Drug Trends in Sweden 2010

Summary

This is the English version of the summary of the 2010 edition of the annual survey of drug trends in Sweden carried out by the Swedish Council for Information on Alcohol and other Drugs (CAN).

Today there is a wide variety of data which can be used to describe the use and abuse of alcohol, controlled substances and other drugs. In many respects, these data enable a fair assessment of the extent and development of drug problems. In other respects, however, they provide a less adequate picture, owing to insufficient data quality or simply a lack of certain information. Issues relating to the data sources used for this report and their shortcomings, if any, are dealt with in the chapter on methodological problems and reliability.

Trends in alcohol use

Alcohol has long been an integral part of Swedish culture. This chapter illustrates trends over time in alcohol use. To ensure that the overall picture of trends in alcohol use is as truthful as possible, a wide range of statistical sources are used.

Official statistics cover alcohol sales by the Swedish Alcohol Retailing Monopoly (*Systembolaget*) and restaurants plus sales by grocer's shops of 'medium-strength beer' (alcohol content 2.8–3.5 per cent by volume). To estimate total consumption, however, we must also take into account other categories ('unrecorded alcohol'): privately imported, smuggled and home-made alcoholic beverages. Data on those categories are obtained from questionnaire surveys.

Officially recorded alcohol sales in 2009 amounted to 7.4 litres of pure alcohol per inhabitant aged 15 or older. Total consumption in 2009 is estimated at 9.3 litres. Recorded alcohol thus accounted for 78 per cent and unrecorded alcohol for 22 per cent.

In the 2000s, alcohol consumption reached a historically high level while recorded sales remained relatively unchanged. At the same time, the proportion

of unrecorded alcohol doubled between 1990 and 2004. While part of this increase was due to a rising proportion of illegal alcohol, the main reason was growing volumes of private imports. Since 2004, however, total consumption has fallen by more than 10 per cent as a result of a shrinking proportion of unrecorded alcohol.

There have been major changes over time in beverage preferences. For example, wine has been steadily growing in importance ever since the Second World War. In 2009, wine accounted for 41 per cent (measured in pure alcohol) of total consumption, i.e. both recorded and unrecorded alcohol, while beer accounted for 36 per cent and spirits for only 22 per cent. It can thus be concluded that, since the 1990s, Sweden has been a 'beer-and-wine country' rather than the 'spirits country' it used to be.

Respondents in CAN's annual survey of ninth-year school pupils (aged 15–16) are asked several questions about alcohol. Ninth-year boys used to obtain the largest proportion of their consumption from spirits, but 'strong beer' (alcohol content > 3.5 per cent by volume) is nowadays the largest single category of beverage. The drinking habits of girls of the same age show a more even spread across beverage types. While the proportion of pure alcohol contributed by spirits has fallen slightly in the past ten years, this type of beverage still accounts for the largest single contribution among girls, even though pre-mixed beverages (alcopops, wine coolers, etc.) are now a very close second. Among slightly older boys – those in their second year of upper-secondary school (aged 17–18) – strong beer accounts for an even larger proportion than among ninth-year boys. As regards 17–18-year-old girls, wine makes up a larger proportion of their alcohol consumption than it does in the younger female age group, but pre-mixed beverages and spirits remain the dominant types of beverage among slightly older girls as well.

A survey of the general population aged 16–80 shows that wine is already the largest single category in the youngest age group (16–29 years) of women (at 44 per cent) and then increases, accounting for over 80 per cent in the oldest age group (65–80 years). Among men, strong beer provides the largest single contribution in the youngest age group but then declines with age at the expense of wine.

By way of an overall assessment of ninth-year pupils' alcohol consumption, it can be said that volumes increased during the 1990s but have since fallen after peaking near the turn of the millennium. This fall can be observed among both girls and boys. While boys' consumption has fallen slightly more than girls' since the peak, it should be mentioned in this context that the increase in 1995–2000 was stronger among boys. 'Intensive' alcohol consumption also increased in the 1990s. Since then, the trend for boys has gone downwards such that both sexes are now equally prone to engage in intensive consumption. The surveys of upper-secondary pupils cover a shorter period,

but it is clear that young people at that age drink considerably more and are considerably more likely to engage in intensive consumption than ninth-year pupils.

