history of drug abuse.

2.2: Turning point in Swedish drug abuse development

Drug abuse became a serious social problem in Sweden in 1965 and began to be viewed an issue in mass media and among politicians and civic authorities of the time. So the year 1965 can be seen as a turning point in the drug abuse development in Sweden (CAN 1993). After two years in 1967 the Narcotics Drug Committee (1965) reported that 2,500 individuals were injecting or using drugs on a regular basis in Stockholm metropolitan area only and about 6,000 heavy drug abusers in the country (CAN 1993). It can be said that the latter part of the 1960s considered the emergence of the drug abuse as a serious social problem.

In the second half of the 1960s, more serious forms of drug abuse increased considerably. This period may be seen as the establishment phase of modern drug abuse. Available data indicate a certain stabilisation during the first years of the 1970s, but the second half of that decade was characterized by increasing trends for drug offences and drug seizures as well as for injection related hepatitis infection and drug-related deaths. This period was when heroin was introduced in earnest in Sweden. Later and more careful surveys have shown that heavy drug abuse has increased since then. The number of people with heavy drug abuse was estimated at 15 000 in 1979, at 19 000 in 1992 and at 26 000 in 1998. Heavy drug abuse here refers to injection of illegal drugs in the past 12 months (regardless of frequency) or daily/near-daily use of illegal drugs in the past four weeks (CAN 2006).

Comparison between available indicators – mainly data on seizures and criminal-justice, health-care and cause-of-death statistics – and survey findings illustrate a relatively similar picture of tendency in heavy drug abuse, with rises especially in the 1990s. The indicators point to a continued increase after 1998 as well. For the most recent years, however, some sources indicate a stabilisation or even a decrease. Inpatient-care figures have been falling for

a few years, even though this may be a result of the shift towards outpatient care. Drug deaths have stopped increasing and have indeed fallen by 4 per cent between 2001 and 2003, which may be due to the introduction of Subutex in substitution treatment for opiate addicts. Drug prices have also remained relatively unchanged in the 2000s, and even though seizure statistics are no longer fully comparable, at least there does not seem to have been any major rise in the number of seizures in the most recent years. At the same time, however, no fall is discernible in criminal-justice statistics. While there may seem to have been a break of the trend, the picture is thus neither uniform nor obvious (CAN 2006).

Chapter 3

Illicit Drug Policy Related Issues

3.1: What is Drug Abuse?

Drug abuse is the habitual misuse of a drug. It includes the use of illegal drugs or the use of prescription medications for non-prescribed purposes. It can also include the use of substances such as nicotine and/or alcohol. Some people who abuse drugs become addicted. This involves the uncontrollable craving and misuse of drugs, as well as other self-destructive behaviours (Tellioglu 2004). In Sweden use of and/or handling of drugs is illegal and all use is considered abuse (RFHL 2004). Nearly all drugs are called psychoactive substances that people take to change the way they feel, think or behave. According to United Nations that some of these substances like alcohol and tobacco are considered dangerous but are not called drugs. The term drugs also cover a number of substances that must be used under medical supervision to treat illnesses. The most commonly abused drugs are Alcoholic Drugs, prescription medications (such as sedatives), cocaine and heroin and cannabis.

Some people who abuse drugs become addicted. Tellioglu (2004) has distinguished addiction from abuse and stated; "Addiction is a chronic situation that involves the uncontrollable craving and use of drugs despite the potential or actual harm to the person that may result from it. Addiction is different from using a large quantity of drugs or using drugs frequently. Those addicted to drugs often cannot quit by themselves and must receive treatment to help them to stop using" (Tellioglu 2004).

3.2: Classification of illicit Drugs and its abuse in Swedish context

Tellioglu Tahir (2004) has classified different types of legal and illegal drugs which can be taken in variety of ways, such as swallowing pills, smoking and injection in a vein. These are;

- Cannabinoids includes Hashish (hash) and Marijuana.
- Depressants types include Barbiturates, Benzodiazepines and Methaqualone.
- Club drugs are Methylenedioxymethamphetamine (MDMA), commonly known by the street name ecstasy or XTC, Gamma-hydroxybutyrate (GHB) street names include *liquid ecstasy* and *soap*, Ketamine Anesthetic, Rohypnol also called *flunitrazepam* and *roofies* and Methamphetamine *Crystal meth* is among its street names.
- Hallucinogens types include, Lysergic acid diethylamide (LSD), Phencyclidine (PCP), sometimes called *angel dust*, Mescaline and Psilocybin.
- Opioid includes; Codeine, Fentanyl, Heroin, Morphine, Opium, Oxycodone and Hydrocodone.

- Stimulants include Amphetamines, Cocaine, and Nicotine.
- Inhalants including glue, gasoline, aerosol sprays and paints thinner (Tellioglu 2004).

Cannabis has long history in Swedish drug abuse problem and is very popular illicit drugs among young adolescents. In addition cannabis being smoked today is much more potent then 1960s and in 1970s (Fries 2003). Evidence shows that amphetamines are the second drugs abuse by adolescents and were introduced into Sweden in1938 for weight loss and as stimulants (Laferniere 2002). Studies on Heroin/cocaine use shows that such drugs in Sweden were not so common until the late 1960s and its abuse has expanded over the years. Reports on illicit drug consumption also reveals that pharmaceutical drugs; LSD, Ecstasy, Benzoids and GHB abuse has also increases among adolescent students of the country.

3.3: Towards a restrictive drug policy

Different policy measures were taken by Swedish authorities to confront the abuse of illicit drugs after 1960s: compulsory institutional care of drug abusers 1982 (which was reformulated three times); creation of a legal framework to offences related with drugs (sell, distribution and possession of drugs); different programs based on the perspective of reduction of harm (legal prescription of drugs, methadone maintenance program, needle exchange, etc), National plan of Action (1995), National action plans (2002-05) and the current plan (2006-2010), anti drug centers in different municipalities and districts creation of committees and commissions to diagnose, analyze and propose measures to overcome the problem (UNODC 2007, Edman 2005).

In the first years of the emerging drug problem, authorities in Sweden usually took measures that restricted the availability of a specific drug by introducing prescribing drugs by authorise medical doctors, for instance amphetamines in 1940s. In addition, the National Medical Board issued circulars which alerted the medical profession that certain drugs were particularly liable to abuse. Immediately after their introduction, the level of sales declined as was the case for amphetamines in 1943. Similarly, in 1962, subsequent to a warning from the National Board on the dangers of certain groups of drugs and restrictions for doctors to prescribe amphetamines, the number of prescriptions for these substances declined significantly. As drug use further expanded in the 1960s, it became clear that these actions, limited to a small number of specific drugs and were no longer sufficient to address the growing drug problem. In response to a parliamentary question, the Minister of Social Affairs of Sweden announced in May 1965, that an expert group on Narcotics Drug Abuse to review the problem would be set up within the National Medical Board and in January 1966, the group was reorganized and enlarged to form a Narcotics Drug Committee, comprising five subcommittees, on legislative

aspects, on therapeutic approaches, on technical-diagnostic problems, on social medical aspects and on methods of prevention. The committee presented the first comprehensive study report (SOU 1967: 25) regarding the problem and second report (SOU 1967: 41) about the possible control of the problem. An experimental project of 1965, regarding the prescribed illicit drugs to the abusers were stopped in 1967 after two years because of high increase of ratio of abusers instead of decrease and death and high criticism by the law and order authorities of the country.

The Narcotic Drugs Act (*Narkotikastrafflag (1968:64)*) was adopted in April 1968. The Act made the transfer, manufacture, purchase and possession of drugs a punishable offence and lays down penalties for drug-related crime. The 1969 ten-point anti-drugs programme also strengthened the Law and Order and civil society's struggle to cope the problem. The same year a collection of facts about drugs ("Fakta om narkotika") was disseminated. At the same time, an advertising campaign was conducted in the newspapers concerning the risks in the misuse of drugs. In January 1970, Sweden participated in the first special session of the United Nations Commission on Narcotic Drugs in Geneva, and gave its firm support to the Draft Protocol on Psychotropic Substances.

The theoretical foundation of Sweden's restrictive drug policy of the 1970s and 1980s appears to be largely based on the work of Nils Bejerot (medical doctor), who is sometimes referred to as the founding father of Swedish drug control policy, because of his massive work since 1954 to overcome the problem. In 1969, his foundation the 'Association for a Drug-Free Society' (RNS) played an important role in shaping Swedish drug policies (UNODC 2007).

