

45 Use and abuse of tobacco, alcohol and narcotics – a Baltic dilemma

Sture Korpi, Lars Rydén, Vera Segraeus

This chapter deals with public health questions in the Baltic Sea region. The first part presents health problems related to use of tobacco, alcohol and narcotics in the region. The second part deals with drugs and abuse patterns in the region, based on results from three research projects that have recently been completed.

1. Public health in the Baltic Sea region

The social situation in the countries in the Baltic Sea region shows a very heterogeneous picture. While the Nordic countries in the west have one of the highest life expectancies in the world, the former communist countries are rather on the lower end of this scale and among the worst in the industrial countries. These differences reflect a corresponding difference in public health in the countries, which in turn relates to, among other factors, differences in social situation, economies, health care, and social security systems. Here we will focus on the use and abuse of tobacco, alcohol and narcotics, and how this use and abuse relates to health, social conditions and economic development in the societies. All three are used as stimulants, and create, more or less efficiently, a dependence among the users. Alcohol is by far the most relevant and will be discussed in some detail. Tobacco might be less destructive but is used by a very large share of the population and has therefore serious consequences for public health, while drugs, used by much fewer, are on the other hand very destructive.

Public health is defined by the World Health Organisation as “a state of physical, mental and social well-being, not only absence of disease and handicap”. Public health work aims to “promote the best possible physical, mental and social health, and to prevent both disease and damages and social disturbances”. Public health depends on a series of factors outside traditional health care, all related to general life conditions.

Public health is most directly reflected in life expectancy. Life expectancy at birth in the region was, according to official statistics for 1998 highest in Sweden with 77 years for men and 82 years for women. The Russian Federation had the lowest values with 61 years for men and 73 years for women (Chapter 39). Other published figures for Russian men were even lower and it seems that the figures for St Petersburg were even lower than the Russian average.

The figures for men in Estonia and Latvia were 64 years. The difference between a Nordic welfare society and Post Soviet countries were thus close to 15 years.

A basic factor behind the low figures for post-Soviet countries is poverty. Poverty leads to a worsened status of nutrition, worsened hygiene in crowded homes and residential areas, and decreased health care and medication. Poverty in itself increased dramatically in the countries in transition after the systems shift, with a maximum around 1992 for the countries in the former Soviet Union. It is estimated (UNICEF) that aggravated poverty alone caused several hundred thousands of additional deaths in Central and Eastern Europe the first five years after the changes (1989-1994).

The abuse of alcohol, tobacco and drugs is among the most serious, or perhaps even the most serious of the several factors that lead to increased social misery, disease and mortality. Alcoholism increases with a weakening economy, increasing unemployment and lesser education.

The role of drugs in societies. Throughout all ages and all cultures, man has used drugs. Narcotics started to gain a great deal of attention in Europe at the start of the 19th century. Archaeological excavations suggest, however, that plants containing intoxicating elements were cultivated several thousand years ago. Similarly to e.g., alcohol in western culture, many of these elements were quickly integrated at an early stage into the cultures where they were cultivated. Such drugs often had a religious and a medical function, besides the fact that they were used as a stimulant. During the last century, stronger narcotics have been developed through the refinement of nature's existing elements or artificially in laboratories. Cannabis, coca and opium are cultivated plants that historically have had great importance alongside alcohol, which has existed in most cultures from time immemorial.

Whereas drugs in older times were reserved for the religious elite, it is mainly youth who use them today.

There are considered to be three alcohol traditions in Europe, each related to a geographical area. The Scandinavian countries (except Denmark), Poland and Russia belong to the so-called "vodka belt". The "beer belt" stretches through mid-Europe, while the "wine belt" is located in the area around the Mediterranean.

In many countries, there have been forces opposing the use of alcohol and drug abuse for years. In the Scandinavian countries, during the 19th century, a temperance (anti-alcoholism) movement grew, which aimed to suppress the increasing abuse of alcohol. With the increased abuse of drugs, a large number of voluntary organizations have now become involved in the campaign against drug abuse.

In almost all European countries, there is a lively political debate about drug issues. Opinions vary from the demand to legalize certain narcotic substances to adopting a much more restrictive position.

Tobacco smoking. Cigarette smoking is very common in all the Baltic Sea region, but dramatically much more so in the eastern parts (with the exception of Belarus). Central and Eastern Europe has the highest consumption of cigarettes in the world. During the 1990s first Poland and then Estonia held the world record of annual per capita cigarettes consumption for certain periods. Although it is possible to see a slight decrease in Poland, smoking is still extremely high in the eastern part of the region. In Finland and Sweden smoking is much less common, but still with an average consumption of some 1000 cigarettes per year and capita. Some 10-20% of the population are smokers on a daily basis, with the lower figures being valid for young men.

In Finland and Sweden antismoking politics is high on the agenda. Since 1993 smoking has been severely restricted in Sweden and for two years now not allowed at all in public space in Finland. Taxation on cigarettes is high. A packet of cigarettes in Sweden in 2001 was about 45 SEK, or 4.50 Euro. It is also illegal to sell tobacco to minors, below 18, and to advertise for tobacco in these two countries. Denmark has a much less restrictive tobacco policy. Recently, some anti-smoking areas existed in public spaces in Poland, such as in trains.