Among ninth-year pupils, differences between the sexes in alcohol consumption have shrunk since the turn of the millennium. In the survey of upper-secondary pupils, however, there is a clearer gender gap. Surveys of the general population show that young men drink more than young women: when consumption peaks in the early 20s, men drink more than twice as much. From about 25 years of age, men's consumption then falls as they grow older while that of women rather stabilises. In the 1980s, women's average consumption was just over 40 per cent of men's; from the mid-1990s until 2008, the corresponding figure has been about 45 per cent.

Surveys of adults are not only few in number but have also used different methods to ask questions and covered different age groups, meaning that any analysis over time will be uncertain. Even so, it is possible to discern a tendency since the Second World War for alcohol consumption to increase, not least among women. In the 1980s and 1990s, alcohol consumption was fairly stable. However, an increase can be seen at the turn of the millennium. It is clear that men are over-represented as regards intensive and high consumption, and that the highest level of alcohol consumption is to be found in the youngest age group: 16–29 years.

Comparison of alcohol-sales trends during the post-war period in Sweden and a number of other countries reveals important similarities. This period was characterised by rising consumption in many parts of the world. In many countries, as in Sweden, the increase in total alcohol consumption slowed down in the mid-1970s and then levelled off, after which consumption even fell in some countries. Such falls were seen, for instance, in a few European countries with historically high consumption levels, such as France, Italy and Spain, where large decreases were observed, especially for wine. In Sweden, by contrast, wine consumption actually rose during this period.

It can thus be concluded that consumption trends have moved in different directions in the European countries in question (Norway and the 15 countries which until half a decade ago made up the European Union). The result of this, however, has in fact been a convergence of consumption patterns.

Comparison of the Nordic and Baltic countries shows that Sweden has the lowest alcohol consumption (measured in sales) together with Norway and Iceland, while Estonia and Lithuania have the highest levels.

It is well known that alcohol causes both social and medical harm. Some of this harm can be fairly well described using statistics. However, there is a lack of data conclusively showing the extent and development of alcohol-

related harm. This is particularly true of the social harm, such as absence from work owing to illness or the consequences for other members of alcoholics' households. Further, there are no certain data on trends in the number of alcohol abusers or addicts. Factors undermining attempts to measure the extent of alcohol-related harm in society include changes in legislation, practices, financial and human resources, diagnostic methods, knowledge and attitudes. The indicators used in this report thus do not provide a complete picture of the development and extent of alcohol-related harm.

As previously mentioned, alcohol sales grew during the post-war period and peaked in 1976. In the 1970s, arrests for public drunkenness increased until 1975. The number of admissions to in-patient psychiatric care with diagnoses of alcoholism and alcoholic psychosis also increased markedly. Moreover, there was a strong rise in alcohol-related mortality until 1979. For this period, there is thus a link between consumption trends and harm trends.

After 1976 sales began to fall, and a few years later the increase in alcohol-related mortality stopped as well. If estimates including unrecorded alcohol are taken into account, annual consumption can be said to have been largely stable for most of the 1980s and 1990s (at about 8 litres of pure alcohol per inhabitant aged 15 or older). Alcohol-related mortality was also fairly stable during this period. In the 2000s, alcohol consumption has increased and is now about 10 litres of pure alcohol per inhabitant aged 15 or older. There is also a suggestion of a rise in alcohol-related deaths in the 2000s.

The number of arrests for public drunkenness fell sharply in the 1980s and 1990s, probably owing mainly to the attitudes and actions of society. However, it can be noted that this fall slowed down around the turn of the millennium and that the number of arrests has since increased again.

It can also be noted that the number of reported drink-driving offences per inhabitant has increased by more than 40 per cent since 1998. A large part of the explanation for this increase, however, is probably provided by new laws and by the way in which the police have allocated their resources. Moreover, despite this rise, the number of reports is still lower than the record levels seen in the early 1990s. Even so, the National Council for Crime Prevention is of the opinion that drink-driving actually increased in 1999–2004. However, several factors, including the fall in alcohol consumption in 2006–2007, indicate that the continued increase is in fact not a real one but an artefact caused by the increase in the number of breathalyser tests performed.

Alcohol-related road-traffic accidents could possibly be a proxy for the prevalence of alcohol in road traffic which is less affected by outside factors. The number of persons involved in road-traffic accidents leading to personal injury who were suspected of being under the influence of alcohol fell in the

1990s but has been rising in the 2000s even though the levels seen around the consumption peak in the 1970s have yet to be reached.