3.4: Legal Acts regulations in terms of control measures

The major legal acts in the Swedish drug policy can be summarized as; 1968, Narcotics Drugs Act (*Narkotikastrafflag* (1968:64) adopted which covering the whole legal offences in illicit drug abuse, and amended several time according to the drug abuse situation. In 1969 Maximum sentence for serious offences raised to 4 years imprisonment and Maximum sentence for serious offences raised to 6 years imprisonment, in 1972 Maximum sentence for serious offences raised to 10 years imprisonment and in 1980 Circular of Prosecutor-General on certain questions regarding the handling of narcotics cases: dropping of prosecutions for drug offences should be limited to cases involving only possession of indivisible amounts of drugs. The restrictions were continued and in 1981 Maximum sentence for non-serious offences raised to 3 years imprisonment, minimum sentence for serious offences raised from 1 to 2 years imprisonment and introduction of coercive care for drug abusers. Further in 1985 Prison term for minor drug offences raised to maximum of 6 months and in 1988 Drug use

becomes punishable offence, punishable with fine. Other acts includes, 1988 Act on Treatment of Alcoholics and Drugs Misusers (1988:870) and in 1993 Drug use becomes imprisonment offence (1992/93:142), (UNODC 2007).

The major control measures that have been enacted regarding drug abuse include: Pharmacies and pharmaceutical specialities (proprietary brands) products are controlled by the royal ordinance concerning trade in pharmaceutical specialities of 15 June 1934 (Specialitetskungörelsen). The unit managing drug control and the supervision of the pharmacies is the pharmacy division of The National Board of Health (Kungl. Medicinalstyrelsen), divided into four sections where The narcotic section handles questions regarding narcotic drugs - i.e., import, export, sale and legal matters concerning these drugs.

The National Drug Control Laboratory (Statens farma-ceutiska laboratorium) has as its main task the proper control of drugs to be introduced on the market or already on the market. The Council on Drug Acceptance (Specialitetsnämnden) advises the National Board of Health on the acceptance or refusal for sale of proprietary products and special measures regarding advertising of narcotic products, etc. The council may also be consulted in special cases concerning the classification of new products according to the statute on poisons or to national or international narcotics legislation.

In May 1996, the heads of governments of the Council of Baltic Sea States (CBSS) established a task force on organized crime in the Baltic Sea region to combat the increasing levels of organized crime, including drug trafficking and money laundering. "European Cities Against Drugs," an alliance of major cities that espouses zero-tolerance policies and no liberalization, is a growing Europe-wide movement founded in Sweden in 1994. The alliance maintains its secretariat in Stockholm. During 1997, this organization expanded its work also to cities in Eastern Europe. Sweden is a party to the 1988 UN Drug Convention and is fully meeting the Convention's goals and objectives. Sweden is also a party to the 1961 UN Single Convention, and its 1972 Protocol, and the 1971 UN Convention on Psychotropic Substances.

The basic laws now in effect concerning the sale of drugs in Sweden are the royal statute on pharmaceutical products of 1913, the royal statute of poisons of 1943, and the royal ordinance concerning the control of and trade in certain bacteriological preparations intended for human use of 1925, and the royal ordinance concerning trade in pharmaceutical specialities of 1934. Regulations concerning addiction-producing drugs are to be found in the royal ordinance concerning narcotics of 1933. Besides these regulations, Sweden is bound by existing international treaties concerning addiction-producing drugs. In Narcotics control measures The National Board of Health has the duty to check the prescription of the patient and even

the doctor and their filed record. There is co-operation between the National Board of Health, the pharmacies and the police authorities for the possible action against drug and the abuse.

3.5: Current Policy against Drug Abuse

After the application of diverse measures to attend the problem, in 1969 Sweden applied a structured program to combat drug abuse. With this program was created the basis of its current policy against drugs, based in three interrelated pillars: prevention, control policy and treatment for drug abusers. The policy implemented at that time was reaffirmed in 1978 with a parliamentary bill which introduced the aim of a drug-free society seeking to eliminate the drug abuse, inaugurating in this way a restrictive policy in the country.

Supporting the objective of a society free of drugs the Drug Commission pointed out that the restrictive policy against drugs must be sustained and reinforced. The results of the work of this Commission were the pillars to create the National Action Plan on Drugs, implemented in 2002. The current policy against drugs has three main objectives: to reduce the number of recruits to drug abuse; to encourage more drug abusers to give up the habit and to reduce the supply of drugs.

Government of Sweden (GOS) has given responsibilities to the ministries for to carry out the restrictive drug policy and these are Ministry of Health and Social Affairs and its area of work is coordination within the Government Offices, health issues, work with prevention, legislation on drug control, healthcare and treatment. Ministry of Justice working for prison and probation services, criminal legislation and police work. Ministry of Finance has undertaken customs matters, and legislation on smuggling. Ministry for Foreign Affairs deals with foreign policy issues and drug-related development assistance.

3.6: The Three Pillars of Swedish Illicit Drug Policy

The Swedish model against drug abuse is based in three interrelated pillars: prevention, control policy and care and rehabilitation. The objective is to put in practice an inclusive model in which each aspect is closely related with the others in order to achieve effectiveness and efficiency in measures applied for a goal of drug free society (Fries 2002).

3.6.1: Prevention

The EU action plan 2005–2008 states that Member States should ensure that ‘comprehensive effective and evaluated prevention programmes on both licit and illicit psychoactive substances, as well as poly-drug use, are included in school curricula or are implemented as widely as possible (EMCDDA 2006).

The measures oriented to prevent the abuse of drugs have special relevance in Sweden. To obtain effectiveness in the policy against drugs is seen as necessary that the whole society be

informed about the issue and develop a negative attitude about the use of drugs. The vision of a drug free-society should be in the minds of all the citizens as well as an unequivocal rejection of drugs. The aim of the measures in prevention is to inform especially young people about the consequences of the use of drugs, in order to influent attitudes towards them (National Institute of Public Health, 1995). Initiatives related with prevention of the abuse of illicit drugs are identified as:

a) Encourage the idea of a society free of illicit drugs.
b) Education (campaigns against drugs) to different social groups.
c) Co-operation among different actors including the city council, health care, police, and social welfare services, prison and probation services, customs, NGOs etc.
d) Increase public awareness about the problem (creation of libraries, reports, researches, literature, brochure, pamphlets, leaflets, posters, newspaper, website, etc).
e) International cooperation within European Union countries.
f) Promotion of healthy life style.
g) Advocacy in involvement of politicians.
h) Propagation of information by the central information centre to all drug actors including the general public.

3.6.2: Control policy

Control is the second major segment of the restrictive illicit drug policy to stop the spread of drugs in the society. The view of the Swedish policy is that it is necessary to work against the traffic of drugs, doesn't matter the amount of illegal substances that the person has possession of. It is considered that the increase of availability of drugs in the market, make easier the accessibility to buy and consume it. For this reason also the work of control done in the street and in location where drug is seems to be used explicitly is extremely important to give coherent signals that the fight against the problem is being done in the entire fronts (Oguz 2004). The major tasks in the area of control policy are identified as:

a) To act against the traffic of illicit drugs.
b) To investigate offences related with narcotic drugs. The Swedish Penal Code identifies three degree of penalties for drug offences: minor, ordinary and serious.
c) To fight against the international trafficking of drugs.
d) Take some serious steps to completely confiscate drugs.
e) Stop illicit drugs advertisement and trade through internet.
f) Police are allowed to take Urine and blood tests to detect the use of drugs because Consumption of narcotics is also an offence.

3.6.3: Care and Rehabilitation

The abuse of illicit drugs with or without the medical authorities is prohibited in Swedish view of a drug-free society. Beside with control and prevention the state has initiated different programs for harm reduction, for instance methadone treatment program for opioids addicts, needle exchange program among injectable drug abusers and subutex treatment program for opiates dependants started in 1999. All such harm reduction programs are on voluntary basis where the drug abusers will has important considerations to accept the voluntary treatment and that is the first obligation in the process of rehabilitation. There is no voluntary treatment and compulsory care treatment intervenes if the abuser is a threat to his/her own life or enclose people. In 1982 the new social service law (compulsory care of young drug abusers (LVU)) came into force to tackle the problem (CAN 2007a). In this case the law allowed Social Services and authorities to intervene. As Oguz (2004) states: *"If a person, as a result of alcohol or drug abuse is seriously endangering his physical or mental health; runs an obvious risk of ruining his life; or is liable to inflict serious injury on himself or some person closely related to him, and does not agree to voluntary treatment - then a compulsory care order can be issued by an administrative court"* (Oguz 2004).