Cigarettes are smoked for their physiologically stimulating and relaxing effects, although social and psychological factors certainly make up part of the picture. The stimulating substance in cigarette smoke is nicotine, a very potent poison. It causes dependency which, for heavy smokers, may be very difficult to get out of. Cigarette smoke, however, contains several hundred other substances and some of them are major causes of the diseases connected to smoking. We should add that buying cigarettes worsens poverty in families that are already poor.

Smoking is a dominant cause of cancer, it is estimated to cause up to a third of all cancers, and also for a series of diseases in the vascular system, blood, heart and lungs, so called circulatory diseases. Cancer and circulatory diseases are the dominant causes of death in industrial countries. Smoking decreases physical fitness and increases receptivity for infections. Smoking is less of a societal problem than the other drug categories – alcohol and narcotics – discussed below, since it is not connected to socially maladjusted behaviour. Still, it is a considerable cost for society. It was recently estimated in Sweden that a smoker causes the state budget a net cost of about SEK 800,000 (80,000 Euro) over a lifetime. This is the difference between two large numbers. On the income side there is the considerable income from taxation on cigarettes and lower retirement costs due to a decreased life expectancy of about five to ten years. On the cost side there is the large increase in health care costs for the smoker.

We do not see much debate on smoking and its negative sides in the eastern part of the Baltic Sea region. Smoking appears to be seen as part of day-to-day life and is not questioned. When discussed at all, smoking seems to be understood as a conflict between smokers and non-smokers. However, as it was expressed succinctly, it is rather “a fight between profit and health”. Profit for the large tobacco companies, and loss of health of the individuals (and an additional burden on the health care system).

The role of smoking in societies is changing. In the western part of the region, smoking was everyday behaviour one or two generations ago, especially among men. When the negative health effects of smoking were widely discussed, physicians (in the 1950s – 70s) were among the pioneers who quit smoking. Smoking remained longest among uneducated and socially disadvantaged groups. Since the mid-nineties we have seen a new phenomenon when smoking among young women, also of school-age, increased substantially in Sweden. Taking snuff, which accounts for a large part of tobacco consumption in Sweden, is less damaging to health.

High taxes have caused a very extensive smuggling of cigarettes in the region, mostly from the Baltic States and Poland to Sweden, to provide cheaper but illegal cigarettes.

Alcohol and public health. Alcohol drinking is very considerable in the entire region although more so in the eastern part, and particularly in the areas of the former Soviet Union. Today Russia seems to have the highest per capita alcohol consumption in the world, although proper statistics are difficult to get.

Alcohol is used to ease social inhibitions, and promote a feeling of well-being and relaxation. As with every substance, quantity matters. Drinking larger amounts decreases motor

control – everyone knows how a drunk person behaves – and very large amounts may cause death.

In moderate amounts, however, alcohol consumption is not damaging. Thus for adults 50 grams of pure alcohol per week (or 3 lit pure alcohol per year) – corresponding for example to about 1/3 litre of 3.5% proof beer daily – does not lead to medical problems, although there is some individual variation. However, an amount corresponding to some 400 grams per week (or 24 litres of pure alcohol per year) does. This corresponds to 1 litre of vodka per week. The existing statistics may be understood using these values as a reference. A low value for the population is about 6 litres per year, and a very high one is 12 litres per year.

High alcohol consumption causes considerable damage in several organs in the body. In particular, the central nervous system and brain are often damaged as well as the liver, pancreas and digestive system. High alcohol consumption creates dependency, although not very fast.

Statistics in the west, certainly true for all countries, indicate that higher alcohol consumption leads to higher costs in the health care system. A considerable share of all hospital care in high-consumption countries is related to alcohol drinking. In France (with very high consumption), it is estimated globally to be 35%, although figures vary for the different clinics. Surgery has a high figure, about 60% only in Sweden, since a very large share of accidents are related to alcohol. There is consequently a clear correlation between alcohol drinking and reduced life expectancy.

Drunk people suffer a dramatically increased risk of accidents. Drunk driving is of course important, but it is valid for all kinds of accidents, e.g. drowning accidents are dominated by alcohol drinking. Alcohol drinking is also strongly related to violence. Drunk men are much more likely to commit violent crimes, and this is also valid for violence in the homes. When men abuse and even kill women, alcohol is a key factor.

In the western part of the Baltic Sea region the use of alcohol was at its peak at the end of the 18th and beginning of the 19th century. The methods for producing spirits by distillation of fermented wheat became common in the 1700s. When later in the century the potato was introduced and used for the production of alcohol the amounts increased substantially. Each household could make their own spirits. The male population in Sweden were “mostly drunkards”, and the social situation was very serious. In the 1800s, popular movements for combating alcoholism grew, state anti-alcohol politics, such as the state monopoly of production, developed and drinking decreased slowly. Swedish alcohol consumption was at its lowest during World War I. Since then, it has increased but not too dramatically.

