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Trends in alcohol and other drugs in Sweden

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1. Summary

A lot of statistical information is currently available describing the use and abuse of alcohol, narcotic drugs and other controlled substances. For many purposes, these figures present a fairly accurate picture of the extent of the drug problem and development over time. In some aspects though, the picture is not as clear, owing to inadequate data.

Trends in alcohol use

Alcohol consumption

There are no absolutely reliable figures on the total consumption of alcohol. The official statistics are based on sales from the Swedish Alcohol Retailing Monopoly (Systembolaget), deliveries of beer from breweries and different distributors deliveries of alcoholic beverages to restaurants. These figures do not include all alcohol consumed however: alcoholic beverages imported (both legally and smuggled), alcohol consumed during travel abroad, legal or illegal home-made alcohol products and industrial spirits are absent from the official consumption statistics.

Sales figures and information from surveys are often used to describe trends in alcohol consumption. Figures on total consumption, including unregistered consumption, has for the past ten years been calculated with more or less the same methods, using interview data combined with sales figures. They are regarded to be the most accurate estimates on total consumption so far. Hardly any similar data preceding the 1990s exist, wherefore comparisons with earlier years are difficult to make in this respect.

An assessment of the trends in alcohol consumption based on sales figures alone is reliable only on the condition that unregistered consumption is relatively stable from year to year. Studies however indicate a certain increase in unregistered consumption recent years.

A general overall picture of alcohol sales during the post-war period is the one of an increase, at the whole. In 1946 the amount sold corresponded to about 4 litres of pure alcohol per inhabitant aged 15 and above. In 1954 (i.e. the last full calendar year of rationing) it was circa 5 litres. From late 1960s to mid-1970s total sales increased, with a peak of nearly 8 litres in 1976. After that sales decreased, reaching 6 litres in 1984, and has since

then fluctuated somewhere around that level. Using a shorter and more detailed perspective one can however see that sales figures rose from 5.8 litres of pure alcohol per inhabitant aged 15 and above in 1998, to 6.5 litres in 2001, a 12% increase in four years.

When the unregistered consumption was taken into consideration, the total consumption was estimated to 9.2 litres of pure alcohol per inhabitant aged 15 and above in 2001, almost 3 litres above the registered sales figures. According to these calculations, some 30% of the alcohol consumption in 2001 was unregistered consequently. The primary source was legally privately imported alcoholic beverages (69%), thereafter came smuggling (14%) and legal and illegal home-production (some 8% of each category).

The proportion of unregistered consumption seems to have increased according to studies with comparable methodology, from some 20% early 1990s to 25% mid 1990s. For the last 10 years, the share of unregistered consumption has consequently increased with some 10 per cent units. If the proportion of registered consumption decreases, sales figures will become a less useful indicator on the total consumption.

All since the early 1980s, sales of spirits have decreased from 3.8 litres of pure alcohol per inhabitant aged 15 or over in 1979 to 1.4 litres in 2001. Characteristic for the post-war period is a continuous increase in the sales of wine and beer. In 2001 wine sales were 2.4 litres and sales of strong beer were 1.8 litres. Both wine and strong beer thereby has passed spirits in terms of sales figures, which happened during mid 1990s.

Registered sales, in pure alcohol, consisted of 41% wine, 38% beer and 21% spirits. If calculations of unregistered consumption is taken into consideration the wine and beer shares becomes relatively equal (some 36% each) and spirits increases in proportion, to 27%. This implies that spirits was the type of beverage with the largest share of non-registered consumption.

Survey data on alcohol consumption among adolescents, students and among young men conscripted for military service show that alcohol use did increase during the 1990s. According to the surveys among 9th graders and 16–24 years old, the estimated annual total consumption of alcohol increased during the 1990s and is now of the same magnitude as in the late 1970s, after having been relatively low during the 1980s. Males drink about twice as much as females, both among younger and older adolescents, and the sex differences have been relatively stable since the 1980s, with a tendency towards an increased gap most recent years. Alcohol consumption is markedly increased with age among the 16–24-year olds.

The development of binge drinking resembles the consumption trends in some respect. After a peak in 1976–1977 intoxication drinking among teenagers decreased and then stabilised at a lower levels mid 1980s. During the 1990s however, there has been an increase in reported binge drinking, although the levels were even higher during the 1970s.

