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is the forum for cooperation between the Nordic parliaments and governments. The Council consists of 87 parliamentarians from the Nordic countries. The Council takes policy initiatives and oversees Nordic cooperation. Founded in 1952.

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is a forum for cooperation between the Nordic governments. It manages and leads Nordic cooperation. The prime ministers have overall responsibility. Activities are coordinated by the Nordic ministers for cooperation, The Nordic Committee for Cooperation and portfolio ministers. Founded in 1971.
Contents

Foreword

Chapter 1: Introduction
Studying social problems on the basis of official statistics
Håkan Leifman

Chapter 2: Estonia
Social problems in official statistics in Estonia in the 1980s and 1990s
Andri Ahven

Chapter 3: Finland
Social problems in official statistics in Finland in the 1980s and 1990s in a period of social changes
Saija Järvinen

Chapter 4: Latvia
Statistics on alcohol, drugs and crime in Latvia
Ilze Trapenciere

Chapter 5: Lithuania
Lithuanian drug policy: trends in development
Aušrinė Armaitienė

Chapter 6: Poland
Alcohol consumption and its consequenses in Poland in the light of official statistics
Jacek Moskalewicz & Grayn aw it kiewicz

The crime problem in Poland in the light of police and court statistics
Robert Sobiech

Chapter 7: St. Petersburg
Analysis of statistics on some forms of social deviation in St. Petersburg from 1980 to 1995
Yakov Gilinskiy

Chapter 8: Sweden
Sweden in transformation: the official picture of alcohol, drugs and crime problems
Håkan Leifman

Alcohol in Sweden: control, consumption and problems in the light of official statistics
Håkan Leifman
Foreword

This report is the result of one of the sub-projects within the Baltica-project. The Baltica project was a multi-disciplinary project with participants from all the countries surrounding the Baltic Sea. It was initiated as early as 1990 by research professor Jussi Simpura (Alcohol and Drug Research, STAKES) and Christoffer Tigerstedt (Nordic Council for Alcohol and Drug Research, NAD). It later also became a WHO collaborative effort, connected to the European Action Plan. This report, as well as the other Baltica-reports, has been made possible by the financial support from the Nordic Council of Ministers and NAD.

The Baltica-project aimed at describing and understanding various social problems during a period of profound social transformation. This report focuses primarily on three social problems, namely alcohol problems, crime and drug abuse. Many people participated and contributed to the report, since its beginning in 1994. First of all I would like to thank all the contributors, both the authors of each country report but also NAD, especially Maaria Lindblad, for the endless patience with the slow progress of this project. I would also like to thank Christoffer Tigerstedt and Jussi Simpura for their valuable help and comments in the various phases of this project. Nina Edgren-Henrichson has used her profound knowledge and experience in the final editing of the chapters. The language of the report has been checked with accuracy and proficiency by David Kivinen and Susan Heiskanen.

As it finally turned out, this report includes seven country reports, together with an introductory and a summary chapter. Not all of the country reports, however, cover all three social problems. Therefore, the summary chapter, not only summarizes the overall findings in the country reports but includes some additional data in order to give an overall picture of the trends of all three social problems in all seven study countries.

Stockholm, 16th November 2000

Håkan Leifman
CHAPTER 1: Introduction

Studying social problems on the basis of official statistics

Håkan Leifman

Introduction

Who could have imagined when Michael Gorbachev was appointed General Secretary of the Soviet Union in 1985 that just five years down the road, all communist countries of Eastern Europe would be dissolved, the Soviet Union itself would be in a state of dissolution and the Cold War would be coming to an end. In 1991, Russia declared itself independent, putting an end to the first communist regime in the world. Perhaps the most symbolic events of all were the fall of the Berlin wall in 1989 and the reunion of Germany in 1990.

It is certainly no exaggeration to say that the economic, political and social consequences of perestroika and glasnost, introduced by Gorbachev in 1985, were so dramatic that no one could have anticipated the outcome, least of all those who were in power in the Kremlin.

These changes have given rise to the description of the countries of eastern Europe as transitional societies. There exists no universally accepted definition for the term, but it is generally understood as referring to the idea of radical changes in basic institutional structures and a changeover from one system to another (e.g. Simpura 1997). The transitional stage is thus seen as an unstable and temporary one. The change from one system to another is in this case synonymous with a change from centrally planned economies to market economies and from communist regimes and one-party totalitarianism to democracy. However, the critique of the previous economic rules, which have often led to the demand for premature and inconsistent changes in legislation, has created not so much a free market as a “wild” market (Swiatkiewicz 1997).

Consisting of four independent studies, the Baltica Study concerns the countries surrounding the Baltic Sea (see Simpura & Tigerstedt 1992). All countries in the area have in the past years felt these strong winds of change, primarily resulting from the overthrow and the breakdown of the Soviet Union and the emergence of a new geopolitical landscape in Europe. The most striking outcome was the emergence of the three Baltic republics as independent nation-states. However, countries in the West, including Finland and Sweden, have also been affected by these changes. In the case of Finland, one of the consequences of the breakdown of the Soviet Union was a dramatic decline in the country’s exports, which together with an already declining economy had a very dramatic negative impact on the welfare of the Finnish people. Both Finland and Sweden also had to readjust their foreign policies, including their status as neutral countries. At the same time, the economic, political and social integration of Western Europe has also had a major impact on people in Western Europe, including Finland and Sweden. In this respect the term transition could also be applicable to Western societies. Generally speaking, the most distinctive feature of the Western transition is the crisis of the welfare state (see e.g. Esping-Andersen 1996). The welfare state has enjoyed longer lasting legitimacy in the Nordic countries where the dismantling of the welfare system started in the late 1980s or early 1990s with a less active role of the state and severe cutbacks in public expenditure.

Of course, the transformations sweeping across the eastern countries of the Baltic Rim have been far more profound and radical than in Western countries. All basic sectors and structures in these societies are being transformed: the state apparatus, economic conditions and national cultures (see Hanhinen & Törrönen 1998). Simpura (1997) restricts the use of the term “transition” to the transformations taking place in Eastern Europe, applying the term “integration” to describe the economic and political transformations going on in Western Europe. According to Simpura (1997) both types of transformation have an impact on institutional structures, ideologies, culture and daily life and both processes concern the relationships between the state, the markets and civil society. However, in contrast to transition, integration takes place within existing institutional structures. The most crucial effect of both the eastern and western transformations is though “the reallocation of definitional power from nation-states in favour of international market structures” (Simpura 1997, 36). Market forces are thus gaining power at the expense of the state (and perhaps also civil society).

The Baltica Study is essentially about understanding various social problems during a period of profound social transformation (transition, integration) and about how different groups in society perceive these problems. The Baltica project was launched in 1990 by the Nordic Council for Alcohol and Drug Research (NAD), with participants from all
countries around the Baltic Rim. The project later attracted wider attention and was offered sponsorship from the World Health Organization, Regional Office for Europe.

One of the studies in the Baltica project has focused on how different social problems are represented in the media and on how the understanding of social problems has changed over this period of time (Lagerspetz 1994). Another study has conducted group interviews with influential persons to find out what they think about different social problems (Hanhinen & Törrönen 1998). The third sub-study has focused on the general public and their perceptions of different social problems (Moskalewics & Tigerstedt 1998).

This book is the result of the fourth sub-study. Although it, too, is concerned with this particular period of dramatic changes, this sub-study chose a priori to focus on three social problems, namely alcohol problems, crime and drug abuse. Even though they obviously represent only a few of all potential social problems, alcohol abuse and crime, for instance, appear to be serious problems and clearly on the increase.

In both the public opinion study (Moskalewics & Tigerstedt 1998) and in the group interview study (Hanhinen & Törrönen 1998), alcoholism / alcohol abuse and especially crime against person were regarded as serious and increasing social problems. Drug abuse, by contrast, was ranked as a less urgent issue in all the former communist countries. On the other hand, drug abuse was perceived as a major threat, which may be due to the fact that it has become increasingly widespread during the transition period (Moskalewics & Tigerstedt 1998). If possible the study period will extend from 1980 to mid- or late 1990s, thus also covering a period preceding the onset of transition.

Leaning on official statistics, the chapters in this book describe the development of these social problems (alcohol, drugs, crime) for each of the participating countries, i.e. Estonia, Finland, Latvia, Lithuania, Poland, Russia and Sweden. (The Polish country report does not consider the drug situation, whereas the Lithuanian report does not discuss the alcohol or the crime situation.)

Social research on alcohol, drug use and crime is often slotted under the generic heading of social deviance or deviant behaviour. There are several theories that are relevant to explaining social deviance at times of social upheavals (see Chapter 9). However, none of them have had, none of them could have had the transition in Eastern Europe as their empirical basis, since there are no precedents of a transition from planned to market economy. The data presented from the former Communist countries, and the interpretations of these data presented in this book, are therefore quite unique and hopefully help to increase our understanding of how profound economic, political and social changes impact social problem behaviour.

As well as providing a general overview of the problems, some of the country reports also devote some attention to analyses and descriptions of the national statistical systems. This is of special interest in the case of the former communist countries where the statistical systems were deeply embedded in the political ideology.

Each report starts with a general background of the period from 1980 onwards, covering the main economic and political changes and the development of living conditions. The presentation of alcohol, drug and crime problems is generally divided into two parts. The first part describes the control system, the second the trends in behaviour or the prevalence of the social problems. This organisation helps to provide an overview of the control measures invested in the prevention of these problems and in this way of society’s or the state’s reactions towards these problems, possibly of the perceptions of how important the problems are in society. The separate description of control policy and problem behaviours may help to shed light on the question of whether there is any connection between the changes in behaviour and changes in the extent of control measures. As Simpura and Tigerstedt (1998) observe, alcohol policies have been intricately interwoven with general political changes. It will also be evident from the country reports that the changes that have taken place in alcohol policy have in fact had very little to do with real changes in different countries’ alcohol problems, and more so with ideological issues.

Although most of the country reports are organised in the same way, they differ in terms of how much weight they give to different social problems. The final decisions on what to include and what to omit from the country reports have been made by the authors themselves. These differences are interesting in themselves, reflecting as they do the differing views and perceptions of researchers in different countries with different research traditions as to what is important and how different issues should be analysed and described.

**Official statistics**

The two main purposes of this book are conflicting. On the one hand, the book aims at a deeper understanding of the real development of these three social problems during a transition period by looking at official statistics. For this purpose we need to have statistics that mirror true developments. On the other hand, as will become apparent below, many of the statistical time series do not in fact provide a very accurate reflection of real trends. Nevertheless, the statistics are used for different purposes by different actors. A second aim of our book is thus to gain a better understanding of the use of official statistics, particularly in those cases where data validity is low. For this second aim, the point of departure is that...
the levels and trends of the statistical series are the result of several different factors of which only one — and perhaps only to a very minor degree — consists in the real changes taking place in these social problems.

This chapter reflects two main sociological perspectives. One is the objectivistic approach in which social problems are seen as real and the statistics as objective indicators of these problems. According to this definition, any condition that causes objective harm to society and its members is a social problem. The other perspective is the social constructionist (subjectivistic) approach which rejects the assumption of objectivity and has it instead that all data are the product of different claims-makers (see Goode 1997). The labelling of a behaviour as a social problem is a social construct by certain groups, for example the police or politicians. From this point of view it is more interesting to study the processes that lie behind the collection of data (e.g. the decisions as to what to collect and produce) and the different ways of interpreting the data. Changes in statistics mainly reflect changes in the perception of these problems rather than real changes in the behaviour itself.

According to Goode (1997), the main focus of interest for objectivists consists of the social problems that can be measured concretely and the causes and effects of these problems. Public concern is a secondary issue. For the social constructionists, the opposite is true: for them it is the subjective reality of the problems that can and should be measured. The main focus of interest is the public concern, whereas the objective threat is a secondary issue (Goode 1997, 60).

In countries where statistical data collection and reporting enjoy a reputation of professionalism (which was not the case in the Soviet Union and the satellite states), agency findings are commonly presented — and accepted — as neutral observations. However, this is clearly too simplistic. The production and use of official statistics cannot be reduced to technical details. All steps, from the decision of what to compile, how to compile and measure it, to the use and interpretation of the data, require choices that ultimately turn to considerations of purpose and policy, be it social, political or economic. Judgements are thus implicit in all these choices (see Alanso & Starr 1987).

Official statistics do therefore not only give us a picture of the different conditions prevailing in society, they also shape society. It is important to understand the processes that lie behind the production and organisation of statistics. Moreover, the role of official statistics has probably never been more important than it is today, given their increasing used as guidelines for political decisions. This is perhaps most obvious in the economic field where fluctuations in key indicators have a major impact on political and economic decisions and thus influence the everyday life of most citizens.

Since statistics do not simply reproduce reality, they can also be understood as social constructs. Especially in cases where there are doubts about data validity, there is more room to use and interpret statistics as constructs and as ways of constructing reality (Simpura & Tigerstedt 1998). This, in turn, is more likely to be the case during periods of transition when it is also likely that official statistical series on the economic and social conditions attract more attention (Anderson et al. 1994). Moreover, the difficulties of using official statistics, as well as the importance of reliable official statistical series, increase during periods of transition. It may, for example, be difficult to retain the old routines of data collection, which may no longer be efficient enough.

With possibly less relevant and a much lower quality of statistical data, there is also more room for different interpretations of the data. The situation may be portrayed entirely differently by different actors (political organisations, interest groups, etc.). All these circumstances are more relevant in the former republics of the Soviet Union and in Poland, where the old standard classifications have become increasingly irrelevant in the transition from state socialism to market economy.

One question of concern has to do with the efficiency of official statistics in changing circumstances. For instance, how useful are old categorisations and old established indicators. The most obvious example in this book concerns the data on recorded alcohol consumption (sales), which in the 1990s accounted for less than half of the total amount of alcohol consumed in the Baltic states and in Russia.

The amount of recorded consumption as a proportion of total consumption has also decreased in Finland and Sweden during the past years. It follows that all the countries involved in the study, including Poland, today face serious difficulties in ascertaining what exactly recorded alcohol consumption measures. This has provided, and still provides space for various interpretations of the real development by different claims-makers.

In Russia, uncertainty about the actual per capita consumption and its development has contributed to a broad debate on the role of alcohol in the declining life expectancy among Russian males in the 1990s. Those who argue that this decline is primarily attributable to increased consumption mainly base their conclusions on indirect sources, such as changes in the statistics on the consequences of drinking (e.g. liver cirrhosis). However, statistics on alcohol-related problems also suffer from a high degree of uncertainty, not the least in the countries belonging to the former Soviet Union.

When the statistics are all published, their uses may come as a surprise to those who collected and published the data. The use of the statistics as well as the meaning that people read into the data may not be the same as the meaning that the statistician has in mind. In one respect, it could be argued that once the statistics have been published, they become an independent factor: the statistics that were once shaped by us, now begin to shape us. The limitations of the data are forgotten and as a consequence, the statistics are often mis- or over-interpreted. This of course is a more serious problem
when the quality of the data is dubious to begin with. This problem, too, is more likely to occur during periods of profound transformation.

These problems that have to do with statistics concern all the participating countries, including Finland and Sweden, but certainly not to the same extent and in the same way as in the case of the former republics of Soviet Union and Poland.

In Sweden and Finland, the difficulties have to do not so much with the organisation and with the decision of how and what to measure (even though these questions do arise from time to time). The main source of controversy concerns the question of how to interpret the data. Different interpretations, misinterpretations and over-interpretations have probably increased during the last years, at least in Sweden. In the Swedish case examples are given for both alcohol, drugs and crime statistics.

**Statistics in the former Soviet republics**

The three Baltic states, Russia (St. Petersburg) and Poland largely share the same experiences with statistics before and after the collapse of the Soviet Union. That statistics are not just a neutral mirror of reality has perhaps never been so obvious as it is in the former Soviet Union. This was not of course unknown during the Soviet era, but further details of how the system actually worked in different areas have come to light since the collapse.

In a book entitled *Russia in transformation* (*Ryssland i förvandling*), Disa Hästad (1995), a Swedish foreign correspondent in Eastern Europe and especially the Soviet Union (Russia), discusses the role of language in the Soviet Union. Language, according to Hästad, was ultimately what kept the Soviet system alive. Language was used not to describe reality, but to lay down the conditions for reality; the purpose was not to describe reality, but rather to give an account of what reality should look like. Although it was propaganda, what was said was not necessarily untrue; it was all done with great finesse and subtlety.

Hästad says that the relationship between reality and language began to change in the 1960s with Khrushchev’s more scrupulous relation to language as he expressed his desire to adjust reality according to the content of the language. These liberal winds disappeared in the 1970s and the “open lie” flourished as never before. The real changes, however, came with Gorbachev in the 1980s. Gorbachev knew that language and reality did not correspond with each other. The method he adopted became known as *glasnost*. Society should be transparent, language should give a truthful account of reality. According to Hästad, language began to regain its real function, and from there on there really was no return. For Hästad, this was also the reason why the junta in Moscow 1991 could not have succeeded. Since they could no longer use language as a means of propaganda, it became impossible to mobilise any support for an obvious lie.

Before Gorbachev, then, language gave a false picture of reality, and as part of this language system, so did the statistics. Books on statistics were primarily ideological rather than scientific exercises (Simpura & Levin 1997). According to White (1996), Soviet statistics were often called “success indicators” because they usually indicated success (p. 100). Statistical production was intimately interwoven with the state and thus with the Communist party. Nonetheless many people learned to live with this false picture of reality, and they also knew that the statistics could not be trusted. This lack of confidence towards the state and statistics has been carried over into the new independent states and has caused problems trying to get people involved in data collection. As a result the data are still of a poor quality, but this time the reason lies not in deliberate concealment but in the poor reputation of the statistical system.

The statistics that were produced were often classified as secret and restricted to official use. In fact, the Central Statistics Office of the USSR (Goskomstat) produced two parallel series of social and basic economic statistics: the first one was available for public consumption, the other one remained secret and published for official use only (see e.g. Levin 1997). The data in the first series were not falsified, but they simply omitted statistics that were included in the official series that were often more detailed (for the case of Estonia, see Chapter 2). This dual version system was gradually discontinued with *glasnost* and *perestroika*.

Figures on alcohol and drug consumption and on crime were among the statistics that were gradually made available to the broader public. Earlier in the Soviet Union, alcoholism and drunkenness were seen as a relic of capitalism that was supposed to disappear under the conditions of developed socialism (see Simpura & Levin 1997, 14). The remaining alcoholics in society were looked upon as individuals with character flaws (Treml 1997). The same position was taken towards crime and criminals. As for drugs, the existence of drug addicts and narcomania was altogether denied. However, as is pointed out by Simpura and Levin (1997), medical institutes actually trained specialists called narcologists and hospitals had special narcological departments — and the patients were real patients (p. 14–15).

According to Treml (1997), the almost complete absence of alcohol statistics and figures on the health, social and economic consequences of alcohol led to complacency among the authorities. From time to time, the government released documents which said that per capita consumption was between 2.3 to 3 litres of pure alcohol. This merely served to strengthen the climate of complacency.
The systematic publication of data on alcohol consumption and alcohol-related problems started in 1985 in conjunction with a massive anti-alcohol campaign and glasnost. This was of course no coincidence. It was designed to meet a very obvious purpose, that is to show the public that the Soviet Union had a serious alcohol problem and that something had to be done to correct the situation. In this way it served to legitimise the restrictive measures that were taken. In addition, the public health figures which all showed significant improvements in 1985–87 were probably an overstatement of the real effects of the public health campaign. In some cases, data may even have been falsified (see White 1996, 104).

Official data are rarely treated as social constructs, even though there are plenty of examples of situations where they should in fact primarily be seen as such. As far as alcohol is concerned, the statistics are published not only in national publications but they also appear in semi-official alcohol statistics, such as in the World Drink Trends published by the Productschap voor Dedistilleerde Dranken and WHO statistics. Most experts know that the data are of little value in expressing the true level of consumption. The question, however, is whether other users of the statistics have the same insight.

To conclude, I would like to give an example of exactly how misled one can become if one places too much faith in international semi-official country statistics. World Drink Trends (latest edition 1997, Productschap..., 1997) has recently included a number of new countries in its tables, among them Estonia and Russia. The publisher has also recently started to give estimates of the reliability of the statistical information, ranging from one star (less reliable) through two (reliable) to three stars (very reliable). In the 1997 publication, Russia and Sweden both received one star, Finland and Poland two stars, whereas Estonia received three stars. This is at sharp variance with the experiences from the Baltica Study. According to the “very reliable” Estonian statistics in World Drink Trends, per capita alcohol consumption in 1993 and 1994 was 1.9 litres of pure alcohol, in 1995 2.9 litres and in 1996 2.3 litres. However, according to WHO data, Estonia’s per capita consumption was 6.7 litres of pure alcohol in 1993 (we have no data from the WHO for 1994–96), or 252% (!) more than the figures indicated by World Drink Trends.

According to the author of the Estonian report, the statistics on recorded sales have become highly unreliable in the new independent states since the beginning of the 1990s. The differences in consumption levels are even more remarkable if we consider the fact that estimations of the “true” consumption of alcohol in Estonia has varied from 8 litres to 12–14 litres of pure alcohol in the 1990s (see Ahven, Chapter 2).
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CHAPTER 2: Estonia

Social problems in official statistics in Estonia in the 1980s and 1990s

Andri Ahven

Introduction

Estonia has seen many changes since 1988 when the process of liberalisation got underway. The country regained independence in 1991 and got rid of the last remaining Russian troops in 1994. Reorientation towards Western markets has been facilitated by the adoption of a liberal economic policy and a successful monetary reform. There has also been a marked increase in people’s average incomes, even though their purchasing power has remained more or less unchanged since 1993. Nonetheless the amount of new consumer goods has increased very rapidly during the 1990s (e.g. cars, mobile phones, audio and video equipment, personal computers).