Narcotics. The use of drugs has increased in recent decades and the explanation for this is to seek in an increased access and a demand that is growing because of youthful curiosity, unemployment and social maladjustment. Even if more and more youth use narcotics as a means of intoxication, it should be emphasised that alcohol is still the drug that creates incomparably the greatest health problems. Access to alcohol is for obvious reasons greater than other drugs because alcohol can be both used and abused. Drug use is, on the contrary, defined as an abuse, and the possession of drugs in many European countries is illegal. The selling of narcotics is harshly punished.

The use of heavier drugs is tightly connected to outcast of society. Dependency is often fast to come, only after a few occasions, and the user needs money to buy more. This typically leads to crime so as to finance the abuse. A drug-related criminal carrier is established. Social degradation and health problems typically follow. The use of injected drugs, heroine, is fur-

This chapter on drugs and abuse patterns in the Baltic Sea Region is based on results from three large research projects that have recently been completed. The Baltica Project is a multi-disciplinary project comprising the countries around the Baltic Sea. It was started in 1990 by Professor Jussi Simpura (Alcohol and Drug Research STAKES) and Christoffer Tigerstedt (Nordic Council for Alcohol and Drug Research, NAD). The so-called ECAS (European Comparative Alcohol Study) project which is concerned with alcohol politics, alcohol consumption, drinking habits, etc in 14 European countries and ESPAD (European School Survey Project on Alcohol and Other Drugs) led by Björn Hibell from CAN (Swedish Council for Information on Alcohol and Other Drugs) a comparative study of the drug habits of youths in 30 countries.

The Baltica Project aims to understand different social problems during a period of deep social change and how different groups experience these changes. Part of this project, i.e., part 4, is concerned with problems of alcohol, drugs and crime. Some results from this study will be referred to here briefly. It is above all the period after 1980 up until the present day that will be presented.

The descriptions from different countries take up the politics of alcohol and drugs, attitudes and the development of alcohol and drugs, whose authenticity can often be questioned. Statistics are not a simple reconstruction of reality, rather they can be seen as socially constructed. Particularly in those cases one has reason to doubt the data's validity. This occurs more often during periods of change, when statistics perhaps take on a change in importance, are revised and changed.

The three Baltic states, Russia (here represented by St Petersburg) and Poland share the same experience in their statistics system(s) before and after the Soviet break-up. Previously, statistics were not used primarily to describe reality, but rather to provide a picture of how things ought to be. Statistics were ideologically, rather than scientifically, correct. Soviet statistics were called "success indicators" because they usually indicated advances. The production of statistics was intimately related with the state and, consequently, with the communist party. An awareness of this has made it difficult to engage citizens in the free states in the collection of statistics, which means that even now data lack integrity. The greatest changes came with Gorbachev during the 1980s. The systematic publication of data on alcohol consumption and alcohol-related problems started in 1985 in connection with a massive anti-alcohol campaign and "glasnost".

thermore connected to the risk of HIV infection. The mortality in the group of heavy drug abusers is high.

Drugs are distributed to the European market from drug-producing countries in Asia and South America, often by mafia-like organisations. Sometimes, people speak of a giant international drug industry, which is believed to have a turnover of thousands of millions of dollars annually. Open borders within the EU have prompted a fear of increased alcohol and drug problems in the Nordic countries.

2. The politics of alcohol and drugs in the countries around the Baltic Sea

All countries around the Baltic Sea have felt the enormous changes during recent years that have occurred as a result of the break-up of the Soviet Union. We have a new geopolitical landscape in Europe. Furthermore, countries such as Finland and Sweden have been influenced by these changes.

In Estonia, as in all Soviet Union, a large anti-alcohol campaign was launched in June 1985. One of the official aims of the campaign was to get people to change their drinking habits from vodka and cheap wines to better quality wines. The main questions were

- reduced production of alcoholic beverages
- increased prices for alcohol
- reduction in sales and licensed outlets

- an age limit of 21 years
- prohibition of alcohol in offices and at work places
- stricter sanctions
- massive anti-alcohol propaganda

The politics of alcohol in Estonia has changed many times during the last two decades. The relatively stable period at the start of the eighties was replaced in 1985 by the now well-known anti-alcohol campaign. Even though the campaign caused many problems, it had its positive effects too. Between 1985 and 1988, a temporary improvement occurred in all alcohol-related indicators. During the period 1988 to 1991, alcohol politics changed in a more liberal direction. After the monetary reform of 1992, the availability of alcohol increased radically and in turn consumption increased. In the mid-nineties, a negative tendency returned, but the consumption was still at a relatively high level. In recent years, a stabilisation has occurred.

During the 1985 anti-alcohol campaign, *Latvia* was rather a poor country. Between 1986 and 1990, a coupon system was introduced. The official restrictions on alcohol consumption were eased in 1991. Liberalisation reached a high point in 1994. At this time, a state monopoly system took control over the licensing, production and trade, of alcohol.

Alcohol politics in *St Petersburg* has gone through different phases, and these have been described. In the mid-nineties in St Petersburg, there was no functioning alcohol politics, but from 1994 to 1995, one can discern a movement towards a new phase in Russian alcohol politics.

