



SUPPORTING DOCUMENT: Joint consultation on young people and drugs

Written documentation from the joint consultation of the Ministry of Health and Social Affairs, the Ministry of Justice and NOD on 13 October 2022.



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Participants

Organisations that participated in the meeting:

- Drogfri Uppväxt
- Föräldraföreningen mot Narkotika (FMN)
- KFUM Sverige/YWCA-YMCA of Sweden
- LSU - The National Council of Swedish Children and Youth Organisations
- Mentor Sverige
- Riksförbundet Narkotikafritt Samhälle (RNS)
- Riksförbundet Svenskar och invandrade mot narkotika
- Sveriges Elevkårer/Swedish Federation of Student Unions
- Ungdomens Nykterhetsförbund
- SAMsteget

Organisations that contributed to writing the documentation:

- Kontraktsmetoden
- Riksförbundet för social och mental hälsa



Introduction

Tilde Eriksson from the Ministry of Health Social Affairs began the joint consultation by introducing herself and her colleagues from the Ministry of Social Affairs and the Division for Police Issues at the Ministry of Justice.

The overall aim of the Government's efforts is to reduce the presence of illicit drugs in society and to minimise the risks, harm and other consequences associated with drug use and trafficking.

To achieve this, it is crucial to promote and encourage active dialogue, not least with civil society – the organisations that see, hear and experience things that officials cannot access in the same way. This joint consultation is a step in that direction. More specifically, the Ministry of Health and Social Affairs and the Ministry of Justice have invited civil society organisations to the joint consultation in order to make progress in their preparations to assume the role of chair of the Horizontal Working Party on Drugs (HDG).

The HDG brings together officials representing all EU Member States to take drugs issues forward. Among other things, it develops strategies and action plans to guide the EU's work on these issues. Within the Council, Member States take turns holding the Presidency, and it will soon be Sweden's turn. Two of the representatives from the Government Offices in this joint consultation will therefore chair the HDG from 1 January to 30 June 2023. As part of its Presidency of the Council, Sweden has the privilege of helping to set the direction of the work to be carried out within the Council. The civil society representatives in this joint consultation have been invited to contribute to this.

Issues that have been identified can be raised in several ways by the HDG chair. This can be done in the meetings held about once a month in Brussels. Such issues can also be raised in the Council's dialogues with non-EU countries, or in meetings held in one's own country. For example, during the Swedish Presidency, a meeting on drugs will be held in Malmö in the spring of 2023.

The direction of the Presidency is ultimately decided by the Government. With a new government taking office after the elections, nothing is yet fully decided, and today's discussion will be a valuable contribution to the Government's direction and work.



Group discussions

The participants were divided into two different groups, with representatives from the Government Offices in each group. A summary of the views expressed and the discussions held, together with the written contributions, is set out below.

Question 1:

How do you perceive the drug situation for young people in Sweden, and in the EU, right now?

Use and perception of drugs

Looking at the European level, the ESPAD surveys (youth survey in Europe) show stable drug use in Sweden since about 1999. Thus, while use itself has not increased, attitudes towards drugs have become more permissive, even though the majority of young people in Sweden remain sceptical.

The permissive attitude applies mainly to cannabis, which has become highly normalised and destigmatised in a relatively short time. This can be linked to popular culture, where the romanticisation of cannabis has found its way into song lyrics, films and Netflix series.

It may also be due to the fact that cannabis has been legalised in several countries. The cannabis industry has begun to market itself through influencers, with cannabis products often being marketed as health-promoting oils, skincare and calming sweets.

Due to the destigmatisation of cannabis through popular culture, the drug is normalised in all social classes. This makes it stand out among other forms of drugs, as some drugs can still be linked more clearly to class and living conditions. Cocaine and heroin, for example, have not reached the same 'mainstream' acceptance.

Although the overall consumption of drugs has not changed significantly, the harm has. Cases were cited where young members reported suffering psychosis due to drug use. Unlike in the past, alcohol is not as involved as it used to be in cases where things take a very serious turn. Instead, you see that cannabis, for example, is a main drug, which was not the case 10 to 20 years ago.