Another indicator which no longer shows a downward trend is alcohol-related in-patient care. Between 1987 and 1998 the number of alcohol-related treatment episodes (discharges) fell, but then the trend turned upwards. One possible problem associated with the use of in-patient data as an indicator, however, is that the statistics are influenced by changes in the range of services offered.

Between 1979 and 2000, alcohol-related standardised mortality in men fell by 29 per cent. In recent years, however, the fall has stopped and a rise of about 5 per cent can be seen since 2000, even though the levels of the 1970s have yet to be reached. Alcohol-related mortality in women was also relatively high in 1979 but had fallen 7 per cent by 2000. In the 2000s, though, there has been a slight increase in the number of female alcohol-related deaths.

Mortality statistics also clearly reflect the fact that men drink much more. In the 2000s, alcohol-related mortality has been about four times higher in men than in women. At the same time, however, the gender gap has shrunk as a consequence of increased female consumption.

Women are increasing their proportion in several other indicators as well. For instance, the proportion of women among those arrested for public drunkenness has risen in the 2000s. The proportion of women among suspects of drink-driving offences has increased between 1984 and 2008. And women have become more numerous in alcohol-related in-patient care as well: in the 2000s, one-fourth of clients have been female.

It is no easy task to interpret trends in alcohol-related harm by means of a range of indicators. One conclusion which can be drawn, however, is that the positive trend exhibited by several indicators in the first half of the 1990s, as compared with the preceding decades, has now been broken. In several cases, alcohol-harm indicators point to a negative trend in the 2000s; signs of improvements are exceptional. However, the picture varies depending on the year chosen as a starting point for comparisons. In some cases, a change for the worse in fact basically amounts to a return to previous levels.

For several indicators, though, it can be noted that measurable alcohol harm does not seem to have increased at the same rate as consumption. This may be due to a delayed impact as well as to the fact that at least part of the increase in consumption involves groups which have previously been relatively moderate drinkers and have not traditionally been characterised by problem consumption. To understand and monitor harm trends more closely, it is important to have access to good information about the drinking patterns of various population groups as well as changes in those patterns.

Trends in illegal drug use

Illegal-drug use may range from occasional consumption to more regular use as well as long-term and daily abuse. Different forms of use affect individuals and society in different ways. It is therefore important to make sure that different consumption patterns are dealt with separately and not lumped together under a single heading, whether it be ‘use’, ‘abuse’ or ‘misuse’ of illegal drugs.

As is the case for data on alcohol trends, studies and statistics on illegal drugs do not reflect the actual situation perfectly; findings are influenced by factors such as changes in laws and their application and changes in the focus and resources of drug-enforcement agencies, addiction services, etc.

The increase in the availability of illegal drugs which was observed in the 1990s appears to have stagnated in the 2000s, to judge from the slowdown of the fall in the prices of illegal drugs. At the same time, however, prices remain stable at a low level even though historically large volumes of illegal drugs are being seized by law-enforcement agencies, which could be seen as an indication that the availability of illegal drugs is good at present.

Data on occasional or less regular use of illegal drugs are obtained primarily from questionnaire surveys. Despite the methodological problems inherent in such studies, they are considered to reflect trends fairly well.

There are national self-report data on young people’s use of illegal drugs going back to 1971. The proportion of young people who had ever tried illegal drugs fell during the 1980s, reaching a low level in the second half of that decade. In the 1990s, by contrast, the proportion of ninth-year pupils (aged 15–16) who had tried illegal drugs more than doubled, and similar trends were observed in other questionnaire surveys. After a slight dip in the mid-2000s, a total of 8 per cent of ninth-year pupils and twice as many among second-year pupils at upper-secondary schools (aged 17–18) claimed in 2009 that they had tried illegal drugs.

Surveys typically show that about 60–70 per cent of those who have tried illegal drugs have used cannabis only, while 5–10 per cent have used drugs other than cannabis only. Amphetamine is the second-most common drug – but if illegally used pharmaceuticals (most often benzodiazepine-type sedatives or tranquillisers) are included, they are at least as common as amphetamine.

Trends in current use (30-day prevalence) among young people have largely followed trends in lifetime prevalence. In 2010, 3 per cent of upper-secondary pupils reported having used illegal drugs in the past 30 days.