In *Poland* in the eighties, the newly formed movement Solidarity, put forward its ideas for a more restrictive alcohol politics. New legislation on alcohol was introduced in 1982. In the mid-eighties, Polish alcohol politics again lost its political dimension. Alcohol politics was liberalized and many restrictions were set aside.

How have abuse questions been handled in the Nordic countries? If we start by looking at *Finland*, we can say that the Finnish welfare development after the Second World War has gone through three periods (Alasuutari 1996). The first period after the Second World War until the mid-sixties was characterized by a strictly regulated economy and can be called 'the period of moral economy'. The transition to the 'planned economy' consisted of a new way to tackle problems based on scientific knowledge that was specially prominent during the sixties. Even if efforts were made to continue to improve social welfare during the eighties, it was during this decade that the first signs of a 'competition economy' were seen, when private interests and market forces obtained a greater influence. Some of the most profound changes in Finland have taken place during the last ten years. The national economy is stronger again.

The changes that have taken place in *Sweden* during recent years are not nearly as dramatic as those in the Baltic States. Still, there have been considerable changes. First, Sweden has also been affected by the changed geopolitical landscape that has developed in Europe since the break-up of the Soviet Union. The second large change is the ongoing process of economic, political and social integration in West Europe, as Sweden entered EU in 1995. The third factor is the economic crisis that Sweden went through at the start of the nineties, which caused unemployment and national indebtedness throughout that decade. Sweden started to move away from a more restrictive alcohol politics during the seventies. The alcohol politics established in 1977 endured for the most part until the end of 1994. A new alcohol legislation became law in 1995. As a result of the EU entrance agreement, the import and export of alcohol outside the state became allowed, although the distribution and selling of alcohol may still be managed only by the state monopoly shops, the so-called

systembolaget. This limitation of the state monopoly constituted a clear break with traditional Swedish alcohol politics.

3. Changes in alcohol consumption

Estonia's Institute for Economic Research carried out a survey to measure the population's attitudes to the changes in 1985-86. Initially, the population accepted most of the proposals that were implemented. The only exception was the high prices for alcoholic beverages. Only every fifth person of those asked accepted this. On the other hand, the majority accepted an increased responsibility for crime against the general order and an increase in the age limit for purchasing alcohol. About half approved of a reduction in the number of licensed outlets, but this fraction decreased in a second survey carried out in 1986. A third survey in 1987 showed that criticism against the prices had become even stronger, and that the restrictions had led to increased production of home-made wine and beer. The campaign stopped in late 1987. At the end of the eighties, a coupon system for the purchase of spirits was introduced. It lasted until 1992, when the availability of alcohol increased considerably.

In Latvia during Soviet times, statistics on deviant behaviour and criminality were not public, although they were closely monitored by the political system. After independence, the quality of statistics improved. Data were collected and published according to recommendations by EUROSTAT and other international organizations.

Alcohol consumption in Latvia in the early eighties was 10.5 to 11 litres of pure alcohol annually according to available statistics, though probably the real figure was higher. The consumption decreased in connection with the anti-alcohol campaign in the mid-eighties, then increased again and stabilised during the nineties, when a level of about 7 litres was reached.

In Russia, as well as in the Baltic States, many different measures for alcohol consumption have been presented, suggesting different levels. At the start of the nineties, the official figure was about 6 litres of alcohol per capita, whereas indirect measurements of alcohol-related deaths and consumption state more than twice as much, 13 to 15 litres of pure alcohol (Nemstov 1995). If these figures are correct, Russia was one of the countries with the highest alcohol consumption in the world.

Alcohol consumption in Poland has fluctuated during the last fifteen years. In 1980, consumption was 8.4 litres of absolute alcohol per capita. In 1981, consumption decreased by 25% and continued to decrease in 1982 when new laws were introduced. The alcohol consumption increased and reached a level of about 7 litres pure alcohol. In the early nineties, another increase occurred and in 1995, the consumption of pure alcohol was estimated to be 11 litres.

Alcohol consumption in Finland during the post-war period was rather stable until the beginning of the sixties when it increased rapidly. In 1980, it reached slightly more than 6 litres and in 1990, closer to 8 litres. In 1997, the official consumption was slightly less than 6.9 litres. In Finland, which has a state monopoly, the quality of statistics on alcohol is reliable. Still, public sales statistics and consumption statistics do not say everything. Some alcohol consumption is not registered. Such non-registered consumption has been estimated to be 1 litre pure alcohol. In 1990, this started to increase and in 1995, it was estimated to be 2.1 litres pure alcohol per capita. This mainly depended upon increased import of alcohol from