Regional differences between the relatively affluent capital area and the less developed rural regions have continued to grow: although the unemployment rate is not very high, it remains an acute problem in many rural areas and in the industrialised north-east (EHDR 1997). Social deprivation (the number of those who feel that their situation has deteriorated during the past few years) has increased among middle-aged and older people, women and non-Estonians. Comparison with the “newly rich” inevitably gives rise to dissatisfaction and often increases the level of personal expectations (Narusk 1996, EHDR 1997).

All these factors have influenced the development of different social problems, including crime, alcohol abuse and drug use. The growing number of new consumer goods that are around also increase the opportunities for would-be offenders to commit crimes. Several social problems appeared to have been at their worst a few years after Estonia had regained independence, but the drug situation, for example, has deteriorated in the late 1990s (especially among youths).

It is interesting to observe that according to mortality statistics, the rates of almost all major causes of death were highest in 1994 (including both internal and external causes of death: diseases of the circulatory system, diseases of the respiratory system; traffic accidents, suicides, alcohol poisonings, homicides) but have declined since then. This also applies when age-standardised death rates are used (Statistical Yearbook of Estonia 1997 and 1998).

The aim of this study is to describe recent and current trends in crime, alcohol and drug use and the respective policies in Estonia and to describe society’s reactions to these developments.

The statistical system

During the Soviet era, the institution responsible for data collection in Estonia was the Central Committee of Statistics (now Statistical Office) of Estonia. Much of the information collected was retained for “official use only” or classified as “secret”. All information that was made public was censored. The information reserved for “official use only” was usually available within the institution that held the data without special permission, but any form of publication was strictly prohibited. In order to access this kind of information from another institution, an official letter had to be sent to whoever was in possession of the data, complete with an account of the purpose for which the data were required.

There was a strict system which defined in detail at what level different types of information could be publicised. For example, figures on different nationalities could only be released for the whole republic, not for individual towns or counties. The same restrictions applied to the majority of social demographic indicators. Mortality statistics by different causes of death were for “official use only” (Narusk 1996, EHDR 1997, 53).

It was practically impossible for ordinary citizens and lower-ranking officials to obtain information that was classified as “secret”; that would have required special personal permission. Here are some examples of how different areas of information were classified in the early 1980s:
### Secrecy rating

| 1. Public | - total population of town/county  
| | - national structure of the republic  
| 2. For official use only | - population structure of town/county (sex, age, nationalities, social status)  
| | - causes of death  
| | - sale (consumption) of alcoholic beverages (until 1985 campaign)  
| | - alcohol poisonings and other harmful effects (until 1985 campaign)  
| | - the number of registered alcoholics  
| 3. Secret (sekretno) | - all information on “traditional” crimes, including alcohol-related offences (excluding more secret data on certain types of crimes — see below)  
| 4. Completely secret (sovershenny sekretno) | - economic crimes, corruption, illegal activities with foreign currency, etc.  
| | - drug-related crimes  
| | - amount of narcotics seized  
| | - number of drug abusers registered by the militia  

The process of liberalisation got underway when the famous anti-alcohol campaign was launched in June 1985. Information about alcohol consumption and its harmful effects was made readily available, without any further restrictions. In 1986–1987 some information was released on drug use, but the quality and quantity of this information was not comparable with the information on alcohol. Crime statistics became publicly available in the late 1980s.

### Alcohol

Alcohol consumption increased very rapidly in Estonia in the 1960s. Within the space of one decade, the consumption of spirits doubled. By the end of the 1970s, per capita consumption of alcohol stabilised at around 11 litres of pure alcohol, which by international standards was a very high level.

Estonian alcohol policy has seen a number of changes since 1980. It might be useful to analyse these changes into different phases on the basis of the existence and implementation of various restrictions and sanctions regarding the availability and trends in the consumption of alcoholic beverages. On the basis of these criteria we may distinguish the following phases:

#### 1980–1984

During this period, alcohol was available in most food shops and there were no specific restrictions. There was very little control on drinking, especially in rural areas. For modest users there were hardly any severe sanctions. The level of consumption was high and remained rather stable at about 11 litres of 100% alcohol per capita.

#### 1985–1987

Gorbachev’s anti-alcohol campaign was launched in 1985 and was most vigorously implemented at the beginning. However, the campaign was terminated by the end of 1987. During the campaign both the production and sale of alcohol were substantially reduced. Severe restrictions and sanctions regarding alcohol consumption were imposed. The consumption of absolute alcohol decreased from almost 10 litres per capita in 1985 to 6 litres per capita in 1987.

#### 1988–1991

During 1988–1991, alcohol consumption was mainly influenced by limited resources, not by any legal restrictions or official restrictive policy. At the end of the 1980s, a coupon system was introduced in most of regions, including Tallinn. Consumption increased to 6.8 litres in 1989, but decreased since then to 5.5 litres in 1991.

#### 1992 →

Since the monetary reform in June 1992, there has been a marked increase in the availability of alcohol. No restrictions have been imposed on the sale of alcohol in food shops, i.e. there are no restrictions regarding opening hours or the placement of shops (alcohol is available in many shops and petrol stations 24 hours a day).

There are no reliable statistics on the sale and consumption of alcohol in Estonia since 1992. This is due to the discontinuation of the state monopoly on alcohol production, the lack of a centralised statistical system and the substantial volumes of illegally imported or produced alcohol. Expert evaluations of consumption levels have ranged between 7 and 14 litres of pure alcohol per capita in the mid-1990s, but these evaluations were not based on special surveys.
Alcohol policy and control measures

Alcohol policy in 1980–1984

In the early 1980s the range of alcoholic beverages on sale was relatively wide, especially in comparison with other consumer goods. Measured in terms of absolute alcohol consumed, the most popular beverage was vodka. It was not permitted to sell alcoholic beverages to persons under the age of 18. Alcohol was sold in most food shops and there were no specific restrictions regarding their placement (e.g. near schools).

Although alcohol was formally prohibited in workplaces, there was not very strict control, especially in large collective farms in the countryside. Some campaigns to strengthen discipline in the workplace — e.g. when Yuri Andropov came to power in 1982 — remained rather short-lived, and can therefore not be compared to the campaign that started in 1985.

Before 1985 relatively few articles were published on alcohol-related problems. The articles that were published tended to be rather naïve: the main message was that “drinking is not good for you”. Any criticisms were restricted to individual abusers. There was to be no discussion of any links with social circumstances or the possible causes of extensive drinking. All data on alcohol consumption and its consequences remained semi-secret until 1985, i.e. they were for “official use only”.

The anti-alcohol campaign in 1985–1987

The most serious anti-alcohol campaign during the Soviet period in Estonia was launched in June 1985. The campaign was initiated by the Soviet leaders and it covered all Soviet republics. All the guidelines were issued from Moscow.

One of the official aims of the campaign was to encourage consumers to shift from vodka and cheap wines to better quality wines. The production of “spirit wines” (made by adding spirits to cheap wines) was virtually discontinued during these years. At the same time, it was declared that the range of juices available would increase substantially. In reality, these plans never materialised.

Key elements of the campaign were:
– reduced production of alcoholic beverages (on collective farms, for instance)
– increased prices for spirits
– restrictions on the availability of alcohol:
– a substantial decrease in the number of shops, bars and restaurants licensed to sell alcohol; the sale of alcohol was prohibited near schools, resting places, etc.
– the sale of alcohol was allowed from 2 p.m. (previously from 11 a.m.) until 7 p.m. (in shops)
– the age limit was increased to 21 years
– alcohol consumption was prohibited in offices and workplaces
– alcohol consumption was prohibited in public meetings, celebrations, etc.
– stricter sanctions were imposed for ignoring the rules
– control was stepped up to ensure compliance with the rules, especially in workplaces, dining rooms, restaurants and clubs
– a massive anti-alcohol propaganda campaign was launched in the mass media

There were two basic types of sanction that could be applied against alcohol abusers. In the case of “healthy” users, disciplinary measures and punishments were applied, whereas for “sick” users involuntary treatment was used. The decision as to whether an individual was healthy or sick was made by doctors. This threat of sanctions discouraged people from seeking treatment.

The anti-alcohol campaign was initially quite intensive, with militia patrols doing their best to arrest as many drunken persons as possible. As a result the number of persons sanctioned for alcohol-related violations, including persons arrested or taken to sobering-up stations, increased quite sharply in 1985 (Figure 1). The figures then dropped very rapidly, mainly as a result of the militia’s reduced efforts. (In the Soviet Union, the militia performed similar duties as the police in western countries. In Estonia, the militia was reorganised under the police service in 1991.)
Figure 1. Number of persons sanctioned by the police (militia).

Source: Police Board.

Typical sanctions for non-compliance with the alcohol rules were as follows:
– issuing a reprimand (e.g. public decree of an organisation director in which the violation was described and condemned)
– decreasing or abolishing premiums (during the Soviet era, it was customary for workers to get regular premiums; it was therefore easy for organisation leaderships to reduce or withhold premiums in the event of some violation or other)
– non-delivery of tourist vouchers
– displacement in a queue for apartment
– changing the time of vacation
– transfer to lower paid work

The restrictions on alcohol sales led to the appearance of long queues, speculation (re-sale of alcoholic beverages at higher prices), and the production of home-made spirit. The increased production of illegal alcohol is also seen in the statistics on punishments for violations of the criminal and administrative code (Table 1).

Table 1. Number of persons sanctioned by the militia for the production, possession or acquisition of home-made spirits.

<table>
<thead>
<tr>
<th>Year</th>
<th>Production or possession of home-made spirits (criminal punishment)</th>
<th>Production or possession of home-made spirits (administrative punishment)</th>
<th>Acquisition of home-made spirits (administrative punishment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>11</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>1981</td>
<td>7</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>1982</td>
<td>23</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>1983</td>
<td>25</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>1984</td>
<td>22</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>1985</td>
<td>110</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>1986</td>
<td>138</td>
<td>..</td>
<td>101</td>
</tr>
<tr>
<td>1987</td>
<td>..</td>
<td>384</td>
<td>283</td>
</tr>
<tr>
<td>1988</td>
<td>..</td>
<td>710</td>
<td>340</td>
</tr>
</tbody>
</table>

.. = No data available.
Source: Police Board.

In this situation many alcoholics started to use various substitutes, which resulted in a shortage of several types of cheap perfumes and domestic chemicals. The management of shops and local trade organisations tried to contain this problem by introducing various restrictions.

With the sharp decrease in the number of shops licensed to sell alcoholic beverages, people began travelling for the specific purpose of bringing back alcohol. For example, when the sale of alcohol was prohibited in the military town of Paldiski, the local inhabitants took the train to Keila 15 km away. This kind of “alcohol travel” was common in rural areas and small towns; sometimes even tractors from collective farms were used for these purposes. In border areas, people from Russia or Latvia often crossed into Estonia in search of alcohol.

Compared with previous efforts, Gorbachev’s anti-alcohol campaign provided a more realistic description and even scientific analyses of the causes of alcohol consumption and alcohol abuse. For the first time, it was admitted in public that the reasons for alcohol abuse and alcoholism could lie within society. Alcoholism was no longer described as a relic
of bourgeois society.

It was also at this time (in 1985) that the authorities began to release data on alcohol production. Much attention was devoted to the harmful effects of alcohol consumption. Lists of persons who appeared in public under the influence or who had been punished due to the extensive use of alcohol were regularly published in newspapers. The names of the companies where employees were found drunk most often were also mentioned.

The number of articles concerning alcohol peaked in 1985. According to Lagerspetz (1992), alcohol was mentioned as a social problem in the leading newspaper Rahva Hääl most often in 1985, but by 1986 the alcohol issues was already receiving far less attention.

In the framework of the general campaign, temperance associations were set up throughout Soviet Union. The movement was largely coordinated within the formal framework of local communist party organisations. Even sporting events were often harnessed as part of the anti-alcoholic campaign. As early as 1987 there began to appear some criticism of the campaign, particularly against the formalism of the temperance movement. Attention was also drawn to the adverse effects of the restrictions on perfumery goods. Descriptions on how alcoholics bought or used perfumes and chemicals were published. The problem of toxicomania, especially among youths, was mentioned in public for the first time in 1987.

**People’s attitudes towards the campaign in 1985–1987**

The Estonian Institute of Economic Research conducted surveys into the attitudes of the general public towards the campaign in 1985 and 1986. Initially, the general public accepted most of the measures implemented. The only exception in this regard were the price hikes for alcoholic beverages: according to the 1985 survey, only 19% of the respondents were in support, 42% did not believe that increased prices would have the desired effect. On the other hand, a large majority were in support of increasing responsibility for breaches of public order (86%) and raising the age limit for the purchase of alcohol (76%).

As regards the decrease in the number of shops licensed to sell alcohol, the proportion of respondents in support of this measure dropped from 51% in November 1985 to 36% in August 1986.

A third survey was conducted in April 1987, showing that attitudes towards prices had become even more critical. Only 6% said that the prices of alcoholic beverages were too low, but 64% that they were too high. (The results of this survey are not directly comparable with the previous surveys due to differences in the wording of questions.)

**Developments in 1988–1991**

The anti-alcohol campaign was effectively terminated by the end of 1987. In 1988, the Central Committee of the Soviet Communist Party issued a new order on the implementation of anti-alcohol measures, which implied an easing of sanctions and restrictions on alcohol. The abolition of the restrictive policy also put an end to severe punishments. The main factor in the regulation effort was represented by “funds” (i.e. the amount of resources that the State Planning Committee was to spend within a certain period of time).

The decrease in alcohol production and consumption caused some difficulties in fulfilling the plans for commodity circulation. To overcome these difficulties, attempts were stepped up to increase the sale of alcohol — under the pressure of other needs, the ideals now had to be thrown overboard. In fiscal terms alcohol accounted for a significant proportion (around one-third) of total food consumption, and increasing the sale of alcoholic beverages was a convenient way of increasing overall sales figures so as to achieve the fiscal plans. If the targets set were not reached, the resources made available the following year would be cut.

Towards the end of the 1980s a coupon system was introduced in most regions in Estonia, including Tallinn. In Tallinn, for example, each person aged 21 or over was given one coupon for buying “strong” beverages (with an alcohol content of over 20%), and another for buying “light” beverages (less than 20%). The amount of coupons (bottles) per person varied from month to month and depended on the resources available. The typical ration was one bottle of strong drinks and one bottle of wine per month. This system had the advantage of shortening queues when alcoholic beverages happened to be available, but at the same time long queues did appear at the end of every month. The coupon system was used until spring 1992 when the availability of alcohol improved considerably.

Since November 1989, some shops were allowed to sell alcohol at “commercial” (free) prices. The question of abolishing the system of coercive treatment was raised in the media. For example, Rahva Hääl (11.10.1988) published a translation of an article from the Russian magazine Ogonjok. The article was highly critical of the whole anti-alcohol campaign and called for an end to involuntary treatment. In Estonia, some 1300–1500 persons a year were sent to involuntary treatment in 1984-1988, in 1989 the figure dropped to 800 persons. Involuntary treatment ended in 1990, and the institutions were
closed down in 1991. The custom of informing employers about alcohol abusers was ended in 1992. At the same time, anonymous admissions to treatment were introduced.

**Developments since 1992**

The shortage of alcohol ended with the monetary reform of June 1992. At the same time alcoholic beverages, including strong drinks, became available 24 hours a day in several shops in all larger towns and in the majority of petrol stations. Drinks stronger than beer may not be sold in booths, but that is about the only restriction in place. For example, there were a total of more than 1,600 valid licences to sell alcohol in Tallinn in 1998 (including restaurants, bars, supermarkets, shops, booths, petrol stations, etc.). In the centre of Tallinn, more than 100 of these licensed premises were open 24 hours a day.

**Prices of alcoholic beverages**

The prices of alcoholic beverages were rather stable during 1980–1984. One of the declared goals of the anti-alcohol campaign in 1985 was to reduce the consumption of strong drinks by putting up their prices and by keeping the price of wine down (see Figure 2). Prices were raised in August 1986 (by 10–30% for different kinds of beverages) and in January 1990 by approximately 20%. In addition, prices were substantially influenced by changes in the variety of alcoholic beverages: new, more expensive brands of vodka appeared and old, cheaper brands disappeared.

In November 1989, two “commercial shops” in Tallinn were given a licence to sell alcohol at free (“commercial”) prices, which were about three times higher than the official prices fixed by the state. Since 1990 other shops have also been allowed to sell alcohol at “contract prices” (i.e. prices not regulated by the state).

**Figure 2. Prices of alcoholic beverages (1984=100).**

![Figure 2](image-url)

*Absolute prices. The increase in 1990 primarily reflects increasing inflation, not an increase in real prices.

Source: Estonian Institute of Economic Research.

The increasing price of vodka was the main factor behind the increase in the price of absolute alcohol during the late 1980s. Prices increased rapidly in 1990–1992 because of inflation. There are no reliable statistics on the prices of alcoholic beverages from 1991 onwards.

Given the severe shortage of many consumer goods in Estonia, it is difficult to determine and analyse the impact of the prices of alcoholic beverages on consumption levels. Since the beginning of the campaign until the monetary reform (1985–1992), availability was one of the key measures in influencing the consumption of alcoholic beverages. Some types of alcoholic beverages were often not available at all, and in the late 1980s the coupon system was introduced in several regions to control the sale of alcohol. In these conditions of shortage, alcohol was often a commodity that could be bought “to save money against inflation”.

According to the household expenditure surveys conducted by the Statistical Office of Estonia, expenditure on alcoholic beverages accounted for roughly 2% of total expenditure per household member in 1993–1997 (Sources: until June 1995, EMOR Ltd; starting from July 1995, the Statistical Office, Household Income and Expenditures Survey – Statistical Yearbook of Estonia, Tallinn). We can detect no clear tendencies. It should be noted that these surveys obviously underestimate the actual amount of expenditure on alcohol, and the amount of alcohol bought and consumed (the data are collected by using personal diaries on expenditure, but heavy users are not adequately represented among the respondents).

The data from the household expenditure surveys indicate that vodka has become relatively cheaper since 1994 (in
In comparison with the price of beer (Figure 3), the real price of vodka decreased. However, the average amount of vodka bought per household member has not increased during the same period. It is impossible to draw any firm conclusions on the basis of these data, bearing in mind the unknown proportion of illegal alcohol (mainly vodka) and unclear registration of such alcohol.

**Figure 3. Average buying prices for vodka and beer, average net income per household member (1992=100).**

![Graph showing average buying prices for vodka and beer, average net income per household member (1992=100).]

Source: Statistical Office of Estonia (Household Expenditures Surveys).

**Alcohol consumption**

Figure 4 shows the level of registered alcohol consumption in Estonia for the period from 1980 to 1994. During the first half of the 1980s alcohol consumption was about 11 litres of absolute alcohol per capita. In 1985–1987, during the anti-alcohol campaign, the production and sale of alcohol decreased substantially. Consumption of absolute alcohol decreased to 6.0 litres per capita in 1987. In 1988 and 1989 the consumption of alcohol started to increase again. In 1988–1991, the consumption of alcohol was mainly influenced by limited resources, and in the late 1980s the coupon system was introduced.

**Figure 4. Consumption of absolute alcohol, litres per capita.**

![Graph showing consumption of absolute alcohol, litres per capita.]

Source: Estonian Institute of Economic Research.

Reliable data on the sale of alcoholic beverages are available until 1991. From 1992 onwards it is not possible to describe trends in alcohol consumption on the basis of official statistics because of the rapid liberalisation of sales and the large quantities of illegally imported alcohol. Trade statistics only include the figures for the retail sale of alcohol in companies whose main activity is the retail sale of alcoholic products. Approximate sales figures can be calculated indirectly by subtracting exports from the sum of locally produced and imported alcohol, but these calculations are not accurate enough to describe the actual level of sale and consumption in recent years, bearing in mind the substantial amount of illegally imported or produced alcohol.

The main problems with alcohol statistics are (1) the lack of comprehensive statistical systems that cover all shops and small booths, including data on different beverages; (2) the lack of information on quantities of illegally imported or locally produced illegal alcohol; (3) the rapidly growing number of foreign tourists, particularly from Finland, who are very active buyers and consumers of alcohol. This means that estimates published by certain international organisations (e.g. WHO, World Drink Trends) are based on partial information and cannot be used as reliable sources.
However, it is very likely that the general level of consumption has not declined in the 1990s. Assessments of the consumption of pure alcohol per capita in recent years have varied from almost 8 litres (in 1997; estimate by the Estonian Institute of Economic Research, based on data on production, import/export and estimates on illegal alcohol consumption) to 12–14 litres (estimate by Dr. V. Jänes, Wismari Hospital, based on trends in mortality and morbidity statistics). Alcohol producers have estimated that legal sales in 1998 amounted to about 7 litres of pure alcohol per capita. In addition, they believe that at least 3 litres of illegal alcohol was consumed, putting the estimate for the total consumption at at least 10 litres of pure alcohol. These estimates are based on the amount of consumed legal alcohol (7.2 litres of pure alcohol per capita) and on comparisons with some neighbouring countries where the consumption level is supposed to be up to 12 litres. Therefore, in the producers’ opinion, it is likely that the real level should have been at least 10 litres of pure alcohol per capita.

The proportion of illegal alcohol has been relatively high in the case of spirits (vodka): expert assessments indicate that, in the case of vodka, the figure has varied from 20% to 80% in different years. This proportion, it is believed, has been very much influenced by tax policy: the increase in alcohol excise had encouraged the use of illegal alcohol.

The survey carried out by the Estonian Institute of Economic Research in 1998 indicates that 29% of consumers regularly buy illegal alcohol, and that illegal alcohol accounts for 31% of the total consumption of strong alcoholic beverages. In May 1998, 15% of respondents had bought illegal alcohol, representing 51% of their total alcohol consumption. According to the whole sample, illegal alcohol accounted for 8% of the consumption of strong alcoholic beverages. The researchers claim that the latter figures must be underestimates: the true figure is closer to 30%, as indicated by the respondents (information from the Estonian Institute of Economic Research 1999).

