

A cohesive strategy for alcohol, narcotic drugs, doping and tobacco (ANDT) policy

A summarised version of Government Bill 2010/11:47



REGERINGSKANSLIET

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Preface

On 22 December 2010, the Government approved the bill A Cohesive Strategy for Alcohol, Narcotic Drugs, Doping and Tobacco Policy (*En samlad strategi för alkohol-, narkotika-, dopnings- och tobakspolitiken (prop. 2010/11:47)*). On 30 March 2011, the Riksdag adopted the bill, and laid down the overall policy objective for this area : a society free from illegal drugs and doping, with reduced alcohol-related medical and social harm, and reduced tobacco use. The objective involves no change in government policy in terms of its perception of the various substances involved. By adopting a cohesive, integrated approach, the Government aims to clarify its intention to deal with the problems that the use and abuse of alcohol, narcotic drugs, doping substances and tobacco pose as a whole, both to the individual and to society at large.

The aim of the overall strategy is to facilitate state management of public support in the ANDT sphere. The strategy establishes the goals, priorities and direction of public measures for the period 2011–2015. It covers a range of areas from local preventive action to measures designed to limit supply, the fight against drugs, care and treatment, alcohol and tobacco supervision, and EU and international efforts. Besides the overall objective, the strategy contains seven long-term objectives of lasting relevance. Linked to these are a number of priority goals to be achieved during the strategy period, which runs to the end of 2015.

By adopting a five-year cohesive strategy, the Government aims to facilitate a long-term perspective and better coordination and cooperation between agencies and other actors. It also wishes to emphasise the responsibility of all actors involved. If the ANDT policy goals are to be achieved in accordance with the strategy, action will be needed on the part of agencies, municipalities and county councils, the business community, non-governmental organisations and other sectors of civil society. The Government takes the view that cooperation between the spheres of health promotion, prevention, crimefighting, treatment and rehabilitation should be intensified.

The present publication comprises selected excerpts from and a summary of the Government Bill (2010:11:47) with a view to providing a general picture of its purpose and content.

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Background

A cohesive strategy for alcohol, narcotic drugs, doping and tobacco policy for the period 2011–2015, adopted by the Riksdag on 30 March 2011, specifies the goals, objectives and direction of the Government's ANDT policy and sets out national follow-up and evaluation structures.

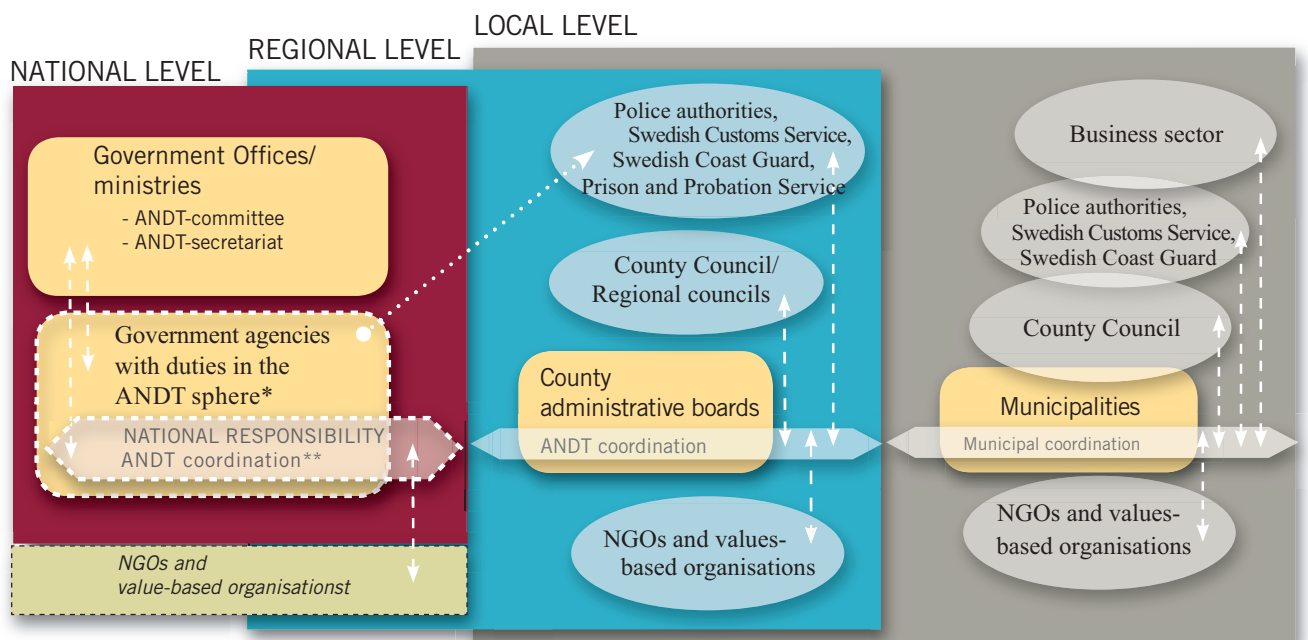
The aim of this policy strategy is to facilitate state management of public support in the ANDT sphere, to improve coordination and cooperation and to develop a cohesive view of the common factors underlying the origins of the problems and their solutions. State governance in the ANDT sphere largely involves specifying policy direction and goals, providing technical support and guidelines, and ensuring follow-up and evaluation.

The previous national action plans on alcohol and narcotic drugs terminated at the end of 2010. The new structure for following up ANDT policy is based on the overall objective of a society free of illegal drugs and doping, with reduced alcohol-related medical and social harm, and less use of tobacco. Besides this overall objective, there are seven long-term objectives indicating the

direction work is to take, and a number of priority goals to be achieved before the end of the strategy period.

These goals will serve as a basis for the strategy follow-up and evaluation process. During the strategy period, the objective is to establish an appropriate organisational setup for open comparisons, follow-ups and evaluations of the ANDT strategy goals. Part of this work will involve submitting proposals for the establishment of a monitoring and reporting system to accord with the agreements currently in place in the EU and at international level.

The ANDT strategy will not involve any alteration of the present allocation of competencies in the Government Offices or between the relevant agencies. The Ministry of Health and Social Affairs will continue to be responsible for coordinating ANDT policy. The present cross-sectoral national and regional structure will remain in place and be supplemented by a clearly defined structure for follow-up and evaluation with the aim of facilitating ANDT coordination and making it more effective.



National Level

*** Agency with national role:
The Swedish National Institute of Public Health is a national knowledge centre and the supervisory body for the ANDT sphere. Responsible for strategy and for supporting ANDT coordination.*

Regional Level

*County administrative board:
Responsible for the ANDT coordinating function and for project management and supervision.*

Local Level

*The municipality:
Responsible under the Social Services Act, the Alcohol Act and the Tobacco Act. Alcohol/tobacco supervision (where municipalities are responsible). Local anti-drug programme coordination. School education and after-school services.*

ANDT policy coordination

In the Government Offices the Ministry of Health and Social Affairs is responsible for ANDT policy coordination. A coordinating function – the ANDT Secretariat – has accordingly been set up in the ministry.

Another important component of the national coordinating function is the ANDT Committee, the Government’s advisory body on alcohol, narcotic drugs, doping and tobacco issues. The committee has a key role in spreading awareness of the goals and direction of government policy in the ANDT sphere. Its work will be linked more closely to the strategy with a view to enhancing coordination and cooperation in pursuit of the seven long-term strategy objectives. The committee will also continue to advise the Government on ANDT issues and keep it informed on such matters as research and study findings of relevance to the shaping of ANDT policy and to strategy implementation, follow-up and evaluation. The ANDT Secretariat will act as the committee’s secretariat.

