

Drug Trends in Sweden 2009

Summary

This is the English version of the summary of the 2009 edition of the annual report on 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 kinds of information. Issues relating to data sources and their shortcomings, if any, are dealt with in the chapter on methodology.

Trends in alcohol use

Alcohol sales included in official statistics are those of 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). For an estimate of total consumption, other categories ('unrecorded consumption') must be taken into account as well: privately imported, smuggled and home-made alcoholic beverages. These are determined by means of questionnaire surveys.

In 2008, alcohol sales amounted to 6.9 litres of pure alcohol per inhabitant aged 15 or older. Total consumption in 2008 is estimated at 9.5 litres. Much of the alcohol consumed nowadays comes from private imports, whose proportion was found to be 18 per cent in 2008. In the same year, about 1 per cent derived from legal home production, 6 per cent from smuggling and illicit home distilling (i.e. illegal sources), 17 per cent from restaurants and grocer's shops, and 57 per cent from the retailing monopoly.

In the 2000s, alcohol consumption reached a historically high level, even though recorded sales remained relatively unchanged. Between 1990 and 2004, the proportion of unrecorded alcohol doubled. 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

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has fallen by 10 per cent as a result of a shrinking proportion of unrecorded alcohol.

There have been major changes in beverage preferences. Wine has been steadily growing in importance ever since the Second World War, accounting for 46 per cent of all alcohol sales (measured in pure alcohol) in 2008. 'Strong beer' (alcohol content > 3.5 per cent by volume) has also long had a rising trend; for several years now it has accounted for a clearly larger proportion of sales than spirits. In the 2000s, strong beer has contributed about 29 per cent of sales. Medium-strength beer, however, has seen its proportion of sales halve in the past ten years to 9 per cent in 2008. The total proportion for beer was thus 38 per cent.

If unrecorded alcohol is taken into account, the proportions in 2008 for wine and beer fall to 40 and 37 per cent, respectively, while spirits increase their proportion from 16 to 22 per cent. In other words, beer and wine remain much more common than spirits even when unrecorded consumption is considered. It can be concluded that, since the 1990s, Sweden has been a 'beer-and-wine country' instead of a 'spirits country'.

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 is nowadays the single largest category of beverage. Among girls of the same age, the proportion of pure alcohol contributed by spirits has fallen slightly in the past ten years but this type of beverage remains in first place, even though pre-mixed beverages (alcopops, wine coolers, etc.) are now a very close second. Girls' drinking habits thus show a more even spread across beverage types than those of boys. 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 age group, but pre-mixed beverages and spirits remain the dominant types of beverage among slightly older girls as well.

By way of an overall assessment of ninth-year pupils' alcohol consumption, it can be said that volumes increased during the 1990s but have fallen after peaking near the turn of the millennium, among boys as well as girls. Boys' consumption has fallen slightly more than girls' since the peak, but 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.

As regards second-year pupils at upper-secondary schools, consumption has been relatively stable since 2004, which was the first year of the survey. It is

also not yet possible to discern any clear trends for intensive consumption. However, 17–18-year-olds are much more likely than 15–16-year-olds both to drink alcohol and to do so intensively.

Among ninth-year pupils, differences between the sexes have shrunk since the turn of the millennium. It is more difficult to tell what trends may have been like among upper-secondary pupils during the shorter period covered. Even so, the gender gap is clearer in the upper-secondary survey than in the ninth-year one. 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 at a lower level.

Surveys of adults are not only few in number but also used different methods to ask questions and covered different age groups, meaning that any analysis over time will be uncertain. Notwithstanding this, 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. In the 1980s, women's average consumption was just over 40 per cent of men's; from the mid-1990s until 2006 it has been about 45 per cent.

A few questionnaire surveys point to a trend for the proportion of high consumers of alcohol to have increased from the 1990s to the early 2000s. This trend applies to both men and women, and to most age groups. The explanation is mainly an increase in the number of drinking occasions, rather than an increase in the amount consumed on each occasion. Moreover, survey findings indicate that the number of 'intensive-consumption occasions' – i.e. consuming at least the equivalent of a bottle of wine on a single occasion – also increased.

In recent years there has been no clear trend. According to the National Institute of Public Health, the proportion of at-risk consumers among 16–84-year-olds has remained stable since 2004 at about 17 per cent of men and 10 per cent of women.