Drinking patterns

Official statistics and market situation

According to official sales statistics, the most popular beverage (measured in terms of absolute alcohol) during the past decades has been vodka (Figure 5). In the 1980s, vodka and liqueurs accounted for 50–55% of total alcohol sold.

The share of wine as a proportion of the total alcohol sales decreased from 27% in 1980 to 13% in 1987, which was due to the destruction of the vineyards in the south of the former Soviet Union and the lack of sufficient financial resources to import quality wines. The shortage of wine conflicted with the official goal of offering more quality wines instead of vodka. Until the anti-alcohol campaign was started, a large proportion of wine was strong “beet wine” (in Estonian: "peedivein") of poor quality, but after 1985 the production of this kind of wine was sharply reduced for a few years. In the 1980s beer accounted for 18–26% of total alcohol sales.

In 1998, vodka, liqueurs, long drinks and other spirits-based light beverages together accounted for 53% all legally consumed pure alcohol (with vodka alone accounting for 50%), wine for 11% and beer for 36%. Alcohol producers have estimated that at least 30% of all alcohol consumed was illegal (information from the Ministry of Economic Affairs 1999).

Figure 5. Sales of different alcoholic beverages, litres of absolute alcohol per capita.

![Figure 5](image)

Source: Estonian Institute of Economic Research.

In 1988–1992, the only alcohol beverage that was on sale more or less without interruptions was vodka. The shortage of wine and beer caused a temporary decrease in the consumption of these beverages in 1990–1991. During the period of rapid inflation in 1990–1992 (prior to the monetary reform), alcohol was also bought for purposes of “saving” money. From 1992 new brands of whiskey, brandy, gin, wine and various cocktails began to appear on the market and to gain
popularity, but vodka still accounts for the bulk of total pure alcohol consumption (especially when taking into account illegal alcohol).

The quality of beer has substantially improved since 1992, and many new brands (including several strong beers) have been launched. Beer seemed to become increasingly popular in the 1990s, probably due to its relatively low price and the influence of tourism in both directions. Beer is also popular in the Scandinavian countries, and rapidly increasing numbers of tourists in Estonia — especially from Finland — created favourable conditions for the development of a beer industry.

An excerpt from an article in the newspaper Kaubaleht 44/1996 provides a good example of the market policy adopted towards beer:

“In the Autumn People Prefer Strong But Not Dark Beer
This autumn has seen the arrival of two new kinds of strong but light-coloured beers in the marketplace: 7.5% by Saku Brewery and Red October by Tartu Brewery. ... As everything connected to October was very important in Soviet times, it is clear that October beer also has to be strong. Last year it was 7 degrees, this year it is one degree stronger. ... Saku Brewery also chose to launch their new beer in the month of October. They already have experience of bringing new strong but light-coloured beers to the market, but unlike Tartu, they have previously done this in the summer. In 1995 it was Kurat (Devil) and this year Saku Sarvik (Saku Man with Horns) that were the consumers’ favourites especially in rural regions. Its success was mainly due to a higher alcohol content.”

**Surveys**

Survey results show that sales restrictions and increasing prices led to increasing home production of wine and beer. In 1986, 15% of households produced wine or beer at home — on average 1.6 litres of wine and 2.3 litres of beer per capita. As discussed earlier, the shortage of alcohol encouraged the use of substitutes (various chemicals and perfumes).

According to a survey by the Estonian Institute of Economic Research in 1989, 17% of the adult population did not consume strong alcoholic beverages, 13% light alcoholic beverages and 41% beer. Health behaviour surveys in 1996 indicated that only 15% of the adult population did not consume strong alcoholic beverages (Lipand, Uibu 1998). Wines were not consumed by 34% of the respondents, beer by 39% and long drinks by 42% of the respondents. These results were partly in line with the findings of the 1989 survey (see above), although different questionnaires were used. During 1992–1996, the proportion of men who used vodka or other strong drinks at least once a week, increased from 20% to 35% (op.cit.). Among women, the proportion of such users increased in 1990–1994 from 3.4% to 10.5% (Eesti Rahva Tervis 1998, 13).

**Consequences**

**Mortality**

The number of deaths caused by accidental alcohol poisoning is one indicator that reflects the general trends in alcohol consumption. The mortality level was reduced by almost one half during 1986–1989, but started to increase rapidly in the early 1990s (Figure 6). It reached its peak level in 1994 (28.6 deaths per 100,000 population), and then started to decrease again. Since 1996, the mortality level has been at approximately the same level as at the beginning of the 1980s.

**Figure 6. Deaths caused by accidental alcohol poisoning, per 100,000 population.**

[Graph showing deaths per 100,000 population from 1980 to 1998]

Source: Statistical Office of Estonia.

Information on deaths caused by alcoholic liver cirrhosis (Figure 7) is a less reliable indicator due to changes in data
collection methods; the data are consistent since 1993. Also, the number of such deaths is relatively small (for example, 50 cases in 1980).

**Figure 7. Deaths caused by alcohol liver cirrhosis, per 100,000 population.**

![Deaths caused by alcohol liver cirrhosis, per 100,000 population.](image)

Sources: Ministry of Social Affairs, Wismari Hospital.

**Morbidity**

No consistent data are available on alcohol psychosis treatment or on the number of chronic alcoholics for the whole period (1980–1998). These indicators have been substantially influenced by general alcohol policy, registration and admittance practices, economic factors (who pays for the treatment), etc.

The number of alcohol psychoses decreased by approximately one-half during the campaign years. Fears of visiting a psychiatrist have probably diminished during the 1990s, along with the disappearance of repressive attitudes towards alcohol abusers.

The number of persons treated in medical institutions for alcohol psychosis in 1992–1998, is shown in Figure 8. As is the case with several other social indicators (e.g. mortality rates), this figure peaked in 1994, but has since then remained at a lower level. The total number of persons treated for behavioural or mental disorders (including alcohol psychosis) in 1994–1998 is shown in Table 2.

**Figure 8. Alcohol psychosis treatment in medical institutions (treated persons per 100,000 population, 1992–1998).**

![Alcohol psychosis treatment in medical institutions (treated persons per 100,000 population, 1992–1998).](image)

Source: Ministry of Social Affairs.

**Table 2. Number of persons treated for behavioural or mental disorders (including alcohol psychosis), 1994–1998.**

<table>
<thead>
<tr>
<th>Year</th>
<th>Absolute number</th>
<th>Per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994</td>
<td>9876</td>
<td>659</td>
</tr>
<tr>
<td>1995</td>
<td>8219</td>
<td>554</td>
</tr>
<tr>
<td>1996</td>
<td>8974</td>
<td>611</td>
</tr>
<tr>
<td>1997</td>
<td>9524</td>
<td>653</td>
</tr>
<tr>
<td>1998</td>
<td>9524</td>
<td>657</td>
</tr>
</tbody>
</table>

Source: Ministry of Social Affairs.

The number of chronic alcoholics (persons who were diagnosed with alcoholism or alcohol psychosis) registered by medical institutions, increased during the first half of the 1980s and reached its highest level during the anti-alcohol campaign (Table 3). Chronic alcoholics were kept in registers for at least three years from the last known incidence of alcohol abuse. Since the beginning of the 1990s, there are no official statistics on chronic alcoholics — the decrease in the number of alcoholics after 1990 reflects changes in registration practices.
Table 3. Number of chronic alcoholics registered by medical institutions, in selected years.

<table>
<thead>
<tr>
<th></th>
<th>Absolute number</th>
<th>Per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>14,142</td>
<td>957</td>
</tr>
<tr>
<td>1985</td>
<td>22,579</td>
<td>1477</td>
</tr>
<tr>
<td>1990</td>
<td>20,572</td>
<td>1309</td>
</tr>
<tr>
<td>1992</td>
<td>13,683</td>
<td>886</td>
</tr>
</tbody>
</table>

Source: Wismari Hospital.

During the Soviet era, the militia also kept records on chronic alcoholics (persons known as alcohol abusers). According to these statistics, the number of registered chronic alcoholics increased during 1985–1987 (Table 4). These registers were later abolished, as was the involuntary treatment of alcoholics.

Table 4. Number of registered chronic alcoholics and number of alcoholics admitted into involuntary treatment, according to militia statistics.

<table>
<thead>
<tr>
<th></th>
<th>Chronic alcoholics registered by the militia</th>
<th>Alcoholics admitted into involuntary treatment institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>3055</td>
<td>476</td>
</tr>
<tr>
<td>1981</td>
<td>2684</td>
<td>496</td>
</tr>
<tr>
<td>1982</td>
<td>2360</td>
<td>898</td>
</tr>
<tr>
<td>1983</td>
<td>3071</td>
<td>781</td>
</tr>
<tr>
<td>1984</td>
<td>2945</td>
<td>893</td>
</tr>
<tr>
<td>1985</td>
<td>4115</td>
<td>876</td>
</tr>
<tr>
<td>1986</td>
<td>4069</td>
<td>659</td>
</tr>
<tr>
<td>1987</td>
<td>6636</td>
<td>949</td>
</tr>
<tr>
<td>1988</td>
<td>4818</td>
<td>933</td>
</tr>
</tbody>
</table>

Source: Police Board.

Other problems related to alcohol consumption

Traffic accidents

The proportion of serious traffic accidents (resulting in death or injuries) caused by drunken drivers decreased during the anti-alcohol campaign (Figure 9). In 1986, drunken drivers caused 13% of all such accidents. The proportion of drunken drivers who caused serious traffic accidents reached its highest level in 1994 at 30%, but since then the figure has slightly decreased.

Figure 9. Proportion of traffic accidents caused by drunken drivers (% of all accidents)*.

* Accidents in which people were killed or injured.

Source: Police Board.

Crimes

The proportion of criminal offences committed under the influence of alcohol was at its highest in 1994 (38% of crimes solved), but has decreased during the past few years (Figure 10). These figures are not very precise because of the relatively low proportion of solved thefts (which account for the majority of all crimes) and difficulties in determining drunkenness afterwards.
The majority of violent crimes (homicides, assaults, rapes, and robberies) have been committed under the influence of alcohol (Table 5). Drunkenness is also often present in cases of unauthorised use of a motor vehicle and hooliganism. The figures for theft are probably less precise, but it is obvious that a notable amount of thefts are committed under the influence.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Intentional homicide (incl. attempts)</td>
<td>76</td>
<td>77</td>
<td>77</td>
<td>70</td>
<td>76</td>
<td>70</td>
</tr>
<tr>
<td>Inflicting grievous bodily injury</td>
<td>86</td>
<td>85</td>
<td>84</td>
<td>85</td>
<td>79</td>
<td>80</td>
</tr>
<tr>
<td>Robbery</td>
<td>71</td>
<td>64</td>
<td>68</td>
<td>63</td>
<td>66</td>
<td>55</td>
</tr>
<tr>
<td>Public theft (with the use of threat or minor violence)</td>
<td>55</td>
<td>60</td>
<td>59</td>
<td>59</td>
<td>50</td>
<td>44</td>
</tr>
<tr>
<td>Theft</td>
<td>30</td>
<td>30</td>
<td>30</td>
<td>25</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>Unauthorised use of a motor vehicle without the intent to keep it</td>
<td>62</td>
<td>69</td>
<td>75</td>
<td>63</td>
<td>56</td>
<td>54</td>
</tr>
<tr>
<td>Hooliganism</td>
<td>76</td>
<td>82</td>
<td>79</td>
<td>73</td>
<td>70</td>
<td>66</td>
</tr>
</tbody>
</table>

Source: Police Board.

Conclusions

Estonia’s alcohol policy line has been changed several times during the past two decades. The relatively stable period in the early 1980s came to an end in 1985 with the launch of the famous anti-alcohol campaign in the former Soviet Union. Although the campaign caused many problems, it did have some positive impacts as well: during 1985–1988 we saw a temporary improvement in various alcohol-related indicators (e.g. alcohol-related deaths and psychoses, suicides, crimes, traffic accidents).

During the period between 1988 and 1991, alcohol policy moved in a more liberal direction, but at the same time the alcohol market was adversely affected by economic difficulties. Since the monetary reform in June 1992, the availability of alcohol improved radically and its consumption increased according to all indirect indicators.

Some social indicators (deaths caused by alcohol poisoning, other accidental deaths, suicides, homicides) suggest that the most difficult year in Estonia was 1994 when all these indicators reached their highest level since 1950. The number of new cases of alcohol psychosis, the proportion of traffic accidents caused by drunken drivers, and the proportion of crimes committed under the influence of alcohol also peaked in 1994.

All indicators of alcohol abuse mentioned above showed a downward turn in 1995 again, but they have nonetheless remained at a relatively high level compared with 1986-1988. In recent years it seems that the social situation has stabilised to a certain extent and there have been no major changes in alcohol consumption or in alcohol-related problems.

Drugs

During the Soviet era, the drug issue “did not exist” as far as the general public was concerned: all information regarding drugs was kept completely secret. The secrecy rating applied was higher than for alcoholism and ordinary crime, for instance (see statistical system on page 18).

In the 1980s the state had no publicly declared drug policy. In practice, its strategic and tactical aims were defined by the Chief Narcologist at the Ministry of Health. The main aim was a drug-free society. The level of drug abuse was relatively
low and the number of drug addicts was very small compared with the number of alcoholics. The number of registered cases of drug abuse, drug offences and drug seizures was also small.

Drug policy in Estonia in 1980–1985 was based on the following principles (Liiv 1993):
1) The policy was dictated by Moscow and was the same for the whole of the Soviet Union. Policy implementation in Estonia was regularly supervised by Moscow officials (1–2 inspections per year). This supervision was intensified during 1985–1987 (monthly inspections) and ended at the beginning of 1988. The KGB also supervised Tallinn Psychiatric Hospital and Wismari Hospital.
2) No parallels were to be drawn between drug policy and the political or economic situation in the Soviet Union: this was strictly prohibited and criminalised as anti-Soviet activity. The same applied to linking drug policy issues with racial, national, historical or social factors.
3) All information about drug abuse, drug-related offences and other drug issues was strictly secret in the Soviet Union. Drug policy was never discussed or mentioned in public, and information on drugs was severely restricted. No data were published that would have allowed calculations about the extent of the drug problem in certain a territory; even doctors and medical students did not have access to this information.
4) Drug use was treated as a moral problem. According to official propaganda, drugs were a negative phenomenon in socialist society that might appear as a biological illness, but the problem was inherited from pre-socialist societies; drug abuse did not exist as a social problem in socialist society.

A special committee under the Soviet Ministry of Health issued an official list of narcotic substances. The diagnosis of “narcomania” was only accepted in cases where a person abused substances included in this list. If the substance was not on the list, the required diagnosis was “toxicomania”: i.e. the distinction between “narcomania” and “toxicomania” was made on legal, not on medical grounds. The list of narcotics was published in Estonia as late as 1989, although it was not secret earlier.

Drug abusers were supervised by doctors and the militia for two years. If the person was addicted to drugs, there was the option of involuntary treatment in closed institutions of the Ministry of Interior of the Soviet Union (these institutions were located in Central Asian republics).

The fight against drugs was stepped up in summer 1986, and the authorities started to demand that the existing laws be implemented more forcefully. New acts were also issued. For example, pharmacies were no longer allowed to sell syringes.

It was now acceptable to discuss medical aspects of drug use, but social problems still remained censored for some time. Until the end of the 1980s drug problems were described in rather superficial terms in the mass media.

The battle against drugs was stepped up in the Central Asian part of the Soviet Union and the supply of cannabis and poppy straw from these regions started to increase. Abusers were mostly non-Estonians who had a criminal history. The most widely used illegal substances were opiates of Ukrainian and Central Asian origin (home-made liquid from poppy straw) and cannabis. At that time, the number of conscripts from Estonia returning from the Afghanistan war was on the increase, and they had acquired the habit of smoking hashish.

In February 1987, the Estonian Ministry of Health issued a decree (in Russian, which is symptomatic as all orders regarding drug control came from Moscow) which included additional means to ensure a strict account of documents (receipts, etc.) in the medical institutions. Doctors were also obliged to find possible scars of injection on the skin.

In 1988 Moscow began to scale down its control (at the same time as the independence movement was gaining strength) and active control of drug addicts was discontinued. In 1990, the authorities were no longer required to send out reports to Moscow about the drug situation in Estonia (Liiv 1993).

Estonia has seen rapid political, social and economic changes since 1990. At the beginning of the 1990s, democratisation and increasing international communication, combined with slacker control of drug trafficking (due to the reorganisation of the criminal justice system, customs and border guard) have created more favourable conditions for drug smuggling and trafficking.

Also, the capacity of the medical treatment system for drug abusers (shared by alcoholics and drug addicts) was substantially reduced as a result of financial restraints and the abandonment of strict control over alcohol and drug abusers.

During the first half of the 1990s the state was unable to introduce effective measures aimed at preventing a further increase in drug abuse. There was neither any consistent general policy nor any effective co-ordination between the different agencies concerned.

Efforts to combat the drug abuse problem have been intensified since the mid-1990s. In 1994, the Ministry of Social
Affairs set up an inter-institutional drug policy committee. According to its statute the aim of the committee was to work out national drug policies, co-ordinate international drug programmes and produce an overview of the production, spread and consumption of drugs. In 1996, a Ministerial Committee for Drug Policy was established under the chairmanship of the Minister of Social Affairs.

The Principles of Drug Policy for 1997–2007 and the Alcoholism and Drug Abuse Prevention Programme for 1997–2007 were adopted by the government in November 1997. The programme includes various organisational and administrative measures aimed at “decreasing the damages caused by alcohol and drug consuming, to develop a drug policy that is based on international conventions, programmes and other national documents, guaranteeing co-ordinated prevention activities on international, national and local level” (The Programme for Prevention... 1997).

The Soviet Union joined the UN Convention on Narcotic Substances in 1961 and the UN Convention on Psychotropic Substances in 1971. Since independence, Estonia has also joined these conventions. Estonia is currently preparing its decision to join the UN 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

The Narcotic Drugs and Psychotropic Substances Act was passed in June 1997. This act regulates procedures of dealing with narcotic drugs and psychotropic substances.

Because of the secrecy that surrounded drugs in the 1980s, we can say nothing about public opinion towards drug abuse in this period. In the 1990s, however, several polls have shown that drug abuse is not generally considered a serious problem. Compared with other problems it has received relatively limited attention. Financial problems, fear of crime, concerns of unemployment and health problems have usually topped the list of the most acute problems. Alcohol abuse has also appeared far more often as a serious problem than drug abuse.

Young people seem to take a rather liberal attitude towards the use of drugs. There have also been some initiatives to legalise so-called soft drugs, but at least so far these calls have not met with a very favourable response.

The most common drugs in Estonia are products of poppy straw and cannabis, which are imported from Asian countries mainly through Russia. Other common drugs include amphetamines and ecstasy, probably imported from Germany, the Netherlands or Denmark. In some places tablets of taren are popular (special medicaments of the former Soviet armed forces, containing aprophen, cyclodol, etc.). The origin of cocaine, LSD, and PCP is unknown. These are intended both for the local market and export, mainly to Finland and Sweden (Kariis et al. 1998).

Police experts have indicated that the increased use of drugs may be one contributing factor behind the growing crime rate, especially in the case of thefts and street crimes (robberies, thefts from cars, etc).

Available sources of information

In the Soviet era no sociological surveys were conducted on drug-related problems in Estonia. The first population survey, which included a question of experiences of illegal drugs, was carried out in 1994, in the framework of the international Nörbalt project (Sillaste & Purga 1995). In 1995, a school survey (“Student 95”) based on the international ESPAD questionnaire, was carried out among 15–16 year-old students (Narusk 1996). Over the next few years there have been also other surveys that have included a few questions about the use of drugs or the perceived importance of drug-related problems, but these cannot be used for evaluating the level of drug abuse. There are also no centralised databases on drug addicts. The most comprehensive information on drug abuse is provided by data on admissions and treatment in medical institutions. Another source that can be used are statistics on recorded drug-related offences and sentences.

Control

Drug use was strictly controlled during the Soviet era. Drug-related problems were seen as highly delicate and secret issues that should receive particular attention and should be carefully observed by using special accounts, both in the criminal justice system and in the health care system. Some regulations required that every single drug offence had to be reported to the higher authorities. Information on drug offences was not included in general reports on “ordinary” crime because of the stricter secrecy rating (along with economic crimes, smuggling, corruption and other “more sensitive” types of crime).

During the 1980s the militia had a specialised group of officers who were responsible for detecting and solving drug-related crimes. In the process of reorganising the militia into a police force at the beginning of the 1990s, the former organisation was disbanded and the control of drug-related crime lost some of its effectiveness for a few years.

Since the mid-1990s the police have been able to step up their efforts to combat drug-related crimes. A specialised unit for combating illegal drug trafficking was set up in the Police Board in 1995, charged with the responsibility to co-
ordinate police work against drug-related offences. The priority is to prevent the illegal import, trafficking and production of drugs. In all Regional Prefectures at least one police officer is responsible for drug control.

Drug offences

Statistics on recorded drug-related offences have been very much influenced by the official policy on drugs (in the 1980s), and by the resources made available to the police force (in the 1990s). The same trend appears, implicitly, in the statistics on sentencing (court statistics).

The number of drug-related offences against the Criminal Code, as recorded by the police (militia), increased especially during 1986–1988 but fell back to a relatively low level when the anti-drug campaign died away in the late 1980s (Figure 11). The number of recorded offences started to increase quite sharply again in 1995. It should be noted once again that the number of recorded offences is to a large extent dependent on police resources and activity; i.e. a rapid increase may reflect more effective police procedures rather than a major increase in the actual number of offences committed. At the same time, the level of drug-related crime is supposed to be higher than the official statistics can indicate.

**Figure 11. Number of drug-related offences recorded by the police, and the number of unconditionally sentenced persons convicted for drug-related offences against the Criminal Code.**

Sources: Estonian Police Board; Ministry of Justice 1999.