The National Institute of Public Health, the national knowledge centre for methods and strategies in the public health sphere, is responsible for cross-sectoral follow-ups of public health determinants and evaluation of public health measures.

The institute is also responsible for supporting ANDT coordinators at Sweden’s county administrative boards. The boards, which have been tasked with coordinating preventive work in the ANDT sphere at regional level, play a key role in the implementation of relevant parts of the ANDT strategy by linking efforts at local, regional and national level. The boards, working in collaboration with the National Institute of Public Health, are required to help relay the Government’s ANDT strategy and goals via their ANDT coordinators. This coordinating function should, above all, contribute to the development of structured, long-term, knowledge-based ANDT initiatives at local level.

Responsibility of the sectoral agencies in the ANDT policy sphere

*Responsibility for the various strands of the Government's ANDT policy rests with a number of national agencies:

Swedish National Institute of Public Health

The Swedish National Institute of Public Health is the national knowledge centre with responsibility for technical support, methods and strategies in the public health field. It is responsible for cross-sectoral follow-up of developments relating to public health determinants, and for evaluating measures undertaken in the public health sphere. This includes Target Area 11, Tobacco, Alcohol, Narcotic Drugs, Doping and Gaming. In addition, the agency is responsible for national supervision under the Alcohol Act and the Tobacco Act.

National Board of Health and Welfare

The National Board of Health and Welfare is the national administrative agency responsible for supervising activities relating to health and medical care and other medical services, dental care, public health protection, the prevention and control of communicable diseases, social services, support and service provision to people with certain disabilities, and issues relating to alcohol and substance abuse. The agency is tasked with promoting good health, social welfare and high-quality health and social care on equal terms for the whole population. It is also responsible for supervising the social services, including the substance abuse and addiction care services and institutions run by the National Board of Institutional Care.

Municipalities and county councils

As the principals for social services and health and medical care respectively, the municipalities and the county councils are together responsible for the provision of substance abuse and addiction care services. The municipalities are also responsible for social care provision to children and young people.

National Board of Institutional Care

The National Board of Institutional Care (SiS) is the government agency responsible for compulsory care of young and adult substance abusers.

National Agency for Education

As the national administrative body for the Swedish public school system, the National Agency for Education is responsible for ensuring that all pupils are afforded the best possible opportunities to learn and develop.

National Board for Youth Affairs

The National Board for Youth Affairs has overall responsibility for ensuring that national youth policy objectives are effectively implemented in various sectors of Swedish society. In particular, it is responsible for ensuring that knowledge and information about young people's circumstances and conditions are available, and for disseminating this information at national and local level.

Crime prevention and crimefighting agencies

The National Police Board, the Swedish Prosecution Authority, the National Economic Crimes Bureau, the National Tax Board, the Prison and Probation Service, the Swedish Enforcement Authority, the Swedish Customs Service and the Swedish Coast Guard are responsible for various types of crime prevention and crimefighting work of relevance to ANDT policy.

The Prison and Probation Service provides motivation therapy and treatment aimed at combating substance abuse as part of its normal activities.

Swedish Transport Administration and the Swedish Transport Agency

The Swedish Transport Administration and the Swedish Transport Agency are responsible for road safety matters.

Medical Products Agency

The Medical Products Agency plays an important part in classifying illegal drugs.

Swedish Consumer Agency

The Swedish Consumer Agency is the national supervisory agency responsible for overseeing marketing rules under the Alcohol Act and the Tobacco Act. Its supervisory activities include implementing a range of measures against deceptive, misleading or unfair practices in the marketing of alcoholic beverages and tobacco products.

The common and overall objective of ANDT policy

The formerly separate alcohol and drugs policy goals and the general goals for tobacco policy and doping policy have now been combined into a common overall objective, defined as follows:

A society free from illegal drugs and doping, with reduced alcohol-related medical and social harm, and reduced tobacco use.

The objective entails:

- zero tolerance towards illegal drugs and doping,
- measures aimed at reducing all tobacco use and deterring minors from starting to use tobacco,
- prevention of all harmful consumption of alcohol, e.g. by reducing consumption and harmful drinking habits.

The objective reflects the Government's determination to tackle the totality of problems caused by the use and abuse of ANDT for the individual and for society at large. It is based on a vision of a society where all may grow up, live and work without risking harm through their own use of alcohol, narcotic drugs, doping substances or tobacco, or through such use by others. The Government also wishes to emphasise the principle of shared responsibility. When all contribute, greater progress can be made. A long-term perspective and increased coordination and cooperation between agencies and other parties are crucial to success. Also needed is a comprehensive, integrated approach focused on the individual/user and the family.

Overall objective: a society free from illegal drugs and doping, with reduced alcohol-related medical and social harm, and reduced tobacco use.

Long-term ANDT policy goals

Curtailing the supply of illegal drugs, doping substances, alcohol and tobacco 1	Protecting children against the harmful effects of alcohol, narcotic drugs, doping and tobacco 2	Gradually reducing the number of children and young people who initiate the use of tobacco, narcotic drugs or doping substances or begin drinking alcohol early 3
<p>Priority goals during the strategy period</p> <ul style="list-style-type: none"> Effective and coordinated supervision of alcohol and tobacco Effective measures to combat illicit trading Effective measures to combat illicit sales via digital media Effective local and regional collaboration and coordination of ANDT prevention and crime prevention efforts 	<p>Priority goals during the strategy period</p> <ul style="list-style-type: none"> Fewer children born with harmful or disabling conditions caused by exposure to alcohol, narcotic drugs, doping substances or tobacco Appropriate support for children in families where abuse, mental illness or mental disability is present Better knowledge of alcohol and tobacco marketing practices via digital media, and of the effect of digital marketing on consumption 	<p>Priority goals during the strategy period</p> <ul style="list-style-type: none"> Reduced initiation of narcotic drugs and doping abuse Development of methods for deterring children and young people from starting to use tobacco products Wider use of available, effective means of postponing alcohol debuts and reducing alcohol consumption Emphasis on health promotion in schools Greater participation by parents, non governmental organisations and the business community in preventive work

Seven long-term objectives

The seven long-term objectives establish the overall direction of ANDT work. These are rolling objectives without a set time limit, underpinned by a number of priority goals to be achieved during the strategy period. The new goal structure will also serve as a basis for the

follow-up process using national indicators presented by the Government in the spring of 2011.