A slightly older 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, then levelled off, and then 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

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Spain, where large decreases were observed, especially for wine. In Sweden, on the contrary, it is wine consumption which shows a rise 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 being in fact a convergence of consumption patterns: 'wine countries' reduce their wine consumption and see beer and spirits account for ever-larger proportions of total alcohol consumption, while trends are the direct opposite in typical 'spirits countries'. This convergence across countries of consumption levels has also brought about a convergence of alcohol-related mortality. This is true in particular of liver-cirrhosis mortality, which has fallen in the 'wine countries' of the European Union and risen in the 'beer countries' while Norway, Finland and Sweden, taken together, manifest a fairly stable level. (It should be noted that the above is based on a statistical series which was discontinued in 1995.)

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 workplace absenteeism 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 during the current decade.

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 slightly.

It can also be noted that the number of reported drunk-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 drunk 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 – as measured according to the diagnostic categories chosen by the National Board of Health and Welfare – 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. Mortality in women also reached a relatively high level in 1979, but a considerably lower one in absolute numbers, and had then fallen 7 per cent by 2000. In the 2000s, though, there has been a 10 per cent 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.

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Women are increasing their proportion in several of the other above-mentioned indicators as well. For instance, the proportion of women among those arrested for public drunkenness has risen from 3 per cent in the early 1970s to about 12 per cent in the 2000s. The proportion of women among suspects of drunk-driving offences has increased from 6 to 11 per cent 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 women.

It is no easy task to interpret the development of 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 of these 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 thus 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 in any report and discussion of trends to ensure that different consumption patterns are dealt with separately and not just 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 large volumes of illegal drugs are seized by law-enforcement agencies, which could be seen as an indication that the availability of illegal drugs is fairly 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 data since 1971 from surveys of school pupils and conscripts (18-year-old men undergoing physical and psychological examination in connection with compulsory military conscription). 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, the proportion of ninth-year pupils (aged 15–16) who had tried illegal drugs more than doubled. Similar trends were observed in other survey populations. After a slight dip in the mid-2000s, 8 per cent of ninth-year pupils and twice as many in the relatively new survey of second-year pupils at upper-secondary schools (aged 17–18) claimed in 2009 that they had tried illegal drugs.

Various surveys tend to show that about 60 per cent of those who have tried illegal drugs have used cannabis only, while 5–10 per cent have used other drugs than cannabis only. Amphetamine used to be the second-most common drug but it now shares second place with ecstasy among young people. If illegally used pharmaceuticals (most often benzodiazepine-type sedatives or tranquillisers) are included, however, they are at least as common as ecstasy and amphetamine.

Among young people, current use (30-day prevalence) has largely followed the same trends as lifetime prevalence. In 2009, 2–3 per cent of school pupils reported having used illegal drugs in the past 30 days.

According to postal surveys of 16–84-year-olds, 10 per cent of the general population have tried cannabis at least once. This corresponds to just over 750,000 people in the age range concerned. Among 18–29-year-olds, twice as many claim to have tried cannabis. In this age group, last-year prevalence of cannabis was 6 per cent and 30-day prevalence was 2 per cent, as against 2 per cent and less than 1 per cent, respectively, for all respondents.

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

Almost all studies 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 current use.

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Even though studies of groups 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 become more pronounced in the case of current or regular consumption. This means that those who go on using illegal drugs 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 years of the 1970s, but the second half of that decade was 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 made in Stockholm in 1967, the number of heavy drug abusers in Sweden in that year was estimated at 6,000. Subsequent, more careful studies were made in 1979, 1992 and 1998; the number of heavy drug abusers was then estimated at 15,000, at 19,000 and at 26,000, respectively. 'Heavy drug abuse' here means having injected illegal drugs in the past twelve months (regardless of frequency) or having engaged in daily/near-daily use of illegal drugs in the past four weeks.

Another type of estimate, based on special processing of data from in-patient services, produced the same number of some 26,000 heavy drug abusers in 1998 but found them to be 28,000 in 2001. To judge from the numbers presented above, average annual growth rates were highest in 1992–1998. The average age of users increased from 27 in 1979 to 32 in 1992 and 35 in 1998. At the same time, however, both the number and the proportion of people under 25 years old were clearly larger in 1998 than in 1992. The estimate of the extent of heavy drug abuse based on in-patient data was updated in 2004, at which point the number of heavy drug abusers was found to be around 26,000 – that is, a return to the 1998 level.