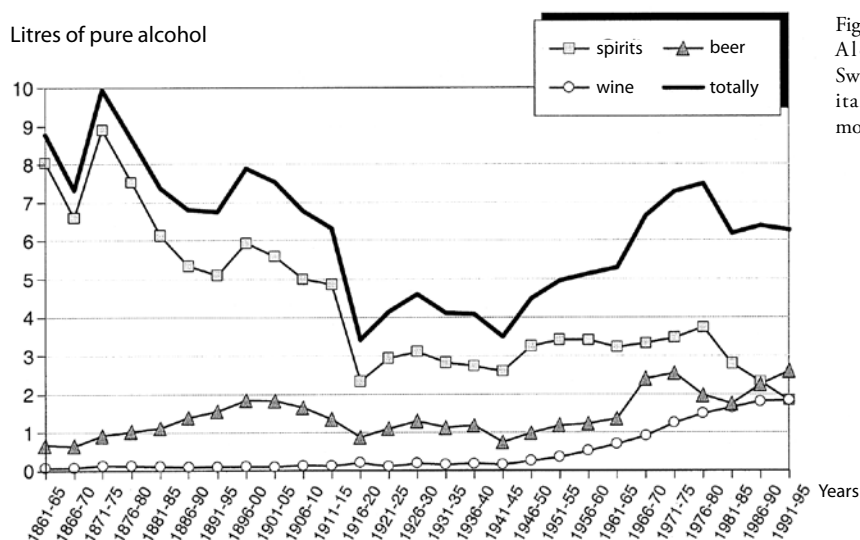


Figure 157.
Alcohol sale in
Sweden per inhabit-
ant aged 15 and
more

Russia and Estonia and Finland's membership in EU. Thus when non-registered consumption is added, this Finnish consumption would correspond to 8.8 litres, which is rather high.

In Sweden, alcohol consumption has usually been high, particularly regarding spirits during the latter part of the 19th century. At the beginning of the 20th century, this decreased dramatically. This mainly depended on comprehensive achievements in alcohol politics and the existence of the first alcohol law in 1913. In parallel with strong legislation on alcohol that aimed to protect society, the tentative dialogue in the so-called temperance question between the developing social democratic movement and the temperance movement continued (see Holgersson 1977)

Alcohol consumption in Sweden increased during the sixties by 50% and the per capita consumption was 7.7 litres in 1976. Consumption increased mainly amongst the youth. This was an important reason for stopping the sales of medium-strong beer, which was mainly consumed by the young. The general public's interest in issues about alcohol took secondary place, after unemployment, in a survey carried out in 1980. Strong public opinion probably contributed to this reduction in consumption. During the nineties, there were no signs of a reduction. Data indicate, instead, an increase in the consumption among youth during the first half of the nineties and also an increase in binge drinking throughout that decade.

Regarding actual alcohol consumption per year (1996-98), for inhabitants older than 15 years, both registered and estimated non-registered alcohol consumption is summarised. Denmark's consumption is the highest of the Nordic countries at 11.9-13.9 litres, followed by Finland with 8.6-11.1 litres, Sweden with 6.1-8.1 litres and lowest, Norway with 5.3-7.1 litres. In general, it can be said that the non-registered hidden consumption is the highest and has increased most in the Nordic countries from about 1 litre per inhabitant to about 2 litres per inhabitant in 1990. If we include the hidden consumption, we can state that the differences in alcohol consumption between the countries has decreased. Still, however, consumption is lower in countries such as Sweden and Norway, which may be related to the restrictive alcohol policy that has been in force in those countries over the last decades.

Table 38. Recorded, and recorded plus unrecorded alcohol consumption per year and inhabitant aged 15 or more during 1996-98 (litres of pure alcohol)

Country	Recorded consumption	Recorded + unrecorded consumption
Sweden	6.1	8.1
Finland	8.6	11.1
Denmark	11.9	13.9
Russia	6.0	13 – 15
Poland	11.0	
Latvia	7.1	
Norway	5.3	7.1

4. Drug development

It is more difficult to say something about drug development than alcohol development that is conclusive about the Baltica Project. In general, no statistics are available. This is all the more true for former communist countries where no information on drugs was published. Data are also rather scant in Finland. On the other hand, Sweden has more data.

During the eighties, no explicit policies on drugs in the Baltic States existed. Politics was dictated from Moscow and was the same throughout the Soviet Union. All information on drug abuse, drug-related crime and other drug questions was strictly private. Drug politics was not discussed publicly and information on drugs was restricted. No data were published which could make possible an estimation of the drug problem within a given region. Not even medical personnel had access to such information. Drug abuse was treated as a moral problem. It was considered to be an inheritance from the pre-socialist society. Drug abuse did not exist as a social problem in any socialist society. A special committee under the Soviet ministry of health established an official list of narcotic substances.

Estonia, as well as Latvia and Lithuania, was forced to send reports to Moscow on the drug situation. This ended in 1990. In the early nineties Estonia had difficulty in introducing effective measures to prevent increased drug abuse. There was neither drug politics nor effective coordination between different, relevant organisations. Since the mid-nineties, the situation has improved. A ministerial committee for drug politics under the auspices of the minister of social services was established in 1996. "Principles for drug politics, 1997-2007" was approved by the government in 1997. Regarding drug development, experts state that all types of drugs exist in Estonia today. The consumption of drugs will continue to increase particularly among the young. Some think that drugs have partly taken over the roll of alcohol among the young.