Since 1998, the police have focused their attention on the detection of drug traffickers rather than abusers (see Figure 12).

At the same time, the number of recorded offences against the Code of Administrative Offences (minor offences of illegal possession, committed by abusers) has also increased, from 191 cases in 1997 to 382 cases in 1998.

The number and the proportion of women among persons charged for drug offences against the Criminal Code has tended to increase in recent years, reaching 20% in 1998 (Figure 13).

**Figure 12. Number of different types of drug-related offences against the Criminal Code recorded by the police.**

According to police data, non-Estonians have been more likely to commit drug-related offences (in 1998, 65% of all offenders charged were Russians, 24% Estonians and 11% persons of other nationalities). The majority of drug-related offences have been registered in Tallinn and in the cities in eastern Estonia (Narva, Kohtla-Järve) which have a predominantly immigrant population.

In 1997 the police recorded 73 offences against the Criminal Code committed in the state of narcotic intoxication (41 offences in 1996). The majority of these offences were thefts.

**Sentencing**

Under the Criminal Code or the Code of Administrative Offences, the following acts are defined as punishable offences: illegal possession, passing on, use, manufacturing, illegal cultivation of poppy and cannabis, smuggling of narcotics, including the use of narcotics and theft or robbery of narcotic substances.

The data on sentencing in the 1980s reflect the efforts of the criminal justice system in combating drugs: during 1986–1988 an anti-drugs campaign led to a temporary increase in the number of arrests and in the number of convictions. In 1996, after a temporary set-back, the efforts were stepped up again and the number of sentenced persons continued to increase.

The new Criminal Code in 1998 introduced tougher sentences for drug offences. Current punishments for the main drug-related offences include:

- illegal possession of drugs without the aim of trafficking – imprisonment from 6 months to 2 years (first time), or from 1 to 3 years (prior sentences for drug offences);
- trafficking of narcotics – imprisonment from 2 to 5 years; in the presence of aggravating circumstances from 3 to 7 years;
- inducing a minor to abuse a narcotic substance – imprisonment up to 8 years;
- theft of a narcotic substance – imprisonment from 6 months to 5 years; in the presence of aggravating circumstances from 3 to 8 years;
- robbery of narcotic substance – imprisonment from 6 to 12 years.

The court has the right to impose a suspended sentence instead of imprisonment. Offenders will be relieved from criminal punishment if they voluntarily give up illegal drugs or turn to medical institutions to receive treatment. Offences against the Administrative Code (minor incidents of possession) are punished by a fine up to EEK 2,050.

Although the Criminal Code has foreseen the possibility of severe punishments even before the entry into force of new amendments, relatively few offenders have been sentenced to imprisonment. This can be seen in Table 6.

Drug use according to surveys

The living conditions survey “Norbalt-94” was carried out in 1994 by the Statistical Office of Estonia. It shows that at the age of 18–24 years, 3.5% of men and 1.1% of women, and at the age of 25–34 years 5.5% of men and 0.5% of women have experimented with narcotic drugs (see Figure 14) (Sillaste & Purga 1995).

**Figure 14. Ever tried or used any illegal drug. % of respondents, by age group.**


The school survey “Student–95”, based on the international ESPAD questionnaire, estimated that 7% of 15–16 year-old students had experimented with narcotics (5% of the girls, 11% of the boys). The most popular illegal substance was cannabis. It was reported that 2% of the Estonian girls and 5% of the Estonian boys, and 9% of the non-Estonian girls and 21% of the non-Estonian boys had at least once tried cannabis (Narusk 1996).

According to a survey by the Estonian Market and Opinion Research Centre (EMOR) in 1997, 12% of the students at grades 10–12 had at least once tried illegal drugs (Kariis et al. 1998).

Use and consequences in the light of medical statistics

Deaths

According to the Statistical Office of Estonia no direct drug-related death have been recorded in recent years. The Bureau of Forensic Medicine has discovered amphetamines, cocaine, LSD, methadone, etc. in the tissue and/or body fluid samples of dead persons, but none of these cases was identified as a drug-related death (Kariis et al. 1998).

Use and medical treatment

In the 1980s priority attention was shifted from intervention to prevention. Rehabilitation was effectively ignored because of the costs involved. Inhalation of volatile solvents spread among children and adolescents as well as in correctional institutions during the early 1980s, but declined in the late 1980s. In the late 1980s there was quite widespread preparation of ephedrine (methcathinon) from medicines. A few patients with opiate dependency were admitted to hospital (Liiv 1993).

During the period from 1980 to 1986, the number of new drug addicts detected each year fluctuated from 4 to 26 (Table 7). At the same time, the total number of recorded drug addicts was between 67 and 93 persons. The latter figures include persons identified as drug addicts during the last five years; persons who had not used drugs during the past five years.
were excluded from the register. During the Soviet era the methods of prophylactic registration was also used, i.e. persons could be included in the register even in the absence of direct evidence of drug abuse — even alcohol abuse could be used as a reason for such registration (information received from V. Jänes, Tallinn Wismari Hospital, 1999).

**Table 7. Number of new drug abusers detected and the total number of recorded drug abusers (according to data from medical institutions).**

<table>
<thead>
<tr>
<th></th>
<th>Detected new drug abusers</th>
<th>Total number of recorded drug abusers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>5</td>
<td>93</td>
</tr>
<tr>
<td>1981</td>
<td>21</td>
<td>85</td>
</tr>
<tr>
<td>1982</td>
<td>10</td>
<td>72</td>
</tr>
<tr>
<td>1983</td>
<td>11</td>
<td>67</td>
</tr>
<tr>
<td>1984</td>
<td>25</td>
<td>80</td>
</tr>
<tr>
<td>1985</td>
<td>4</td>
<td>74</td>
</tr>
<tr>
<td>1986</td>
<td>26</td>
<td>92</td>
</tr>
<tr>
<td>1987</td>
<td>75</td>
<td>160</td>
</tr>
<tr>
<td>1988</td>
<td>64</td>
<td>221</td>
</tr>
<tr>
<td>1989</td>
<td>256</td>
<td>719</td>
</tr>
<tr>
<td>1990</td>
<td>101</td>
<td>595</td>
</tr>
</tbody>
</table>


In the late 1980s, the number of detected drug addicts, and accordingly the total number of recorded drug addicts, increased substantially as a result of the anti-drug campaign. At the beginning of the 1990s, the former network for hospitalisation and the prevention of alcohol and drug addiction was reorganised, sharply reducing its capacity. Drug addiction was now considered as a mental and behavioural disorder and psychiatric care became voluntary. The methods of recording drug addicts was also revised.

The basic indicator now employed is the number of persons admitted to psychiatric institutions during one year. Since 1993, the number of drug addicts admitted has rapidly increased, reaching the level of 72.8 per 100,000 population in 1997 (Figure 15).

The growing number of admissions and seizures reflects the increasing consumption of opiates, cannabis and stimulants. Russian-speakers constitute the majority among opiate users, while Estonians seem to prefer cannabis and stimulants. The first cocaine abusers applied for treatment in 1997.

**Figure 15. Number of drug users admitted to psychiatric units, per 100,000 population.**

Source: V. Jänes, Tallinn Wismari Hospital (Kariis et al. 1998).

In 1997, new cases accounted for 47% of the total number of clients. The majority of addicts admitted for treatment were relatively young: 70% were under 26 years of age. A total of 1,059 drug addicts were treated in Estonian psychiatric hospitals in 1997. 70% of them were injecting opiate addicts (97% of the opiate addicts receiving treatment were Russian-speaking young males) (see Table 8; Kariis et al. 1998).
Table 8. Distribution of patients with psychiatric and behavioural disorders due to psychoactive substance use receiving treatment in Estonia in 1997.

<table>
<thead>
<tr>
<th>Substance</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opiates</td>
<td>70%</td>
</tr>
<tr>
<td>Cannabinoids</td>
<td>2%</td>
</tr>
<tr>
<td>Sedatives, hypnotics</td>
<td>12%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>1%</td>
</tr>
<tr>
<td>Stimulants</td>
<td>5%</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>0%</td>
</tr>
<tr>
<td>Volatile solvents</td>
<td>4%</td>
</tr>
<tr>
<td>Mixed or others</td>
<td>6%</td>
</tr>
</tbody>
</table>

Source: Estonian Medical Statistics Bureau (Kariis et al. 1998).

HIV and Hepatitis B and C among drug abusers

From 1985 to 1997 a total of 74 HIV-positive cases were recorded in Estonia, of whom 17 were diagnosed with AIDS. The first HIV-positive case related to drug abuse was registered at the end of 1997 (Vabariigi ... 1998).

The number of patients with hepatitis B and C related to drug abuse has increased substantially in 1996–1997 (see Table 9). The majority of patients have been Russian-speaking males under 25 years of age from Tallinn, Narva, Kohtla-Järve and Sillamäe (Kariis et al. 1998).

Table 9. Number of patients admitted with hepatitis B and C related to drug abuse.

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>2</td>
<td>17</td>
<td>48</td>
<td>17</td>
<td>83</td>
<td>260</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>0</td>
<td>2</td>
<td>15</td>
<td>10</td>
<td>28</td>
<td>141</td>
</tr>
</tbody>
</table>

Source: A. Jõgiste, Health Protection Directorate (Kariis et al. 1998).

Possible future trends in development

The expert assessment is that all main types of illegal drugs are available in Estonia. It is expected that the consumption of drugs will continue to increase, especially among young people. According to some experts there is the possibility that among youths, drug abuse has taken over from alcohol to a certain extent, but as yet there is no scientific proof to corroborate this hypothesis.

Crime

Recent crime trends in Estonia have shown similar patterns as the other Baltic States and the former Soviet republics, as well as several other eastern European countries: the number of crimes reported to the police increased markedly during the late 1980s and early 1990s, but since then have been rather stable.

Political and economic liberalisation, reforms in the criminal justice system (especially in the police), changes in legislation, difficulties in the privatisation process, insufficient border control together with increasing international communication, etc. — all these factors have created favourable opportunities to profit from various kinds of illegal activities, especially during the first years of independence. The criminal justice system, in its present form, is unable to control crime very effectively.

There are four main sources that can be used to describe crime trends in society. The main sources are official police statistics on recorded offences against the Criminal Code. (The statistics described here do not include minor offences against the Administrative Code.) However, victimisation surveys highlight one major problem, i.e. that a large proportion of offences are not reported to the police.

Until the mid-1980s and the dawn of “perestroika”, the reliability of statistics on crime was directly dependent on the political circumstances in the Soviet Union. One of the most important indicators was the crime clearance rate, i.e. the number of solved crimes as a proportion of all recorded crimes. Because of a more or less active registration practice, there were huge variations in the number of recorded offences during the first half of the 1980s: leaving “uncomfortable” offences unrecorded was the easiest way to increase the crime clearance rate (it was much more difficult to “modify” the number of solved offences). For example, in the case of secret thefts, the crime clearance rate was 98% in 1982, but dropped to 51% in 1983 (see Figure 19). This kind of manipulation was still not possible with the most serious crimes (e.g., homicides).
An interview with Peeter Schults, Deputy Chief of Tallinn Police, provides some interesting examples of the falsification of official statistics (Politsei 2/1998, Tallinn):

“In 1980, Tallinn hosted the Moscow Olympic Games’ sailing events. Before and during the competitions the militia strengthened its control over suspected persons and sent several possible offenders out of Tallinn until the end of the games. These measures brought about a temporary decrease in the number of recorded offences.

In the autumn of 1982, Soviet Communist Party leader Leonid Brezhnev died and a new Minister of Interior was appointed in the Soviet Union. He sent control brigades throughout the Soviet Republics to get a true picture of the crime situation. The number of recorded offences was substantially higher in 1983–1984, but started to decrease again in 1985 — the new minister had to show ‘good results’ (see e.g. Figures 16 and 18).”

Since 1989, the registration of crimes became more reliable. Crime was no longer a politically sensitive issue for the political leadership and open discussion was allowed.

Another source of data on homicides is provided by mortality statistics compiled by the Statistical Office of Estonia. Mortality statistics give a more precise picture of homicide victims than police data do. Police statistics on homicides were reliable even during the Soviet era.

A third data source on crime is represented by victimisation studies. Special victimisation surveys have been carried out in 1993 and 1995 (Aromaa & Ahven 1993, 1995). Victimisation data, which are collected by interviews or questionnaires among random samples and based on self-report, provide information on crime experiences, people’s perceptions, attitudes towards the police and punishment. The above surveys included information on “traditional crimes” (violence, thefts, vandalism) directed against individuals and their households. Thefts against enterprises as well as economic crimes, corruption, smuggling etc. were covered in later surveys (Aromaa & Lehti 1997, Aromaa 1998).

Court and prison statistics are the fourth data source, which can provide information on the characterises of offenders found guilty of criminal offences. However, the level of convictions and imprisonment does not directly correlate with the crime rate in society. The level of control and changes in control policy has a major influence on these indicators. To a substantial degree this also applies to recorded offences, especially to crimes where active police work is needed in order for a crime to be recorded (e.g. economic crimes, drug-related crimes). Court and prison statistics are used in this study to describe trends in control policy.

### Reporting crimes to the police

As stated above, victimisation surveys indicate that a large number of crimes are not reported to the police, not only in Estonia but elsewhere, too (Mayhew & van Dijk 1997, Aromaa & Ahven 1995). Table 10 shows the percentage of the most recent victimisation event not reported to the police according to Estonian and Finnish surveys. This must be kept in mind when analysing the development of recorded offences.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assault / threat</td>
<td>77</td>
<td>77</td>
<td>75</td>
<td>73</td>
</tr>
<tr>
<td>Robbery</td>
<td>61</td>
<td>66</td>
<td>72</td>
<td>61</td>
</tr>
<tr>
<td>Personal theft</td>
<td>72</td>
<td>72</td>
<td>63</td>
<td>57</td>
</tr>
<tr>
<td>Burglary with entry</td>
<td>41</td>
<td>42</td>
<td>26</td>
<td>29</td>
</tr>
<tr>
<td>Attempted burglary</td>
<td>80</td>
<td>72</td>
<td>78</td>
<td>66</td>
</tr>
<tr>
<td>Theft of car</td>
<td>14</td>
<td>12</td>
<td>0</td>
<td>..</td>
</tr>
<tr>
<td>Theft from car</td>
<td>50</td>
<td>63</td>
<td>45</td>
<td>29</td>
</tr>
<tr>
<td>Theft of bicycle</td>
<td>71</td>
<td>69</td>
<td>45</td>
<td>48</td>
</tr>
<tr>
<td>Sexual incidents</td>
<td>81</td>
<td>94</td>
<td>88</td>
<td>92</td>
</tr>
</tbody>
</table>

2 Mayhew & van Dijk 1997.
1 Aromaa & Ahven 1995.

### General trends in recorded crimes

Until the second half of the 1980s the number of recorded crimes was very much influenced by deliberate falsification, and therefore trends in the crime level do not necessarily reflect actual changes in crime.

The number of recorded crimes decreased from 1985 to 1987; this trend probably reflects a real development. This is indirectly supported by the fact that during this period the number of violent deaths, suicides and traffic fatalities, together with alcohol consumption, showed a marked decrease. It is likely that the forceful campaign against alcohol...
consumption, which began in June 1985, had some positive effect.

Figure 16 shows the number of recorded and solved crimes from 1980 to 1998. The number of crimes increased substantially from 1988 to 1992, and has since then been relatively stable. In 1998, the police recorded 45,721 offences against the Criminal Code.

The overall crime clearance rate was at its lowest level (17%) in 1992, probably due to the reorganisation of the former militia into the police service. The crime clearance rate has increased since then, and has been around 30% since 1995. The clearance rate of homicides was also at its lowest level (51%) in 1992, but reached 74% in 1997. However, it should be noted that the figures for the crime clearance rate before 1989 are not reliable.

Figure 16. Number of offences against the Criminal Code: recorded and solved offences.

Source: Police Board.

Crime structure

The majority of crimes recorded by the police consist of crimes against property, especially thefts (Figure 17). The number of such crimes as a proportion of all crimes has increased rapidly during the last few years, and it has stood at 80–85% since the mid-1990s (at the beginning of the 1980s it was 30–40%; Leps 1991). At the same time, incidents of hooliganism and violations of public order have decreased.

Crimes against person include violent crimes (homicide, physical assault, rape) and certain other crimes in violation of an individual’s rights (verbal assault, slander, alimony evasion, etc). Homicides have accounted for between 0.5% and 1% of the total number of crimes during the past decade.

The number of recorded economic and other white-collar crimes has been relatively low in comparison with the assumed amount of such crimes. This might reflect the limited resources available to the police in their efforts to investigate these kinds of crimes.

Figure 17. Structure of crime reported to the police 1998 (%).

Source: Police Board.
Violent crimes

The number of deaths caused by violence (including homicides and deadly assaults; all figures based on mortality statistics) increased in Estonia from 5.7 per 100,000 population in 1987 to the peak level of 28.2 per 100,000 population in 1994 (Figure 18). This level was 23% higher than in Latvia and about twice as high as in Lithuania. In Russia, the homicide rate was even higher: 32.4 per 100,000 population. After 1994, the level has decreased in all Baltic states.

Figure 18. Homicides according to mortality statistics, per 100,000 population.

The number of aggravated assaults also increased dramatically from the late 1980s to the early 1990s, and decreased slightly after 1994. The trend in assaults thus resembles the trend in homicides.

A new feature in the 1990s is represented by bomb attacks, usually directed against individuals, often entrepreneurs. The peak of bomb attacks came in 1995 (81 explosions, causing 10 deaths). In 1997 there were 44 bomb attacks, causing 5 deaths. (In this connection it should be stressed that there have been no terrorist attacks against the general public.) The use of firearms in committing crimes also increased until 1995, but decreased substantially during the last years of the 1990s.

Crimes against property

The clear majority (about 80%) of all property crimes consist of various kinds of “secret thefts” (i.e., thefts without direct contact with the victim and without witnesses: thefts from a car, from an apartment, from shops and other premises, etc.). Robberies, “open thefts” (minor robberies without the use of serious violence or threat), frauds and embezzlement are the other main categories of property offences.

As was explained earlier, crime statistics up to the late 1980s cannot be regarded as reliable. The number of recorded secret thefts increased rapidly in 1988–1992, but has since this been roughly at the same level, showing just minor fluctuations (see Figure 19). It should be stressed that the majority of thefts (especially those causing relatively little damage) are not reported to the police (see page 48). Therefore, official statistics may to a certain extent be influenced by possible changes in reporting activity.

The number of robberies and open thefts also increased substantially from 1989 to 1993–1994. The total number of such crimes remained roughly unchanged during the late 1990s.

The number of recorded economic crimes has been greatly influenced by the capability of the police to detect such crimes. A remarkable increase in the number of recorded economic crimes since 1994 may partly be due to the increasing effectiveness of the police service compared to the early 1990s.

The most common types of economic crimes are fraud (e.g. using falsified passports or other documents in commercial operations), embezzlement, forgery (documents, bank notes, credit cards), abuse of professional powers (to get material or financial advantage), tax evasion (avoiding excise when importing oil or alcohol, illegal receipt of VAT due to false declaration of exports, etc).
Crime in different social groups and regions

The crime situation in different social groups is similar to that in most other countries. Around 90% of all suspected offenders are men. The risk of becoming an offender is highest among young boys aged 13–17. Common offences among youths include thefts, burglaries and causing damage to property. Violent crimes are most often committed by males aged 20–35. In relative terms criminal offences are committed more often among non-Estonian immigrants. This applies particularly to homicides (Lehti 1997) and other violent crimes, but also to drug-related offences.

Regional differences in crime reflect the relatively high level of criminal activity among non-Estonian immigrants. The risk of becoming a victim of crime is higher in Tallinn and in the big cities of the north-eastern part of Estonia (Kohila-Järve, Jõhvi, Narva) where the proportion of immigrants is high, than elsewhere.

Victimisation surveys

Victimisation surveys show that the most common offences (committed by private persons and households) are crimes against property (Table 11). In Estonia victimisation rates are 2–3 times higher than the average figure for 15 West European countries, both in cases of property crimes and violence (Aromaa & Ahven 1995). At the same time, the level of several types of crime in Estonia does not differ essentially from that recorded in other Baltic states and former socialist countries, the majority of which have experienced increasing crime rates in the 1990s (Zvekic 1998). The rates of assault in Estonia are quite similar to those in Finland. As is shown in Table 14, there were no marked changes in overall victimisation between 1993 and 1995.

Table 11. Percentage victimised by different types of events during the past year (% of the population aged 16 or over) according to surveys in Estonia (1993, 1995) and in Finland (1992, 1996).