<p>Gradually reducing the number of people who become involved in harmful use, abuse or dependence on alcohol, narcotic drugs, doping substances or tobacco</p>	<p>Improving access by people with abuse or addiction problems to good quality care and support</p>	<p>Reducing the number of people who die or suffer injuries or damage to their health as a result of their own or others' use of alcohol, narcotic drugs, doping substances or tobacco</p>	<p>Promoting a public health based, restrictive approach to ANDT in the EU and internationally</p>
<p>4</p>	<p>5</p>	<p>6</p>	<p>7</p>
<p>Priority goals during the strategy period</p>	<p>Priority goals during the strategy period</p>	<p>Priority goals during the strategy period</p>	<p>Priority goals during the strategy period</p>
<p>Intensified efforts by the healthcare service to prevent ANDT-related ill-health (brief intervention and screening)</p> <p>Reduced risk use and less intensive alcohol consumption among students and young adults with mental health problems</p> <p>More scope for the dental care service to focus on tobacco prevention</p> <p>Improved opportunities for the early detection and prevention of ANDT problems in working life</p>	<p>Greater access to knowledge-based care and support inputs</p> <p>A clearer and more appropriate allocation of competencies among the bodies principally responsible for substance abuse and addiction care</p> <p>Reduced disparities in quality, availability and results at regional and local level</p>	<p>Fewer deaths and injuries in road accidents due to alcohol or other drugs</p> <p>Fewer deaths and injuries due to alcohol-related, drug-related or doping-related violence</p> <p>Lower mortality rate among teenagers and young adults due to alcohol poisoning or drug experimentation</p> <p>Greater awareness among the population of the health impact of ANDT use</p>	<p>Active efforts to ensure compliance with UN conventions in the narcotic drug field</p> <p>Active efforts to ensure implementation of the EU and WHO strategies on alcohol and health</p> <p>Active efforts to ensure compliance with the WHO framework convention on tobacco control</p> <p>Active efforts to ensure compliance with UN conventions in the narcotic drug field</p> <p>More effective coordination and increased prioritisation of Nordic cooperation in the ANDT sphere</p>

LONG-TERM OBJECTIVE 1:

Curtailing the supply of illegal drugs, doping substances, alcohol and tobacco

Curtailing the supply and availability of ANDT is the most effective measure for reducing ANDT-related harm and abuse. Among other things, this means taking steps to curb the smuggling of narcotic drugs and doping substances and to reduce all unlawful handling of alcohol and tobacco such as resale and unauthorised sale (peddling).

Retail monopoly and price policy are crucial factors in reducing ANDT-related harm and abuse in the alcohol field. Age restrictions on the sale of tobacco and alcohol are an important component of tobacco and alcohol policy.

Priority goals linked to long-term objective 1:

• **Effective and coordinated supervision of alcohol and tobacco**

One of the most important ways of reducing ANDT-related harm and problems is to restrict supply and availability. A vital part of this endeavour is proper supervision under the Alcohol and Tobacco acts.

During the strategy period

- county administrative board procedures should be reviewed with a view to determining how these can be made more effective and how the 'test purchase' method (often referred to as mystery shopping) might be used in the supervisory process
- the impact of the new provisions in the Alcohol Act and the Tobacco Act should be evaluated
- efforts to support implementation of effective methodology in the supervisory process should be intensified
- public authorities should seek closer cooperation with the business community
- efforts to strengthen the business sector's self-monitoring systems under the Alcohol Act and the Tobacco Act should continue.

Continued efforts are needed to strengthen supervision, as noted for instance in the Swedish National Audit Office report, State Support in Alcohol Policy: The effect on alcohol consumption among young people (Statliga stöd i alkoholpolitiken – Påverkas ungas alkoholkonsumtion? Riksrevisionen, 2010). It is essential that supervision of the provisions on the serving of alcoholic beverages and

the sale of beer (ABV 3.5%) and tobacco be efficient and applied uniformly.

If supervision is to improve further, networks and coordinating functions developed in recent years must be maintained. In addition, relevant agencies should consider ways of stepping up cooperation with the business community to ensure more effective and better coordinated supervision. Efforts by the latter to improve their self-monitoring systems have been successful in a number of respects. The Responsible Alcohol Serving Practices approach has been widely applied. This method, which has helped reduce violence in bars, pubs and restaurants, has proved an important tool in the supervisory process. This and other similar approaches that strengthen traders' self-monitoring functions should be incorporated into the county administrative boards' ANDT prevention work, and integrated into their supervisory work.

• **Effective measures to combat illicit trading**

Illicit trading in ANDT breeds and fuels criminality. Efforts to combat all forms of illicit ANDT trading remain a priority.

It must be made difficult for young people to obtain narcotic drugs. Priority should therefore be given to measures to combat the sale of drugs to children and young people. Drug abuse often leads to other forms of criminality and to a criminal lifestyle. It is therefore vital that steps be taken to combat such abuse among children and young people.

During the strategy period

- crime-fighting agencies should continue their efforts to curb organised and large-scale crime
- the fight against illegal drugs should continue to be given high priority, along with action to stop the organised smuggling and resale of alcohol, tobacco and substances classed as narcotics (illicit trade).

The transboundary character of serious organised crime requires close cooperation between relevant agencies both in Sweden and beyond, as well as active participation in joint international efforts.

• **Effective measures to combat illicit sales via digital media**

Illicit ANDT sales via digital media pose a new threat, to which young people are especially exposed.

During the strategy period

- collaboration on online trading issues should be intensified
- continued high priority should be given to the classification of new drugs
- efforts should be made to ensure closer collaboration between relevant authorities with a view to improving surveillance, intelligence work and analysis in connection with illicit sales.

New ways of obtaining drugs call for new approaches by the authorities. One area requiring special attention is the sale of illegal substances via digital media such as the internet. Studies based on self-reported habits show that experimenting with narcotic drugs has increased somewhat among young people in recent years, and that new drugs have been introduced via the internet. The Government considers that a faster and more effective classification process targeting new drugs should be introduced as a matter of priority. In this endeavour, continuing cooperation between relevant agencies is of crucial importance.

• **Effective local and regional collaboration and coordination between ANDT prevention and crime prevention efforts**

There is a clear link between alcohol, drugs and doping abuse and criminality. Illicit trading in tobacco is also practised. Accordingly, concerted action, bringing together ANDT prevention and crime prevention efforts, is required at local level.

During the strategy period

- development of working methods and procedures for strengthening cooperation between ANDT prevention and crime prevention work should continue
- efficient cooperation and coordination between police, schools, social services and other relevant actors should be given priority at local and regional level
- further efforts should be made to develop long-term cooperation between Malmö, Gothenburg and Stockholm in the spheres of ANDT and crime prevention.

It is essential that crime prevention and ANDT prevention work be undertaken locally by those who are most familiar with the problems prevalent in that community. Actors such as the police, schools, social services, non governmental organisations and the business community have different roles to play. Experience shows that value is added when local actors, proceeding from their various roles in the community, join together to prevent crime and enhance personal security.

National surveys show that Stockholm, Malmö/Skåne and Gothenburg/Västra Götaland rank high in national comparisons in terms of the number of drug users per inhabitant. Increased cooperation on early measures to reduce the recruitment of new users is therefore vital. The size of these three cities and their decentralised local government systems makes coordination a particularly challenging task.

The three metropolitan areas have requested that methods applicable to their specific conditions be developed. Further efforts are being made to secure long-term cooperation between the cities on ANDT prevention and crime prevention work.

LONG-TERM OBJECTIVE 2:

Protecting children against the harmful effects of alcohol, narcotic drugs, doping and tobacco

Harm to children caused by alcohol, narcotic drugs, doping or tobacco is wholly unacceptable. Measures to protect children against the harmful use both by themselves and others of alcohol and tobacco, and the abuse of narcotic drugs and doping substances are fundamental to all health-promoting and preventive ANDT work.

Under the UN Convention on the Rights of the Child, children are entitled to grow up in a good environment and enjoy the best possible health. Children are a priority target group both in the EU and internationally. The Swedish Riksdag has also stressed that children, young people and their parents are among the most important target groups for preventive and health-promoting public health efforts and thus for ANDT work as well.