According to the national report of Sweden submitted to EMCDDA, it is stated that, The National Board of Institutional Care (SiS) exists for those who are most disadvantaged. Most young persons and substance abusers in SiS institutions have been placed there without their consent because they are in danger of injuring themselves or of ruining their lives (EMCDDA 2006b). The treatment/care is provided under a judgment issued by an administrative court. There are also cases of voluntary admission under the Social Services Act. At special approved homes, young persons with grave psycho-social problems are cared for under the Care of Young Persons Act (SFS 1990). The age of the young person's admitted varies from one institution to another but comes between 12 and 21 years of age (EMCDDA 2006b).

The aim of this measure is to protect humans life and should be applied only in the required circumstances, all the other care and rehabilitation programs are always supposed to encourage drug abusers to carry out the treatment in voluntary conditions. In addition, Sweden is putting considerable efforts to increase knowledge about methods of treatment and services to attend clients with different groups of specific problems. Behind this initiative, exists the conviction that each situation require personalize treatment, and it is not possible to find one way of solution of the problem for all clients (Oguz 2004).

About care and rehabilitation measures, Sweden has several programs and efforts to work against the abuse of drugs:

a) Harm reduction programs, for instance subutex treatment program and needle exchange programs.
b) Detoxification units.
c) Compulsory System Treatment (LVM) is used when a person is considered to pose a threat to his own life or to the life of other people.
d) Compulsory care for young people (LVU) is being used when persons under age of 18 years are risking their own health, for example through drug abuse.
e) The social welfare services (SOL) is responsible for the provision of alternatives for voluntary care and rehabilitation: residential treatment, family treatment etc.
f) Legal Assistance for drug addicts offenders in terms of probation service, and institutional treatment.

3.7: Contemporary situation and legal frame work:

A second action plan on drugs (the Swedish action plan on narcotics drugs 2006 – 2010) was adopted by the Parliament in 2006. It is a straight forward continuation of the previous action plan (2002-2005) and the role of the special national drug policy coordinator is prolonged which was established in 2002. The action plan (2006-2010) has a key objective of drug free society with three sub-objectives and theses are; reduce recruitment to drug abuse, induce people with substance abuse problems to give up their abuse and reduce the supply of drugs (Government of Sweden 2008). Through governmental support the majority of the 290 Swedish local authorities are able to appoint local drug coordinators for the alcohol and drug preventive work. In 2005 a change in the Act on the Prohibition of certain Goods Dangerous to Health made it possible to control chemicals used for commercial purposes (SFS 1999:42). In two consecutive public surveys (2004 & 2005) the aim and strategies of the Swedish drug policy was investigated and received a massive opinion support. In September 2006 the UNODC presented an evaluation of the Swedish drug policy stating "…in the case of Sweden, the clear association between a restrictive drug policy and a low level of drug use is striking" (EMCDDA, 2006a).

3.7.1: Legal framework

Several Laws, regulations, directives or guidelines in the field of drug issues in Sweden are implemented for combating illicit drug abuse. The main Swedish law regulating narcotic drugs offences is the Narcotic Drugs Punishments Act (1968:64). It concerns the unlawful provision of narcotics; manufacture acquisition, supply, etc. Since 1988 the consumption of narcotics per se has been a punishable offence while drug trafficking is regulated by the Law on Penalties for Smuggling (2000:1225). Another law that criminalizes unlawful handling of

narcotic drugs is the Act on Control of Narcotic Drugs (1992:860). Doping Criminal Act (1991:1969), and the Act on Prohibition of Certain Substances which are Dangerous to the Health (1999:42), i.e. the substances which because of their inherent properties are a hazard to human life or health, or which are used or can be presumed to be used for the purpose of achieving intoxication or other effects, (Öst 2004). There are also a number of relevant laws outside the criminal law area: the Social Service Act (2001:453) which covers the possible forms of care for drug users; the Act on the Treatment of Drug Misusers (1988:870) covering compulsory institutional care; and the Care of Young Persons Special Provisions Act (1990:52) which makes it possible to arrange compulsory care of juveniles on the ground of drug misuse, (Öst 2004).

In July 2005 changes (proposed in the government bill (Regeringens proposition 2005b)) in the Care of Abusers (Special Provisions) Act (SFS 1988) was adopted aiming at strengthen the legal rights of the individual and to improve quality in the care. In July 1st 2006 the new act on exchange of syringes and needles came into force (SFS 2006). The purpose of the act is to prevent the spread of HIV and other blood carried infections through the exchange of syringes and needles in a way that the individual could be motivated for care and treatment. The activity must not be performed without the permission from the National Board of Health and Welfare. In September 2006 the Government passed a resolution to appoint an investigator to examine the laws regarding drugs. The investigator will analyse the connection between laws regarding narcotics, doping, solvents and other goods dangerous to health used for the aim of intoxication. The investigator is also to map how the system is used in practice, analyse the effectiveness of the system and the differences in regulations between different types of products, such as doping versa narcotic drugs (EMCDDA 2006a).

3.7.2: Laws implementation

The number of reported crimes against the Narcotic punishment act increased by 15 percent in 2005 compared with 2004 to about 51 800 crimes in total. The majority of the reports were on consumption (51 %) followed by possession (34 %). In 2005 11 850 persons were sentenced for crimes against the Narcotic punishment act; an increase with 10 per cent since 2004. The aim is to be seen as a vision reflecting the attitude to narcotic drugs and an indication of the direction of the policy. As previously presented the political efforts in the area should be directed towards supply and demand with the purpose of (i) reducing the recruitment of new drug abusers, (ii) inducing more drug abusers to kick the habit and (iii) reducing the supply of drugs. The National Drug Policy Coordinator (NDPCo) has given the major responsibility for the implementation for the second action plan (EMCDDA 2006a).

Chapter 4

Review of the Literature

The Swedish drug policy developed against illicit drug abuse since the problem was identified at the beginning of the 20th century. Sweden started the intervention in this issue with a liberal policy based in law enforcements and in harm reduction approaches for treatment; for instance prescription amphetamines in 1939 and Stockholm experiment of 1965-67 (UNODC 2007). The report presented by UNODC (2007) shows that amphetamine use in Sweden was high in 1950s when such stimulants were readily available and illicit drug use rose in the second half of 1960s during a period of rather liberal drug policies (UNODC 2007). Surveys of young people conducted by Swedish Council for information on Alcohol and other Drugs (CAN) annually tend to show that about 60 per cent of those who have tried illegal drugs have used cannabis only, while 5–10 per cent has used other drugs than cannabis. Amphetamines used to be the second most common drug type, but they now share second place with ecstasy. Illegal use of pharmaceuticals (most often sedatives/tranquillisers), however, is as common as use of ecstasy and amphetamines (CAN 2005).

To overcome drug abuse problem different measures and interventions have been taken globally according to the seriousness of the problem in every society and definitely every state has its own policies and intervention methods even among European countries. Kouvonen et al explained the differences and have argued that it can be the diversity of social and health policies of European states, financial resources, public opinion and political cultures etc (kouvonen et al 2006). Sweden as mentioned earlier started with liberal policies but in 1970s the state took initiatives with restrictive policies and gave the slogan of drug free society (UNODC 2007). The current policy is based on restrictive approaches and its level of success and effectiveness is recognized in Europe as a model to follow. The Executive Director of the United Nations *Office on Drugs and Crime* (UNODC), Antonio Maria Costa, appreciated Sweden drug control strategies that “Sweden's successful drug control policies were a model which other countries could learn much from” and he said drug use in Sweden was just a third of the European average while spending on drug control was three times the EU average (UNODC 2007). He stressed the strong correlation between the Swedish Government's special efforts to target cannabis and amphetamine-type stimulants and an over-all reduction in drug use. "The lessons of Sweden's drug control history should be learned by others" (Costa 2007).

The annual report of National drug policy coordinator (2005) indicates that major objectives and improvements of the action plan (2002-05) are achieved (Mobilisering mot narkotika 2005). Fewer have tried illegal drugs, the drug related deaths and illness remain on a plateau or decrease, the local and regional preventive work is improved and mobilized to a large extent. In order to overcome a period of downsizing in the treatment sector particular efforts, substantial funding and new regulations shows hopeful results. The public opinion supporting the present drug policy remains very strong. The illicit Drug Index of UNODC demonstrates a very low value for Sweden, indicating small drug problems compared to other European States and it is stated that "…..in the case of Sweden, the clear association between a restrictive drug policy and low levels of drug use is striking" (UNODC 2007). Further the report presented that few people in Sweden are likely to take drugs in their lifetime, and even less likely to use drugs regularly. Attitudes towards drugs and their abuse are clearly negative. Preliminary calculations for the UNODC Illicit Drug Index indicates that Sweden drug problem is small, compared to that of other States.