<table>
<thead>
<tr>
<th>Event type</th>
<th>Estonia 1993(^1)</th>
<th>Estonia 1995(^1)</th>
<th>Finland 1992(^2)</th>
<th>Finland 1996(^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assault / threat</td>
<td>4.8</td>
<td>5.5</td>
<td>4.1</td>
<td>4.1</td>
</tr>
<tr>
<td>- with force</td>
<td>2.2</td>
<td>1.7</td>
<td>2.0</td>
<td>..</td>
</tr>
<tr>
<td>Robbery</td>
<td>2.9</td>
<td>3.4</td>
<td>1.0</td>
<td>0.5</td>
</tr>
<tr>
<td>Personal theft</td>
<td>8.0</td>
<td>5.5</td>
<td>3.2</td>
<td>..</td>
</tr>
<tr>
<td>Burglary with entry</td>
<td>5.7</td>
<td>4.2</td>
<td>0.6</td>
<td>0.6</td>
</tr>
<tr>
<td>Attempted burglary</td>
<td>3.2</td>
<td>3.9</td>
<td>0.6</td>
<td>0.7</td>
</tr>
<tr>
<td>Theft of car</td>
<td>0.7</td>
<td>1.6</td>
<td>0.7</td>
<td>0.4</td>
</tr>
<tr>
<td>- car owners only</td>
<td>1.5</td>
<td>2.7</td>
<td>0.8</td>
<td>0.6</td>
</tr>
<tr>
<td>Theft from car</td>
<td>7.3</td>
<td>7.0</td>
<td>3.0</td>
<td>2.9</td>
</tr>
<tr>
<td>- car owners only</td>
<td>15.6</td>
<td>11.5</td>
<td>3.6</td>
<td>3.7</td>
</tr>
<tr>
<td>Car vandalism</td>
<td>3.1</td>
<td>5.2</td>
<td>5.6</td>
<td>4.3</td>
</tr>
<tr>
<td>- car owners only</td>
<td>6.6</td>
<td>8.6</td>
<td>6.8</td>
<td>5.3</td>
</tr>
<tr>
<td>Theft of bicycle</td>
<td>6.3</td>
<td>4.7</td>
<td>4.9</td>
<td>5.1</td>
</tr>
<tr>
<td>- bicycle owners only</td>
<td>9.6</td>
<td>7.0</td>
<td>5.3</td>
<td>5.6</td>
</tr>
<tr>
<td>Sexual incidents (women only)</td>
<td>2.5</td>
<td>1.3</td>
<td>3.7</td>
<td>2.6</td>
</tr>
</tbody>
</table>

\(^1\) Aromaa & Ahven 1995.
\(^2\) Mayhew & van Dijk 1997.

The risk of victimisation varies considerably between different groups of the population. The risk of falling victim to both
violent crimes and property crimes is higher in major cities. The risk of falling victim to an assault or threat of violence is more than twice as high for men than for women, and is highest in the age group 15–24 years (Sillaste & Purga 1995, Aromaa & Ahven 1995).

According to the Business Victimisation Survey in autumn 1998, the most common crime-related problems for companies in Estonia are burglaries and other thefts, corruption of state employees, vandalism, dishonest personnel and dishonest customers (Aromaa 1998).

Control policy

The number of convicted and imprisoned persons increased until 1985 (Figures 20 and 21). In 1985, 6680 persons were convicted (sentenced unconditionally) by courts of law; at the same time on average 8600 persons were imprisoned in correctional institutions (of which about 2000 suspects under preliminary investigation).

Figure 20. Number of persons convicted by courts of law, number of persons sentenced to imprisonment, and their percentage of total convicted persons.*

* All figures for persons receiving unconditional sentences (after appeals). Source: Ministry of Justice.

Figure 21. Number of incarcerated and convicted persons in correctional institutions at the end of the year.

Source: Ministry of Justice.

The number of convicted and imprisoned persons decreased markedly in 1987–1988 due to different reasons: a liberalisation of punishments, a large number of immigrants from other Soviet republics was sent to prisons in their native republics, and there were some amnesties. More recently there have been no significant numbers of amnesties. Since 1988, the number of imprisoned persons has been around 4500.

In the 1990s, the police have charged some 10,000–11,000 suspects a year, regardless of the total number of crimes recorded in the respective year. From 1990 through to 1997, the number of persons convicted increased steadily from 3532 in 1990 to 9053 in 1997 (Figure 20). In 1998, a total of 8267 persons were convicted. The figures given above reflect the resources of the criminal justice system.
The number of convictions to unconditional imprisonment in relation to the total number of convictions has decreased considerably from 1980 (when it was 61%) to 1994 (23%). Since 1995, the figure has been between 24 and 27%.

Compared with many Western countries the punishments applied in Estonia have been rather severe. Imprisonment rates are still high (about 300 per 100,000 population) mainly because of the relatively long prison terms that were inherited from the Soviet era.

Estonia has no consistent criminal policy. The changes that have been made to the country’s criminal legislation have been made with a view to resolving single, acute problems. Crime prevention has been seen by society as a task for the police service and other institutions of the criminal justice system. The first crime prevention policy was introduced in 1995 with the adoption of the National Crime Prevention Programme. Nonetheless crime prevention measures have still remained quite scarce.

Opinions and attitudes

The general public in Estonia is seriously concerned about crime. Several surveys have shown that crime has been one of the most acute perceived problems in recent years, in addition to personal financial problems and anxiety about the health of relatives (Saar Poll 1995, 1998).

The fear of crime has increased during the 1990s and the large majority of people do not feel safe (EHDR 1995, Aromaa & Ahven 1995, EKI-test 1996–1999). According to a survey conducted by the Estonian Institute of Economic Research in 1998, 83% of the respondents said they personally feel threatened by crime; 59% indicated they were afraid of theft of personal property, 52% of attacks against other members of the family, 35% of attacks against themselves, and 25% of pick-pocketing (EKI-test 1999).

People are generally dissatisfied with the police and other criminal justice authorities. One of the main reasons for not reporting criminal incidents to the police is dissatisfaction with the police response, especially in cases of personal thefts, sexual incidents, car thefts and car vandalism (Aromaa & Ahven 1995). Courts of law are often criticised by the public for their lenient sentencing.

Media coverage is often sensationalist and critical towards the police. This has most probably increased the fear of crime and dissatisfaction with the police authorities among the population. The general public in Estonia favoured imprisonment as a method of punishment much more than in Finland (Aromaa & Ahven 1995). At the same time, legal awareness of the public is weakened due to the numerous changes and amendments made in legislation.

Conclusions

The crime situation in Estonia was at its worst in the early 1990s when various factors and circumstances combined to create favourable conditions for criminal activity: the reorganisation of the criminal justice system, changes in legislation and the absence of new laws, weak border and customs control in a situation of rapidly increasing international communication, a weakening of social control, a sharp increase in the amount of consumer goods as possible targets, etc.

At the same time, crime problems began to receive more and more attention in the media. The contrast with the Soviet era was immense, creating an impression of a rapidly deteriorating situation.

Alcohol consumption has played an important conducive role in violent crimes, hooliganism and vandalism for a long period of time. Drug use (as a motive for theft to get money) and the number of drug-related offences has increased markedly during the second half of the 1990s, especially among youths.

As yet the social roots of crime have received only little attention. Often the police are accused for the high crime level in the country.
References


Data received from the Ministry of Economic Affairs, Ministry of Social Affairs, Statistical Office of Estonia, Police Board, Wismari Hospital and Estonian Institute of Economic Research.

CHAPTER 3: Finland

Social problems in official statistics in Finland
in the 1980s and 1990s

Saija Järvinen

Introduction

The purpose of this article is to describe, analyse and interpret the recent changes that have taken place in the prevalence and consequences of alcohol and drug use in Finland. Another concern is with crime and suicide rates. These changes will be examined in the light of statistical data produced by government agencies, or what may be termed official statistics (see e.g. Hindess 1973, Mort & Siddal 1985). Furthermore, the aim in this study is to reach a deeper understanding of social problems in the light of ongoing social and economic upheavals and policy planning. We will discuss the development of the Finnish control system and control policy in relation to drugs and alcohol, as well as the way that public opinion on these issues has been moulded.

The main focus in this article is on issues that are traditionally defined as social problems, that is problems related to alcohol and illegal drug use. However, it is important to recognise that there is no established or absolute definition of what constitutes a social problem. Social problems or social issues are often considered to exist “objectively” and therefore to be subject to empirical verification so that their “real” existence can be ascertained. Senn and Senn (1993) also show that social problems are usually defined on the basis of a combination of objective and subjective criteria that may vary within any given society as well as over time. The objectivist approach defines social problems in terms of the measurable harms caused by objective conditions to society as a whole and its individuals. Identifiable objective conditions are crucial to recognising social problems. From an opposite, social constructionist point of view it is often argued that no objective condition is a social problem unless it is considered as such by certain actors. Constructionists regard social problems as the activities of groups and as assertions of grievances and claims with respect to some putative conditions (Spector & Kitsuse 1987, 75). Both these approaches are mirrored in this article. We will be looking at how official statistics reflect the prevalence of the use of alcohol and illegal drugs, as well as the harm caused by substance abuse. We will not, however, ignore the social constructionist approach which questions existing “truths” in a society and suggests that they are culturally, temporally and historically contextual. In particular, we are interested in the role of official statistics produced by governmental organisations in problem construction.

We begin this article by exploring the prevalence and consequences of alcohol and drug use in Finland in the light of official statistics. We then proceed to look at how public opinion on alcohol and drug issues has been shaped, and at the (changing) control policy on alcohol and drug use. The prevalence and consequences of alcohol and drug use will here be interpreted in the light of the recent social and economic changes that have taken place in Finnish society. The country’s socio-economic situation will be briefly sketched as a background for the later interpretation of the changes that have happened. We will also look at how crime rates and suicide rates have varied during the period under study and see whether there are any associations with alcohol and drug use. The period discussed here extends from 1980 to 1996.

Finally, we will also see whether there have been any changes in the statistical system, in the production of knowledge and in the use of statistics during this period of economic and social upheaval. In other words, we are interested not only in the prevalence of alcohol and drug use, but also in the interpretation of the statistical data and in the question of what kind of data have been collected in Finland and how. As Giddens (1984, 334) has stressed, social data and the modes in which quantitative data are produced are never merely an “index” of a given phenomenon, but they always exemplify what they are “about” — that is, processes of social life. It follows that the production of knowledge or information about harmful behaviours — for both society and the individual — itself tells us much about defining and constructing social problems; or at the very least it highlights the “topical issues”. Thomas (1996) has noted that statistics should be seen as organisational products and that an increase in the range and variety of statistics testifies to the growth of the power of organisations.

The economic and social situation in Finland

Social structures in both Western and Eastern countries have recently been in a turbulent state of transition. Changes have been taking place in population, family and professional structures (see e.g. Esping-Andersen 1996). One of the most
characteristic features of the Western transition has been the crisis of the welfare state. As Pierson (1996) notes, the welfare sector in Western states, aiming to produce equal opportunities for the whole population, has been an important sector of growth in state budgets. Nevertheless, the stagnation of economic development and soaring unemployment rates in the early 1990s called into question the future of Finnish welfare state structures as well.

Finland witnessed a period of rapid social change in the 1960s. Compared to many other Western countries, Finland was transformed from an agricultural society into a modern industrial society fairly late, i.e. in the 1960s and 1970s. Elsewhere in the Western world, the building of welfare state started in the aftermath of World War II. Finland developed into a Scandinavian welfare state quite late, in the 1970s (Kangas 1994); indeed according to Kangas (ibid.) Finland did not attain all the characteristics of the Scandinavian welfare state model until the 1980s. Stable economic growth provided opportunities for the supply of public services and the welfare state model. One of the most distinctive characteristics of the Scandinavian welfare state has been the important role of the state and guaranteeing social rights for all citizens (Kosonen 1997, 56).

During the past decade not only the former Soviet Union and Eastern Europe but also Central and Western Europe have seen a wave of fundamental social, economic and political changes. Finland was among the countries affected. The collapse of its trade with the Soviet Union and adverse international trends caused the national economy to decline into recession. After rapid economic growth particularly during the latter half of the 1980s, Finland saw zero growth in 1990, followed by three years of negative growth. The economy remained weak until 1994 and 1995. During the recession unemployment reached record figures. In the 1980s the unemployment rate had been very low, and as late as 1990 the official figure was no more than 3.4%. In 1994 the unemployment rate peaked at 18%, the highest figure recorded since the recession of the 1930s.

The fiscal crisis in the public sector also impacted the social policies of other Scandinavian welfare states. In Finland, and among the Finnish population, there has been a firm belief that the state should participate in producing the opportunities for a good life and welfare through economic support and through universal control and regulation (see e.g. Forma 1998). However, with the fiscal crisis the public sector was driven into a vicious circle of cutbacks. During the recession the future of the welfare state and the common and coherent ideology supporting the welfare state were no longer perceived as self-evident. The old ways of dealing with social problems have also been called into question. On the other hand, it has also been said that so far it has been possible to implement the cutbacks without altering or dismantling the basic structures of the social security system. As Uusitalo (1996) suggests, the Finnish welfare state has maintained its Scandinavian style, even though it is slimmer than before the recession, not as universal and more reliant on means-tested benefits.

Looking at the era beginning from World War II and extending through to Finland’s membership of the European Union in 1995, the Finnish welfare state seems to have gone through three periods. According to Alasuutari (1996) the first period, from the end of the war until the mid-1960s, was characterised by a strictly state-regulated economy, and can be called the period of moral economy. Finland had just come out of war, which boosted the sense of national unity, and the nation was held together by reference to ethical principles, such as a shared responsibility and solidarity. There were no generally accepted rules for social and political action and decision-making, nor any established systems of negotiation and social policy. In public debate the moral principles that were appealed to were supposed to be generally known and generally accepted. Right after the war it was easy to emphasise the feeling of togetherness and the joint responsibility, which were two of the main ethical principles. During the period of moral economy social services and social welfare were based on discretionary aid, also creating fertile soil for suspicions of malpractice.

The transition to planning economy meant a new approach to tackling social problems on the basis of scientific planning and scientific knowledge, which was particularly strong in the late 1960s — although it is important to bear in mind that any shift from one cultural period to the next is always a slow and gradual process. In the era of planning the aim was to combine separate laws, subsidies and benefits under broad “systems” or “mechanisms”. It was also at this time that the corporate system began to gain increased importance with the introduction of two- or three-year agreements on prices and wages.

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Although efforts to develop and improve welfare services continued in Finland throughout the 1980s, it was during this decade that we began to see the first signs of competition economy, with private interest and the markets gaining ever greater prominence. There was growing distrust in scientific social planning. Underlying these changes we can find, for instance, Thatcherism, Reagonism, the collapse of the economic and political system in Eastern Europe and, finally, the recession of the 1990s. When speaking of social services in Finland, the customer’s point of view becomes more important than, for example, the client’s. This implicates that when customers choose between good and “worse” or inappropriate services, the better remain and the worse are struck out. In many cases the era of competition has meant that professional power has also been called into question.

Some of the most profound changes in Finland have been witnessed during the past ten years or so. Finland has by now more or less recovered from the recession, the national economy is stronger again and export industries are doing better again. Nevertheless Blom et al. (1998, 110) argue that, for the first time in Finnish history, a real process of social marginalisation is underway. Households are faced with new kinds of living conditions and the proportion of
economically inactive groups has increased. Accordingly, the economically active classes have declined in size. Most of the changes mentioned here are related to slow economic growth, to the high level of unemployment, and to the increasing sense of insecurity in the labour markets, as well as to the changes in the welfare state and services.

Alcohol

Recorded and unrecorded consumption of alcohol

Analyses of alcohol consumption frequently rely on statistics on consumption, sales and beverage preferences. In Finland and in the other Nordic countries there is an abundance of data available on the level of alcohol consumption, sales records and different beverages. The data discussed in this article mainly cover the period from 1980 to 1996.

The overall consumption of alcohol and alcohol-related problems increased in all Western countries from the 1950s up to the mid-1970s. Between 1950 and 1968, alcohol consumption was fairly stable, and then started to increase. The recorded consumption of alcohol was also quite stable during 1974–1983, at about 6.3 litres per capita. As Figure 1 indicates, the consumption figures began slowly to increase in the mid-1980s. The recorded per capita consumption reached its peak in 1990 at 7.7 litres of absolute alcohol. Thus in 1994–1996, for example, the level of alcohol consumption per capita in Finland was almost the same as in the mid-1980s. As Figure 1 indicates, Finland’s recorded alcohol consumption has quadrupled since World War II.

Figure 1. Recorded consumption of alcohol in Finland in 1940–1997 (litres of 100% alcohol per 100,000 population).

Figure 1 also indicates that the recorded per capita consumption has slightly decreased in 1990–1994. According to official statistics, per capita alcohol consumption in 1997 stood at 6.9 litres. The estimate for undocumented consumption was about 2 litres per capita, giving a total of 8.8 litres per capita, which corresponds to the typical European level. In Finland — earlier known as a spirits country — stronger and more expensive beverages are now being replaced by milder and cheaper ones. Consumer preferences seem to have changed slightly during the past few years because the proportion of beer and wine has increased in relation to total consumption. Simpura et al. (1993, 256) suggest that Finnish people are becoming more used to drinking beverages with a lower alcohol content. As yet, however, this additional consumption has not displaced spirits (see also Simpura 1995, 13).

In countries such as Finland which have a state alcohol monopoly, the quality and reliability of sales statistics are traditionally very good. However, official statistics on sales and consumption do not provide the full picture of consumption because they do not cover so-called unrecorded alcohol consumption (alcohol imported by tourists, legal and illegal home brewing and distillation, smuggling and alcohol surrogates). Studies have shown (see Figure 1) that throughout the 1980s, unrecorded alcohol consumption was a steady one-fifth of documented consumption, or a little over one litre of absolute alcohol per capita. In the 1990s unrecorded consumption started to increase, and in 1995 it reached one-third of recorded consumption, or 2.1 litres of absolute alcohol per capita. The increase in unrecorded consumption is due to Finland’s admission to the European Union and especially to alcohol brought into the country from Russia and Estonia. It has been estimated that in 1994, alcohol brought into the country by travellers added 6% and in 1995 17% to the recorded consumption of alcohol (see e.g. Österberg & Pehkonen 1996).

The decrease in total recorded consumption in the 1990s can mainly be explained by reference to the economic recession, high unemployment rates and lower incomes. The changes in and especially the structure of consumption have been very
much influenced by disposable household incomes and real prices of alcohol, as well as Finnish drinking habits and attitudes towards alcohol. It has been estimated that alcohol consumption in Finland is set to increase, the main contributing factors being reduced prices, followed by rising incomes and the expected increase in licensed premises. Finland’s membership of the EU has also clearly increased the volume of imported alcoholic beverages. (See e.g. Holder et al. 1998.)

Surveys on consumption and drinking habits

Despite their accuracy, official statistics on the sale and consumption of alcohol fail to capture some interesting aspects. For instance, changes in aggregate consumption can be explained in several ways: new drinkers may have been recruited from groups of former abstainers, or the drinking frequency and quantities consumed may have changed. If we want to find out how, when and by whom different beverages are consumed, it is necessary to look for relevant survey data or ethnographic studies which supply information on the qualitative aspects of changes in consumption, i.e. how drinking habits are changing.

Survey data can also ascertain fluctuations in the prevalence of drinking and answer questions concerning changing drinking habits in a country or between different countries. In Finland survey data based on interviews are gathered every eight years. The data reveal, for example, that during the period of increasing consumption from 1968 to 1976, there was first a rise in drinking frequency, and later a decrease in abstinence rates, which contributed to consumption growth. In the later period of stable consumption (from 1976 to 1984), changes in abstinence, drinking frequency and intake per occasion remained small (Mustonen et al. 1998).

Surveys also reveal that alcohol consumption varies widely between men and women. According to survey data collected in 1992, women accounted for 24% and men for 76% of all the alcohol consumed. Women are abstainers more often than men. The trend of decreasing abstinence can be seen among men but more apparently among women. In 1984 over one-quarter or 27% of women were abstainers, in 1992 the figure was 18% (Simpura et al. 1993, 245–250). The decreasing response rates in the survey data are somewhat problematic. In 1984 the response rate was 93%, but in 1992 only 87%. Neither of these surveys provide information on the drinking habits of persons under 15 or over 69 (Simpura 1987, 14; Simpura et al. 1993). Studies are also conducted among schoolchildren, and the results indicate that the prevalence of drinking, and mixing alcohol and pills, is increasing especially among young girls (Ahlström et al. 1996).

Until recently, drinking patterns in Finland have differed from those in the rest of Europe. However, there is reason to believe that the ongoing process of integration into the European Union will homogenize consumption levels and beverage preferences (Simpura 1995, 20). In comparison, Hanhinen (1995, 25) has concluded that Finland is more inclined to resemble Denmark and other European countries in which the drinking frequency has been rising and where overall consumption is higher than in Sweden, Norway or Iceland. At the same time, however, drinking for intoxication has remained at a constant level among men and even increased among women³. On the other hand, the consumption of milder beverages has increased, but this additional consumption has not yet displaced spirits yet. Drinking habits seem to be cultural phenomena and slow to change; old habits are likely to remain beside the new ones. This can be seen among young people as well.

Consequences of alcohol use

The consequences of alcohol use are associated with the prevalence and development of alcohol problems and their detrimental effects. Positive individual effects are rarely mentioned in discussions on the consequences of alcohol consumption. The phrase “alcohol problem” implies an assumption of causality. However, it is quite clear that the causal link is conditional and uncertain. A given level or pattern of drinking may or may not lead to a problem depending on who is drinking, their accompanying diet, when the drinking is done, who reacts to the drinking in what manner, and so on (Edwards et al. 1994, 4–6).

There are at least two useful approaches to analysing the consequences of alcohol consumption: we may study official statistics or examine people’s opinions on and experiences of alcohol problems. In this article we will concentrate on official statistics and on the consequences to the drinker. Studies have shown a clear link between the consumption of alcohol and certain negative effects. There is no doubt that relatively heavy drinking has substantial adverse effects on a person’s physical health and on mortality: the higher the consumption level, the more detrimental the effects. The harmful effects of alcohol consist of both direct and longer-term effects. Sustained alcohol use causes long-term effects on health, such as liver cirrhosis or alcoholism. Drink-driving, alcohol-related violent offences, accidents and suicides are regarded as direct effects.

Liver cirrhosis is used as a relatively reliable indicator of the magnitude of aggregate consumption and alcohol problems. As mentioned above, alcohol consumption began to increase steadily in the late 1950s and showed sustained growth until
1975. The same trend can be seen in the detrimental effects: for instance, liver cirrhosis and alcohol psychosis mortality tripled between 1951 and 1975 (see e.g. Mäkelä et al. 1981). As Figure 2 indicates, the number of deaths caused by liver cirrhosis nearly doubled among men and women in the 1980s. The number of deaths caused by liver cirrhosis increased until 1992, but started to decline slightly in 1993, in line with the decline in total consumption. The increase occurred at the same time as alcohol consumption increased by one-quarter\(^4\). Figure 2 also indicates that the downturn in the consumption of alcoholic beverages at the beginning of the 1990s is beginning to have an impact on the adverse effects caused by alcohol, i.e. liver cirrhosis and other diseases.