Priority goals linked to long-term objective 2

- **Fewer children born with harmful or disabling conditions caused by alcohol, narcotic drugs, doping substances or tobacco**

Continued efforts are being made to reduce the risk of children being born with harmful or disabling conditions caused by the mother's use of alcohol, narcotic drugs, doping substances or tobacco during pregnancy.

During the strategy period

- the aim should be to offer expecting parents information and, where necessary, guidance on the harmful effects of ANDT
- parents with a risk profile or abuse problem should be given appropriate support or care so that the child is not harmed
- care and support provision both for children born with harmful conditions caused by ANDT and for their parents should be improved
- efforts should be made to gain more precise knowledge of how many children are born with harmful conditions caused by ANDT and of their development prognosis.

The aim is to gradually reduce all adverse effects of ANDT on unborn children. Supportive and awareness-raising initiatives targeting expecting parents and focusing on the harmful effects of ANDT during pregnancy and breast-feeding are to be given priority.

For many years, the maternity care service has striven successfully to prevent ANDT-related harm during pregnancy. Training courses for doctors and midwives have been an important element here and it is vital that such training continue to receive support. Expecting parents have a right to information and guidance on the risks associated with ANDT. It is essential, therefore, that the present network for maternity care and child healthcare services be maintained.

More knowledge is needed regarding the number of children born with Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Spectrum Disorders (FASD) and whether they are receiving adequate care and treatment. To better enable parents to provide children with a good environment to grow up in, support should be maintained for as long as necessary.

Support to pregnant women with an abuse problem or addiction needs to be stepped up. Pregnant women with an ongoing abuse problem must be given appropriate support and treatment to help them become drug-free.

- **Appropriate support for children in families where abuse, mental illness or mental disability is present**

There must be greater awareness that children in families where abuse, mental illness or mental disability is present may require special support from bodies responsible for dealing with these children. Staff encountering parents with problems of this nature must be aware both of their obligations and of the various support measures available.

During the strategy period

- the new provisions in the Health and Medical Services Act and the Patient Safety Act should be duly applied and all county councils should lay down procedures governing the responsibilities and authority of service providers
- support for children living in families where abuse, mental illness or mental disability is present should be further developed
- local cooperation should be improved among professional groups and activities dealing with children who suffer neglect or mistreatment or are at risk of neglect or mistreatment due to their own risk use or abuse, or that of others
- steps should be taken at national level to ensure that municipalities' preventive work with children in need of special support is regularly reviewed.

Measures on behalf of children in families where abuse, mental illness or mental disability is present are warranted. Children must never be left in vulnerable situations without a supportive response from the community. Moreover, public action reduces the risk of vulnerable children and young people being exposed to mental problems and substance abuse problems of their own in later life. To ensure that each individual child at risk receives support, better means of identifying and reaching such children and their families must be developed.

Professional groups required by law to notify the social services must have the necessary knowledge and procedures to identify and attend to children in families with abuse problems, and know what kind of help is available to them. Cooperation between relevant bodies is essential. Collaboration between the various actors dealing with vulnerable children, with their parents and with other important persons in their vicinity has been a success. The National Board of Health and Welfare has drawn up a guidance on effective cooperation in this

sphere. This material should be disseminated and used by the social services and other actors providing care and support to children, young people and parents.

On 1 January 2010, new provisions were introduced into the Health and Medical Services Act and the Health and Medical Services (Professional Activities) Act. A similar provision was added to the Patient Safety Act on 1 January 2011. The laws were amended to take account of cases where parents or guardians living with the child suffer from mental illness/impairments or have a substance abuse problem. The healthcare service needs to develop a child- and family-oriented approach, and close cooperation is essential between adult psychiatric care, primary care, child and adolescent psychiatric care, social services, schools and other relevant actors.

- **Better knowledge of alcohol and tobacco marketing practices via digital media, and of the effect of digital marketing on consumption**

The marketing of alcohol and tobacco is increasingly being channelled through new media, such as digital media. A summary of research findings to date shows that there is a link between exposure and consumption by young people.

During the strategy period

- a survey should be conducted charting the scale and scope of alcohol and tobacco marketing in digital media
- data on international research in this field should be compiled
- monitoring methods should be proposed that will enable supervisory authorities to rapidly trace and act against breaches of marketing legislation.

At Sweden's initiative, the EU health ministers adopted Council conclusions on alcohol and health during the Swedish presidency in 2009. The conclusions urge the European Commission to consider further action to protect children and young people from the marketing of alcohol. Sweden will monitor the outcome when the Commission delivers its report on implementation of the EU alcohol strategy in 2012.

The extent of alcohol and tobacco marketing via digital media, how this marketing impacts consumption and how supervision can be made more effective all need to be examined. The aim is to develop a basis for effective supervision of alcohol and tobacco marketing via digital media and TV broadcasting from abroad.

LONG-TERM OBJECTIVE 3:

Gradually reducing the number of children and young people who initiate the use of tobacco, narcotic drugs or doping substances or begin drinking alcohol early

Higher priority should be given to measures aimed at preventing young people from starting to use narcotic drugs or doping substances or from starting to drink alcohol at an early age. The prospects of changing behaviour patterns and norms are greater if measures are taken in a number of different areas and by actors working together. Parents, schools, the recreational sector, the social services, the police, non governmental organisations and the business community all have important roles to play in prevention work.

Measures aimed at limiting supply/availability, such as age checks, the presence of police or parents and effective supervision, are crucial to the task of postponing the debut age for alcohol and tobacco use and initiation of drug and doping abuse. Moreover, children's perceptions and future habits are significantly affected by the norms and values of parents and other adults and by their ability to set limits and define the boundaries of acceptable behaviour.

Action is also needed to raise awareness and reduce demand. It is important to influence attitudes and encourage acceptance of restrictive ANDT policies. Awareness of the impact of ANDT on health, criminality and social development is also important.

The structure developed at regional and local level for coordinating action, improving professional skills and applying knowledge-based methods is crucial to the achievement of this long-term objective.

Priority goals linked to long-term objective 3:

• **Reduced initiation of narcotic drugs and doping abuse**

Experimentation with narcotics and other drugs is on the rise among young people, and a growing number are being exposed to these substances. Stronger measures to prevent initiation of drug abuse should therefore be given high priority.

During the strategy period

- coordinated efforts to facilitate early detection should be strengthened at local level
- support to the 'Krogar mot knark' anti-drug network for bars, pubs and restaurants should continue
- methods should be developed to improve the monitoring of particularly vulnerable groups and of certain geographical areas
- methods should be developed to improve monitoring of new drugs and attendant marketing activities

- efforts should be made to develop methods aimed at enhancing knowledge and improving coordination between actors in the fight against doping abuse in society.

There are indications that hashish and marijuana are gaining acceptance in certain youth groups and among young adults. The percentage of school pupils who report that they have used cannabis at some point has increased slightly, and the follow-up by the National Institute of Public Health of the previous national action plan against narcotic drugs also shows that prevention work has lost some momentum in recent years. These developments underline the need to step up preventive efforts in the narcotic drugs and doping sphere.

Continued active support within the framework of the national anti-drug network 'Krogar mot knark' affords vital access to experimental abuse found in bars, pubs, restaurants and other places of entertainment, particularly in metropolitan areas.

An anti-doping network, PRO-DIS, has been set up in Sweden to develop and evaluate a working model designed to prevent the use of anabolic androgen steroids (AAS). It is important to ensure that this network for the exchange of experience and skills continues to function.