However, the relatively high proportion of heavy drug use among drug abusers remains a concern that has been difficult to address. Such documents cannot provide definite answers to questions about how the levels of drug abuse are influenced by policy measures. It can only present the facts and leave the readers to draw their own conclusions (EMCDDA 2006b). According to the report prepared by the Parliamentary Research Unit in 2002 that the drug phenomenon is seen as one of the most serious social problems (if not the most important problem) and drugs are viewed as an external threat to the country (Lafreniere 2002). UNODC mentioned that there many people are of the view that the drug problem puts traditional Swedish values at risk and It is not only drugs, but also the liberalization debate, that are seen as coming from other countries to influence Swedish values (UNODC 2007). These concerns have increased since Sweden became a member of the European Union in 1995, as most of the other members of the EU have adopted a more liberal approach when it comes to the drug abuse (Lafreniere 2002).

The policy against drug abuse is carried out by a strong state initiative to combat the problem in cooperation with the involvement of the society as a whole. The role of Swedish citizens to confront the abuse of drugs is an essential support to guarantee the success of the policy. According to the report of the Senate Special Committee on Illegal Drugs; *"The Swedish vision of a drug-free society is so widely accepted that it is not questioned in the political arena or the media. The drug policy has support from all political parties and, according to the opinion surveys; the restrictive approach receives broad support from the public"*

(Lafrenière 2002). The role of the Swedish welfare state being consistent in the discourse of a society free of drugs at the structural, medium and individual level reaffirm the intolerance towards the abuse of drugs.

In spite of these positive aspects there are also some contradictions in the Swedish drug-free society policy as was proclaimed by the Swedish government in 1984. Björn Fries (National drug policy coordinator, Sweden) claimed that "…..a tendency towards the abuse of drugs increasingly also taking place among mainstream youth……particularly true for cannabis and to a lesser degree for various amphetamines- type of stimulants such as ecstasy" (Fries 2002). Further in the annual report of European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) it has declared that, Sweden national drug strategies refer strictly to illicit drugs, the documents contain no objective aimed at licit drugs and no reference to licit drugs is made, even in the fields of prevention and treatment (EMCDDA 2006a). It clearly shows that Sweden has no such initiatives to overcome the licit drug abuse problem, for instance alcoholic beverages abuse and addiction.

It is obvious that there are tremendous achievements done by the Swedish drug policy to the extent of attracting other countries to copy and implement similar policy. The effectiveness of the policy makes Sweden in the European Union to have small number of drug abusers, which is highly appreciated. Our main concerned; however is the Drug-free society Policy that is it realistic? Or is it achieved so far? Scientific researches and articles related to the drug abuse problem in Sweden came to realized that there are several deficiencies in the Drug-free society policy and particularly in its implementations. These deficiencies are clearly seen in the contradictions of policy's statements and the applications of intertwined programs. A parliamentary bill of 1977/78 for instance pointed out that ***"****the struggle against drug abuse may not be limited only to reducing its existence but must aim at eliminating drugs and that; drug abuse cannot be accepted in our culture…"* (UNODC 2007:14). The statement has strong contradiction with the methadone and needle exchange treatments and the subutex (Buprenorphine, started in 1999) programmes for treatment of opiate and amphetamines dependents (Hakansson et al 2007). Hakansson and his group have criticized the subutex treatment through research and have proved that how it has been misusing among amphetamines and heroin abusers in Sweden. Further it has revealed that the strict criteria of admission for such treatment also lead to the misuse of all such kind of medications directed the abusers to addiction (Öst 2004).

Similarly Johnson argued that, using buprenorenorphine (subutex) as an alternative treatment to people who use amphetamines, thereafter, issued guidelines that put methadone and

subutex in regulatory sense (Johnson 2004: 150). Based on the aforementioned facts, the Swedish drug-free policy is in ambivalence between, restrictive measures of not allowing people to use drugs and liberal stances tolerate the use of drugs for harm reduction. For instance, the use of methadone is regarded as a good alternative for treatment of heroin abusers and prevents the spread of HIV/AIDS through needle sharing (Johnson 2005). At the same time it must be taken in to account that methadone is considered in the same group with other narcotic drugs that if overdosed, *''like other narcotic medicines, methadone can slow you're breathing, even long after the pain-relieving effects of the medication wear off, Death may occur if breathing becomes too weak''* (Multum 2008).

Similarly the supply of new needles and syringes to drug abusers under the needle exchange program seems to encourage drug addiction of which the policy is fighting against. Generally the use of illicit drugs and needle exchange as harm reduction to drug addicts, defeats the objectives and the vision of drug-free society. The purpose of creation of drug-free society does not give the impression to be achieved because of the introduction or supply of the same drugs which the government is intended to eliminate. It has assumed that the introductions of methadone or needle exchange is because of medical reasons, however, this too has side effects in the long run and in future will create more methadone addicts, as in the case of amphetamines Lafreniere illustrated: *''Amphetamines were introduced into Sweden in1938, for promotion of weight loss and as stimulants, this long history of using amphetamines is one of the reasons that amphetamine use was and remains a major concern in Sweden''* (Lafrenière 2002).

Further the special requirements of the substitution treatment made it more complex for the abusers to give up drug abuse habit. For example the patient must be over 20 years old, compulsive heroin abuse, four years of hospital record, shouldn't be taking other drugs, failures in at least three attempts of abstinence-oriented treatment, detoxified at the treatment entry and the establishment of rehabilitation plans etc (Heilig 2003). In addition, the program has also a maximum number of eight hundred (800) abusers able to attend the substitution treatment in the whole country. For that reason the attitude toward harm reduction programs (methadone/subutex and syringe/needle exchange) are seen with a critical perspective with special requirements to accede to them. The legal actions taken by the state has also criticized, for instance The Care of Abusers Act 1982 has been criticized on three grounds; firstly, it has been argued that there is no ethical basis of incarcerating/ urine and blood tests by police in a suspicion of the individuals who are not criminals and are mentally sound. Secondly, the contention that long term compulsory care produces positive effects lacks scientific support.

Thirdly, it has also believed that compulsory care is an expression of a political or an ideological position than of anything else (see Johnson 2004:147).

At the moment Government of Sweden (GOS) has separate plan for illicit drugs, i.e. *The Swedish action plan on narcotic drugs 2006-2010,* and it states that long term preventive work to achieve a drug free society must continue (as it is the continuity of plan 2002-05). The overall main objective of Swedish drug policy is: a drug- free society with three other sub-objectives and these are; to reduce recruitment to drug abuse, to induce people with substance abuse problems to give up their abuse and reduce the supply of drugs (GOS 2008). The drug action plan is comprehensive, focuses on illegal drugs and covers prevention, treatment and rehabilitation, and supply reduction. Its purpose is to establish a direction for drug preventive work and to guide and improve social efforts to combat illicit drugs. Implementation is the responsibility of local, regional and national actors. This drug policy is combined with other social policies, policy preventing unemployment, social exclusion, and so on (EMCDDA 2006a). So far Swedish restrictive illicit drug policy has considered a successful model for combating the problem and it has appreciated on several occasions in different arguments. For instance according to Costa: "Societies have the drug problem that they deserve, and in Sweden's case, the commitments to prevention, law enforcement, demand reduction and treatment over the past thirty years has made a significant difference" (Costa 2007).

Review of the literature show that, the overall goal of the Swedish illicit drug policy is that of a drug-free society; harm reduction programs are only available in a limited fashion; treatment is based on obtaining complete abstention and it is possible to force people into treatment; consumption of narcotics is an offence, and urine and blood tests are used to detect those suspected of drug use; drug legislation is strictly enforced; discussions regarding the medical value of cannabis are almost non-existent; Swedish legislation strictly adheres, and even surpasses, the requirements set out in the three United Nations drug conventions (Drug Policy Alliance 2008). It is also revealed that Sweden has comprehensive efforts and programs to overcome the problem of illicit drug abuse to achieve the drug free society slogan. It has been echoed by the Swedish Minister for Public Health and Social Services Morgan Johansson, as he said: "I am very proud that the report [UNODC, 2007] commends Sweden as a successful example. But this doesn't mean that we have won the fight against drugs. The work must continue, every day. Preventive measures are necessary. We also have to improve rehabilitation for people with drug abuse problems" (Costa 2007).