*Figure 2. Liver cirrhosis mortality among women and men in 1980–1993 (per 100,000 population).*

There have been no major changes in Finland in alcoholism, alcohol psychosis or alcohol poisoning mortality rates since the 1980s. As Figure 3 indicates, alcohol poisoning mortality rates seem to have increased between the 1980s and 1992, but with the exception of 1988 and 1990 the situation has been rather stable. In Finland the number of deaths caused by alcohol poisoning is also very high in comparison to deaths caused, for example, by alcohol psychosis or alcoholism. This may point at the use of substitutes and/or the tendency of Finnish people to drink to inebriation.

*Figure 3. Deaths from alcoholism, alcohol psychosis and alcohol poisoning in 1980-1997 (per 100,000 population).*

Alcohol-related harm or alcohol problems are far less prevalent among women than among men. Indeed, the incidence of most problems among women is lower compared to the proportion of consumption attributed to women. About 2500 alcohol-related deaths occur each year in Finland. Over 80% of alcohol-related deaths occur among men (Alcohol Statistical Yearbook 1994, 38).

The statistics compiled on morbidity rates and illnesses caused by alcohol cannot be used for cross-national comparisons as easily as, for example, those on deaths caused by liver cirrhosis, or other mortality rates. In the context of treatment for alcoholism, the statistics are more inclined to reveal information on financial resources (personnel, number of beds in hospitals and clinics) and the object and purpose of the treatment than on “real” morbidity. A cross-sectional study on
intoxicant-related use of social welfare and health care services was carried out during one day in November 1995, and the results were compared with a corresponding assessment from 1991. The comparison indicates that intoxicant-related visits had increased over the four years in all sectors of social welfare and health care services except one, i.e. rehabilitation services for alcohol and drug users. According to Kaukonen and Haavisto (1996), the use of services had increased by 21%, even though the number of clients had not increased. Two-thirds of the clients still used no other substances than alcohol. The mixing of alcohol, drugs and pills had increased, and almost one-quarter of the clients used medical substances for intoxication.

The direct effects of drinking alcohol are associated with individual instances of alcohol use and they include drink-driving, accidents, alcohol-related violent offences and suicides. One indicator of the direct effects is detentions for drunkenness, which have been declining quite notably since the 1980s. The rate of drink-driving, as well as drug and alcohol-related crimes which do not have victims in the same way as property crimes or assaults do, depends very much on the activity and resources of the police.

**Figure 4. Drink-driving offences known to the police, suspected offenders in 1980–1997 (per 100,000 population).**

During the ten-year period from 1982 to 1991, recorded drink-driving offences increased by 42%, but in 1992, for example, drink-driving decreased by 13%. Compared with the number of motor vehicles, the number of drink-driving offences has decreased slowly. It is also notable that the increase in drink-driving cases in the 1980s took place despite more intensive control. The number of breath tests taken (to measure the blood alcohol content with a breathalyzer) has at least quadrupled since 1980 (Rikollisuustilanne 1992, 51). The overall number of persons suspected of drink-driving offences seems to have gradually declined — as has the average alcohol concentration in the blood of those guilty of drink-driving. On the one hand, this decrease may be attributed to stricter control. On the other hand, it is possible that the actual number of offences has decreased as a result of the recession and reduced incomes. Figure 4 shows the number of offences known to the police and the number of suspected offenders, which have both diminished in the early 1990s. It is also obvious that men are suspected of drink-driving offences clearly more often than women.

**Changing alcohol policy arrangements and stable opinions on alcohol**

In Finland there is a long tradition of measuring public opinion on alcohol control and alcohol policy: surveys have been conducted on the issue since the 1950s (Mäkelä 1976). Public opinion on alcohol policy varied considerably during the 1960s and 1970s. For example, attitudes towards the regulation of medium strength beer sales showed a clear and rapid liberalisation in the late 1960s. In the early 1970s, the shift in opinions favouring a more restrictive policy did not occur quite as rapidly, but the change was almost as drastic as in the 1960s, even though it swung in a different direction. Opinions on alcohol policy have taken a turn in a more liberal direction since the mid-1970s. When the preferred mode of selling beer is used as an indicator, the change seems to have been most dramatic in the late 1980s. The liberalisation of alcohol policy and the dismantling of the alcohol monopoly have continued in the 1990s. Public opinion polls in the years prior to the country’s membership of the European Union clearly indicated a growing majority in favour of a more extended availability of wine and beer. However, public opinion in the late 1990s can still be regarded as supportive of the present alcohol policy system. For example, in January 1995, half of the Finnish population regarded the existing alcohol regulations as acceptable, and one-third of the respondents preferred a more liberal approach. (Österberg 1998, Ahlström & Österberg 1997.)

While public opinion polls indicate a liberalisation of attitudes towards alcohol availability, public opinion cannot be interpreted to reflect a public desire to get rid of the alcohol monopoly system completely. Nonetheless in a study conducted among administrators, journalists and businessmen, it was felt that a liberal alcohol policy would be called for in the future (Hanhinen & Törnro 1998). Opinion leaders’ views on alcohol policy are thought to be in favour of a liberal alcohol policy. Finland’s leading newspaper, Helsingin Sanomat, has also played an active role in the field of alcohol policy, with liberal undertones (Hanhinen 1994, Järvinen 1998a, Piispa 1997).
Since Finland joined the European Union on January 1, 1995, Finnish alcohol policy and the related control system have seen some profound and obvious changes, including the abolition of state monopolies on alcohol production, import, export and wholesales. In Finland alcohol policy has traditionally been very strict and restrictive, with a focus on public health. Finland has a long history of using alcohol policy as a means of reducing total alcohol consumption and its detrimental effects by reducing the availability and the demand for alcohol. Until the changes of 1995, the alcohol monopoly system (Alko) was highly restrictive, covering production, import, export, wholesale and retail. For more than 60 years the monopoly had complete control over prices, licences, trade, and production. Finnish alcohol policy has been in favour of high retail prices through taxes on alcoholic beverages, and alcohol taxation has been heavier in Finland than in most other countries.

When Finland joined the European Union as a full member at the beginning of 1995, a new alcohol law came into effect with the aim of harmonising Finnish alcohol policy with that of the European Union. Similarly, Alko’s powers as a supreme authority of control were dismantled. The new administrative office as part of the Ministry of Social Affairs and Health is now the respectable authority in terms of inspection and approving applications for import, export, production, wholesale and retail.

The main emphasis in Finnish alcohol policy has been on restrictive principles. The cornerstones of Finnish and Scandinavian alcohol monopoly systems have been the principles of market independence, disinterestedness, and universalism. Following these principles, the private profit motive in the sale of alcohol has been minimised, providing a considerable source of income for the welfare state. Tigerstedt and Rosenqvist (1995, 89) have concluded that by focusing more and more on the control of total consumption and not only on heavy drinkers, the system has tried to avoid stigmatising individual drinkers. Due to the changes in the alcohol monopoly system Finland is now leaning towards a more liberal alcohol policy, such as is implemented, for example, in Denmark and Central Europe. According to Tigerstedt and Rosenqvist (1995, 95), in Scandinavian countries, with their state-centered social service and health care systems, the changes will imply significant ruptures and reorientations in society. In Finland and in Sweden the reactions to these social changes have differed; while Sweden decided to cope with the new situation by developing rational policies and a “high risk strategy”, Finland chose a “highly risky strategy”, changing fundamental policy elements without any serious attempt to reflect on social and health issues (ibid.).

Despite the official targets of alcohol policy, which have aimed at reducing consumption and its detrimental effects by reducing the availability of alcohol, the actual alcohol policy has been shifting towards a more liberal direction since the latter half of the 1980s. As Figure 5 indicates, the number of Alko’s retail outlets remained unchanged in the early 1980s, but started to increase slightly between 1985 and 1996. This can be interpreted as an indicator of liberalisation in alcohol policy and a step towards facilitating the supply of alcohol. The number of valid licences for selling alcohol has also increased, and almost doubled since the 1980s. These changes towards a more liberal alcohol policy and facilitating supply have been justified, for example, by referring to freedom of trade and business, and by the need to promote a better alcohol and restaurant culture. According to the new Alcohol Act (1995), the monopoly on the retail sale of alcoholic beverages with an alcohol content exceeding 4.7% by volume remained with Alko. Shops and kiosks selling groceries may be licensed to sell beverages with an alcohol content of 4.7% or less.

Figure 5. Number of Alko retail outlets in 1980–1997.

Drugs

Scarce data on drug use

In Finland most of the data concerning the prevalence of drug use have been extracted from general data collection systems. The data on drug-related morbidity are derived from general hospital statistics and data on drug-related mortality from the autopsy reports on obscure deaths or from the general cause of death records. The data on drug-related crime are
derived from general crime statistics (offences known to the police) and court records on sentences for drug-related offences. In Finland the estimates on the prevalence of drug use are thus mainly based on crime statistics or statistics compiled by the social welfare and health care authorities. Since the country joined the European Union in 1995, Finland has also been a member of the European Monitoring Centre for Drugs and Drug Addiction, EMCDDA. Accordingly, Finland takes part in international cooperation in the field of drugs through the European Union and the United Nations. The National Drug Monitoring Centre operates under the auspices of the National Research and Development Centre for Welfare and Health, STAKES, and its primary task is to coordinate the data gathered by various data collection bodies and to further develop the information systems. The purpose of compiling data annually is to produce internationally comparable and nationally useful information on drug use (see Huumausainetilanne 1997).

It has been suggested that although we do have some statistics and surveys on drug use and dependence, the information available is limited and inadequate (see e.g. Huometiedonhallintatyöryhmän muistio 1995). The Finnish approach to drug use has been focused on drugs as a integral part of the entity that also comprises other intoxicating substances, and the main demand for information in this field has concerned alcohol and the mixed use of alcohol and drugs. In Finland drug use and the drug issue have been perceived as a part of substance use as a whole. This way of collecting data on drugs can be explained by reference to the fact that drug use has been perceived as being linked to the consumption of alcohol, and recently to pills as well. “Pure” drug use has been considered marginal in Finland. There have also been periods during which data on the prevalence of drug use have not been collected at all, or only sporadically.

The first nationwide surveys on the prevalence of drug use were not conducted in Finland until 1992. Because drug use is illegal and punishable by law, no data are available on the use or production of drugs, as there are in the case of alcohol consumption. Data on the use of and experimenting with drugs are often collected in conjunction with studies on the consumption of alcohol and other intoxicants. One of the drawbacks of survey studies is that they exclude respondents who are, for example, institutionalised or homeless. The non-response rate can be high, and surveys rarely reach people with serious drug problems. When studies are focused on sensitive issues such as drug use or drug-related crime, it is not easy to get reliable answers with interviews, either. Qualitative and ethnographic studies concerned with drugs have also been quite rare in Finland (see, however, Kinnunen 1990 and Seppälä 1999).

Assessments of the prevalence of drug use

Finland, along with other Western countries, has seen major changes in drug use since the 1960s. Hakkarainen (1992) has shown that in Finland, the level of drug use was at its highest in the early 1970s; since then the number of drug addicts has remained quite stable. Until the 1960s drug use was perceived mainly as a medical problem; during the 1920s and 1930s, the use of drugs would mainly fall under the heading of “upper-class morphinism”. The few Finnish drug addicts belonged to higher social classes or were health care personnel, some of them artists. The number of drug addicts increased during and after the Second World War, when amphetamine, morphine and heroine were used as pain-killers by Finnish soldiers. After the war drugs were mainly used by working-class people with criminal backgrounds; two out of three drug addicts came from the working class. During the 1950s drug use showed a tendency to decrease, until it started to increase again in the mid-1960s. As was mentioned earlier, the drug scene changed dramatically in the 1960s; and not only the drug scene itself, but also the portrait of drug user. At the same time as the use of opiates decreased, the use of new drugs, especially hashish and amphetamine, began to increase. The non-medical use of drugs and especially the use of cannabis became popular among young people.

In 1992 two nationwide surveys were conducted on the prevalence of drug use. It was shown that only 1% of the total population had used cannabis during the previous year, most of them in urban areas. Both studies also showed that about 6% of the total population had used cannabis at some point in their life (Kontula 1995, Kontula & Koskela 1992, Partanen 1994, Partanen & Metso 1997). The general population survey conducted in spring 1993 (Hakkarainen et al. 1996, 135) indicated that the proportion of ever-users of cannabis was 7%. In this study the proportion of those reporting cannabis use during the previous six months was 1% of the total population. The results show that drug use among the general population is to a great extent limited to experimental use of cannabis, and it is most apparently associated with the urban lifestyles of adolescents and young adults. Cannabis continues to be the most common illegal drug throughout Scandinavian countries and in Finland. Drug use is a more common phenomenon among men, especially those under 30 years of age. The use of alcohol does not seem to be as gender-specific as the use of drugs. Mixing pills and alcohol is more common among women. The most recent relevant survey was conducted in 1998 (Partanen & Metso 1999).

An important statistical source illustrating the prevalence of drug use among young men is represented by surveys on military conscripts. Such surveys have been conducted since 1968. The latest results indicate that in 1992, drug use among military conscripts had doubled compared to the situation in the late 1980s, and it is now at similar levels as in the early 1970s, i.e. just under 20% of the respondents had had experiences with drugs (Jormanainen et al. 1994).

Surveys on drug use have also been conducted among schoolchildren. In 1995 the number of children in the age group of 12–18 who knew drug users in their neighbourhood had doubled since 1985. In 1985 21% of the respondents, and in 1995 as large a proportion as 41% of the 12–18 year-olds in Finland had known a drug user among their friends. 13% of the
respondents said that they had been offered drugs during the previous year (Rimpelä et al. 1995). Ahlström et al. (1996) note that in the Helsinki area, the extent of drug use is twice as high as in other parts of the country. In another study also conducted in 1995, 7% of the schoolchildren aged 15–16 years said they had used drugs at least once during the previous year. The study also showed that in the Helsinki area the proportion of those who had used drugs at least once during the previous year was 16% (Kivivuori 1997). It is obvious that those young people who use drugs regularly are not included in these types of studies: they do not attend school, nor do they answer mailed questionnaires.

Compared to other European countries the drug situation in Finland is different in the sense that hard drugs and especially heroine are rarely used. Many data sources, such as mortality and morbidity figures or data on treatment and crimes, indicate a comparatively low level of dependence on so-called hard drugs. The study conducted in 1995 indicates that there are about 3100 users of hard drugs in the Helsinki capital area, which is less than 0.6% of the population in the age group 15–55 (Partanen 1997). This is still the lowest figure in Europe. As was mentioned earlier, instead of using hard drugs, mixing different substances with alcohol is more common in Finland.

Consequences of drug use

In Finland drug use is perceived as a marginal problem compared to alcohol use. Drug-related deaths, in which the cause of death is drug dependence, have been very rare, ranging from 0.1 to 1.0 per 100,000 population among men and from 0.0 to 0.2 per 100,000 population among women during 1987–1993. There were no dramatic changes in this respect until 1994.

As we can see in Figure 6, the number of hospital admissions of drug users has increased annually since 1990.

The figures clearly indicate that the number of admissions due to poisoning, drug dependence and intoxication has increased between 1988 and 1994. However, when the figures are compared to the number of admissions due to the use of tranquillizers, the differences are quite considerable. We may conclude then that compared to the use of alcohol and tranquillizers, the use of drugs has been quite marginal in Finland, according to statistics compiled from hospitals. Even within Europe there are huge differences in the numbers of drug-related HIV and AIDS cases among users of intravenous drugs. Of all HIV-infected cases in Finland in 1994, 3.8% had caught the infection from drug needles (Kansanterveyslaitos 1994).

Figure 6. Number of hospital admissions for drug use in the 1990s.

The number of offences detected depends not only on the actual offences committed, but also on the efforts of the investigating authorities and the number of police officers involved in these efforts. In Finland the level of investigation into drug offences is high. Kinnunen (1996) has shown that detection rates for smuggling and distributing drugs are generally quite high. Compared to other European countries, the approach adopted by the Finnish authorities to drug investigation can be considered relatively reactive rather than proactive (ibid.). According to the National Bureau of Investigation, a total of 145–150 police officers were engaged full-time in investigating drug-related crimes in southern Finland in 1994. Drug offences are also concentrated in Southern Finland and big cities.
A study by Kinnunen indicates that persons suspected of drug offences have often committed a number of other offences, too. Three out of four persons suspected of drug offences in Helsinki in 1994 were suspected of at least one other offence in Helsinki between 1992 and 1994. A particularly clear association was found between drug offences and theft or dealing with stolen property. Almost half (48%) of those suspected of drug offences were also suspected of theft (Kinnunen 1996). In Finland the average age of persons prosecuted for drug offences has steadily been at around 25 years. The proportion of 15–20 year-olds among those prosecuted for narcotics offences was about 71% in 1973, falling steadily to 20% by 1978. In 1991 the corresponding proportion was 23% (Rikollisuustillanne 1994, 75–76). It has been indicated that drug use reached its peak in the early 1970s, and that the number of drug addicts has remained quite stable ever since. 1974 was an exceptional year in terms of the numbers sentenced by courts. In the late 1980s the number of drug-related offences started to increase again. The number of persons suspected of drug offences has increased rapidly during the 1990s, and the situation deteriorated considerably in the mid-90s (see Figure 7).

Figure 7. Persons suspected of drug-related offences and number of sentences in 1980–1997.

The changing drug scene in Finland?

Although drug use has been relatively rare in Finland compared to other Western European countries, the drug situation in the country has been getting progressively worse during the past few years: the availability of drugs is increasing, as is the number of drug users. The trends are confirmed by the police, social workers, the medical profession, as well as drug users themselves. Prices have also been coming down. Hashish remains the most commonly used drug in Finland. Amphetamine is the most popular hard drug, but there have been some indications of an increasing use of smoked heroin, LSD and ecstasy. Drugs are still smuggled into Finland mainly from Denmark and from the Netherlands, but also via the former Soviet Union and Estonia (Kinnunen 1996).

The figures presented above indicate that the number of drug-related offences has increased considerably during the 1990s in Finland. Despite the marginal role of the drug problem compared to problems relating to alcohol use, it can be concluded that the prevalence of drug use has been rising in Finland in the 1990s. Police figures for the 1980s indicate that the number of persons suspected of drug offences was around 1100–1200 per annum. In the 1990s the figure has soared to over 3000, in 1996 it peaked at 6000. These figures show that the proportion of people imprisoned for drug offences has doubled since the turn of the decade to about 6% of the prison population, even though the overall number of prison sentences has been declining. Although the situation is clearly getting worse, Kinnunen (1996) suggests that the drug markets in Helsinki cannot yet be considered wholly organised. These markets are in a constant state of flux, partly because there are no established organisations that would have divided the markets among themselves or would be able to continue operating effectively even if some members of the organisation were in prison. Overall the scene on the drug markets is highly confused and unsettled. Groups that are engaged in drug-related offences often fall apart once they are detected. It also seems that there is no “drug mafia” or “drug kingpin” focusing solely on drugs in Helsinki or in Finland. In contrast to some expectations, in the mid-90s Russian and Estonian criminals had not yet been able to gain a very strong foothold on the Finnish drug markets. It is also obvious that direct links between prostitution and drugs do not appear to be very common in Finland.

Restrictive drug policy remains on course, opinions on drugs remain negative

Finland has pursued its drug policy in line with the principles of social welfare and health care, as well as in line with international conventions. The National Commission on Drug Policy issued its proposal for a new drug strategy in spring 1997. The national programme suggests, for example, how to tackle and combat the use of drugs and the effects of drug use and drug-related offences (Huumausainestrategia 1997). Current narcotics legislation in Finland dates back to the emerging drug problem in the 1960s, when it was adopted as a response to actions at an international level rather than to
the domestic drug situation (Hakkarainen et al. 1996).

The structure of legislation is similar in all Scandinavian countries and is based upon the prohibition of certain drugs. The scope of criminalisation is also identical in Finland, Sweden and Norway, whereas in Denmark the use of drugs is not punishable by law. In practice this means that in all other Scandinavian countries except Denmark, drug use is criminalised and there is no minimum limit that people are allowed to possess for personal use. According to the Finnish Penal Code, the manufacture, growing, smuggling, selling and dealing of drugs is also punishable by law. In principle, the waiving of prosecution for drug use is possible in Finland if the offence committed is of minor consequence and if it does not reduce general obedience to the Penal Code. When a person who has committed an offence can prove that he/she has started receiving institutionalised treatment acknowledged by the Ministry of Social Affairs and Health, the charges may also be dropped.

Finnish drug policy has relied on restrictive principles, and public opinion towards drugs has generally been very negative. There have been two important landmarks in the course of constructing a national drug policy. The first one was the process of definition which started in the 1960s and led to the Finnish Narcotics Act in 1972. The second one was the law reform in 1994. In the 1970s drug use was defined as a youth problem and the drug issue was seen as a problem of law and order rather than a public health or medical problem, which was still the case in the 1960s. The purpose of making drug use punishable by law was to discourage young people from experimenting with drugs. At the same time, the main responsibility for containing the problem was transferred from the medical profession to the police authorities. In the 1990s a transformation from the problem of juvenile delinquency to the problem of professional crime has been reflected in the construction of drug policy. For example, money laundering was defined in the new legislation as a punishable offence (Hakkarainen 1994).