• **Development of methods for deterring children and young people from starting to use tobacco products**

An interim goal of Sweden's tobacco policy is to halve the number of children and young people who start smoking or taking snuff before the age of 18, by the year 2014. To reach this goal, tobacco prevention work among children and young people will need to be given priority and become more target group-oriented.

During the strategy period

- efforts should be made to develop methods for deriving measures to deter children and young people from starting to use tobacco
- efforts should be made to develop methods for deriving early measures for dealing with those who have begun to smoke or take snuff
- efforts to ensure compliance with the rules on smoke-free environments should be stepped up.

Tobacco consumption is one of the most serious threats to public health. Young people are the most important target group since the great majority begin smoking in their teens. Every day, some 50 young people in Sweden start using tobacco. This corresponds to approximately 16 000 per year.

Although the disparity in tobacco use among boys and girls has narrowed, there are still twice as many daily smokers among girls as among boys in the 15-year age group. Targeted preventive measures for dealing with tobacco use among girls and boys need to be developed, along with support measures to help young people to stop smoking.

Smoke-free environments are needed to help reduce exposure of young people to tobacco use. Also important in this connection are better compliance with statutory provisions such as the Tobacco Act's ban on the sale of tobacco to minors, the ban on tobacco marketing and the provisions governing smoke-free schoolyards.

Measures aimed at influencing adult values and habits are also essential to reducing tobacco consumption among the young.

Information about the harmful effects of tobacco must be framed so that it also reaches those who may begin using tobacco – not just those who have already begun.

Interest in smoking hookahs [water pipe] has increased among young people. One boy in three and one girl in four aged 15 has smoked a hookah at some point, as have some two thirds of all boys and girls aged 17. The level of awareness of the harmful effects of hookah smoking is relatively low. Every time someone smokes a hookah she/he consumes a variety of carcinogenic substances. The use of hookahs, must therefore be included in tobacco prevention work.

• **Wider use of available, effective means of postponing alcohol debuts and reducing alcohol consumption**

The percentage of alcohol consumers among 15-year-olds has declined since 2004. The same is true of the proportion who report intensive consumption of alcohol. There is wide agreement today among those actively involved with the issue on the best ways of reducing alcohol consumption among minors and harmful drinking among young adults.

During the strategy period

- efforts to reduce illegal sales (peddling) should continue
- efforts to further improve compliance with statutory age limits should continue
- efforts should be made to attenuate the link between sport and alcohol
- steps should be taken to make people more aware of the importance of an alcohol-free upbringing.

Effective ways of countering harmful drinking patterns among minors and young adults should be used more widely. This includes methods for ensuring compliance with age restrictions, and preventing peddling. In addition, more effective ways are needed to reach minors and young adults with high consumption rates.

One of the most important measures for preventing drinking among minors and raising the debut age is action against peddling, i.e. the practice of someone unlawfully buying alcohol for, or selling or giving it to, a person under 20 years of age.

The police actively engage in preventive efforts to stop peddlers making alcohol available to minors. One of the methods used in this connection is the Kronoberg Model. By stopping peddling and limiting alcohol consumption by minors in public places, the model has successfully reduced alcohol-related criminal violence. This and other well-tried approaches should be used more widely.

Continued long-term efforts are needed to maintain compliance with statutory age limits for the sale and serving of alcohol. Systembolaget (the Swedish Alcohol Re-

tail Monopoly) engages in important and effective work to prevent sales to minors through the use of age checks and information campaigns stressing the importance of not supplying under-age people with alcohol. Similar measures are being applied in bars, pubs and restaurants, e.g. by applying tried and tested Responsible Alcohol Serving practices, aimed at preventing the serving of alcoholic beverages to minors in these environments. Success depends on operators tightening controls themselves, for instance by teaching staff about the provisions of the Alcohol Act. The same applies to the retailing of beer (ABV 3.5%).

Non governmental organisations have an important role to play in educating public opinion on the dangers of alcohol consumption at a young age. Youth organisations and the sports movement are both active in the fight against peddling. However, the Government would welcome a broader approach; a number of studies have shown that young people who engage in sports and/or are active in a sports organisation do not drink any less than others. The sports movement, therefore, needs to take up a position on the effects of alcohol at club and association level.

• **Emphasis on health promotion in schools**

Success and enjoyment at school are important health protection factors for children and teenagers. By laying emphasis on health promotion work, schools can help prevent and combat ANDT in the long term.

During the strategy period

- compulsory schools and upper secondary schools should be given access to training to help develop tuition in alcohol, narcotic drugs, doping and tobacco. Such training is to be based on research and proven experience.

The National Agency for Education has taken a number of steps to promote long-term preventive efforts in this field. These have focused for instance on strengthening school work on basic values, abusive behaviour and gender equality. Such efforts should now be supplemented by training initiatives centring on alcohol, narcotic drugs, doping and tobacco. The National Agency for Education has been tasked with promoting both school improvement in general and ANDT tuition.

• **Greater participation by parents, non governmental organisations and the business community in preventive work**

It is essential that parents, non governmental organisations and the business community be committed to and take an active part in prevention work.

During the strategy period

- government agencies, municipalities, county councils and non governmental organisations should deepen their cooperation and collaboration and the number of joint activities should increase
- there should be continued dialogue between the Government, agencies and non governmental organisations
- a dialogue should be launched with the business community to encourage the development of further initiatives by business enterprises and improve self-monitoring pursuant to current legislation and voluntary codes.

A good, secure upbringing is crucial to the health of children and young people in later life. There is a link between mental ill-health and a heightened risk of substance abuse. Positive interaction between children and parents reduces the risk of mental ill-health and future abuse.

Parental support should be offered to all parents until the child reaches the age of 18. Preventive support to parents enhances both health and positive development in children and makes them more resilient to ill-health and social problems. In practice, the risk factors for abuse, mental ill-health and anti-social behaviour are one and the same. Parental support, therefore, is also important for ANDT prevention.

With their expertise and experience, non governmental organisations are vital cogs in preventive work. They also offer a wide range of support activities.

The aim during the strategy period is for all municipalities to have created a structure and a plan for ongoing cooperation and collaboration with non governmental organisations.

Continued dialogue between the Government, agencies and non governmental organisations is crucial to the implementation of the ANDT strategy.

During the strategy period the Government and the business community should engage in dialogue aimed at encouraging the development of further initiatives by operators and improving company self-monitoring pursuant to current legislation.

LONG-TERM OBJECTIVE 4:

Gradually reducing the number of people who become involved in harmful use, abuse or dependence on alcohol, narcotic drugs, doping substances or tobacco

By ensuring early identification and support aimed at changing harmful and risky lifestyles, society can help protect individuals, families and those around them from harm, while at the same time contributing to favourable economic, social and more health-oriented community development. Important arenas for screening and brief interventions are the regular healthcare sector, occupational healthcare, dental care and higher education institutions.

Priority goals linked to with long-term objective 4:

• Intensified efforts by the healthcare service to prevent ANDT-related ill-health

Although county councils have an explicit responsibility to prevent disease under the Health and Medical Services Act, the principle of prevention has not yet become fully recognised and adopted within the healthcare service.

During the strategy period

- the healthcare service should integrate the disease prevention perspective into its regular operations, which calls for measures to prevent tobacco use and the risk use of alcohol, and counter the abuse of narcotic drugs and doping substances.
- the National Board of Health and Welfare's national guidelines for preventive work in the tobacco and alcohol spheres should be disseminated and applied in the healthcare sector.