Chapter 5

Methodology

Secondary data analysis method is used to analyse the research questions in the report where the statistical data has been taken from Swedish Council for Information on Alcohol and Other Drugs (CAN) and European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). For comparative statistics the data has been taken from The European School Survey Project on Alcohol and Other Drugs (ESPAD 2003). It is tried to get the latest data available for the best results of the report. Some other important articles and research done has also used to understand deeply and has tried to use in the study report. The advantages to use Secondary data for analyses are, for instance the easily availability and access, valid and reliable data, and consume less time and cost.

The target population consists of all grade nine students in compulsory schools in Sweden probably in the age of 15-16 (adolescents). The same target age group for comparative statistics among EU states has been taken and it was estimated that about 95% of all persons born in 1987 were enrolled in schools and were found in grade 9 (Hibell et al 2003). The reason for the selection of the target age group is perhaps that in many countries compulsory school system is until the age of 15–16 years and many students do not continue to secondary school, but leave for other training or for work etc. So it is a very good tool (target group) to study the young adolescents having illicit drug abuse problem.

As in earlier studies, the surveys were conducted with a standardized methodology and a common questionnaire to provide as comparable data as possible. Thus, the age group studied turned 16 during the year of data collection. At the time of the data collections the average age was 15.7-15.9 years (CAN 2007, ESPAD 2003). Data were collected by group-administered questionnaires in schools on nationally representative samples (randomly selected) of classes. It is a well accepted method to use group administrated questionnaires in a classroom setting where data are collected under the same conditions as a written test. The experience of using school surveys to collect information on illicit drug use certainly differs between countries, for instance in Russia, where the study was restricted to Moscow only, Germany, where the study was performed in six Bundesländer and Turkey, where the study was restricted to six major cities in the six main regions in Turkey. However, when students are the selected population for study, there are usually no other realistic ways of collecting data other than using group administrated questionnaires in the schools, usually in the classrooms (Hibell et al 2003).

The rationale for school surveys is that students represent age-groups when onset of different illicit drug abuse is likely to occur and therefore important to monitor. Another reason is ease of accessibility; students are as such within the school system which also reduces the costs. Teachers or research assistants collected the data. The students answered the questionnaires anonymously in the classroom under conditions similar to a written test. The sample sizes in a comparative study of Europe differ from each other, ranges between 555 in Greenland to almost 6,000 in Poland, (Hibell et al 2003). The results of the survey were reported in a standardized format.

The validity is deemed to be high in the annual survey by CAN and of most ESPAD countries. The cultural context in which the students have answered the questions has most probably differed between countries. However, this does not necessarily indicate large differences in the willingness to give honest answers. A few countries have experienced modest validity problems, but such problems are not of the magnitude necessary to seriously threaten the comparability of results (Hibell et al 2003).

Different researches have proved the validity and reliability of the data surveyed by countries annually, like the Swedish Council for Information of Alcohol and other Drugs (CAN), European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) has proved that the statistical data obtained is valid and reliable (CAN 2007, EMCDDA 2007). In a comparative study, ESPAD 2003 also showed the correlation of different countries annual surveyed data with ESPAD 2003 to check the validity and reliability if the data obtained (Hibell et al 2003).

Despite all efforts to standardise the surveyed data there were some inevitable methodological problems and discrepancies in data collection instrument. For instance in a comparative study, seven countries reported that 20% or more of the sampled schools or classes did not participate in the survey. The representativeness of the surveys in some countries is somewhat uncertain. In Austria and Romania the gender distribution was skewed. In Bulgaria and Turkey a substantial proportion of the 1987 birth cohort were not enrolled in schools for ESPAD 2003 survey. In Cyprus, Ireland and Romania a substantial proportion of the target population were not in the selected grades and in Greenland the response rate is unknown (Hibell et al 2003). But it does not affect the purpose of the analyses and results of the studies done by annual surveys of the countries and researches like ESPAD school survey project in Europe.

Chapter 6

Findings

As is the case for data on alcohol trends, studies and statistics on illegal drugs do not reflect the actual situation perfectly; findings are affected by factors such as changes in laws and their application and changes in orientation and resources within anti-drug efforts, addiction care, etc (CAN 2007). However, the chapter analyzes the research questions with statistical data available that has taken from CAN, ESPAD and EMCDDA surveyed. In the analyses it is to check that either Sweden has achieved the drug free society task or not. At the same time the country illicit drug abuse problem will be compared with other European Countries, to check the policy implementation and measures that has taken in order to achieve the drug free society.

It is one well known fact that cannabis (hashish/marijuana) is the most common means among young adolescents as used illicit drug. It occurs of course also that one state's other illicit drugs (amphetamines, ecstasy, LSD, heroin and cocaine) to consume, sometimes combined with hashish/marijuana, sometimes as only means.

Table: 1. Students in Grade 9 used illicit drugs in life, the last month and still uses, during 1971-2007 (in percentage).

Year	Has used Illicit drugs in life		Used last month	
	Boys	Girls	Boys	Girls
1971	14	16	5	5
1976	7	6	3	1
1981	9	9	4	3
1986	5	3	1	1
1991	4	3	1	1
1996	8	7	3	2
2001	10	9	3	2
2007	6	5	2	1

Source: CAN (2007b)

Table 1 presents the proportion students with illicit drugs experience, the proportion as used narcotics the last month and the proportion that still uses narcotics.

The proportion that has used illicit drugs in life decreased strongly during 1970- 1980 decade. Years 1971 stated 14 percents of the boys and 16 of the girls that has used illicit drugs in their lives. After that the life time prevalence has been decline although the restrictive drug policy was not implemented at that time and in the middle of 1970s the proportion decreased to half of the beginning of the decade. The decline went down until the mid of 1990s and an increase

has been seen dramatically in the end and in the beginning of 2000s decade. Some researchers have proved that the increase was due to high unemployment, economic uncertainty and especially Sweden merging in EU in 1995 (open borders and free entry) because Sweden has zero illicit drugs production. No doubt that some EU countries have very liberal policies about illicit drugs where one can buy drugs like cannabis even in coffee shops for instance in Netherlands, but it provides evidence to the failure of the restrictive policy of the state and non achievement of the drug free society task after almost two decades of the policy implementation. Since then the decrease started again and the latest figure shows the half of the 1970s situation which means that if the decline will continue further the success of drug free society is not impossible. The statistics shows very low or nearly no gender difference of illicit drug consumption among boys and girls.

To have used illicit drugs during the last month indicate a relative current custom. The last month prevalence also decreased since it was measured and latest proportions demonstrate the very low consumption of illicit drugs among adolescents. The statistics also showed that there is no or very less gender difference among young adolescents drugs consumption.

Statistics presents the historical picture of illicit drug consumption among young adolescents of the country and showed the ups and downs in the statistics. According to the data we cannot say that the country is totally free of drugs consumption but the low statistics of life time prevalence (6% boys & 5% girls) and the very low for last month prevalence (2% boys & 1% girls) in 2007 shows the efforts of the state towards achievement of the task, i.e. drug free society.

Table: 2. Cannabis, other illicit drugs and both (cannabis and other illicit drugs) consumption among students of Grade 9, during 1989-2007 (in percentage).

	Cannabis only		Other illicit drugs Only [a]		Both		No answer	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
1989	69	66	7	2	14	16	10	16
1992	73	75	5	2	19	19	3	4
1995	70	58	9	11	17	27	4	4
1998	67	57	4	7	26	30	2	7
2001	53	55	8	11	32	28	8	7
2004	59	59	6	5	29	22	7	13
2007	59	41	12	11	27	44	3	4

Source: CAN (2007b)

a) Other illicit drugs include: heroin, cocaine, amphetamines, LSD, ecstasy and GHB.

Table shows the consumption of cannabis, other illicit drugs and both for the period 1989-2007. According to the statistics the very common illicit drugs that has abused by young adolescents is cannabis (marijuana/hashish). The table presents that there is increase in cannabis abuse in mid 1990s and then decrease has started, but overall there is very low decrease that has occurred. Further there is very low difference among boys and girls consumption of cannabis which shows no gender difference. The increase in other illicit drugs especially among girls also shows the existence of the problem and availability of drugs in the society. Poly drug abuse is an alarmingly increases among adolescents students especially the leading percentage of girls in 2007 shows the liberal abuse of illicit drugs include cannabis.