Where, when and why do young people use drugs?

Drug use is caused by many different things and takes many different forms. Factors including socio-economic background, mental health, school environment, geography and social circle play a role here. One young member had stated that "you might be



unhappy, or you just want to try it, you might think it looks cool or you might be influenced by peer pressure". The more often you are exposed to these factors, the greater the risk of trying drugs.

There used to be more emphasis on drug use at parties, but a shift has occurred. Drug use still occurs in social contexts, but not only at parties.

Upper secondary schools are one of the arenas where drugs are being used for the first time. At the same time, more and more people are being recruited to sell drugs at a young age, which means that drugs are now also readily available in the school environment earlier than upper secondary school.

A further factor in young people's use of drugs is the normalisation and romanticisation of cannabis in particular, as mentioned above. As powerful commercial forces that destigmatise drugs play an increasingly large part in young people's lives, including through social media and popular culture, the risks of young people becoming drug users increase.

What purpose do drugs serve for young people?

Using drugs can be seen as a way of escaping reality, which young people may feel compelled to do for a number of reasons. Today, for example, many young people are self-medicating with drugs as a result of mental illness or neuropsychiatric disabilities. In that case, the drug serves a purpose for a while, and it may feel good at first, but it can take a turn quickly. Undiagnosed illnesses were mentioned in particular as a reason why young people start using drugs. The need to self-medicate with drugs is an interrelated problem linked to socio-economic challenges.

In many cases, drug use also serves a purpose in terms of community and belonging. Peer pressure at parties, in schools and in other social interactions must not be underestimated in cases where young people use drugs.

In many cases, various factors can interact, which leads to the importance of early detection and understanding of young people's well-being, living conditions and behavioural patterns, so that drug use is neither attractive nor normalised. Here, we must not be afraid to go down to the individual level, because children and young people are a very heterogeneous group.

How do young people get hold of drugs?

Young people most commonly get drugs through friends or acquaintances. Many get hold of drugs online, but most often through physical encounters, for example at school or at parties. The more young people are recruited as dealers, the more drugs become readily available: they are in schoolmates' bags from a very young age.



How are young people affected by drug-related crime?

Young people are drawn into the illegal drug trade, and thus often into gang crime, because they are in the wrong place at the wrong time. The consequences of gang crime are very serious, and many people are harmed in the course of criminal disputes. The risk of being in the wrong place at the wrong time also increases when there is a lack of meaningful leisure activities in the local area, when financial conditions are difficult, and when schools are not equipped with both proactive teaching methods and supportive and health-promoting interventions outside the classroom.

A life of crime becomes attractive when it offers a context, a livelihood and access to drugs (which in turn offer the possibility to escape from reality when the young person's mental health or life situation makes them feel the need). The incentives to choose a life of crime must therefore be reduced, and they are reduced when the needs of young people are taken seriously. Society must demonstrate that other options are available to meet young people's needs for meaningful and rewarding contexts, for example, as well as support for improved well-being and living conditions. Here, the presence of adults, at all levels, is crucial.

It should also be mentioned that there are differences between the young people who are suspected and apprehended for drug-related offences and those who are not. For example, new research from the Department of Criminology at Stockholm University shows that young people with low-income parents are almost twice as likely to be searched and drug-tested by the police. Young people living in poor neighbourhoods are at almost 80% greater risk, and the risk for young people of foreign descent is 85% greater. At the same time, the latter group is twice as likely to test negative. In other words, there is a discriminatory factor in who is suspected and who goes free in relation to drug offences.



Question 2: What measures are important in Sweden, and in the EU, to meet young people's needs for care, support and security, and to prevent young people from committing drug offences?

Particularly disadvantaged areas

Socio-economically neglected areas are very much affected by drug trafficking. Young people must have opportunities for safe schooling and meaningful leisure activities, and adults must have secure economic livelihoods. This is so that no part of the commercial chain becomes attractive to young people, and they don't lack either the sense of community or the livelihood that is otherwise provided by those engaged in the drug trade. For young adults, this is also a question of positive conditions for long-term self-sufficiency, so that a life of crime, with its false image of wealth and success, does not attract them.