Since 2004, 16–84-year-olds have been asked about their cannabis habits in postal surveys. In the 2010 survey, 12 per cent claimed to have tried cannabis at least once. This corresponds to about 900,000 people in the age range concerned. In the same survey, 2 per cent said that they had used cannabis in the past year and 1 per cent that they had done so in the past month. Recent use of cannabis was the most common among 18–29-year-olds, where 9 per cent of men and 6 per cent of women reported having used cannabis in the past year (corresponding to about 130,000 people).

Adult men are more likely than adult women to have experience of illegal drugs. It can be concluded that the differences between the sexes in their use of illegal drugs arise at upper-secondary age and that they are clearer when more frequent use alone is considered. Men in their early 20s are the most frequent cannabis users of all.

Almost all surveys show regional differences. Illegal-drug experience is more common in major urban areas while the lowest rates are found in small towns and sparsely populated regions. This is true not least of regular use.

Even though studies of people suffering from heavy drug abuse often reveal them to have had marked social problems from an early age, it is of course not the case that all those who have tried illegal drugs at least once come from such a background. Even so, however, various studies have shown that young people and young adults who have tried illegal drugs usually stand out from their peers, for instance with regard to truancy, a dislike for school and a lower educational level. Such differences are even clearer in the case of current or regular consumption. This means that those who try illegal drugs and then go on using them often stand out with regard to the characteristics just mentioned – from those who have taken illegal drugs only on a few occasions and, in particular, from those who have never tried illegal drugs at all.

In the second half of the 1960s, various forms of drug abuse increased strongly in Sweden. This period can be seen as the establishment phase of modern drug abuse. Available data indicate a certain stabilisation of the more serious forms of abuse during the first half of the 1970s, but the second half of that decade was again characterised by rising 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.

Based on a study carried out in Stockholm in 1967, the number of people with heavy drug abuse in Sweden was estimated at 6,000. Subsequent, more careful studies were then made in 1979, 1992 and 1998, arriving at estimates of 15,000, 19,000 and 26,000, respectively. ‘Heavy drug abuse’ here means having injected illegal drugs in the past twelve months (regardless of fre-

quency) or having engaged in daily or near-daily use of illegal drugs in the past four weeks. Judging from the numbers presented above, the average annual growth rate was highest in 1992–1998.

In 1998, amphetamine was the primary drug of about 32 per cent of those with heavy drug abuse while 28 per cent had opiates as their primary drug. In earlier studies, amphetamine had been more predominant. Further, in 1998 cannabis was the primary drug of 8 per cent, which represents a decrease.

Some estimates of the extent of problem drug use in the 2000s have been presented, but owing to differences in methodology they are difficult to compare with the earlier studies. Even so, the more recent estimates do not point to any particularly positive developments when it comes to the most problematic forms of drug use.

The proportion of women among people with heavy drug abuse has been fairly stable in all studies, at slightly less than one-fourth. This proportion is larger than for people prosecuted for drug offences (about 14 per cent women) but smaller than for people treated at hospitals owing to drug abuse (about 34 per cent women). On the basis of these studies, it can therefore be concluded that women are under-represented as regards (known) criminal behaviour but over-represented as regards consumption of health-care services.

In the absence of direct measures of trends for the more problematic forms of drug use, researchers must instead turn to indicative sources, i.e. data that may indirectly reflect the effects of drug abuse, such as criminal-justice and cause-of-death statistics. A clear pattern emerging from the various studies is that the heavier forms of drug abuse are concentrated in the major urban areas. This pattern can also be seen in various indicators concerning drug seizures and drug-related crime, morbidity and mortality.

Comparison of the available indicators with the study findings shows that they provide a relatively similar picture of trends in heavy drug abuse, with rises especially in the 1990s. In the 2000s, in-patient data and statistics on drug-related deaths indicate that the rise in drug abuse seen in the 1990s has slowed down. The number of people receiving in-patient care for drug abuse, however, was larger than ever before in 2009, and this source of statistics also indicates that the rate of new recruitment remains high.

The most positive message concerns drug-related deaths, where the rise has stopped and the number is now back at the level seen in 2000. This may be due to the expansion of substitution treatment for opiate addicts – the group whose excess mortality is highest. At the same time, however, increases in criminal-justice indicators remain very large, meaning that the picture is not

uniform. Part of the reason why criminal-justice statistics are still clearly on the rise may be that the police have stepped up their anti-drug efforts.

Taken together, it is not a particularly easy task to make a statement about the development of 'heavy' – or 'problem' – drug abuse in the 2000s, but the situation at least does not seem to have improved compared with the 1990s. On the contrary, several relevant indicators point to a deterioration in the past few years. One important aspect here is that illegal drugs are relatively easy to get hold of today.