As was already mentioned, Finnish newspapers have been in favour of a liberal alcohol policy. The situation is different with drugs. News and articles on alcohol issues stand in sharp contrast to newspaper coverage of drug issues. In Finland the police authorities have been important claims-makers in terms of the drug problem, and the drug issue is presented solely as a criminal problem (see e.g. Järvinen 1997, Jaatinen 1998). The definitions applied in any given society of a drug problem are of great consequence because they also express the targets of drug policy and the different solutions suggested to the problem. Public opinion on drugs has also remained very negative in Finland. A population survey conducted in 1992 showed that Finns still take very negative attitudes towards drugs. Only 4% of the total population was of the opinion that drugs should be legalised (Kontula & Koskela 1992). Recently attitudes towards drugs have become somewhat more permissive, especially among young people (Ahlström et al. 1997). In a survey conducted in 1994, Finns were asked about their opinions on serious problems facing Finland. The respondents were of the opinion that in 1994, drug abuse was one of the most serious social problems and called for an urgent solution. Although Finns considered the use of alcohol a prevalent problem, they did not feel there was need for urgent action (Järvinen 1998b).

**Economic and social changes reflected in the trends of alcohol and drug use**

As was discussed earlier, drug use in Finland is far less common than in many other countries. However, the figures presented above seem to indicate that in the 1990s, the prevalence of drug use has increased, as have the related problems. Studies have shown that the use of drugs, and cannabis in particular, is most common in the southern parts of the country. Intravenous drug use still remains rare. Drug-related offences peaked in Finland in the 1990s, and drugs are now readily available throughout the country. Studies have also indicated that experimenting with drugs has become more prevalent, especially among younger people. The mixing of pharmaceuticals and alcohol is also increasing in Finland, especially among young girls.

As regards alcohol use during the period under review, consumption remained quite constant until the mid-1980s. Alcohol use started to increase towards the end of the 1980s, and light wines and beer accounted for an increasing share of total consumption. The increasing consumption of alcohol in the form of mild beverages in the late 1980s can mainly be explained by reference to rising consumer incomes, the prices of mild alcoholic beverages and the promotion of these beverages. The figures presented in this article indicate that recorded alcohol consumption peaked in 1990 when per capita consumption was 7.7 litres of absolute alcohol. During the 1980s unrecorded consumption of alcohol remained at a steady one-fifth of recorded consumption. In 1995, after Finland had joined the European Union, unrecorded consumption reached the level of one-third of recorded consumption.

It was already pointed out earlier that there is a clear connection between the consumption of alcohol and certain detrimental effects; the higher the consumption of alcohol, the more detrimental effects we can detect. A clear example of this is provided by figures on alcohol-related deaths: in 1994 when alcohol consumption was 6.6 litres per capita, about 5% of all deaths were alcohol-related. In 1995 when recorded consumption had increased to 6.7 litres per capita, and when unrecorded consumption had also increased, the number of alcohol-related deaths increased by 3% compared to 1994.

As regards the use of alcohol in the 1990s, it seems obvious that the improving economic situation in the country has also served to increase total alcohol consumption. The figures indicated a decrease in consumption in the early 1990s when
the Finnish economy plunged into recession. The economic fluctuations were also reflected in consumption figures, indicating that the high unemployment rates had weakened consumers’ purchasing power.

Drug use seems to have increased recently, in spite of the recession of the early 1990s. The economy started to recover in 1995, and the prevalence of drug use is still increasing. Rather than referring to economic recovery, we may explain the changing drug scene by the deteriorating drug situation in other European countries. Finland’s membership of the European Union at the beginning of 1995 increased the risk of Finland becoming a transit country for drug trafficking, given its geographical location on the eastern border of the European Union and the increased traffic to Russia and the Baltic countries. Until 1995 Finland had kept its borders to Russia and Estonia closed, and it remained geographically quite isolated. The marginal role of drug use might also be explained by reference to Finland’s geographically remote location, as well as by the absence of large suburbs and urban centres.

Finnish drug policy remains firmly grounded in its traditional restrictive principles. Therefore the rising trends in drug use cannot be explained by reference to weaker control on a policy level either. It is obvious that attitudes and the social and cultural climate in general have become more permissive among young people. The increasing use of drugs could thus be explained by increasing availability, increasing experimenting, as well as by the more permissive cultural climate. Economic changes or changes in the control system do not seem to provide very plausible explanations. Anyway, it is obvious that drug use has now become “an issue” in treatment systems and among the authorities, so it is more easily “recognised” and also recorded in official statistics. This has happened through education and a growing interest on the part of those tackling the problem.

**Alcohol, drugs, crimes and suicides**

We will begin this discussion by looking at whether and how the use of alcohol and drugs is connected to the development of the crime situation, especially in the case of crimes against person (assaults) and crimes against property (thefts) since 1980. In Finland alcohol consumption has always played an important part in explaining crimes in general, as well as the historical development of violent crimes (see e.g. Törnudd 1978). Table 1 shows that the rate of recorded assaults increased throughout the 1980s, but started to decrease in the early 1990s, with a new moderate increase in 1994 and 1995. The number of assaults has been roughly parallel to the increase in the consumption of alcohol. Falling victim to a crime has in many countries repeatedly been shown to be strongly related to age, with young people showing the highest prevalence rates. The prevalence of violence in a given year seems to be above the European average in Finland (see e.g. Aromaa & Ahven 1995).

**Table 1. Recorded assaults, aggravated assaults and petty assaults known to the police in 1980–1996.**

<table>
<thead>
<tr>
<th>Year</th>
<th>Assaults</th>
<th>Aggravated assaults</th>
<th>Petty assaults</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>9271</td>
<td>1600</td>
<td>3088</td>
</tr>
<tr>
<td>1981</td>
<td>10,102</td>
<td>1622</td>
<td>3040</td>
</tr>
<tr>
<td>1982</td>
<td>10,955</td>
<td>1724</td>
<td>3040</td>
</tr>
<tr>
<td>1983</td>
<td>10,538</td>
<td>1793</td>
<td>2911</td>
</tr>
<tr>
<td>1984</td>
<td>11,458</td>
<td>1788</td>
<td>3193</td>
</tr>
<tr>
<td>1985</td>
<td>11,480</td>
<td>1891</td>
<td>3048</td>
</tr>
<tr>
<td>1986</td>
<td>12,010</td>
<td>1820</td>
<td>2872</td>
</tr>
<tr>
<td>1987</td>
<td>12,498</td>
<td>1905</td>
<td>2662</td>
</tr>
<tr>
<td>1988</td>
<td>13,610</td>
<td>1979</td>
<td>2770</td>
</tr>
<tr>
<td>1989</td>
<td>15,054</td>
<td>2147</td>
<td>2698</td>
</tr>
<tr>
<td>1990</td>
<td>15,756</td>
<td>2358</td>
<td>2534</td>
</tr>
<tr>
<td>1991</td>
<td>15,313</td>
<td>2199</td>
<td>2835</td>
</tr>
<tr>
<td>1992</td>
<td>14,617</td>
<td>1962</td>
<td>2507</td>
</tr>
<tr>
<td>1993</td>
<td>14,222</td>
<td>1890</td>
<td>2544</td>
</tr>
<tr>
<td>1994</td>
<td>15,345</td>
<td>2038</td>
<td>2453</td>
</tr>
<tr>
<td>1995</td>
<td>17,231</td>
<td>1955</td>
<td>3002</td>
</tr>
<tr>
<td>1996</td>
<td>17,897</td>
<td>1926</td>
<td>4719</td>
</tr>
</tbody>
</table>

As Table 2 indicates, there has been an apparent increase in the number of thefts since 1985 through to 1993, whereas 1994 and 1995 saw a clear downturn in the trend.
The figures for liver cirrhosis do not rise in one year. This is illustrated in Figure 8. But the changes in consumption are not necessarily immediately reflected in the official statistics. The decrease or increase in prosperity, psycho-social problems tend to increase, whereas at times of recession they tend to decrease. During the 1980s there was a slight increase in some categories of recorded crime, but in the 1990s, during the economic recession, crime began to decrease in many categories. In the context of suicides, it has been suggested that the decreasing suicide rates can be explained by reference to the level of alcohol consumption rather than the economic situation. That is, despite the recession in the 1990s, the suicide rates have been declining. Nevertheless, alcohol consumption has also decreased during the recession. Heikillä (1995) has also concluded that at times of economic recession, crime began to decrease in many categories. In the context of suicides, it has been suggested that the decreasing suicide rates can be explained by reference to the level of alcohol consumption rather than the economic situation. That is, despite the recession in the 1990s, the suicide rates have been declining. Nevertheless, alcohol consumption has also decreased during the recession. Heikillä (1995) has also concluded that at times of economic recession, crime began to decrease in many categories. In the context of suicides, it has been suggested that the decreasing suicide rates can be explained by reference to the level of alcohol consumption rather than the economic situation. That is, despite the recession in the 1990s, the suicide rates have been declining. Nevertheless, alcohol consumption has also decreased during the recession. Heikillä (1995) has also concluded that at times of economic recession, crime began to decrease in many categories. In the context of suicides, it has been suggested that the decreasing suicide rates can be explained by reference to the level of alcohol consumption rather than the economic situation. That is, despite the recession in the 1990s, the suicide rates have been declining. Nevertheless, alcohol consumption has also decreased during the recession. Heikillä (1995) has also concluded that at times of economic recession, crime began to decrease in many categories.

The decrease in the number of recorded offences in the early 1990s is probably at least in part due to the drop in alcohol consumption as a result of economic recession. Although there seems to be an association between alcohol consumption and, for example, violent offences, the causal link is not necessarily simple and straightforward. The figures show that during the 1980s, the number of violent crimes went up. As alcohol consumption declined in the early 1990s, the crime statistics indicated a similar trend in the case of violent offences. Nevertheless, we have to bear in mind that when consumption increases, so too do the situations in which people use alcohol and meet other people, inducing an increased susceptibility to drink. There are also cultural “codes” and norms that cannot be ignored when explaining the ways in which people behave when they are drinking and getting drunk.

Rather than by reference to alcohol use, the variations in the level of recorded thefts from 1950 to 1980 can largely be explained by reference to the proportion of the population in a criminally active age and by the volume of internal migration into Finland. These variations also seem to be associated with economic trends in development in Finnish society. The production of consumer goods and the volume of retail trade (which are indicators of the level of opportunities to commit theft) are variables that systematically correlate with the development of offences against property. Periods of economic prosperity have often been followed by an above-average increase in recorded thefts. The decrease in recorded offences during the early 1990s, in turn, is probably at least in part a consequence of the drop in alcohol consumption as a result of the economic recession. It has also been suggested that the increase in thefts could be explained by slacker border control, creating new markets for stolen goods (see also Rikollisuustilanne 1995–1996).

Suicides are often used as an indicator of social well-being, and Finland has been notorious for its high suicide rates (see Figure 8). According to WHO statistics, suicide mortality in Finland remains one of the highest in the world 7). Suicide rates reached a peak in Finland in the late 1980s, during a period of relative economic prosperity. Since then the figures have slowly started to decrease, but in 1994 and 1995 they still remained quite stable at 27 suicides per 100,000 population. In Finland 80% of all suicides are committed by men.

In sum then, it can be said that the economic and social changes that have swept across Finnish society during the past few decades are reflected in the statistics on recorded crime rates. Recorded offences in general increased in the 1960s and the 1970s, as welfare continued to increase in the country, and large numbers of people moved down from the rural north into the southern parts of Finland. At the same time the large post-war age cohorts reached a crime-intensive age. During the 1980s there was a slight increase in some categories of recorded crime, but in the 1990s, during the economic recession, crime began to decrease in many categories. In the context of suicides, it has been suggested that the decreasing suicide rates can be explained by reference to the level of alcohol consumption rather than the economic situation. That is, despite the recession in the 1990s, the suicide rates have been declining. Nevertheless, alcohol consumption has also decreased during the recession. Heikillä (1995) has also concluded that at times of economic prosperity, psycho-social problems tend to increase, whereas at times of recession they tend to decrease.

It has to be borne in mind in any discussion of consumption figures and the adverse effects of alcohol consumption that the changes in consumption are not necessarily immediately reflected in the official statistics. The decrease or increase in suicides, drink-driving or violence offences, as well as alcohol poisoning (morbidity and mortality) rates can of course be seen immediately, but in the case of other morbidity or mortality rates the delay can run up to several years: for example the figures for liver cirrhosis do not rise in one year. This is illustrated in Figure 8.

<table>
<thead>
<tr>
<th>Year</th>
<th>Thefts</th>
<th>Petty thefts</th>
<th>Aggravated thefts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>74,585</td>
<td>23,208</td>
<td>3362</td>
</tr>
<tr>
<td>1981</td>
<td>76,738</td>
<td>29,067</td>
<td>3158</td>
</tr>
<tr>
<td>1982</td>
<td>84,529</td>
<td>26,948</td>
<td>3306</td>
</tr>
<tr>
<td>1983</td>
<td>80,384</td>
<td>28,738</td>
<td>3355</td>
</tr>
<tr>
<td>1984</td>
<td>80,730</td>
<td>29,012</td>
<td>2927</td>
</tr>
<tr>
<td>1985</td>
<td>91,166</td>
<td>29,370</td>
<td>3573</td>
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<tr>
<td>1986</td>
<td>94,187</td>
<td>30,454</td>
<td>3449</td>
</tr>
<tr>
<td>1987</td>
<td>95,732</td>
<td>30,447</td>
<td>3022</td>
</tr>
<tr>
<td>1988</td>
<td>97,218</td>
<td>31,219</td>
<td>3158</td>
</tr>
<tr>
<td>1989</td>
<td>116,324</td>
<td>32,646</td>
<td>4128</td>
</tr>
<tr>
<td>1990</td>
<td>125,909</td>
<td>32,930</td>
<td>4800</td>
</tr>
<tr>
<td>1991</td>
<td>141,913</td>
<td>40,977</td>
<td>5726</td>
</tr>
<tr>
<td>1992</td>
<td>142,400</td>
<td>48,567</td>
<td>5486</td>
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<tr>
<td>1993</td>
<td>146,858</td>
<td>49,150</td>
<td>4381</td>
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<tr>
<td>1994</td>
<td>140,978</td>
<td>47,239</td>
<td>4630</td>
</tr>
<tr>
<td>1995</td>
<td>134,420</td>
<td>45,092</td>
<td>3759</td>
</tr>
<tr>
<td>1996</td>
<td>127,262</td>
<td>46,142</td>
<td>3576</td>
</tr>
</tbody>
</table>

1) As from 1991 the figures also include motor vehicle thefts. Up until 1990 motor vehicle thefts and unauthorised use of motor vehicles were slotted under the same heading in police statistics. For this reason and because of the distinctive characteristics of these offences, there are good grounds to deal with them as a separate category. However, the 1991 legislative reform also changed the way that statistics are compiled of criminal offences, and it is no longer possible in all analyses to distinguish thefts of motor vehicles from other types of theft.
Remarks on the official statistical system

Finally, the main purpose of this article was to ascertain whether there have been any changes in the official statistical system concerning drug and alcohol use during the period under review, and to examine the role of data produced by official statistics on a policy level.

Finnish alcohol policy has highlighted the prevention of alcohol-related harm and the importance of reducing consumption, and large volumes of data have been available on the consumption of alcohol and the consequences of consumption. In addition to the consumption figures, special attention has been paid to the health effects of drinking. It can easily be noted that in the case of alcohol and drugs, the Finnish health care system produces figures which are based on diagnoses: these figures can be called “precision indicators”. In the case of the treatment system for alcohol and drug abusers, by contrast, the figures produced are based not so much on precise diagnoses as on the quantity of measures, services (how the organisation itself works) and personnel. The social welfare system produces different kinds of figures to health care organisations. Even though official statistics rely on health indicators, it cannot justifiably be stated that there is a general trend towards a medicalisation of social problems in Finland. (See Conrad & Schneider 1992.) Despite the orientation and focus in Finnish alcohol policy on the prevention of consumption and its negative consequences, the Finnish drug/alcohol treatment system has so far shown a heavy emphasis on social services (see e.g. Takala & Lehto 1992). In Finland it is difficult to distinguish any particular system of drug treatment (Kinnunen & Lehto 1998).

It is by no means simple and straightforward to use statistics as indicators of alcohol-related problems. Because of changes made to statistical collection methods, or the absence of data, annual changes do not necessarily give a very precise, but rather an overall picture of the current trends. The revision of the Classification of Diseases (in 1987 concerning alcoholism, and in 1996 concerning alcohol poisonings) may also complicate annual comparisons, as the previous Figures indicate, and this does not only apply to the case of Finland.

The “objective” consequences of drinking, as reflected in the official statistics, also have to be distinguished from cultural perceptions and social reactions to drinking problems. Room (1996) has noted that historically, it is more common for societies to define alcohol-related problems in terms of social harms caused by drinking. In European and North American societies the major social harms with which alcohol has been identified form a fairly short list: problems of public order or demeanour and of alcohol-related violence; problems in the performance of family and parental roles; problems in work roles and of lost productivity; and casualties related to drinking (i.e. drink-driving). Here, in the context of official statistics, it has to be borne in mind that when we shift our attention from the chronic health effects of drinking to social harms, the frame of analysis has to be considerably expanded. Social harms are culturally specific and inevitably culture-bound, and can be seen as social constructions. Their causal link to drinking is usually conditional and probabilistic, rather than deterministic. More often than in the case of chronic health hazards, social harms and casualties involve “externalities” in the sense that the harm is caused to others, i.e. family members, victims of crime and victims of road accidents, and not only to the drinker. Finally, both the drinking event itself and the drinking history of the person...
In Finland it is also obvious that more data are available on alcohol consumption than on drug use. Drug use has been a marginal phenomenon in Finland, and the relevant data have accordingly been scarce compared to data on alcohol. For example, the first surveys on the prevalence of drug use were conducted in 1992. Furthermore, the data that are available on drugs are very much focused on control and crime. This is understandable in view of the restrictive drug policy pursued in Finland.

No remarkable changes can be seen in the case of alcohol consumption. Estimates of unrecorded alcohol consumption are not new, but what is new is that unrecorded consumption is now presented in the same statistics, side by side with recorded consumption (see Päihdelastollinen vuosikirja 1998, 60). It is also said that the total amount of alcohol consumed by an average Finn is 8.8 litres, which corresponds to the typical European level (ibid., 35). Alko has not had the resources or the interest to report on drug use, but as was pointed out earlier, information is now being published on both alcohol and drugs. Despite being an official statistical yearbook, it also extracts data from survey studies. The increasing use of drugs has become a topical issue in public debate and on the political agenda. This might mean that, as a result of the increasing prevalence of drug use, even more and more attention is being paid to this issue. We have no reason to argue that Finnish drug policy has changed. The increasing trend is also obvious. Nevertheless, we might venture to argue that at least the role of drugs on the political agenda and in the media has caused the authorities to take
the issue somewhat more seriously.

We may conclude then that official statistics are far from objective or neutral measures produced only to inform those interested in understanding the prevalence of the phenomena discussed in this article. This certainly holds true in the case of drugs, but it is also apparent in the case of alcohol. As early as the 1980s Wallenius (1980, 143) showed that information extracted from official statistics is illustrative of our ideological climate, and can be used to legitimise and direct the actions and work of the authorities dealing with the alcohol issue. As far as crime is concerned, official statistics have very often played an increasingly important part in public debate, as “law and order” has moved up on the political agenda, as has happened for example in Great Britain (see e.g. Reiner & Cross 1991, Downes & Morgan 1994). The examples and figures discussed above show that not only politics has influenced alcohol and drug statistics, but statistics on alcohol and drugs have also had an impact on politics.

Notes
1. Among Finnish administrators, businesspeople and journalists some issues that are traditionally regarded as social problems are more likely to be interpreted as individual problems of citizens for which they themselves are responsible, and as an issue that should no longer be handled by the Finnish welfare state system (Hanhinen & Törrönen 1998).

2. Alasuutari (1996) emphasises that each economic period has its own dominating truths, realities and values which are also reflected in the economic and organisational structure of society.

3. According to a Finnish drinking habits survey in 1992, 18% of men and 3% of women were defined as heavy drinkers, i.e. people who drink at least 10 litres of absolute alcohol a year (Österberg 1995). Holmila (1994, 14) showed that in 1992, 22% of Finnish men and 5% of Finnish women belonged to the group of risk users, and that the group of heavy drinkers accounts for 75% of all alcohol consumed.

4. The mortality figures since 1987 are not fully comparable to previous years because of the adoption in 1987 of the revised version of the Classification of Diseases.

5. Suicides will be discussed in the last chapter of this article.

6. The number of people detained for drunkenness offences has declined sharply since the mid-1980s. This can be explained by the changing police practices: today the police only detain those offenders who present a hazard to other people or to themselves while intoxicated. Others are instructed to go home or referred to voluntary organisations. Most offenders detained are men, and most detentions take place in cities (Hein 1996).

7. This has been the motive for implementing programmes of suicide prevention in Finland since 1991. (See Suicide can... 1992.) The suicide prevention strategy links alcohol use with suicides. It suggests that in Finland, rising suicide rates can be reversed if we can prevent alcohol being used as a universal solution to problems, and if we can find better ways of supporting efforts to cope with problems. Suicide rates can also be lowered by influencing the cultural climate in the country. If the cultural climate could be made more relaxed and permissive, and less guilt-promoting, stigmatising and punitive than it tends to be at present, this could have positive effects on suicide rates. It needs to promote a belief in life, resourcefulness, self-esteem, initiative and mutual support. These kinds of principles and changes in everyday life can have an effect on the use of alcohol and drugs, as well as on crime.

8. One example concerning crime is the increasing tendency to report property crimes, which is due to the demands of insurance companies; claims will only be met if the crime has been reported to the police. Victims of property crimes have reported the offences to the police far more often than victims of violent offences. In a Finnish survey conducted in 1992, all car thefts were reported. Reporting of violence has increased, but in 1992 still only one-quarter of all violent incidents were reported to the police (compared to 18% in 1989) (Aromaa & Alven 1995.)