Preferences for various alcoholic beverages differ between the sexes among youths since males tend to drink more spirits and beer while females prefer wine. At the same time, females tend to have more equally distributed alcohol preferences. Among older youths wine drinking increases while the contribution from week beer (folköl) and cider/alcopops decreases.

Although the number of surveys among adults is limited, the available data show a clear tendency to an increased consumption of alcohol among women during the post-war period. Since the 1980s, the gap between the sexes however has been relatively stable according to general population surveys. Males report at least twice the consumption of females. Male consumption is dominated by beer while female consumption is dominated by wine. In the ages 18–29 the largest alcohol consumption was reported and in the age group 50–75 the lowest. The results from the surveys more or less mirror the fluctuations in sales statistics.

A comparison of the alcohol sales development in Sweden and internationally, reveals considerable similarities. The first 30 years after the second world war are characterised by an increase in most countries. As in Sweden there was a halt in the mid 1970s, followed by a levelling off or a decreasing trend. From the 1980s a decrease has taken place in some countries. This was the case in nations with traditionally high consumption levels (France, Italy and Spain) where the decrease could be noted for wine. At the same time spirits increased its share. In Sweden the development has been the opposite.

In the EU and Norway the consumption tends to be become more alike. The wine-countries decreased wine sales and increased spirit sales, while a reversed trend has taken place in the spirit-countries. Since consumption levels tends to converge, so do levels of alcohol related mortality especially cirrhosis of the liver. The mortality decreased in wine countries (Southern Europe), increased in beer (Central Europe) countries, and was relatively stable in the spirit countries (Northern Europe).

As in Sweden, consumption of unregistered alcohol also exists in other countries, a fact that complicates comparisons between countries, not the least comparisons over time.

From a policy point of view, the EU-states also tend to converge. In

Finland and Sweden some of the state monopolies in alcohol trade has ended. At the same time control measures has been strengthened in Southern Europe, for example lower BAC-limits for drunk driving and stricter age control for over counter sales of alcoholic beverages and in restaurants.

Alcohol related harm

Alcohol causes considerable harm. Some of its deleterious effects can be described with statistics but we lack data that cover the whole spectrum of alcohol-related damage. This is particularly true for "social damage", for instance assault and battery, or the consequences for children who grow up in homes where alcohol abuse is present. Thus, information is missing and available data are sometimes inadequate, both as indicators of the extent of the harmful effects at a certain point in time and as trend measure. Factors that potentially can have a biasing effect include changes in legislation, policy, economic and human resources, diagnostic methods, knowledge and attitudes.

As mentioned, alcohol consumption increased in the post-war period and reached a peak in 1976. The number of persons detained for public drunkenness increased during the first half of the 1970s. Discharges from hospitals related to alcohol increased markedly. Mortality from cirrhosis of the liver, alcoholism and alcohol poisoning increased during the 1960s and peaked during the later half of the 1970s.

Since 1976 alcohol sales decreased, at least until 1998. Public drunkenness was decriminalised in 1977 and the number of detentions went down temporarily, but peaked again in 1980. Since then there has been a steady decrease and the number of detentions was 45,000 in 2001. The decrease has been most evident in the ages 20 years and up. For the past 10–15-year period, detention statistics are of dubious value as an indicator of alcohol-related damage. Most probably the indicator could be seen as measuring the attitudes and acting of the authorities, rather than an indicator of the development of drunken behaviour itself.

Among patients discharged from institutional psychiatric care, alcohol-related diagnoses continued to increase until the end of the 1970s. Some of these clients were probably "transferred" from special treatment centres to psychiatric wards. Since the late 1980s the numbers of discharges declined but only among males, while the numbers of discharged females has been rather stable.

With respect to alcohol-related mortality it must be pointed out that a new classification (ICD 10) was introduced in 1997, a fact that make comparisons with earlier years difficult. Mortality from cirrhosis to the liver

peaked in the end of the 1970s. Since then the number of deaths ascribed to liver cirrhosis as an underlying cause of death has roughly halved. The number of deaths due to alcoholism continued to increase after 1976 and peaked in 1980, and after that a decrease has taken place. Since 1997 however, the positive downward trend for both these diagnosis has halted, and a possible negative upward trend is even indicated by data from most recent years. The number of deaths due to acute alcohol poisoning has however declined all since 1979.