Overall there is stability or increase of illicit drug abuse among adolescents for last three decades. The increase in mid 1990s might be due to Sweden joining in EU in 1995, where most of the countries have liberal policies towards drug abuse and the free border agreement is a gate way to the flow of illicit drugs towards Sweden. However, the statistics show the availability of illicit drugs in the market which is threatened to the policy of the state and it also prove that the drug free society slogan is not achieved.

Table: 3. Age of first time use of illicit drugs among Grade 9 students, during 2001-2007 (in percentage).

	11 years or less		12 years		13 years		14 years		15 years		16 years or more[a)]		No answer	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
2001														
Cannabis	3	0	2	3	9	14	26	27	44	42	5	5	11	10
Other illicit drugs	5	1	1	3	4	10	24	25	39	39	4	4	22	18
2003														
Cannabis	4	1	4	4	14	14	38	44	31	30	1	2	9	4
Other illicit drugs	7	1	4	6	7	12	22	37	34	25	3	3	23	16
2005														
Cannabis	3	1	4	5	13	15	24	27	44	41	2	2	9	7
Other illicit drugs	4	2	6	9	7	14	25	28	35	29	4	2	18	16
2007														
Cannabis	7	4	1	3	10	8	18	28	48	45	2	3	14	9
Other illicit drugs	9	7	-	2	8	10	13	20	33	37	2	4	35	20

Source: CAN (2007b)

a) Since 2007 persons older than 16 years in grade 9 are also included.

To explain and understand the table, it is divided in to two sections, one for boys and other for girls. The details for boys and girls are as under:

BOYS

The proportion for boys of first time use of cannabis and illicit drugs in 2001 shows that, 15 year and 14 year are the dominant ages to start taking illicit drugs followed by 13 and 16 years of ages. The highest proportion for boys who started cannabis for the first time is the age of 15 followed by 14 years of age and 13 years of age. The highest proportions for other illicit drugs are also the same ages, like 15 years, 14 years and 13 years. There are no such changes among the years of first taking of drugs in 2007 compared to 2001. In 2007 the leading year of first taken drug is 15 years of age, followed by 14 years and 13 years. The situation for other illicit drugs than cannabis is the same where the leading year is 15 years followed by 14 years. The increase of the year 11 or less got the third position among boys in 2007 with the proportion of 9%, who used illicit drugs rather than cannabis for the first time in their lives. It shows that the very child age among boys' increases that use cannabis and other illicit drugs and it is an alarming situation for the authorities and civil societies to take some serious measures to stop the increase. And according to the report of EMCDDA that, Countries that record drug use data for younger age groups report strong increases in lifetime prevalence of cannabis use during the early teenage years, particularly between ages 11–12 and 15–16 (EMCDDA 2007).

GIRLS

There are no such differences among boys and girls to start taking of illicit drugs. The leading years in 2001 are the same as for boys, i.e. for cannabis as the first taken drug in the life the year 15 followed by 14 year and 13 year. The situation for other illicit drugs is the same and the leading years are 15 year followed by 14 year and 13 year. The year 2007 shows similar picture and no such changes have occurred in terms of years to start cannabis and other illicit drugs as the first taken drug among girls. The leading years for cannabis and other illicit drugs are 15, 14 and 13 years and there is also increase among girls (11 years or less) with the proportion of 7%.

To summarize the table we can say that the leading year among adolescent's students is the 15 year, for cannabis and other illicit drugs as their first taken drug in the life, followed by 14 year of the age. It shows that the target group (Grade 9 students) having probably an age of 15-16 is the most observable group among teen agers in illicit drug consumption. In addition there is no such gender difference has been determined in boys and girls.

Table: 4. Grade 9 Students "knows without doubt" some persons in their own ages that have used something of the following illicit drugs, during 1991-2006 (in percentage).

	Cannabis		Amphetamine		Heroin		Cocaine		Ecstasy		LSD		GHB	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
1991	19	24	3	5	2	2	2	3	.	.	.	.	.	.
1992	21	25	3	4	2	2	2	2	.	.	.	.	.	.
1993	21	27	4	5	3	3	2	3	5	6	.	.	.	.
1994	23	26	4	4	2	3	3	3	4	5	.	.	.	.
1995	27	32	6	7	3	4	2	4	4	5	4	6	.	.
1996	32	34	8	8	4	5	4	5	6	6	8	8	.	.
1997	32	38	7	9	4	5	4	5	8	10	7	9	.	.
1998	38	41	11	13	6	9	5	7	12	14	13	13	.	.
1999	36	38	9	11	7	8	7	7	8	11	9	10	.	.
2000	40	41	10	10	7	7	8	7	11	11	10	8	10	9
2001	37	42	10	10	6	7	6	8	12	15	10	9	8	8
2002	37	39	9	10	6	7	6	7	14	16	8	7	8	6
2003	33	36	8	8	5	7	5	6	12	15	8	7	5	4
2004	30	34	7	8	6	7	6	7	11	14	6	6	4	4
2005	29	34	7	8	7	8	7	8	10	14	5	7	4	4
2006	27	28	7	7	6	7	6	7	9	10	6	4	4	3

Source: CAN (2007b)

Table shows the answer of adolescent students who choose the option "without doubt" the person in their own ages who used different kinds of illicit drugs. The highest proportion of students (boys/girls) in 1991 claimed that majority of their known persons in their own ages were used cannabis followed by amphetamines, cocaine and heroin. Data is not available for ecstasy, LSD and GHB. In 2000 collected data shows the statistics for all major illicit drugs used by the same age adolescents of the students where the leading drug is cannabis again with highest proportion as compared with the percentages of 1991 for both boys and girls with no gender difference. Ecstasy got the second position in 2000 as it is very commonly abuses by adolescents in rave parties and dance clubs etc. Amphetamines and LSD were also exemplified with higher proportions as compared to the situation of 1991. Gamma Hydro-Butyric Acid (GHB) for the first time asked was and found with higher proportion which appear as a concern drug among young adolescents for intoxication. After 2000 that the decline started and in 2007 it is observed but with very low percentages in all major illicit drugs except ecstasy which is still nearly the same as it was in 2000. All over again cannabis is the main drug uses by young adolescents with ecstasy as the second familiar drug abuses by the target age group. Though the decline has started from 2000 either small or large but

overall there is an increase ratio in 2007 statistics in contrast with figures of 1991. Facts show the availability and perhaps the increase of various types of illicit drug uses among young adolescents which jeopardized the state restrictive policy and at the same time it reveals that the drug free society mission is still a target to be achieved.

Table: 5. Formal education about alcohol, illicit drugs and tobacco in the school, during 1979-2007 (in percentage).

	Yes		No		No answer	
	Boys	Girls	Boys	Girls	Boys	Girls
1979	86	86	13	14	1	0
1982	88	90	11	9	1	1
1986	80	80	19	19	1	1
1989	77	79	22	21	1	0
1992	70	68	30	32	-	-
1995	71	73	27	26	2	1
1998	67	62	31	36	2	1
2001	63	63	36	36	1	1
2006	55	56	43	43	2	1
2007	51	46	47	53	2	2

Source: CAN (2007b)

Table demonstrates the formal educational programs about alcohol, narcotics and tobacco in schools in the year of data collected. In 1979 the highest proportion of students (boys/girls) has verified the awareness programmes in the compulsory school system. After that radical decrease started and in 2007 nearly half of figures have the answer that there is some formal education about licit and illicit drug abuse in the country compulsory schools. Further the very low ratio of students in 1979 who said that there is no formal education reveals that in the beginning of the policy implemented the prevention pillar of policy worked accurately and gave more attention to prevention of drug abuse. It is earlier mentioned that the Swedish drug policy works on three major pillars which includes prevention as well but the increase of no formal education about drug abuse shows the actual picture and reveals that there is no ground realities of the policy implementation. The table gives comprehensive information about the restrictive illicit drug abuse policy and it has proved that the drug free society aim is still a goal and it will be not possible if it is not overcome as it is said in the official documentations.

Table: 6. Illicit drugs seizures in quantity [(a)] by Swedish authorities, during 1985-2007.

Illicit Drugs	Heroin (Kg)	Cocain (Kg)	Cannabis (Resin)	Cannabis (Herbal)	Cannabis (plants)	Amphetamines	LSD (Units)	Ecstacy (Tablets)
1985	6	0.8	....	.....	.....	106	.....	.....
1990	12	9	.....	.....	.....	108	.....	.....
1995	31	4	465	25	....	279	161	9644
2000	30	50	1182	56	3	108	1804	178711
2005	19	34	1266	186	.....	417	4179	124551

Source: EMCDDA (2007)
a). Heroin, Cocaine, Cannabis and Amphetamines were seized in kilograms, while LSD were in Units and the quantity of Ecstasy was measured in tablets.