The National Board of Health and Welfare guidelines for health-promotion and prevention work – which also cover tobacco and alcohol – may be an aid in this context. The guidelines will be formally adopted in 2011. If they are to become an effective instrument, the healthcare service must actively learn from them and seek to ensure that they are fully applied in practice. This will entail measures such as basic training courses and further training. It is important that the experience and skills acquired in the course of the Risk Consumption Project should be turned to account when implementing the guidelines.

• Reduced risk use and less intensive consumption of alcohol among students and young adults with mental health problems

Young adults (aged 18–25) have the highest rate of alcohol consumption. Almost half the members of this age group are students at higher education institutions, which are therefore important arenas for ANDT action. Continued national support for the development of skills and methodology is crucial to ensuring long-term, active commitment to student health in particular.

During the strategy period

- technical and capacity building support to student health clinics that offer healthcare to students should be continued
- coordinated support should be provided for the development of skills and methodology relating to ANDT prevention work by the student health service
- primary care, the psychiatric service and the student health service should intensify efforts to reach young adults in the process of developing risk use habits.

Studies show that young people increase their alcohol consumption when they begin studying at higher education institutions. The National Institute of Public Health has shown that there is a strong link between mental ill-health and high levels of alcohol consumption. This link is most evident in young men.

There are now many points of entry for healthcare provision to teenagers and young adults. These include

youth clinics/youth health services, primary care, the psychiatric service and the student health service. These services are all uniquely placed to identify people showing incipient high-risk use patterns.

The ability to identify such people at an early stage should be further developed. One effective method is motivational counselling. This approach should be disseminated more widely in the healthcare service.

The efforts currently under way to coordinate support for the development of skills and methodology in connection with the student health service's ANDT prevention work should continue.

• **More scope for the dental care service to focus on tobacco prevention**

The dental care service is well placed to engage in tobacco prevention work.

During the strategy period

- the dental care service should become better equipped to deal with tobacco prevention, e.g. through more training input.

The dental care service regularly encounters all children and young people in Sweden as well as most adults. It is thus well placed to identify risk behaviour and influence norms. It is also experienced in helping patients correct harmful behaviour. The service is frequently in touch with patients before they start using tobacco or before they experience symptoms, which means preventive work is possible from an early stage.

• **Improved opportunities for early detection and prevention of ANDT problems in working life**

The occupational healthcare service, workplaces and unions can all help ensure that risk consumption and abuse are detected early on and that support mechanisms are put in place.

During the strategy period

- more workplaces should adopt and implement ANDT-based policy measures featuring guidelines for support and treatment of employees with risk use and abuse problems and for efficient collaboration between employers and union representatives

- national skills support provision should continue in order to ensure that the risk use model is maintained
- methods for the early identification and prevention of alcohol and drug problems should be disseminated more widely
- dialogue with relevant parties should be initiated with a view to identifying workplace needs for support and training in ANDT-related issues
- research should be initiated on the relationship between ANDT use and absence through illness and accidents at the workplace.

Workplaces and the occupational healthcare service should be given a more prominent role in pursuit of the ANDT policy objectives. It is estimated that about a fifth of the material costs of alcohol consumption arise in working life (accidents, sickness absence, unemployment, production losses etc). Despite the link between ANDT use and absence through illness, the impact of harmful alcohol consumption on working life is a relatively unexplored field of research in Sweden. Such research needs to be stepped up.

Early detection of alcohol and drug problems reduces both personal suffering and the costs incurred by the company and society at large. For those whose consumption has reached a risk threshold but who have yet to experience problems, information about where to draw the line can have the desired effect. Evaluations have shown that brief discussions on alcohol issues between doctors and patients are highly effective.

The National Institute of Public Health was commissioned to enhance professional skills in the occupational health service as part of the former national Risk Use Project. Continuing national support for skills enhancement programmes is needed to maintain preventive, early measures at workplaces.

Dialogue should be initiated with the occupational health service, relevant agencies and unions, representatives of the research community and other experts with the aim of identifying workplace needs and carrying forward work on counselling, support and training in ANDT-related issues.

LONG-TERM OBJECTIVE 5:

Improving access by people with alcohol and drug-use disorders and other conditions caused by harmful use of alcohol and drugs to good quality care and support

Greater access to measures adapted to the needs of target groups, long-term emphasis on consistent good quality care throughout the country, and care provision centred on the needs of the individual is essential if the abuse and addiction care objectives are to be achieved. People who are motivated must receive care and support, and all must be treated with respect.

Greater user influence and control over measures taken by users as well as measures taken at operational level are important prerequisites for securing good quality care.

Public action against drug, doping and alcohol abuse must be based on an integrated approach that incorporates the work of the social services, the National Board of Institutional Care, the healthcare service and the Prison and Probation Service in this sphere. The aim is to encourage long-term, effective cooperation focused on the individual and his or her family. In cases where children are involved, it is important to allow the child a say in the process.

Priority goals linked to long-term objective 5:

- **Greater access to knowledge-based care and support inputs**

Care, treatment and rehabilitation are the basis for helping people with alcohol and drug-use disorders and other conditions caused by harmful use of alcohol and drugs. Existing knowledge must be applied, but knowledge and skills development and greater user influence are also crucial to the achievement of good quality needs-based abuse and addiction care.

During the strategy period

- continued development of knowledge and methods should be given priority, and the skills required by those working in substance abuse and addiction care should be more fully specified
- greater priority should be given to ensuring that those who have difficulty obtaining the care they need – e.g. people experiencing comorbidity – are offered such care.
- support and care provision specially adapted for women should be further developed
- efforts should be made to develop ways of profiting from users' own experience.

The National Board of Health and Welfare's national guidelines on substance abuse and addiction care also

address the activities of the social services, the National Board of Institutional Care, the healthcare service and the Prison and Probation Service. The guidelines provide a basis for a more knowledge-based care service.

The Government and the Swedish Association of Local Authorities and Regions have entered into annual agreements on support to municipalities and county councils for guidelines implementation and the development of a more long-term structure for knowledge management. Encouraging further knowledge and skills development and ensuring that current awareness of effective methods is translated into practical action are both important prerequisites for high-quality abuse and addiction care provision.

Among those receiving care and treatment for mental illness or mental disabilities are a large group of people with comorbidity. Women's organisations have noted a rise in alcohol and pharmaceutical drug abuse, especially among women. This underlines the present lack of measures and care provision specifically targeting young women. Support and care adapted to women's needs must be made available to women of all ages.

User experience is an important source of knowledge when care services develop their policies and practices. Ways and means of turning users' experience to account must be developed.

- **A clearer and more appropriate allocation of competencies between the principals responsible for substance abuse and addiction care**

Principals' responsibilities must be clearly defined, and the healthcare service, the social services and other actors must coordinate their efforts based on the needs of the individual.

During the strategy period

- the National Board of Health and Welfare's regulations and general recommendations on healthcare and social service provision should be brought together in a common set of rules
- there should be closer collaboration between the various links in the care chain.

Principals in the substance abuse and addiction care sphere have responsibilities under various laws. Municipalities and county councils each have responsibility for key links in this care chain, including sobering-up, withdrawal and treatment. People in need of abuse or addiction care often require simultaneous treatment from different service providers. Providers' responsibilities for the various parts of the care chain and for various target groups therefore need to be clarified.

The Government has appointed an inquiry (S2008:04) to review substance abuse and addiction care as a whole. This inquiry is to consider the need for changes in legislation and in the allocation of competencies between the two main principles with the aim of ensuring that people with abuse or dependence problems receive the care and support they need.