It also involves actively confronting the class divisions that exist in society, and that mean that young people's risk of being drawn into drug use or trafficking vary based on geography and economic background.

Caring adults and professionals

The adult world fails in its communication with young people. Communication is often grounded in the perspective of adults, not of young people. Scare tactics don't work.

Mental illness is a problem that contributes to drug use by young people. There must be adults and professionals who listen to young people and their needs, and it should be a natural part of young people's lives. This includes giving young people the tools to put their feelings into words as well as the opportunity to develop strategies for dealing with, e.g., loss, grief, anxiety and stress, rather than risking young people turning to drugs for self-medication. Developing young people's self-confidence and self-esteem is also important in preventing young people turning to drugs.

Undiagnosed illness is one reason why young people start using drugs for self-medication purposes, which is also an interrelated problem linked to socio-economic challenges. It is therefore essential to counteract this by making diagnoses in time.

Meeting young people's needs for support requires adults and professionals to recognise young people's attempts to seek help, and to take them seriously. This is based on trusting relationships. It should not be the responsibility of young people to possess the capacity to seek help they need, but rather the adults around them should be responsible for seeing and investigating that need. This also applies to young people whose custodians lack sufficient resources to uphold the young person's right to



support and assistance. If more adults take this responsibility, more young people in need of help are detected.

Schools

Schools are central to preventive efforts. At the moment, however, preventive efforts in the school context are not well designed. The approach can easily become punitive and suspicious, and therefore address the problem at the wrong level. If there were a less judgemental and more curious attitude among adults in the school environment, pupils could be given more tools to resist enticements to drug use. For example, more knowledge is needed regarding why drugs attract young people, and at the same time a dialogue with children and young people to inform them about the consequences of drug use. Contact between a young person and their school and their custodian regarding the young person's drug-free status, in exchange for other benefits, is mentioned as a successful and evidence-based approach. Combining several of these interventions creates a safety net around each young person.

Knowledge about drugs is generally lacking among teachers, which is almost certainly the reason why conversations about drugs often end up in fearmongering. The teacher-training programme does not include training on this, which means that the level of knowledge differs between schools depending on the intellectual curiosity of the school staff and head teacher. There is therefore a need for substantial, and across-the-board, efforts to raise knowledge levels among teachers. One suggestion is to include this in the teacher-training programme.

A well-functioning student health service is very important, but as it stands today, student health services are incredibly unequal. Some schools have a permanently present student health team, while other schools only have access to student health services on certain days of the week, if at all. Without a student health team that can work in a caring and supportive way, it is difficult to free up time for preventive efforts.

Health care

Addiction treatment must be made accessible, so that people know that it is offered and is safe. It also needs to reach out and destigmatise taking the step to seek treatment, as stigma often hinders seeking help. For example, an EMCDDA summary found that in the EU, the average age for first trying cannabis is 16, while the average age for seeking treatment and help is 24.

In this regard, some argue that legalisation and decriminalisation would lead more people to dare seek treatment, but research shows that this is not true. One of the biggest factors preventing young people from wanting to try drugs is that it's illegal. Criminalisation is not what prevents people from seeking help. Most people who die from drug use have had contact with treatment and support, so the problem is rather a shortcoming somewhere in the health care system. The effects of drug use are so



damaging to the individual and those around them that it needs to be criminalised. But sentencing should lead to treatment, rather than financial or liberty-depriving sanctions, as the latter do not necessarily lead to long-term improvement.

Linked to the above reasoning, the report 'Treatment as a legal consequence for young people accused of criminal offences' (*Vårdinsats som rättslig reaktion för unga som lagförs för narkotikabrott*) shows that children (15–17 years old) are most often sentenced to treatment, while young adults (18–20 years old) are sentenced to fines. The recidivism rate is higher in the latter group, which the report says indicates shortcomings in the legal consequences. If young adults were offered the same treatment as children, the risk of recidivism would likely be reduced.