Table illustrates the illicit drug seizures in quantities by Swedish authorities since 1985. The available data in 1985 for heroin, cocaine and amphetamines shows that in the early stages of the restrictive implementation of the policy in Sweden the authorities were also working with the control pillar of the drug free society policy. The dramatic increase in the seizures by authorities in 2005 for different kind of illicit drugs shows the availability of the poly drugs in the society which were unknown in the beginning of the policy implementation. The very high increase in seizures was found in 2005 for cannabis (resin, herbal/plants) and amphetamines in kilograms and LSD (units) and ecstasy (tablets) were the highest drugs apprehended by Swedish control authorities. The impressive increased in seizures of illicit drugs shows the availability and demand in the market. At the same time it reveals the efforts of the control pillar of the restrictive drug policy towards the achievement of drug free society. It is a fact that Sweden is totally free drug productive country and all drugs are being smuggled from different corners of the world especially from the liberal drug abuse policy of European countries, because of free border since 1995 (Hellenic Resources Institute 1998). So the very main task of the policy is the demand reduction and control measures of the policy to protect the target group from drug abuse.

Table: 7. Life time, last 12 months and last 30 days prevalence of cannabis and other illicit drug use in European countries among the adolescents of grade 9 in 2003 (in percentage).

	Life time prevalence of Illicit drugs		Last 12 months prevalence		Last 30 days prevalence	
	Cannabis	Other illicit drugs[a)]	Cannabis	Other illicit drugs	Cannabis	Other illicit drugs
Austria	21	8	18	7	10	4
Belgium	32	8	28	5	17	3
Bulgaria	21	4	16	3	8	2
Croatia	22	6	17	4	8	2
Cyprus	4	3	1	..	2	..
Czech rep.	44	12	36	7	19	3
Denmark	23	6	17	5	8	2
Estonia	23	10	15	6	6	2
Faroe Isl.	9	2	5	1	1	0
Finland	11	3	9	1	3	1
France	38	7	32	..	22	..
Germany	27	10	22	7	12	3
Greece	6	3	6	2	2	1
Greenland	27	4	24	2	11	2
Hungary	16	5	11	3	6	2
Iceland	13	6	10	5	4	2
Ireland	39	9	32	6	17	3
Isle of man	39	10	34	10	21	..
Italy	27	8	22	6	15	..
Latvia	16	5	10	..	4	..
Lithuania	13	7	11	5	6	2
Malta	10	4	9	..	4	..
Netherlands	28	6	23	4	13	3
Norway	9	3	6	2	3	1
Poland	18	7	15	..	8	..
Portugal	15	7	14	5	8	2
Romania	3	3	1	1	0	1
Russia	22	4	17	2	7	1
Slovak rep.	27	6	20	3	10	1
Slovenia	28	5	23	3	14	2
Sweden	7	3	5	2	1	1
Switzerland	40	6	31	3	20	2
Turkey	4	3	4	1	2	1
Ukraine	21	2	12	2	5	1
UK	38	9	32	5	20	3
Average	21	6	17	4	9	2

Source: ESPAD (2003)
a) Includes: Amphetamines, LSD or other hallucinogens, Crack, cocaine, heroin and ecstasy.

Table shows the comparison of European countries young adolescents of illicit drugs consumption for life time prevalence, last 12 months prevalence and last 30 days. Cannabis has measured specifically with other illicit drugs (Amphetamines, LSD or other hallucinogens, Crack, cocaine, heroin and ecstasy) due to high consumption and popular drug among adolescents. For cannabis the highest prevalence rates for life time use are reported

from Czech Republic, Switzerland, Ireland, Isle of Man, France, UK and Belgium. Other high proportion countries are Netherlands, Slovenia, Germany, Green land, Italy and Slovak Republic. The lowest countries are reported Romania, Cyprus, Turkey, Greece, Sweden, Faroe Island and Norway.

The highest life time prevalence countries for other illicit drugs than cannabis are Czech Republic, Estonia, Germany and Isle of Man. The lowest countries are Faroe Island, Ukraine, Cyprus, Finland, Greece, Norway, Romania, Sweden and turkey. So compare with other European countries Sweden has quite low cannabis (7% as compared to average 21%) and other illicit drugs (3% compared to average 6%) consumption among young adolescents, which shows the implementation of the country restrictive drug policy. It does not mean that the country has achieved totally the task of drug free society but we can claim that if the policy has implemented perfectly the achievement is not impossible. The highest proportion countries for last 12 month prevalence of cannabis are Czech Republic, Isle of Man, France, Ireland, UK, and Switzerland. The lowest countries are Cyprus, Romania, turkey, Faroe Island, Sweden, Greece, Norway and Finland and Malta. For other illicit drugs than cannabis the highest prevalence country is Isle of Man where as the lowest countries are faroe island, Finland, Romania, turkey, Greece, green land, Norway, Russia, Sweden and Ukraine. Comparison of Sweden with other states for the last 12 months in cannabis consumption (5% compare to average 17%) and for other illicit drugs (2% compare to 4%) shows that Sweden has quite low proportion of cannabis and other illicit drug consumption. The highest prevalence for cannabis use during last 30 days countries are France, Isle of Man, Switzerland and UK. The lowest countries are Romania and Faroe Island and Sweden.

The highest prevalence country for other illicit drugs is Austria and the lowest are Faroe Island, Finland, Greece, Norway, Romania, Russia, Slovak Republic, Sweden, turkey and Ukraine. Again statistics shows that Sweden has very low consumption of different illicit drugs (1% compare to average 2%) including cannabis (1% compare to average 9%) compare with European nations in illicit drug use among school adolescents. To assess the table one can claim that Sweden has control consumption of illicit drug in comparison with European states, which reveals the effectiveness of restrictive drug policy. Although it does not mean that the society is totally free of drugs but as according to the policy that, the slogan must continue and if it will be executed perfectly the task of drug free society is not extreme and it can be accomplished.

Table: 8. Perceived availability (Very easy or Fairly easy) of illicit drugs by European adolescents of grade 9 in 2003 (in Percentage).

	Cannabis	Amphetamines	LSD	Cocaine	Heroin	Ecstasy	GHB
Austria	33	19	13	12	10	19	9
Belgium	49	16	14	15	12	20	7
Bulgaria	36	16	14	14	14	20	..
Croatia	45	22	21	16	15	26	11
Cyprus	12	6	6	3	8	11	6
Czech rep.	58	13	17	7	8	32	5
Denmark	52	23	16	18	17	29	14
Estonia	23	17	13	12	12	19	10
Faroe Isl.	83	5	4	6	6	7	4
Finland	19	7	6	5	5	8	3
France	47	10	8	12	9	14	5
Germany	41	18	14	15	10	20	5
Greece	20	8	10	13	11	18	6
Greenland	20	4	4	5	5	5	4
Hungary	20	13	11	7	7	15	7
Iceland	36	18	13	16	12	17	10
Ireland	60	17	16	22	17	34	8
Isle of man	55	17	15	17	13	16	9
Italy	44	13	11	16	13	19	7
Latvia	22	14	11	9	9	13	6
Lithuania	20	14	11	9	12	13	7
Malta	20	9	6	10	9	14	..
Netherlands	42	8	9	11	8	16	7
Norway	26	14	12	13	13	17	10
Poland	37	27	21	19	20	21	15
Portugal	29	12	12	13	13	21	9
Romania	10	6	5	7	6	7	4
Russia	24	8	10	7	7	12	6
Slovak rep.	49	12	15	11	12	23	6
Slovenia	55	16	18	19	17	32	12
Sweden	23	13	13	13	13	17	11
Switzerland	51	14	10	11	9	14	6
Turkey	7	5	4	5	5	5	4
Ukraine	13	4	4	2	2	3	2
UK	58	19	18	21	15	26	10
Average	35	13	12	12	11	17	7

Source: ESPAD (2003)

Table demonstrates the very easy or fairly easy availability of illicit drugs in European countries. The leading illicit drug is cannabis where all European students with average percentage of 35% have said that it is easily available in the market/country followed by ecstasy with 17% average perception and amphetamines with 13%. The highest proportion country is Faroe Island where majority of students claim that cannabis is very easily or fairly easily available. Other high proportion countries are Ireland, Czech Republic, UK, Isle of Man, Slovenia, Denmark and Switzerland. The lowest proportion country is Turkey. Other countries having lowest proportion of easy availability of cannabis are Romania, Cyprus, Ukraine and Finland where the percentages are below 20%. The proportion of Sweden is 23%, which is neither high nor very low perception of very easy or fairly easy availability of cannabis in the country. However, in comparison of Sweden with Europe where the high proportion country is Faroe Island with 83% and Ireland 60%, Sweden has quite low proportion, i.e. 23% recognized by students about the very easy availability of cannabis in the market. So definitely the low statistics shows the low amount of availability of cannabis in the country and credit always goes to the restrictive policy of the state. At the same time the fair proportion of Sweden in comparison with lowest countries like Turkey, Romania, Cyprus, Ukraine and Finland also shows the existence of cannabis in the country and according to the answer of the students, i.e. very easily available shows the failure of the restrictive drug policy and/or drugs are not acceptable in Swedish society. It has revealed that the drug free society target is still far and perhaps in the process but it has needed more efforts to achieve the drug free society dream.