The proportion of young people who have tried illegal drugs is fairly small in Sweden compared with other EU member states. This is also true as regards less serious forms of use in the general population. In a comparison of data on problem drug use and drug-related deaths, however, Sweden comes out less well.

Trends in sniffing

In the 1950s, 'sniffing' attracted attention as a youth phenomenon. At that time, sniffing meant inhaling fumes from solvents such as thinner and glue. Today a wider range of substances are sniffed, and since the end of the 1980s various gases such as butane and aerosols have become more frequent in this context.

According to the surveys of ninth-year pupils (aged 15–16), a marked reduction in sniffing took place in the late 1970s; the fall then continued to some extent in the 1980s. Around 1990, experience of sniffing was fairly uncommon: 5 per cent of pupils then claimed to have tried it. Ten years later that proportion had doubled, but in the 2000s sniffing has abated again.

To the extent that there are comparable data from the survey of conscripts (men aged 18), they show more or less the same trend as for school pupils. A similar rise-and-fall in sniffing experience was also observed in the United States in the 1990s.

Ever since the early 1970s, sniffing experience has been slightly more common among boys than among girls.

Regional differences are commonly found in the prevalence of individual drugs. For sniffing, however, the questionnaire surveys available do not seem to indicate any notable differences between large cities and small towns. Sniffing experience nowadays seems to be rather evenly spread across Sweden.

Ninth-year pupils who have sniffed are more likely to play truant a couple of times a month and to dislike school than their non-sniffing peers. Further, in 2009, those who claimed to have sniffed were slightly more likely to say that vandalism was frequent in their residential area. The same patterns can be seen among upper-secondary pupils (aged 17–18), even though for girls in that age group there was no difference in the perception of vandalism in one's residential area between those with sniffing experience and those without.

Knowledge about sniffing in adults is limited. Studies to investigate the extent of heavy drug abuse in 1992 and 1998 found that 1–2 per cent of illegal-drug users reported solvents among the substances they used. Among adults undergoing compulsory institutional treatment, since the early 1990s one or a few per cent have reported sniffing at least as a component of their abuse pattern.

Trends in doping

In the 1990s it became obvious that the use of hormonal-doping substances was no longer restricted to organised sport but had spread to other sectors of society, including body-builders and people who work out at gyms. A 2008 government report states that outside the world of sport, doping is found mainly among body-builders and criminals. As a response to the spread of doping, a law prohibiting certain doping substances came into force in 1992. In 1999 its scope was extended to cover consumption and the sanctions were made more severe. The most commonly used type of illegal substance is anabolic-androgenic steroids (AAS).

Ever since questions about doping first began to be asked in nationwide representative surveys in the first half of the 1990s, about 1 per cent of young male respondents have claimed to have used AAS at least once. The prevalence of AAS use in Sweden is similar to the rates identified by youth surveys in several other European countries but slightly lower, for instance, than those found in the United States or certain countries in eastern Europe.

Given that the proportion of respondents claiming to have experience of AAS is so small, such surveys do not provide a solid basis for assessing the extent of current or regular use. On the basis of a 2008 postal survey, it was estimated that about 9,000 men aged 18–34 had used AAS at least once in the past twelve months.

Experience of growth hormones is rarer, and it is also rare for women to report experience of hormonal-doping substances. Among young people, there has been found to be a link between experience of doping on the one hand

and extensive alcohol consumption as well as experience of illegal and other drugs on the other.

Seizure and criminal-justice statistics have indicated an increase in doping for some time now. Since 1998, seizure data reported by customs and the police are mutually comparable, and from that year the number of seizures has more than tripled while the volumes seized have also increased. Criminal-justice statistics show that the number of people charged with doping offences has had a similar trend over the same period. About 60 per cent of all doping-offence suspects are in their 20s and only a few per cent are women, which reflects the picture emerging from population studies rather well. The proportion of suspects aged 30 or older increased by 12 percentage points between 2003 and 2009, which may point to a slowdown in new recruitment.

Whenever criminal-justice data are used, however, it should be kept in mind that the legislation on doping offences has been made stricter while statistical and reporting procedures, training and knowledge have improved over the years. Moreover, changed priorities in the criminal-justice system may also influence the development of such data. It should be noted by way of example that the large increases in seizures of illegal drugs since the early 1990s have not been taken to indicate a corresponding increase in consumption.