A further measure is the revision of the National Board of Health and Welfare's current regulations and general recommendations on quality assurance management in the healthcare service and the social services. The aim is to merge the formerly separate regulations and recommendations governing the healthcare service and social services respectively into a single, uniform set of rules.

The Prison and Probation Service is also part of the substance abuse and addiction care chain. The agency is required, along with other agencies to strive to ensure

that the inmate's needs are met as far as possible, without thereby diminishing the latter's own responsibility. It is further charged with facilitating and supporting communication between prison inmates and the relevant agencies. Cooperation primarily with the social services, the healthcare service, the public employment offices and social insurance offices needs to be intensified further during the strategy period.

- **Reduced disparities in quality, availability and results at regional and local level**

Effective supervision and access to open comparisons are important tools for ensuring consistent substance abuse and addiction care throughout the country.

During the strategy period

- action to ensure efficient supervision should be given priority
- the work currently under way to develop open comparisons in the abuse and addiction care service should be completed in order to promote quality development and ensure better access to care on equal terms.

The National Board of Health and Welfare's open comparisons in the abuse and addiction care field show that there are local and regional disparities in access to care measures. Thus the chances of having one's care needs properly met depends on where in the country one lives.

Continued development of effective supervision capable of showing how well the needs of children and other family members are being met and how user participation is being assured is crucial to achieving greater uniformity in care provision and to provision based on the specific needs of the individual. Efforts to develop effective supervision must be given high priority.

The publication of open comparisons in the field of substance abuse and addiction care makes it possible to monitor, support and improve quality. In 2014, open comparisons adapted to specific target groups will become available. Decision-makers and users alike should be able to access information about quality and results.

LONG-TERM OBJECTIVE 6:

Reducing the number of people who die or suffer injuries or damage to their health as a result of their own or others' use of alcohol, narcotic drugs, doping substances or tobacco

A significant percentage of injuries and premature deaths in Sweden are due to the harmful use and abuse of alcohol, narcotic drugs, doping substances and tobacco. These are also responsible for an unacceptably large share of the total disease burden and have strong statistical links to criminality and violence. The young are particularly vulnerable. Reducing the number of deaths and injuries due to ANDT is a self-evident, long-term policy goal.

There is a well-established link between the extent of alcohol, drug and doping use on the one hand and the prevalence of violence and accidents on the other. Common crime categories are assault and driving under the influence following the consumption of alcohol or drugs. Drivers intoxicated on alcohol are involved in some 15 per cent of all fatal road accidents.

Achieving the long-term objective will mean prioritising measures aimed at reducing substance abuse and ANDT-related violence in public places. Greater attention should also be focused on ANDT-related violence within the family.

Priority goals associated with long-term objective 6:

- **Fewer deaths and injuries in road accidents due to alcohol or other drugs**

Every year, drivers under the influence of alcohol cause numerous road accidents resulting in death or serious injury. A wide range of measures is required to combat drink-driving, including a carefully considered strategy for applying a raft of high-quality alcohol and drug control mechanisms, harmonised information efforts, the continued phasing-in of 'alcolocks' both for drink-driving offenders and for preventive purposes, and measures that facilitate the prevention, detection and investigation of drink-driving offences.

During the strategy period

- development of structures for cooperation between police authorities, municipalities, addiction care services, county administrative boards and transport authorities should continue
- the use of alcolocks and similar technology to prevent drivers from driving their vehicles should be stepped up

- traffic statistics should become more reliable and comparable over time, and more data should be gathered on the extent of drink-driving and of drug use by drivers.

Drink-driving is one of the principal causes of fatal road accidents: 21 per cent of all those who die in traffic accidents are drivers under the influence of alcohol. Drivers under the influence of narcotic drugs, doping substances and pharmaceuticals pose a growing problem on the roads.

In order to achieve the 'zero vision' in road use – no deaths or serious injuries in the future – as well as the present priority goal, reliable statistics that are comparable over time are needed to help the authorities decide what action is required.

Achieving the long-term objective: Fewer deaths and injuries due to the use of ANDT, will call for continuing efforts to detect intoxicated drivers and to offer them support and treatment. It will also necessitate the further development of structures for cooperation between agencies – such as the police authorities, municipalities, addiction care services, county administrative boards and

the Swedish Transport Administration – on the lines of the programme: Cooperation Against Alcohol and Drugs in Road Traffic, or other, similar approach. Where such programmes are already in place, these should be further refined on the basis of existing experience, and procedures should be coordinated.

The use of alcolocks should be stepped up during the strategy period. The Government has introduced a regulation requiring all government authorities to fit their vehicles with such locks. Many employers have also installed alcolocks in their vehicles as a voluntary measure. This development should be encouraged.

The rules against operating a boat under the influence of alcohol were tightened up on 1 June 2010. Information measures need to be introduced during the strategy period to raise awareness of these rules.

• **Fewer deaths and injuries due to alcohol-related, drug-related or doping-related violence**

There is a clear link between intoxication from alcohol, drugs or doping and crimes of violence. The influence of alcohol, in combination with other factors, can also increase vulnerability to crime.

During the strategy period

- efforts should be made to gain a better understanding of the extent and character of alcohol-, drug- and doping-related violence
- knowledge-based working methods for reducing this type of violent crime should be disseminated more widely.

More needs to be known about alcohol-related, drug-related and doping-related violence. It is also vital to reach people with abuse problems so they can receive the support and assistance they need to overcome their addiction. At the same time, people must feel secure in public places. Measures targeting youth environments should be introduced through close cooperation between the police and the entertainment industry. This should include extensive supervision to ensure that the rules on serving alcohol are observed.

The police authorities apply a range of methods to reduce youth violence in public places. One is the Kronoberg Model, which is aimed at reducing criminally violent behaviour among young people by restricting their consumption of alcohol. This method and other similar, tried and tested methods should be disseminated more widely.

• **Lower mortality rate among teenagers and young adults due to alcohol poisoning or drug experimentation**

More in-depth knowledge and rapid analyses are needed so that authorities can better monitor developments and action aimed at lowering youth mortality rates induced by alcohol, narcotic drugs, doping substances or tobacco. Particular emphasis should be given to measures designed to reduce mortality from alcohol, drugs and doping.

During the strategy period

- efforts should be made to gain a closer understanding of the underlying causes of acute fatalities
- procedures for cooperation between emergency care and abuse and addiction care should be improved.

Most cases of alcohol poisoning occur in the 20–24 age group. This applies to both women and men. Cannabis-related deaths show a very different profile to deaths from other illegal drugs. Here we find cases of violent and impulsive suicide.

A new hazard has emerged in the form of so-called designer drugs sold over the internet, the contents of which are often unknown to the buyer. As interest in these drugs spreads, growing numbers of people are at risk of coming to harm. The healthcare service, in particular the emergency medical care service, must therefore learn more about how such cases are to be identified and diagnosed as well as about the underlying causes of acute fatalities. The healthcare service is developing measures and collaborative procedures for dealing with people brought in for treatment for abuse of GHB [Gamma-Hydroxybutyric acid] and GBL [Gamma Butyrolactone]. The procedures for cooperation between the emergency care and the abuse and addiction care services need to be improved in such cases. Knowledge and experience gained in the course of this work should be used to improve the care and treatment of people harmed by designer drugs and other hazardous substances.