Cooperation

In order to combat drug use and trafficking in the long term, joint interventions are needed. Care and support interventions must be based on a holistic view of the young person's life and support needs. In this respect, public authorities, schools and civil society must work together to avoid the risk of losing people between different interventions.

For example, there is an overly large gap between schools and social services in early intervention. This has to do with issues including confidentiality and forms of cooperation. This should be reviewed to enable proper follow-up by teachers and other school staff.

A distinction also easily arises between region and municipality, which does not always work well. This is particularly evident in detection and prevention. For example, the absence of any overlap between school and health care makes follow-up and long-term support difficult to achieve.

Support to civil society

Civil society organisations work at several levels to combat drug abuse and offences. On the one hand, many have an integrating function, where they intercept and build bridges to enter society. For example, drop-out centres often have contact and cooperation with civil society.

Civil society also creates meeting places, provides homework help, provides an outlet for engagement and offers stimulating and meaningful leisure activities. However, there is currently a great deal of frustration within civil society about the lack of financial support for working in an inclusive and preventive way. In other words, support must be increased.



Meaningful leisure activities

Young people with hope and belief in their own future are less likely to become involved in drug abuse or crime. Investing in opportunities for social context and meaningful leisure activities is therefore a key element in preventing both drug use and crime.

Meaningful leisure activities may seem like a soft approach considering the rhetoric that dominates social debate today, but it is actually the most tangible approach that we can take.



Question 3:

What innovative solutions can reduce young people's demand for and access to drugs?

Learn from success stories

Several municipalities have made progress in developing their methods. These should provide expertise and inspiration. Botkyrka and Norrtälje, for example, have been successful, mainly by addressing coordination and common goals among different actors within the municipality. Access to support and care should also be equal regardless of where you reside.

At group and individual level, it is also important to encourage good social behaviour. The more young people who see positive patterns of behaviour, the more they may choose to emulate them. Peer pressure in this case is a positive thing.

Help from student unions

Young people listen to other young people. Young people can therefore inspire and inform each other, and student unions in schools could play a key role. For example, it might be a good idea to permit student unions, rather than school management, to organise theme weeks regarding the consequences of drug use.

Clearer collaboration

There must be a chain of positive collaboration. This requires linking different agencies and clarifying who does what. Feedback, follow-up and documentation are crucial to a shared understanding of the whole chain, and to detection, early prevention and evaluation of which interventions work well or less well.

Centre of excellence

In order to have a national structure and coordination, it could be a good idea to establish a national prevention centre of excellence. This would provide an overview, and ensure that both policy and concrete interventions are based on facts and evidence.

Here it is important to also consider the youth perspective specifically, and to take into account several factors that affect young people. When we speak about interventions, it's easy to focus on a general perspective. Insufficient research and investigation has been devoted to different groups of young people and their various needs, and there is a risk that interventions assume that young people are a homogeneous group. For example, there is currently no research on drug use among young LGBTIQ people.



In other words, the centre of excellence should bring together research from different fields. At the moment, research is scattered across different institutes and research areas, even though several are related to drug policy. This makes it difficult to navigate correctly and see connections. A competence centre could thus also act as a facilitator.

New ideas, sticking to principles

There are no miracle methods to reduce the demand for and availability of drugs. Above all, it is a matter of improving how our existing systems work. Thinking in new and innovative ways can be a way to do that, but so can sticking to our principles.

Increasing the skills of adults and professionals and improving teaching methods

Trained intervention by those who come into contact with young people is of paramount importance. This applies to health care and school staff as well as parents and other key adults for young people. In this respect, we must take advantage of and make available existing resources: more people must understand what is already out there, and that the door is open.

In schools, we must step up efforts to get more people to abstain from drugs, but we also need to think new, and bigger. This could include integrating courses on drugs into teacher-training programmes so that teachers feel grounded in the harms of drug use. Quite simply, we must learn from the mistakes of unsubstantiated scaremongering and ineffective finger-pointing. It is important that drugs do not become a taboo subject, so that young people dare to talk about them. Individuals addressing them should not risk retaliation or negative consequences for daring to start a conversation. Another idea could be to increase student involvement in teaching and learning about the risks of drugs.