The total number of alcohol-related deaths increased through 1979, and has since then decreased considerably (almost 50%). However, the figures from last two years have been larger than the one from 1997, a possible future upward trend might therefore be ahead regarding alcohol-related mortality. It can be noted that men – who consume considerably larger quantities of alcohol than women – are even more likely than women to die from alcohol-related causes. Alcohol-related mortality among men is four times higher than among women. All in all there is a correlation between sales statistics and those in alcohol-related mortality, a correlation that however seems to have weakened somewhat.

Fatal traffic accidents involving alcohol have decreased steadily and in 2000 51 such accidents were registered (thus comprising 6% of the drivers involved in fatal traffic accidents). During the same year 1,222 people were killed or injured in traffic accidents where at least one driver was suspected to drive under the influence of alcohol. Nearly two thirds of the accidents were one-car accidents.

Trends in drug abuse

The term drug abuse is used to describe a wide variety of drug use patterns, from occasional consumption to regular, long-term and daily use. Furthermore, different types of drug abuse have different consequences for the individual and the society and descriptions and discussions of trends in drug abuse should differentiate between use patterns. In this publication we make a distinction between occasional/experimental and severe drug abuse. The former is sporadic drug use or use on few occasions. It is difficult to give a simple yet stringent definition of severe drug abuse. One definition (which is employed in this report) is the one used in case-finding studies of severe drug abusers: all intravenous drug abuse, regardless of substance, and all daily or near-daily drug use, regardless of how the substance is taken. Little information is available on the prevalence of drug abuse that is not merely occasional, but cannot be described as severe.

As in the case of alcohol consumption, the statistical trends in drug abuse reflect not only the actual drugs situation, but also other factors, for

example new legislation, changes in enforcement, variations in resources allotted to preventive measures, and sometimes alterations in research designs or data collection can affect our picture of the problem.

Occasional experimentation with drugs

Information regarding the occasional or experimental use of drugs is obtained mostly from questionnaire surveys among young people in their 9th school year and among 18-year-old military conscripts. Some information also comes from interviews carried out by various polling institutes. Despite the methodological problems inherent in such surveys, these results are considered to give a fairly accurate picture of the trends in drug use.

Results of surveys among students 15–16 years old show that at the beginning of the 1970s, a relatively large proportion of the pupils (about 14%) had tried drugs at some time. This proportion decreased and was ca 8% in 1982. After that there was another decrease to around 3–4% through to the early 1990s. Since then the proportion has roughly three fold. In 2001 10% of the boys, and 9% of the girls reported lifetime prevalence.

The trend is similar among military conscripts. Between 1971 and 1982 the number of conscripts who had experimented with drugs at some time fluctuated around 17%. From 1982 there was successive decrease to 6% in 1988. 1992 trough 2001 however, lifetime prevalence increased from under 6 up to 18%. Except for relatively high prevalence's in the 1971–1973 school surveys, the levels now equal the average of the 1970s, in both surveys.

Surveys normally indicate that some 60% of those who having experimented with drugs have tried cannabis only, while 5–10% had tried other substances only. Amphetamines continue to be the second most common substance, although ecstasy and LSD have appeared on the scene during the 1990s. Illegally used medicines, tranquillisers and sleeping pills mostly, are however often as common as amphetamines.

In the mentioned surveys, the number of respondents who had used drugs during the previous month mirrored trends in the lifetime prevalence relatively well. In the early 2000s 3% of the 9th year school students and military conscripts had used an illicit drug within the last 30 days. Some 5% of persons aged 16–24 reported drug use during the last 12 months in telephone interviews of the year 2000.

As the number of youngsters with personal experience of drug use has increased, the curiosity and "perceived availability" of drugs also have

increased. It must be pointed out however, that the great majority of young people still have strongly negative attitudes towards drugs.

Surveys in the adult population (15–75 years old) shows that some 12% had any experience of illicit drugs. It was twice as common among men than among women. Gender differences seem less pronounced in younger age groups and can be noticed from secondary school level onwards.

As regards regional differences, the above-mentioned surveys show clearly that drug use is more common in the three metropolitan areas, and is least common in rural districts. The conscript surveys show that while drug use was most common in Stockholm in the 1970- and 1980s, the levels grew higher in Malmö during the 1990s.

Various surveys has showed that youths reporting lifetime prevalence of drugs are also more likely to report lower educational level, skipping school and having school grades below average. These differences are however (even) more pronounced when it comes to recent drug use (last month drug use). This means that people continuing with their drug use seem to have a rather different background compared to those who quit their drug experiments and (in particular) to those who never try drugs.