In Latvia, the drug problem was not acknowledged before the mid-nineties. The general public was poorly informed about the problem. During the nineties, legislation was developed in Latvia, as well as in Estonia and Lithuania. In May 1993, the Latvian parliament ratified three drug-related UN conventions. Between 1993 and 1998, several other laws on drugs gained force. During the last decade, the fight against drugs has gained momentum. The abuse of opiates is widespread, and stimulants (e.g., ecstasy and amphetamines) are increasing, particularly among the young.

In Lithuania, legislation was initiated at the same time. The most important tools aimed at controlling the spread of drugs were “The Criminal Code” and “Code of Administrative Transgressions of Law”. Both laws date from 1994. Of all registered drug addicts in 1997 that sought help from the medical system, 90% (1610 individuals) were opiate users, using homemade “poppy straw”, an opiate derivative for intravenous use. One third used more than one drug.

Drug statistics are also limited in Finland. The first national prevalence study was carried out in 1992. It showed, e.g., that 1% of the population had used cannabis in recent years. In Finland, drug abuse is seen as a marginal problem compared to alcohol abuse. However, even if drug abuse has been rather low in Finland compared with other European countries, the drug situation has gradually worsened in recent years. Drug availability has increased. Hashish is still the most common drug in the country.

Amphetamines are the most popular of the so-called hard drugs, but there are indications of an increase in heroin smoking, and the use of LSD and ecstasy. Experimenting with drugs has become more common among the young. Mixing pharmaceuticals and alcohol is also common in Finland, particularly among girls.

Sweden has a restrictive drug policy. From 1977 onwards, when parliament decided that the aim was “a drug-free society”, it has become more and more restrictive. The consumption of drugs was criminalised in 1988. In principle, Swedish drug legislation comprises prohibition and sanctions against all handling of drugs.

The Swedish development of the drug problem between 1979 and 1997 can be summarised in the following way:

- increased drug control, both through more restrictive legislation
- U-formed trend in experimental use of drugs amongst youth
- a larger group of older, heavy abusers
- increased drug-related deaths
- more drug abusers in treatment
- a decrease in HIV and hepatitis amongst drug abusers.

5. The homogenisation of alcohol consumption and alcohol politics

The so-called ECAS project concerns alcohol politics, alcohol consumption, drinking patterns and their economic, social and cultural background in 13 EU countries and Norway since 1950. One question asked is whether increased integration and increased internationalisation has led to a homogenisation of alcohol consumption and alcohol habits. Preliminarily, it states



Figure 158. Drug abuse is not restricted to sub-cultures, but some sub-cultures use drugs as a sign of protest against the establishment. Photo: Katarzyna Skalska

Table T3. Restrictions on alcohol policy in 15 European countries 1950-2000

	1950	1960	1970	1980	1990	2000
Austria	4	7	7	6	7	7
Belgium	6	7	8	8.5	10.5	11.5
Denmark	4	4	6	7	7	8.5
Finland	17	17	15.5	18.5	18.5	14.5
France	1	6.5	9.5	9.5	10.5	12.5
Germany	4	4	5	6	7	8
Greece	2	2	2	2	6	7
Ireland	8	8	12	12	12	12
Italy	7	7	8	12	12	13
Netherlands	6	6	6	11	13	13
Norway	17	17	17	19	19	17
Portugal	1	2	0	4.5	10	10
Spain	0	0	0	4.5	10	10
Sweden	17.5	18.5	18.5	18.5	18.5	16.5
United Kingdom	8	9	14	14	14	13

Source: Alkohol & Narkotika 2001:01, p. 27

that a certain homogenisation of per capita consumption has occurred, but that drink preference has changed (previously spirits in northern Europe, beer today, in mid-Europe beer, and in south Europe, wine). Drinking patterns are continuously changing in all countries, all the more so their qualitative character (e.g., regarding intoxication and drinking frequency), but slowly. The natural time period for the changes can be measured in generations and decades, which means that changes in living standards, economy and alcohol politics are not regarded as large changes in drinking patterns. This may mean that efforts to change drinking patterns using measures related to alcohol politics have less effect than many would like to believe. (See Rehm 1999 and Simpura 1999.)

If we try to summarise different indicators for the scope of alcohol politics and rigour in the European countries from the fifties onwards, we find that efforts doubled between 1950 and 2000. If we compare different countries included in this survey of countries around the Baltic Sea, we find that Denmark is lowest, i.e., has the most liberal alcohol policy. Finland, Norway and Sweden have been the highest all the time, that is, pursued a restrictive and comprehensive alcohol policy even if a certain reduction can be observed, particularly in the scope of the Finnish alcohol policy and rigour. Here, we have a very interesting difference in the Nordic countries. Denmark differs considerably from other Nordic countries.

Alcohol and drug development among the young. What this survey shows is that it is particularly important to follow drug development among youth. Much is happening in this area now. In the so-called ESPAD project (The European School Survey Project on Alcohol and Other Drugs) data were collected from 26 European countries in 1995 on schoolchildren's habits with alcohol and drugs. A second data collection took place in the spring of 1999. The number of countries has now increased to 30. All countries presented here are included. Comparison between the two data collections shows that the use of narcotics amongst 15- and 16-year-olds has increased in many countries in Europe. However, no drastic change in alcohol habits has taken place, so-called binge drinking (getting drunk) is still highest in northern Europe.