The proportion of women has been fairly stable, at slightly less than one-fourth, in the studies to establish the extent of heavy drug abuse. This proportion is larger than for people prosecuted for drug offences (about 14 per cent women) but smaller than for people treated at hospitals or reported as infected by HIV owing to intravenous drug use (about 30 per cent women). On the basis of these studies, it can therefore be concluded that women are un-

der-represented as regards (known) criminal behaviour but over-represented as regards consumption of health-care services.

The vast majority (about 90 per cent) of those whose abuse was classified as 'heavy' in those studies had injected illegal drugs in the past twelve months. CNS stimulants (mainly amphetamine), opiates (mainly heroin) and cannabis have always been the predominant drugs. Amphetamine was the main drug for about 48 per cent of heavy abusers in 1979 but had become less important in 1998, when 32 per cent claimed it to be their primary drug. Heroin, on the other hand, has gained in importance: 28 per cent reported it as their primary drug in 1998, as against 15 per cent in 1979. The rise for heroin is also reflected, for instance, in seizures and prosecutions. Most heavy drug abusers were said to abuse alcohol as well. The studies indicate an increase in the prevalence of poly-drug use, and the available indicators appear to show that this trend has continued.

A clear pattern emerging from the studies as well as from various drug-related indicators is that the heavier forms of illegal-drug abuse are concentrated in the major urban areas.

Comparison of the available indicators – i.e. mainly data on seizures and criminal-justice, health-care and cause-of-death statistics – 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 illegal-drug abuse seen in the 1990s has slowed down. The number of people receiving in-patient care for illegal-drug abuse, however, was larger than ever before in 2008, 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 trend has slowed down, possibly as a result of 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 remains large, meaning that the picture is not entirely uniform. Part of the reason why criminal-justice statistics are still on the rise may be that the police are stepping up their anti-drug efforts.

Taken together, then, it is not a particularly easy task to make a statement about the development of heavy drug abuse in recent years, but the situation at least does not seem to have improved compared with the 1990s. On the contrary, several relevant indicators point to a further deterioration in the past few years.

Trends in sniffing

In the 1950s, ‘sniffing’ attracted attention as a youth phenomenon. At that time, sniffing often meant inhaling fumes from solvents such as thinner and glue. Today a wider range of substances are sniffed, including butane gas and aerosols.

According to the surveys of ninth-year school pupils (aged 15–16), a marked reduction of 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 major cities and less densely populated areas. Sniffing experience – at least nowadays – thus seems to be rather evenly spread across Sweden.

Ninth-year pupils who have sniffed claim more frequent truancy and greater dislike for school than their peers. In 2009, having engaged in acts of vandalism in one’s residential area was also slightly more common among sniffers. Such differences could be seen among older pupils (aged 17–18) as well, even though they were less marked in that age group.

Knowledge about the prevalence of sniffing in adults is rather limited. Studies to investigate the extent of heavy drug abuse in 1992 and 1998 found that 1–2 per cent of illegal-drug abusers 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 apparent 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 similar description is given in a 2008 government report where it is stated 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 various 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 that identified by youth surveys in several other European countries but slightly lower, for instance, than that found in the United States and certain countries in eastern Europe.

Given that the proportion of survey respondents claiming to have experience of AAS is so small, such studies do not provide a solid basis for assessing the extent of current or regular use. If one takes as one's starting point the lifetime prevalence of doping substances among 18–50-year-olds as measured in the most recent national population survey (carried out in 2008) and then assumes that the ratio between the number who have ever tested and the number who have used in the past year is the same for doping as for illegal drugs (calculated on the basis of the 2008 public-health survey), then one arrives at an estimate according to which about 2,500 people (mainly men) in the age range concerned will have used AAS in the past twelve months. However, this estimate is based on a series of assumptions and must be considered speculative in nature.

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 point to an increase in doping-related crime. 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 people suspected of doping offences are in their 20s and only a few per cent are women, which reflects the picture emerging from population studies rather well.

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

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and reporting procedures, training and knowledge have progressively 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 narcotic 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, based on the 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 usually 5–20 times as many who have tried illegal drugs.