Severe drug abuse

During the second half of the 1960s, the more serious drug abuse increased markedly and the period are seen as the phase when the modern forms of drug abuse was established in Sweden. Available data suggest that the trend levelled off somewhat in the beginning of the 1970s. The last half of the decade saw an increase in the number of narcotics cases reported to the police, drug seizures, convictions involving drugs and drug related deaths. This was also the period when heroin was introduced onto the Swedish drug market.

Three case-finding studies of more severe forms of drug abuse (intravenous or daily/near daily use) have been undertaken in Sweden, 1979, 1992 and 1998. The studies build on the cases known to, among others, police, social services, treatment and the correctional system. The studies applied capture-recapture estimation adding to the found cases a hidden population thus ending at a figure of known and unknown cases. The 1979 study used all municipalities, the 1992 study was a sample, and 1998 study an even smaller sample. Even if the 1998 study used the smallest sample, it was judged that it could be used to calculate a national estimate. The 1998 study also includes recalculation of the 1979 and 1992 data, following from slightly different assumptions and the application of more sophisticated statistical methods.

The 1979 estimate has been adjusted from 12,000 to 15,000 and the 1992 figure from 17,000 to 19,000. In 1998 the number of abusers was estimated at 26,000 (with an interval between 24,500–28,500).

Taking into account the figures above, the average annual increase rate was 2% from 1979 to 1992 and 6% between 1992 and 1998. With corrections for the dropout from the population the net annual inflow was calculated at some 800 during the first period, and about 1,900 during the second. From this follows that the recruitment into more severe drug abuse was relatively large in the 1990s. At the same time there are still a considerable number of ageing drug abusers with a long history of dependence. In the 1979 study 19% had been using drugs for 10 years or more. The figures for 1992 and 1998 were 47 and 52% respectively.

The proportion of females has been rather stable at one to four males. The average age increased from 27 years in 1979, to 32 in 1992 and 35 in 1998. The majority had injected drugs within the last year – 82% in 1979, 93% in 1992 and 89% in 1998. Central stimulants (mainly amphetamine), opiates (mainly heroin) and cannabis were always the dominating drugs. Amphetamine dominated among some 48% both 1979 and 1992, but had declined to 32% 1998. The share that had used amphetamine within the last 12 months was 77, 82 and 73% for the years mentioned.

Another significant change was that heroin became more common since 1979. Last-year prevalence of heroin in the respective studies was 30, 34 and 47%. With respect to opiates as the dominating drug the figures was 15 via 26 to 28% in 1998. Cannabis as dominating drug decreased from 33 to 17 and to 8% in 1998. Last-year prevalence of the drug was 61, 66 and 54%. Over the years there was an increased non-response to the question on dominating drug. It is likely that this reflects an increased multiple-abuse pattern but at the same time the reporting agencies are likely to have poorer knowledge of their clients.

Taken together other indicators (seizures, arrests, treatment and mortality) suggest approximately the same development as described in the above, were the increase in the 1990s can be particularly noted, as well as a continued increase in the 2000s. Also other factors can explain an increase in certain indicators but the overall picture, despite some ambiguity, is a raise in more severe forms of drug abuse. Especially in the light of the case-finding studies such a conclusion seems appropriate.

One clear pattern that can be seen in several indicators is the concentration to the metropolitan areas, above all of more severe forms of drug abuse. This was also confirmed in the 1998 case-finding study. Another tendency is a change within the metropolitan areas where an increase had taken place in the suburban parts of the cities. Abuse was still more prevalent (per

capita) within the central parts of Stockholm for instance, but the trend during the 1990s had been more dramatic in the outskirts of the city. The city of Malmö had also seen an increase in the 1990s and is the region with the highest per capita rates of drug abuse in the country. In Gothenburg heroin was more common than previous years and the pattern more alike the other two metropolitan areas but the increase during the 1990s was not as high though.

Trends in psychopharmaceutical drug use

Consumption of psycho pharmaceutical drugs – sleeping pills and tranquillizers – peaked in 1972, according to delivery statistics from the National Corporation of Swedish Pharmacies. After that sales dropped with 22% until the early 1990s. Thereafter sales again increased (with 22% in 2001, compared with 1991). Expressed as daily doses, 66 per 1,000 inhabitants and day were delivered.

Consumption of antidepressants was fairly constant during the 1970- and 1980s. During the 1990s however, a large increase related to the introduction of the selective serotonin reuptake inhibitors was noted. Between the years 1990 and 2001 sales increased six fold.