- **Greater awareness among the population of the health impact of ANDT use**

Measures targeting the population as a whole are needed if the harmful effects of ANDT are to be properly understood and support for current ANDT legislation is to be maintained.

During the strategy period

- new research findings on the impact of ANDT on health should be disseminated to the general public.

In 2009, Eurostat published a special Eurobarometer on the attitudes of EU citizens to alcohol. The study shows that Swedish citizens are less aware of the link between

high alcohol consumption and (for example) cancer than other EU citizens. Despite police reports that marijuana (for example) is now more widely accepted, new research shows that even small amounts of cannabis can have serious effects in the form of learning problems and identity disturbances. The effects of tobacco are well known, yet tobacco consumption remains high among certain groups, including girls, young women and people with disabilities.

The aim during the strategy period should be to introduce innovative and target group-oriented measures to enhance public awareness of the adverse health effects of ANDT.

LONG-TERM OBJECTIVE 7:

Promoting a public health based, restrictive approach to ANDT in the EU and internationally

Sweden is dependent on and is increasingly influenced by the world around it. It is therefore essential that ANDT policy issues be actively pursued both within the EU and in other international forums. Sweden must strive to uphold respect for internationally adopted strategies and conventions. This means that Sweden must also live up to commitments made under international agreements and treaties.

The long-term objective is to help bring about a public health based, restrictive approach to ANDT at international level.

Active participation, especially in the work of the EU, is crucial both to the achievement of the national ANDT policy objectives and to delivery of the commitments Sweden has made in the ANDT sphere within the EU and internationally.

Priority goals linked to long-term objective 7:

- **Active efforts to ensure compliance with UN conventions in the narcotic drugs sphere**

Well-developed international cooperation is essential if the fight against narcotic drugs is to be effective.

During the strategy period

- An inquiry chair should be appointed to review Sweden's international commitments and to a) submit proposals as to how Sweden can help ensure continued respect for the UN conventions on illegal drugs, and b) propose option on how resources might be better used and coordinated. The committee's proposals will be dealt with during the strategy period.

It is important to create conditions conducive to full exploitation of international forms of cooperation in the fight against narcotic drugs and to ensure that they become a part of the regular operations of the agencies responsible for fighting crime.

Young people are influenced not only by their local environment and their upbringing, but also by cultures and norms of a more general, transboundary nature. Both the internet and social media are important factors in this connection. The internet is not only a source of information but also a market for the sale of goods and services, including medicines and drugs. Control systems

are circumvented and a wide range of drugs are offered for sale. Creative and aggressive marketing methods have become increasingly common.

- **Active efforts to ensure implementation of the EU and WHO strategies on alcohol and health**

Sweden is committed to participating in the task of reducing alcohol-related harm within the EU and internationally.

During the strategy period, Sweden should

- actively seek both implementation of the EU strategy to support member states in reducing alcohol related harm and implementation of the goals and guiding principles of the Global Alcohol Strategy.
- take part in the efforts of the WHO European Region to develop an implementation plan for the Global Alcohol Strategy.

In 2006, the EU adopted a common strategy for the reduction of the harmful effects of alcohol. Sweden and the other member states have pledged to participate in the work of reducing alcohol-related harm at both national level and EU level. During the Swedish presidency in 2009, Council conclusions were adopted urging the Commission to deliver a final report on the effectiveness of this work to the EU Council of Ministers in

2012. In addition, the conclusions urged the Commission to prioritise efforts to reduce alcohol-related harm within the EU zone after 2012 as well.

Sweden has also played a key role in the process leading to the adoption by the World Health Assembly of the first Global Alcohol Strategy in 2010. Sweden will continue to push for implementation of this strategy.

- **Active efforts to ensure compliance with the WHO Framework Convention on Tobacco Control**

Sweden is to actively support implementation of public health based, restrictive tobacco policies in the EU and internationally.

During the strategy period, Sweden should:

- participate in the development of guidelines and protocols for implementation of the Framework Convention on Tobacco Control
- press for stronger consumer protection and clearer regulations when the EU Tobacco Products Directive is reviewed.

The WHO Framework Convention on Tobacco Control greatly increases the prospects of protecting people in Sweden and elsewhere from the social, economic and health-related consequences of tobacco consumption, tobacco production and exposure to tobacco smoke. Efforts are under way to develop guidelines and protocols on the 38 articles in the convention with a view to translating the convention text into practical action in and between signatory states.

- **More effective coordination and increased prioritisation of Nordic cooperation in the ANDT sphere**

Sweden wants Nordic cooperation on EU and international ANDT issues to become more goal- and results-oriented.

During the strategy period:

- a survey should be undertaken of current projects and commitments within the framework of Nordic cooperation
- a flagship project on alcohol, narcotic drugs and the young should be launched as part of the EU Strategy for the Baltic Sea Region and the Northern Dimension Partnership on Public Health and Social Well-Being.

Alcohol and narcotic drug abuse and increased binge drinking and drug use among the young are pressing problems for many of the countries around the Baltic Sea. As part of the EU Strategy for the Baltic Sea Region and the Northern Dimension Partnership on Public Health and Social Well-Being, a special working group has been appointed to spearhead the development of a flagship project focusing on young people, alcohol and narcotic drugs. The aim of the project is to develop and disseminate methods for alcohol and drug prevention work at national and local level. The aim is to complete and evaluate the project before the end of the strategy period.

FOLLOW-UP AND EVALUATION

In addition to providing a framework for policy goals and priorities, the ANDT strategy is to establish a structure for following up developments in the spheres of consumption and abuse, medical and social harm, and operations and measures.

Official statistics are already available in some parts of the ANDT sphere. In addition, there are numerous national, regional and local studies, data collections and questionnaire-based surveys undertaken by agencies and organisations. As a rule, comparisons between different sets of data are impossible since these are drawn from different sources, based on different methods and, in some cases, different definitions of key terms and issues.

Representatives of municipalities, county councils and non governmental organisations have made clear on a number of occasions their desire for greater coordination and long-term thinking on the part of national actors so that they can develop their own procedures for data collection and reporting. In 2010, an initial survey and analysis was accordingly made of existing data collections in the ANDT sphere, as part of the Government's programme of measures for ANDT policy in that year.

The Government intends to continue developing and coordinating these statistics and data collection activities. The aim is to track developments in such areas as ANDT consumption and harm, abuse, care consumption the effects of different types of public input on the individuals concerned and their families. A further aim is to facilitate economic evaluations within a comprehensive, integrated perspective.

The Government plans to propose a limited number of key indicators for follow-up and evaluation of the ANDT strategy. An initial baseline measurement to gauge the extent of the ANDT problem will be conducted in 2011 in accordance with a follow-up and evaluation structure developed by a working group composed of representatives of relevant agencies and the research community.

During the coming strategy period, the aim is to present appropriate organisational arrangements for open comparisons, follow-ups and evaluations of ANDT strategy objectives. A system for reporting in accordance with EU and international agreements is also to be put in place.

External evaluation

Previous national action plans for alcohol and drugs policy were not evaluated externally. The Government's advisory committee on alcohol, narcotic drugs, doping substances or tobacco (the ANDT Committee) has drawn attention to the need for early external evaluation of future ANDT policies. Accordingly, the strategy will be evaluated externally. The evaluation will focus on two specific concerns: (i) the degree to which the stated objectives have been met; and (ii) operational level and quality. The national evaluation will also include an international comparison to enable an assessment of the extent to which changes at national and regional level have been influenced by changes elsewhere in the world.

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