Ecstasy is the second illicit drugs commonly available in Europe. The highest proportion of easy availability countries are Ireland, Czech Republic and Slovenia. The lowest countries are Ukraine, Green Land, Turkey, Faroe Island and Romania. Sweden has again liberal approach (neither high nor low) in comparison with Europe and the proportion is equal to the average of all European states. At the same time very low (17%) of proportion, compare to the highest (Ireland 34%) the country has controllable availability of ecstasy abuse by adolescent students.

Comparison of Sweden with average proportion of all European countries it can be assumed that the country has low availability of cannabis (23%) in comparison with Europe (35%). At the same time the high proportion of GHB (11%) compare with the average proportion (7%) of Europe reveal that GHB as an illicit drug has very easy available in the country which is the thread and failure of the last three decades restrictive drug policy. For other illicit drugs like amphetamines, LSD, cocaine, heroin and ecstasy the proportion is quite equal and

slightly high as compared to European average proportion. To summarize the table we can say that the country has illicit drugs which are very easy or fairly easy available for the young adolescents to abuse. So to speak the target of drug free society for almost last thirty years is still a dream.

Chapter 7

Conclusion

Illicit drug consumption became a serious social problem in Sweden in the middle of the 20th century. It does not mean that drugs were not available before that but was not considered as a serious social and health problem and the policy measures were liberal to confront the anathema. Sweden started with liberal approaches; for instance the prescription medication method to overcome the amphetamines abuse in 1940s and the Stockholm experiment in 1965 were introduced but resulted in failure due to increase in consumption rather than decrease. It was the turning point of Swedish authorities towards the restrictive illicit drug abuse policy to overcome the problem.

The report attempts to study the illicit drug abuse among adolescents and the restrictive drug policy of Sweden and its comparison with the European states to examine the actual picture of the policy implementation in internal and external perspective. Although it must be taken into consideration that, studies and statistics on illegal drugs do not reflect the actual situation perfectly; findings are affected by factors such as changes in laws and their application and changes in orientation and resources within anti-drug efforts, addiction care, etc (CAN 2006). Besides, there are certain limitations in the study which must be taken in to account. First, the findings cannot be generalized to all the drug users in the country since this study deals only with adolescents illicit drug abuse situation in Sweden. Further the study only focus on illicit drug abuse and does not include legal drugs as well as the policy implementation. More importantly, regarding the literature that deals with illicit drug abuse in Sweden and policy perspective exist mostly in Swedish language. Due to language limitations the report has lacks access to Swedish literature which might limit the study.

Despite the above mentioned limitations, it is attempted to find out the current situation of Swedish illicit drug abuse policy and its implementation in terms of drug free society. The statistical data has been taken from Swedish Centre for Information on Alcohol and Other Drugs (CAN), European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and for comparative study the data has been taken from The European School Survey Project on Alcohol and other Drugs (ESPAD) conducted in 2003. Since 1971, the national data from surveys of grade nine school pupils (aged 15–16) showed that in early 1970s illegal drug abuse was at its highest and then fall to reach a low of 3–4 per cent in the second half of the 1980s. During the 1990s it increased to more than double and it was close to 10 per cent in 2001. From then on there has been a decrease; the share was 6 per cent in 2007. The most

common age for the first taken illicit drugs is 15 years among adolescents. There are almost no differences between boys and girls in the ninth year of school in illicit drugs consumption (CAN 2006). The increase in late 1990s and early 2000s was due to economic crises in the country, unemployment and budget cuts from the state to overcome the problem. However our main concern in the study was drug free society and life time prevalence (either small proportion) of illicit drug abuse among adolescents and it is found that the country has illegal drug abuse problem and we cannot say that the society is totally free of drugs. At the same time, the decrease from 2000s also shows the policy efforts to reduce the consumption.

Cannabis is the most common abused drug among adolescents and increased ratio of poly drug abuse since 1989 also showed the diverting habits towards different kinds of illicit drug abuse in the target group. Availability of cannabis, amphetamines, LSD, ecstasy and heroin and cocaine has increased strongly since the late 1980s, as illustrated by a doubling of seizures of these drugs over this period. The impression of increased drug availability in the 1990s is also confirmed by young people in various questionnaire surveys.

Sweden's drug policy is a part of general social policy which aims at providing common welfare to all. According to Westerberg that, everyone has the right to a dignified life, and no groups may be ostracized from the collective arrangements of society (Westerberg 1994). Studies find that Swedish restrictive illicit drug abuse policy is considered as a role model throughout the world, especially in the European continent for her comprehensive efforts in combating drug abuse problem (see literature review). Besides, the very first restrictive approach (drug free society) amongst European states and the leading role in every aspect to take some serious initiatives within the country as well as in the neighborhood and globally place Sweden in the front line to prevail over the problem of drug abuse. In fact, Swedish society is totally free of illicit drug production and it is assumed that the dramatic increase of drug abuse in late 1990s and the increase in drug seizures day by day are due to drug trafficking into the market from every corner of the globe particularly from European liberal drug policy states due to Europe without border since 1995.

Though the Swedish restrictive policy has been admired, however findings show that the task of drug free society slogan is not achieved and a dream of society free of drugs is still a dream. Statistics on illicit drug consumption, availability and seizures indicate the non-implementation of the three decade restrictive policy which shows that there are some flaws and draw backs in the policy execution. The Swedish policy on "a drug free society" has been criticized for the non achievement of its goal (see Tham 1998). The decrease in the early stages of the policy implementation and increase in 1990s and current decline shows the ups

and downs in illicit drug abuse. It may seem to have been a break of the trend, the picture is thus neither uniform nor obvious (see CAN 2005).

Sweden is not a completely drug free society but in comparison with other European states the country has showed a very low prevalence of illicit drug abuse among adolescents and the effectiveness of restrictive drug policy is revealed. Lifetime use of cannabis and other drugs is very low, even the last 12 months and the last 30 days prevalence ratio showed a very limited extent. According to national Institute of Public Health in Sweden that, the Swedish drug situation is not entirely a matter of national policy. The development of drug abuse in Sweden is becoming more and more dependent on events in the outside world. The growth of international drug trafficking and Europe without frontiers as well as tendencies towards a liberalization of drug policy in other countries are subjecting Swedish drug policy to increased pressure (National Institute of Public Health 1993). The illicit drug abuse problem has not solved as it is required and strong political commitment is needed from both the Parliament and the Government (see UNODC 2007).

It is found that the society is not free of drugs and more comprehensive efforts are needed in policy measures to overcome the flow of illicit drug abuse among adolescents and overall in general population. Sweden a drug free productive country and Europe without frontiers, it is obvious that drugs are being smuggled from across the borders, therefore it is suggested that the border control must be more secured and checked. Further the decline in preventive measures in terms of awareness programs has been proved in the report, thus it is suggested that knowledge about drug abuse problems must be increased, for instance through school awareness programmes, seminars and workshops for general public awareness are needed efforts to achieve the drug free society. Influential attempts should be increased with the involvement of professionals like social workers to convince the abusers towards treatment and rehabilitation rather than by force treatment and care. For future directions in the field of research it is proposed that a comparative study of Swedish restrictive drug policy with the liberal policies of other European states is needed in order to learn from each other and share policy actions. It will be a fruitful contribution in combating illicit drug abuse. Europe without borders is a thread to Swedish restrictive drug policy in the attainment of drug free society and it is very important not only for Sweden but for all connected states to take some serious initiatives to achieve a drug free Europe.

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