There are large disparities in use patterns for psycho pharmaceutical drugs. Women use sleeping pills and tranquillizers much more than do men, and prescription of these substances increases with age. Users are also over represented among unemployed, poorly educated, early retired and those with a high consumption of alcohol. People with multiple diagnoses are also over represented, as was widows. Delivery statistics also indicate major regional differences in the sales of sleeping pills and tranquillizers. As in 2000, highest per capita sales in 2001 were noted in the mid-south (Jönköping County) and the lowest sales in the far north (Norrbotten County).

Trends in sniffing

In the beginning of the 1970s, when the first in a series of drug abuse studies was carried out in schools and among military conscripts, a relatively large number of respondents had tried sniffing a volatile intoxicant at least once. During the 1970s this number decreased among both 9th year school pupils and conscripts.

The proportion of pupils in their 9th school year who reported having tried sniffing was fairly stable throughout the 1980s. The same holds true for the proportion of military conscripts who reported having sniffed during the past two years. Among students in 9th grade there was a temporary upward trend during the 1990s, however turned into a decline since a

couple of years. In 2001 some 8% of the boys and 6% of the girls had sniffed, compared to 4 and 7% in 1990. All since the early 1970s boys have reported this sort of experience in a higher degree than girls, and it is obvious that experience of sniffing was more frequent during that decade. The proportion of conscripts who had sniffed was 6% in 2001.

We only have limited information about the prevalence of inhalants use among adults. Studies on the extent of severe drug abuse from 1992 and 1998 showed that about 1–2% of the drug addicts also abused volatile solvents. Among those in compulsory treatment for alcohol or drug addiction some 1–2% had sniffing recorded.

Trends in doping

In the 1990s it has become clear that use of hormone-like performance-enhancing substances has spread beyond organised sports to other sectors of society, including body builders and people who work out in gyms. The most commonly used type of restricted doping-classed substance is anabolic steroids.

About 1% of young male respondents in nation-wide surveys state that they have at some time tested anabolic steroids. This percentage has been more or less constant since 1993, when questions about doping were introduced in surveys. The results are similar to those of many other European countries but are lower compared with the USA.

Even fewer have tried growth hormones, and use of hormone-like doping substances is very rare among women. In certain groups a correlation has been observed between use of hormonal doping substances on the one hand and on the other hand excessive alcohol consumption and use of illicit drugs.

Trends in tobacco use

At the beginning of the twentieth century “wet snuff_ and pipe tobacco dominated tobacco consumption. Annual cigarette sales were lower than 500 pieces per person (aged 15 or over) until 1945. Sales then increased and a peak was reached in 1976 when the figure was 1,840. Since then sales have dropped substantially, especially during the 1990s. The sales figure for 2001 were 1,000 cigarettes per person and year. A temporary and large decrease in sales in 1997–1998 coincided with high taxes on cigarettes these years. To some degree the drop in sales can be attributed to smuggling and private import (i.e. overseas and duty-free sales) but at the same time smoking has decreased.

Among 9th grade students smoking was particularly common during the 1970s. Smoking then decreased during the 1980s, though there was an increase towards the end of the decade. Since then levels remained fairly stable. In 2001 30% of the boys smoked and 36% of the girls. Figures for daily smokers were 11 and 16%, respectively.

Half a century ago smoking was much more common among men. In the year 1946 50% of the male population smoked, whereas the figure was 9% among females. In 1963 the figures were 49 and 23%, and in the 1970s 42 and 34% for persons aged 18–70. Since then there has been a decrease, particularly among men and smoking is now more common among women. In 2000 23% of the females and 18% of the males were smokers. The decrease can be noted in all ages but particularly among the youngest.

During 1995 smoking was estimated to be responsible for some 8,000 deaths in the country. The structure of the mortality does coincide with what could be expected from consumption and sales figures. Mortality has gone down among men but among women smoking went down later and to a lesser extent and no decrease in mortality is noticeable yet.

The proportion of snuff users has been surprisingly constant in light of the sales increase (62% from 1980 to 2001) that has been noted during the last two decades. Among men some 20% are daily users and has been so during the mentioned period. The rise in sales may be a result of higher consumption among users. It can also be the result of smokers that also used snuff, more or less stopped smoking and increased the snuff use. Daily use of snuff among women is extremely uncommon. The proportion of tobacco users as a total (smoking or snuff) among 9th grade students in 2001 was 39% among boys and 36% among girls.