Even so, it seems clear that a market for doping substances has developed since the early 1990s, and it does not appear unlikely that the number of regular users has grown progressively over this period. However, it is harder to substantiate, on the basis of existing surveys, any claim that it has become more common for young people and young adults to try hormonal-doping substances. Finally, it can be noted that experience of hormonal doping is actually rather infrequent. Comparison of reported experience of AAS and illegal drugs shows, depending on the survey, that among young men there are 5–20 times as many who have tried illegal drugs.

Trends in tobacco use

Until the end of the Second World War, annual sales of cigarettes never exceeded 500 per inhabitant aged 15 or older, but then they increased, peaking in 1976 at about 1,800. Since that peak, sales have more than halved; in 2009, about 780 cigarettes were sold per inhabitant aged 15 or older. If total consumption of cigarettes (i.e. including smuggled and privately imported ones) is taken into account using data from the survey carried out by the Centre for Social Research on Alcohol and Drugs (SoRAD) at Stockholm University, the number per person is slightly higher but the trend is the same (since 2003, when the SoRAD survey began).

In line with shrinking cigarette sales, consumption has fallen. More than half a century ago, smoking was more common among men: in 1946, 50 per cent of men were regular smokers but only 9 per cent of women. In 1963, the sexes had come closer to each other (49 and 23 per cent, respectively); and in 1980, among 16–84-year-olds, 36 per cent of men and 29 per cent of women were smokers. Since then smoking has decreased, among women as well. In 2008/2009, the proportion of daily smokers was 13 per cent for men and 16 per cent for women.

Smoking has thus come to be more frequent among women than among men, which is a fairly unusual development from an international perspective. A reduction compared with 1980 has taken place in all age groups except among women aged 65 or older.

Most smokers begin their habit at a rather young age, which is why the trends manifested in the survey of ninth-year pupils (aged 15–16) are interesting. This survey shows that smoking among ninth-year pupils was at its most widespread in the early 1970s. Since the first half of the 1990s it has been decreasing, reaching levels of 9 per cent for boys and 12 per cent for girls in 2009. Among second-year upper-secondary pupils (aged 17–18), the average proportion of self-reported daily smokers has been 10 per cent for boys and 17 per cent for girls over the past five years.

Annual sales of moist snuff (*snus*) rose steadily between 1970 and 2002 from about 400 to 920 grams per inhabitant aged 15 or older. In the past three years, sales have stabilised at a lower level.

Consumption also increased over the same period. The survey of living conditions carried out by Statistics Sweden shows that 17 per cent of males took snuff daily at the end of the 1980s. This proportion then increased slightly before falling in the past few years (to 21 per cent in 2008/2009). The proportion of female snuff-takers was 1 per cent in 1988/89, rising to 3 per cent in 2008/2009.

Snuff-taking is a distinctively male habit at school, too. Of ninth-year pupils in 2009, 15 per cent of boys and 4 per cent of girls claimed to have this habit. For boys, this is the lowest figure recorded since the survey began. Snuff-taking among girls increased more or less constantly until 2006, but in the past three years it has fallen slightly. Among second-year upper-secondary pupils, just over one-fourth of boys and 10 per cent of girls, on average, were snuff-takers in the 2004–2009 period.

Smoking has not decreased uniformly across all strata of society. While half a century ago the very highest rates of smoking prevalence were found in better-off groups, the present situation is the reverse: daily smoking is more fre-

quent among blue-collar workers, the financially vulnerable and people on low incomes.

Among young people in the ninth year of compulsory school and the second year of upper-secondary school, the 2009 survey shows smokers to be more likely to play truant and, in year 9, slightly more prone to dislike school. Snuff-takers in both age groups were also more likely to play truant a couple of times a month than those who do not take snuff.

Smoking causes medical rather than social harm; there is a well-established link between smoking and ill health. According to a Swedish estimate, tobacco accounts for 10 per cent of the national health burden.

The trends in smoking-related deaths are well in line with what can be expected from consumption and sales statistics. Mortality in men has fallen. For women, however, where the reduction in smoking has been smaller and occurred later, no fall in mortality can be seen in the statistics. In the first half of the 2000s, the average rate of mortality from lung cancer was 45 per 100,000 population for men and 28 per 100,000 population for women, i.e. still considerably higher for men than for women.