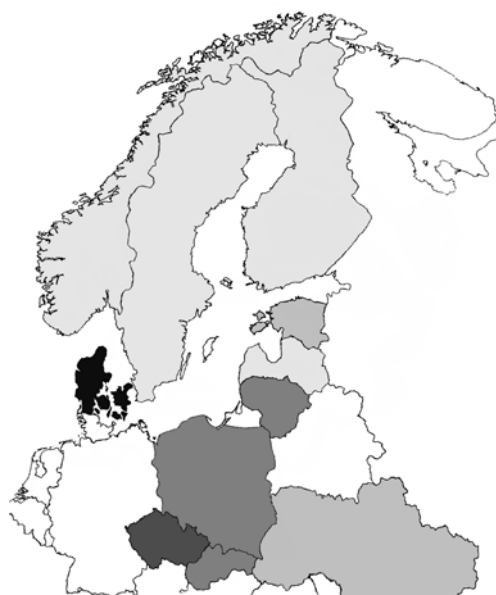
What does alcohol and drug consumption look like for countries around the Baltic Sea that are included in the ESPAD project? Denmark has the largest fraction of young people that have drunk at some time (98%). Countries where 95% have drunk alcohol include Estonia, Latvia, Lithuania and Russia. In Sweden, 90% of school children have drunk alcohol. If we compare data from 1999 on the fraction of school children that have drunk alcohol 10 times or more during the last months with the fraction that have been intoxicated three times or more during the last months, we find that Denmark is again top (18%) among the Baltic Sea countries, followed by Lithuania, Poland and Russia.

A comparison between 1995 and 1999 shows that consumption for intoxication has increased in some countries, e.g., Denmark. Interestingly, it is a considerably more common form of behaviour among girls than boys in almost all ESPAD countries.

If we compare the consumption of beer, wine and spirits at the last drinking occasion for countries around the Baltic Sea included in the ESPAD project, we find that schoolchildren in Denmark had the highest average consumption (10 cl), followed by Poland (about 9 cl). The lowest consumption is reported from Estonia (slightly more than 5 cl). Schoolchildren in Sweden had drunk 8 cl pure alcohol. In most ESPAD countries, the most common drink among boys is beer, followed by spirits, whereas spirits is the most common drink among girls, followed by beer. Highest on the list for alcohol-related problems of the included Baltic Sea countries in the ESPAD project are Denmark, Finland, Lithuania and Russia, whereas Estonia is slightly below the average.

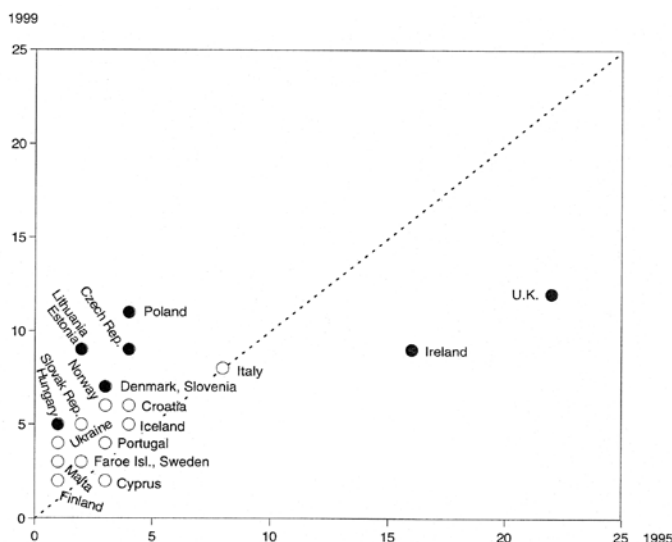
Regarding drug use, one-quarter of youth in Denmark and Russia have tried drugs. The lowest fractions were found in Finland and Sweden. Generally, the boys are in the majority, but in some countries, the difference between the sexes is small or insignificant. In nearly all ESPAD countries, the fraction of schoolchildren who had tried narcotics had increased between 1995 and 1999. Most of them who tried narcotics used hash/marijuana. The highest fractions of schoolchildren who had used a drug other than hash were from Latvia, Poland, Estonia and Lithuania. Of these, amphetamines were most common in Estonia and Poland, and ecstasy and heroin smoking in Latvia. If we look at the fraction who at some time during 1999 had taken a tranquiliser without a doctor's prescription of, we can state that girls are higher than boys in general. Highest were girls in Poland (24%), followed by Lithuania (17%), Finland (9%) and Sweden (6%). Lowest were girls in Estonia (1%).

The consequences of alcohol and drug use. It is difficult to single out a single factor and define its effect on public health or the social situation. However, alcohol is such a dominant factor that some such connections may at least be indicated.



Map 37. Alcohol consumption in the Baltic countries. Ill.: Sture Korpi

Changes between 1995 and 1999 in lifetime experience of any illicit drug other than marijuana or hashish. Countries above the line have increased prevalence rates, and countries below have decreased. All students.



Changes between 1995 and 1999 in lifetime experience of any illicit drug other than marijuana or hashish. Percentages among boys and girls (values within brackets refer to all students 1995, 1999). Data sorted by all students 1995.