Utilise young people's civic engagement

Young people are smart and interested in social issues generally. Thus one way could be to adopt a more socially-oriented approach to the problem of drug use in education and information campaigns.

For example, the whole commercial chain could be described, including how much harm is caused to people so that drugs can be served at a party, or wind up in someone's pocket. This could emphasise, for example, the brutality surrounding the drug trade in drug-producing countries, the shipping route to Sweden and its effects on the environment and how the trade fuels gang crime and results in young boys in Sweden being shot and killed. The harmfulness of one's own use can therefore be expanded and seen from the perspective of solidarity, the environment and justice, hopefully leading to more people choosing to abstain.



Humane drug policy

Drug policy should focus more on treatment and on combating stigma, without moving towards legalisation and decriminalisation.

Linked to that, from an EU perspective it is important to maintain control over drug policy so as to resist, for example, Germany's legalisation and not go down the same route. During its Presidency, Sweden must act to protect the UN drug conventions and EU law, and to strengthen collaboration with other EU countries that oppose legalisation, as well as raising the issue in various EU bodies.

Review the normalisation of the cannabis industry

It might be a good idea to review the advertising space for the cannabis industry and see, for example, if this can be more clearly regulated.

Maintaining the family perspective

It's easy to lose the family perspective when talking about important interventions. We need to work together to change that. We can do so, for example, by encouraging family members to seek support and not to forget themselves in the context of young people's drug use. Family members can experience a great deal of guilt and shame related to drug abuse problems, so it is important that society can provide relief and offer convenient and timely support. Once again, this involves more directed interventions to reduce the risk of self-stigmatisation. This also applies to the families of people involved in drug-related crime.

Offer alternatives

To avoid young people using drugs for self-medication, prevention work is needed as early as in preschool and compulsory school, in the form of teaching health promotion strategies. This is to equip children and young people with successful strategies to feel better, rather than resorting to destructive solutions later on.

A major reason why young people turn to crime through drug trafficking is a need for 'quick cash'. Work opportunities are therefore needed to meet this need, and to replace the destructive path of the drug trade. Support is also needed in compulsory and upper secondary schools for young people to complete their studies. Here, civil society can act as a complementary actor.

Successful working methods based on contracts with individual young people have been mentioned, with the example of a specific evidence-based approach where young people enter into contracts with schools and custodians to remain drug-free in exchange for something else. In addition to being healthy, the young people receive various discounts and benefits, for example.



Avoid discriminatory interventions

As mentioned above, research shows that the fight against drugs has discriminatory undertones. In particular, this discrimination affects people of foreign descent and socially or economically disadvantaged people. The same problem can be seen, for example, in the United States, where poorer areas clearly have a high level of surveillance and police presence, while richer areas do not, even though drug-use rates are high among the upper classes. There are also clear signs of racial profiling.

These methods have no proven positive effect on drug use and trafficking – quite the contrary. We must therefore be careful not to go too far in that direction. However, there is currently a strong focus in Sweden on monitoring, searching and closely supervising certain areas and persons. That is to say, we risk going too far in the same direction as for example the US.

In other words, Sweden must be clear that efforts to reduce illicit drugs and minimise their risks and harm are not fringed with discrimination. We are well placed to lead by example internationally, if the proper interventions are applied.

Something that is known to be effective rather than divisive is ensuring that young people have meaningful and safe leisure activities and the presence of adults who are not solely police officers. By investing in equitable schools and health care, several steps can be taken in the right direction. Here, too, civil society stands ready to meet the need for social context, meaningful leisure activities and safe adults in the most socio-economically disadvantaged and crime-ridden areas, given the right conditions.

Conclusion

The joint consultation concluded with a brief summary for the whole group of the discussions described above. Tilde Eriksson and Malin Skäringer thanked the participants, noting that the discussions had been very fruitful and provided several important perspectives and ideas that will be taken further in the planning for the Presidency.

The meeting was concluded.



Supporting document prepared by the operative office of NOD on behalf of the Ministry of Health and Social Affairs and the Ministry of Justice.

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Regeringskansliet