Trends in tobacco use

At the beginning of the 20th century, ‘moist snuff’ (or *snus*) and pipe tobacco were the dominant products on the Swedish tobacco market. Before the end of the Second World War, annual sales of cigarettes never exceeded 500 per inhabitant aged 15 or older. After the war, however, annual cigarette sales increased, peaking in 1976 at about 1,800. Since then, sales have more than halved; in 2008, about 770 cigarettes were sold per inhabitant aged 15 or older. If the 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 absolute level 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 in the general population. Just over 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, as just mentioned, there has been a fall, particularly among men. In 2007, the proportion of daily smokers was 13 per cent for men and 15 per cent for women.

Over time, in other words, smoking has 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; the largest fall has occurred among 25–44-year-olds.

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 falling, reaching levels of 9 per cent for boys and 12 per cent for girls in 2009. As regards daily smoking, despite a rise in recent years the levels seen in the past seven years are the lowest ever recorded since the question about daily smoking was introduced in 1983. Among second-year upper-secondary pupils (aged 17–18), the average proportions of self-reported daily smokers have been 10 per cent for boys and 17 per cent for girls over the past five years.

In 2000, an international study estimated that smoking claimed the lives of just over 8,000 people in Sweden. The pattern for the development of smoking-related deaths is well in line with what can be expected from consumption and sales statistics. Mortality in men has fallen, but since the reduction in smoking among women has been smaller and occurred later, no mortality reduction is yet discernible for them.

Annual sales of moist snuff (*snus*) rose steadily between 1970 and 2002 from about 400 to 920 grams per inhabitant aged 15 or older. Since then sales have first stabilised and then fallen in the past two years; the level was 690 grams in 2008.

It is also possible to see an increase in consumption. The survey of living conditions (ULF) carried out by Statistics Sweden shows that 17 per cent of males took snuff daily at the end of the 1980s. Since then this proportion has increased slightly before falling back to 21 per cent in 2007. The proportion of female snuff-takers was 1 per cent in 1988/89, rising to 4 per cent in 2007. Among 18-year-old male conscripts, the proportion of snuff-takers grew somewhat in 2000–2006.

Snuff-taking remains a distinctively male habit at school, too. Of ninth-year pupils in 2009, 15 per cent of boys and 4 per cent of girls claim 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, an average of just over one-fourth of boys and 10 per cent of girls 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. There is a clear social gra-

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dient in that daily smoking is more frequent among blue-collar workers, the financially vulnerable and people on low incomes. When it comes to snuff-taking habits, however, socio-economic variables are less important even though, for example, male blue-collar workers are more likely than male white-collar workers to take snuff.

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

Gender differences in drug habits

This chapter sheds light on differences between the sexes in alcohol use and experience of illegal drugs, in everyday smoking and snuff-taking, and in the less frequent phenomena of doping and sniffing. For almost all of the issues dealt with in this report there are differences between males and females, sometimes minor and sometimes major. These differences remain when the population is broken down by age.

To sum up, it can be said that men are over-represented as regards experience of illegal drugs and consumption of alcohol; they are also over-represented among people with risky alcohol habits and heavy drug abuse; and they are more likely than women to have been involved in sniffing at least once and to have used a doping substance.

The differences between males and females in relation to both alcohol and illegal drugs are apparent early on – according to the surveys of ninth-year pupils (aged 15–16) and other studies – but become clearer at upper-secondary age (17–18 years). Differences between the sexes in daily/near-daily smoking can also already be seen in ninth-year pupils; here, for once, it is girls who are over-represented.

In addition to the fact that men drink more alcohol than women, men are also over-represented as regards drinking for the purpose of intoxication and at-risk consumption of alcohol. However, there are signs that some of the differences are beginning to disappear. In the surveys of ninth-year pupils, boys' and girls' levels of intensive and overall alcohol consumption have been approaching each other, and surveys of the adult population also show differences in consumption between the sexes tapering off.

In the adult population, the youngest individuals, above all the males, account for the highest level of alcohol consumption and the largest proportion

of at-risk consumers. Younger people also have the highest level of current experience of illegal drugs, and males stand out here as well. A larger proportion of men than women report current use of illegal drugs (only true of cannabis in more recent studies) and claim to have used illegal drugs at least once. What is more, men account for the majority of heavy drug abusers in all studies carried out so far.