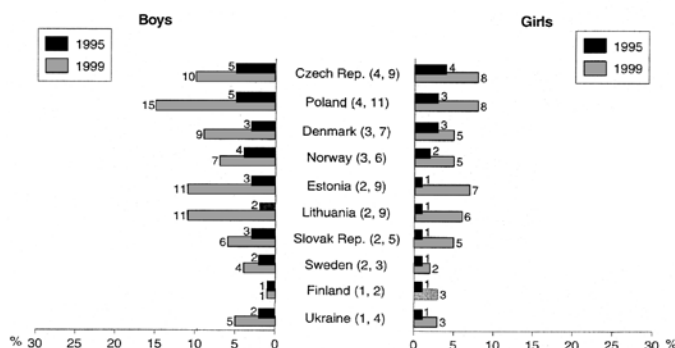


Figure 159. Change in the use of alcohol and other drugs 1995-1999

Increased alcohol consumption is, in statistics and the Baltica Study, related to disease, mortality, accidents, crime, and suicide. But since no statistics on all these parameters in the Baltic Sea region are easily available, estimates may only be done based on some general data.

In France, with a very high alcohol consumption, (recent statistics is 13 litres of pure alcohol per capita and year), about one third of hospital places are directly related to alcohol consumption.

From western statistics we know that more than 50% of accidents requiring surgery are related to alcohol consumption.

In Latvia from 1984 to 1987 the number of so-called unnatural deaths per 100,000 decreased from 91 to 64, which coincided with decreased alcohol consumption in connection with the campaign. In Latvia court statistics from around 1990 indicate that about 50% of the crimes were related to drinking alcohol (the Baltica Study). In other countries where such estimations were available the figures were about half.

A more detailed study is needed to understand what are certainly more complicated relationships between the use of alcohol and drugs, on the one hand and economy and social conditions on the other.

6. Care and treatment

From the Baltica project, some information on care of treatment of abusers exist. The question of whether to abandon the system of obligatory care was taken up in the late eighties in Estonia. Between 1984 and 1988, 1300-1500 people were taken into compulsory care annually. This decreased to 800 in 1989. Obligatory care was abolished in 1990 and the institutions were closed in 1991. In Russia, drug abusers were cared for by the medical service and the military sector. Compulsory care existed. These institutions were located in the central Asian republics. The traditional obligatory care of alcoholics in Russia has now been abandoned. Drying out units were closed down, and the habit of drinking at work and in public places has resumed. A new law in Poland in 1982 included a number of detailed rules on the treatment of people with alcohol problems. In contrast with earlier regulations, a focus on voluntary treatment was emphasised. There was still, however, legislative support to enforce people to take treatment if alcohol abuse led to the break up of families, an unwillingness to work or in some cases, people disturbing the general order. The law encouraged the development of specialised care of alcoholics and commitment within primary medical care. The importance that performance should be differentiated and that better treatment method should be developed was emphasised.

In Sweden, we have had institutions for alcoholics since the early 20th century. During the seventies these institutions have been reorganised into more modern, open, environment-therapeutic-oriented institutions. Inspiration first came from England where Maxwell Hones was a leading director. Next came the influence of the so-called "Daytop model" in the USA. These two models were introduced into two of Sweden's largest treatment centres during the seventies: Vallmotorp and Daytop Sweden. During the eighties, care in institutions was developed both qualitatively and quantitatively in Sweden. Sweden initiated with the participation of Lars Bremberg (founder of the treatment centres above) the formation of the WFTC (World Federation of Therapeutic Communities), which played an important role in the development of institutional care.

For youth with abuse problems, the so-called Hassela movement has been significant. The Hassela model was created by K-A. Westerberg with inspiration from the Swedish workers' movement. Hassela has also established itself internationally. The proliferation of institutional care during the eighties can mainly be ascribed to the HIV and AIDS question. The increased risk for contagion contributed to large resources being allotted to this form of care. During the early nineties, institutional care, on the other hand, was reduced dramatically. One reason for this was economic problems; another, an increased belief in open forms of care.

Today, the treatment of drug problems mainly takes place in open, social care, but private and voluntary organizations, as well as special treatment departments within prisons, are also included. Treatment is usually voluntary, but compulsory care does exist. Compulsory care for drug abusers was implemented in 1982 in "Lagen om vård av missbrukare i vissa fall" (LVM).

The law was changed in 1989. From then on, a person can be committed to compulsory care for up to six months. In 1994 the state, and Statens Institutions Styrelse, SiS became the responsible authority for compulsory care. The number of institutions for compulsory care then decreased from 25 to 14, and the number of places from about 1000 to about 340. People in compulsory care today are usually drug addicts and mixed abusers. Pure alcoholics are becoming fewer in number. People in compulsory care often have a complicated psychosocial situation and can only be treated as a very socially vulnerable group. The aim of the care is to motivate people to enter voluntary forms of care. Many come today in emergency situations for short-term detoxification and subsequently leave compulsory care. The question of compulsory care has been a subject for heated debate in Sweden.