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Introduction

The purpose of this article is to describe the development of three sets of social problems in Latvia, viz. alcohol-related problems, drug-related problems and crime. These problems exist at different levels and are perceived in different ways by people in Latvia. Before moving on to analyse these problems, we provide a general description of the country’s economic, political and social transition. In the 1980s Latvia was still one of the 15 socialist Soviet Republics with a one-party system. In economic terms Latvia was one of the most advanced regions within the Soviet system, but living standards were rather low in comparison with modern western countries.

One of the Baltic states, Latvia regained independence in 1991 after 50 years of Soviet rule. However, independence from the Soviet system did not automatically lead to a new, well-developed democracy, a viable economy and prosperity. The new state was faced by the monumental task of restructuring the political, economic and social system. Like Estonia and Lithuania, Latvia is part of the universal experience of the socialist and post-socialist system. The country is currently in the middle of a triple transition: “from authoritarian socialism to liberal, pluralist democracy; from a centrally planned, state managed economy to a market economy based on private ownership, and from Soviet domination/hegemony to independent statehood” (Nørgaard 1996).

During the years of independence there have been radical changes in every sphere of social life that have resulted in multiple gains and also multiple losses. We will here briefly examine just a few of them, and start by looking back to 1985 when Gorbachev introduced his policy of *perestroika* and the anti-alcoholism campaign. During this period Latvia was a Soviet Republic that had its own branch of the Communist Party of the Soviet Union, a Supreme Council, and full employment. On the other hand living standards were relatively poor and there was a constant shortage of goods and services. The right and obligation to work was enshrined in the Constitution. Health care and education were provided free of charge and housing was inexpensive.

However, there were two sides to the system. Wages were low, especially for people with a higher education, the standards of health care were low, and overcrowding was rather common. On the other hand, upper secondary education was free and compulsory for everyone under 18 years of age, and the system of after-school activities was rather advanced.

During the period of awakening and in the immediate aftermath of the collapse of the old system, future expectations were very optimistic: it was believed that political freedom would more or less immediately spell economic prosperity. The basic slogan of the period was, “better in bark shoes, but independent”. Soon after independence most people began to realise that they really were left with little more than bark shoes, although it was mainly the elite who employed the slogan — and they were thriving. This marked the beginning of disillusionment. The people of Latvia discovered that freedom of speech is not a sufficient condition for a decent life, work and well-being.

The radical changes that followed after independence mainly concerned the political system, values, attitudes and social relationships. Studies of public opinion in Latvia have shown a marked increase in pessimism since the situation of total euphoria in 1990. From the turn of the decade through to 1996, the number of people with negative views on political institutions and the general direction of change has increased considerably. Public confidence in the police force, the court system, the educational system and Parliament has been severely dented. At the same time people’s values have become more materialistically oriented, and personal financial security is more highly valued than are political rights (Trapenciere et al. 1995).

An analysis of people’s attitudes and values allows us to divide the period from 1988 to 1995 into three periods:
1. National awakening and rebellion against the totalitarian Soviet system (1988–1990). From this point of view, the increase in the crime rate in 1988, for instance, could be explained by reference to the totalitarian political structure and authoritarian methods of control.
3. Decreasing political and social participation and weakening ties between individuals and the society.

**Political reforms**

It has been no easy task to get the political reforms and the process of democratisation off the ground. The political changes in Latvia in the early 1990s have been a highly contradictory process: the building of the democratic system has gone hand in hand with destructive processes in society. It is clearly not easy for people who have been educated under the totalitarian system, in terms of old values and attitudes, to understand and accept the principles of an open society.

**Economic transformation**

In the 1980s the Latvian economy was centrally planned, with the state holding a monopoly in every sphere of production and services. Market-oriented reforms got underway in the 1990s. Several reforms were introduced following independence in 1991, including the liberalisation of the economy. The main priorities of the Government's new economic policy were privatisation, a balanced budget, price stability, the promotion of foreign investments, and a reduced level of external and internal debt.

In 1991 the Latvian economy experienced a decline, but then appeared to stabilise in the second half of 1993.

Since 1993 there have been many important achievements: the financial system has been strengthened, structural reforms have been carried out, and the climate for private business has improved. The main macroeconomic indicators show that developments have been positive: GDP, consumption, investments and exports have increased at the same time as inflation has dropped.

Production volumes in industries that were closely integrated into the Soviet economic system, such as the manufacture of electric machines and trailers, have now stagnated. The main obstacles to increasing productivity are delayed privatisation, tax debts, obsolete technology and limited markets. As for the shadow economy, calculations released by the Ministry of Finance (Sautins & Steinbuka 1998) show that it accounted for 9% of GDP in 1991, rising to 20% in 1992, to 28% in 1993 and to 34% in 1994. It is important to mention that these calculations do not include incomes from illegal economic activities (such as prostitution, sales and production of drugs, weapons trade, etc.). Furthermore, at the beginning of 1995 many of the country’s largest commercial banks (such as Banka Baltija, Olimpija) went bankrupt. According to the data from Ministry of Finance, the share of shadow economy in 1999 has reached 42% from the official GDP (Feders 2000).

**Social welfare system**

Social issues rank among the most difficult problems facing the Latvian state. The country’s social security system has been extensively overhauled since 1990. The main problems for the welfare system are related to public health and health care, the changing pension system and education.

Public secondary and vocational education have remained free of charge since Latvia regained independence. Since 1992 nine-year basic education has been compulsory in the country, but for youngsters who leave school at 15–16 and who have vocational qualifications, the prospects of employment are poor indeed. The lack of a regular income in these age groups may well be one of the underlying reasons of the increasing juvenile crime rate. Vagrancy, begging and racketeering are rife.

Since 1999, basic education or continuing basic education up to age 18 is compulsory.

**Development of statistics**

During Soviet rule official statistics on deviance and crime in particular were closely governed by the political system. Until the mid-1980s, figures on crime rates were not disclosed even to the Committee of Statistics, and there was no official channel to access these data. The secrecy that surrounded crime statistics was comparable to the secrecy surrounding military information. In fact, it is not even clear which Soviet agencies were responsible for collecting and processing social statistics; there is some evidence that responsibility for compiling crime data was entrusted with internal security organs. In 1986, when Gorbachev launched his policies of glasnost and perestroika, a new act was adopted in Moscow which stated that local Committees of Statistics were to start collecting statistics on social deviation and crime. In line with this new statute, the Latvian Committee of Statistics began collecting statistics on crime and deviant behaviour in 1987. The first yearbook on social deviations in Latvia was published in 1993.
Work to reorganise the Latvian Committee of Statistics was started in 1991. There are three main priorities in this effort: macroeconomic data, price statistics and statistics on living standards. However statistics on labour, agriculture, trade and public services are also considered important. Since 1991, the Committee of Statistics has introduced the System of National Accounts.

To improve the quality of the data produced the Agency has closely followed the recommendations issued by EUROSTAT and other international organisations. These recommendations have concerned, among other things, sampling procedures, methods of statistical observation, interviewer training and data processing.

The main official statistical publications today are the “Yearbook of Statistics” and the “Demography Yearbook”. These publications are available both in Latvian and in English, and provide statistics for Latvia as a whole as well as for the country’s 26 regions and its main cities. These publications provide with basic statistics on the development of the economy, education, public health and demography, and include gender and age comparisons. In addition to the official editions, supplementary statistics are available on request for various institutions.

Statistical sources for the present report

The data for alcohol consumption reported here are based on the figures for the production, import and export of alcohol published annually in the Yearbook of Statistics. In recent years efforts have also been made to improve informal estimates. The main source on alcohol consumption during the Soviet era is the Statistical Yearbook on the Soviet economy. However, these figures do not allow for illicit production and cannot be considered reliable. Various estimates have been published on the actual consumption of alcohol in Latvia during the Soviet era; we have used those published by Treml (1987) and Lsicin & Kopit (1983).

Morbidity and mortality rates are based on statistics compiled by the Department of Health (manually compiled from forms 9A concerning mortality rates) and data from the Rehabilitation Centre for Drug Dependents of the Health Care Department at the Ministry of Welfare. Here it should be noted that statistics on deaths caused by alcoholism and drug abuse may be incomplete because of the new, anonymous private psychiatric clinics for treating alcoholics, which do not provide complete statistics concerning the numbers of their patients, diagnosis, etc.

Statistics concerning drug abuse are even more problematic. The number of drug addicts since 1980 could be drawn from statistics maintained by the Department of Health. However, since the classification system has changed, there are problems with comparability. Mortality rates are the only statistical data available from the Soviet period, and the only recently published data concern the year 1985 (statistical forms F9A were employed). Since 1991, private narcology clinics have been opened, but they do not provide any statistics on treatment provided. Therefore we are unable to provide a complete picture of drug abuse, either.

The main official publication on crime and social deviance in Latvia is the yearbook on “Crime and Social Deviance in Latvia”. The first yearbook on crime statistics in Latvia (1993) was published in 75 copies, and it was the first publication to provide information on the development of registered crime, i.e. the numbers of convicted offenders. Most of the data concerned the period 1990–1992, but some crime statistics were also published for 1985–1989. Since 1995 the yearbook has been published annually.

Crime statistics are based on data provided by the Ministry of the Interior and the Ministry of Justice: they concern the number of crimes recorded by the police and the number of convicted offenders.

Alcohol in Latvia

Alcohol-related problems are not a new phenomenon in Latvia: the country has a long and rich experience of alcohol production, consumption and drinking patterns as well as of the social and medical consequences of excessive alcohol use. In order to understand the present situation we need first to look back at the past few decades of Soviet rule and Soviet policies.

For many decades alcohol abuse was a huge problem throughout Soviet society. We may identify at least three different periods in the development of alcohol consumption and drinking patterns, which may also be connected to the political development of the Soviet Union during the past five decades:
- the development of socialism and the high and increasing level of alcohol consumption starting from 1945 and continuing through to 1985;
- the period of perestroika and glasnost and the anti-alcohol campaign during 1985–1988
- the changing political system, the various interpretations and explanations of democracy and freedom (including alcohol as a human rights issue), and increasing alcohol consumption since 1988.
The retail sale of alcohol was privatised in the early 1990s. Until 1996, the sale of alcohol was allowed even in small kiosks. Since March 1997, several restrictions have been imposed on alcohol consumption. Before 1995, enforcement of the regulations on the production, trade, taxation and consumption of alcohol consumption was rather poorly developed.

The Latvian government has a serious fiscal interest in regulating legal alcohol production and trade, and it has now introduced an effective system for the taxation of alcohol (and tobacco): it is expected that this will become a major source of revenue for the state budget. At the same time, it is important to note that alcohol-related issues are not very high on the political agenda, to say the least.

In December 1996 several new regulative measures were introduced. As in many other countries, various restrictions on the consumption of alcohol have been re-introduced: age restrictions (the age limit of 18 years for alcohol consumption), regulations on where and when alcohol can be sold, restrictions on advertising alcoholic beverages, etc.

The control of alcohol quality is an issue of great importance to alcohol policy. It has been suggested that the quality of alcohol in general should be regularly inspected, in addition to the quality of spirits imported as a raw material mainly from Russia. Random tests have been carried out, and sometimes the results have been made public.

Another serious issue of national alcohol policy concerns primary prevention. A health education programme for primary schools was introduced in the mid-1990s, including a course on the health hazards and on the adverse psychological and social effects of alcohol, particularly from the point of view of health, safe sex and pregnancy. The exchange of positive experiences from different programmes in different countries, and collaboration with the World Health Organisation (WHO), could prove very valuable. In some schools health education is included in the curriculum at secondary level, and the health education programme is also going to be introduced at elementary schools, including the topics of alcohol, smoking and drug abuse.

Another aspect of alcohol-related policy concerns the stimulation and provision of alternatives to drinking as a leisure activity. Here the aim is to develop the recreational sector and to make it more easily accessible to ordinary people, especially families.

**Alcohol consumption**

Although figures on recorded alcohol consumption do not provide an entirely reliable picture, there is a clear tendency of increasing consumption over the decades: alcohol consumption was much higher in the early 1980s (approx. 11 litres of pure alcohol) than in the preceding decades. In 1960, the figure was 4.5 litres, in 1970 8.6 litres.

Figure 1 shows the development from 1980 to 1998. In the early 1980s, consumption was 10.5–11 litres of pure alcohol per capita. Some estimates indicate that the real consumption level might have been even higher due to home distillation, home made wine and beer, the consumption of industrial alcohol, etc. According to Treml (1987), alcohol consumption in the whole Soviet Union in 1980 could be estimated to have been 17 litres of pure alcohol per inhabitant aged 15 years or over.

*Figure 1. Recorded alcohol consumption 1980–1998 (litres of 100% alcohol per capita).*
In 1985 Gorbachev launched his policy of perestroika, a major reform which declared a transformation in the economy and politics. A key concern was to make radical changes in alcohol policy, including an increase in prices of alcohol, strictly reduced availability and a public temperance campaign launched from “above”. The goal of the campaign was to strengthen a critical attitude towards alcohol use. However, the changes did not go down very well among the general public: in fact the excesses of the “dry law” gave rise to negative public opinion.

The statistics do, however, show some positive outcomes and trends, at least in terms of a decrease in the consumption of legally produced alcohol. In 1984, average consumption of legally produced alcohol in Latvia was 10.5 litres per capita (Centralnoje… 1985). Following the adoption of anti-alcohol legislation in summer 1985, the figure dropped to 9 litres in 1985, 6.0 litres in 1986, and then to 4.4 litres in 1987. From 1987 through to 1992, the figure has been relatively stable at around 5 litres, until 1992. In 1994 alcohol consumption increased to 7.6 litres, and since 1996 the figure has been rather stable at around 6.8 litres per capita.

The Gorbachev anti-alcohol campaign had dual consequences: On the one hand it led to a decrease in the number of registered alcoholics, in alcohol-related morbidity and mortality, in drunken driving, as well as in crimes committed under the influence of alcohol. On the other hand, the number of drug addicts and deaths caused by the consumption of toxic substances has increased since 1986, and home production and illegal trade has flourished.

In 1988, it was estimated that illegal alcohol production was at about the same level as legal production, or about 4.6 litres of absolute alcohol per capita. With the introduction of coupons for purchasing sugar, many home distillers had to find new techniques for home distilling, and new types of home produced alcohol appeared on the market (Strazdins 1990). During the first years of the anti-alcohol campaign the police intervened to stop illegal production, but the effort was soon discontinued.

During 1986–1990 alcoholic beverages, just as many other goods, were in short supply. The growing economic crisis and rising inflation forced the government into introducing a coupon system for various goods, including alcohol, sugar, cigarettes, soap and detergents. Every adult over 18 received coupons to buy alcohol: a bottle (0.5 litres) of spirits and/or two bottles of wine (0.5–0.75 litres each) per month.

One of the reasons for introducing coupons for sugar was that home distillers used it in large quantities to make samoghon (in Russian) or kandza (in Latvian). Traditionally, home made wines have been produced in many households for personal use, yet there are no estimates on the exact quantities.

The coupon system seemed to “oblige” many people (especially pensioners who were relatively wealthy in the late 1980s) to purchase alcohol with their coupons for “unexpected occasions”. In many homes alcohol (as well as detergents, soap, salt, etc.) was actually stored. Even in the late 1990s, almost 10 years later, elderly people still had vodka bottles in their homes that they had purchased with coupons in the late 1980s (FSI 1999). In many cases alcohol has also been used as a means of exchange for services or repairs within the neighbourhood. From 1990 to 1995, high inflation increased the role of spirits (vodka, šnabis) as “a means of exchange” or “hard currency”.

Official restrictions on alcohol consumption have been relaxed in Latvia since 1991. First, state-owned “commercial shops” appeared throughout the former Soviet Union, and in Latvia, in particular. These shops sold alcohol and other goods at much higher prices, but alcoholic beverages (usually a selection of strong liqueurs and spirits, as well as some champagne) were available during working hours, usually from 7 a.m. to 8 p.m. It is important to note that during the early 1990s it was difficult to buy high quality wines even in commercial shops, and prices of wine were considerably higher than prices for liqueurs.

The liberalisation of alcohol policy reached its peak in 1994. For example, in Latvia (as well as in Russia, Byelorussia, the Ukraine and other countries) one could buy strong spirits seven days a week, twenty-four hours a day, without any age limits. In a country as small as Latvia, the state granted 8000 licenses for selling alcoholic beverages in private shops, without any mechanisms for controlling their production, quality and trade.

In 1994 a State Monopoly on Alcohol was introduced to take control of licensing, production and trade. The Alcohol State Monopoly licensed 23 companies to produce alcohol. Later inspections have shown that several of them operate in private apartments. Attempts to control the production and legal import of alcohol have resulted in stamps that are required on legally produced and imported bottles.

**Unrecorded alcohol**

As was mentioned above, official statistics reflect only one, the most visible, side of alcohol consumption. Statistical data on the period under review are based on the production, import and export by large enterprises; they do not reflect the production of alcohol by the small, non-regulated private sector, wine making and home distillation by consumers, illicit
production of alcohol and falsified brands, smuggled alcohol, etc. For this reason we have to turn to other sources in order to analyse the actual consumption of alcohol and drinking patterns in Latvia, such as experts’ estimates and calculations or the results of sociological or demographic studies.

Experts’ estimates on alcohol consumption differ widely from the figures suggested by statistics. Most experts believe that official statistics on alcohol production and consumption greatly underestimate the true figures. Calculations of alcohol-related morbidity and mortality indicate that the real consumption level could be three to five times higher than the recorded level, reaching 16–20 litres of pure alcohol per capita (Strazdins et al. 1995).

According to estimates by specialists from the Narcology Centre, real per capita consumption in 1998 was about 14 litres of pure alcohol, in 1997 12.1 litres. That is twice as much as the official figure. Unregistered alcohol is often of a low quality, toxic and sold at low prices.

According to Strazdins, there is no state control over the production and trade of alcohol. He also points out that it is impossible to explain the large number of cases of alcohol psychosis solely by reference to the increase in alcohol consumption. Other factors that come into play are the import of non-tested alcoholic beverages and also the production of falsified brands: “large quantities of ‘imported’ alcohol that has never seen a foreign country” (Diena 11.12.1995).

The toxicity of some alcoholic beverages is a major problem. Samoghon is more toxic than vodka, and various imported alcoholic beverages have been reported to be highly toxic and to be dangerous to both physical and mental health.

The rapid increase recorded as early as the 1970s in fatal alcohol poisonings could probably be explained by the lower quality and increasing toxicity of alcoholic beverages and the low quality of alcohol used in the fortification of wine.

During the 1970s and especially in the 1980s there was a sharp increase in the consumption of various alcohol surrogates, such as after shave lotions, varnishes and cleaning liquids, as well as stolen industrial alcohol. This has contributed to the increased number of fatal poisonings.

Apart from the health problems associated with excessive alcohol use, alcoholism has also had adverse impacts on productivity in the workplace and increased absenteeism. No figures have been published on the extent of absenteeism due to excessive alcohol use. It is estimated that drinking and alcoholism has reduced labour productivity by some 10%.

**Drinking patterns and drinking culture**

Latvia can be characterised as a spirits drinking country. Strong spirits and liqueurs represent about two-thirds of alcohol consumption. The total consumption of alcohol by brands during 1985–1998 is shown in Figure 2.
Figure 2. Estimated consumption of alcoholic beverages by beverage type (thousands of decalitres).

According to data from 1983 (when alcohol consumption in Latvia was at a fairly high level), the majority of young people in Latvia have tried alcohol for the first time at age 13–14. Heavy drinking, including drunkenness, also started at an early age: 25% of boys and 13% of girls had been drunk at least once by the age of 15. ESPAD study data from Latvia report similar tendencies (ESPAD 1997). Starting from the mid-1990s, there is an increasing tendency to drink beer, although young people also drink spirits. Comparisons of the results of sociological surveys in 1983 and 1997–98 indicate a changing tendency: growing numbers of young people begin drinking alcohol at an earlier age, and alcohol use has become more widespread among schoolchildren. In 1983, about 50% of youths aged 17 drank alcohol, in 1997–98 about 70% (Koroleva et al. 1999).

The Narcology Centre has reported on its results from the PHARE Project of 4000 employees. 16.3% of the respondents did not drink alcohol at all. The problem-drinking groups vary between different regions and the capital city. In Riga, the capital of Latvia, the number of problem drinkers is lowest at 12.6%. The number is highest in the eastern part of Latvia, i.e. in the Latgale region (29%). According to the report, the major problem-drinking group is men aged 35–46. The report also provides surprising results concerning female problem drinking: in the youngest age group (under 25) there are almost three times as many women as there are men (Narkologijas... 1998).

Another study that sheds light onto alcohol consumption is the NORBALT living conditions survey (1994). According to the data for Latvia, around half of the population aged 16 and over consume alcohol more or less regularly, the most popular alcoholic beverage being beer. In 1994 over half of the respondents had used alcohol during the past two weeks; among them more than two-thirds of both men and women had drunk alcohol once, but 14% of men and 3% of women had been drunk for three days or more within the period of two weeks. The heaviest drinkers were men aged 18–50 and women aged 18–40. The results of the NORBALT survey do not show remarkable differences in drinking patterns between urban and rural areas.

According to the NORBALT study, adolescents prefer to drink beer. For two-thirds of the respondents (66%), average quantities per drinking session were about one to three glasses. On average a young person aged 15–18 drank beer about once a week. These data only concern adolescents who were still studying full time. There were of course also young people who drank heavily and on a daily basis, but there are no data available on their drinking patterns.

The next age group (19–24) drank more frequently: their “menu” of drinks included a larger variety of drinks, although beer was still their favourite. For young people, imported alcohol and tobacco had become symbols of a Western lifestyle.

Young people aged 25–29 had different drinking patterns than older age groups: they drank more beer than strong spirits. Middle-aged men tended to drink strong spirits, aperitifs or beer, women preferred wine or brandy, and teenagers usually started with beer. At the same time, there are also social status related differences in the consumption of alcohol. The working class prefers vodka, and the middle class prefers wine, champagne, liqueurs or brandy.

A relatively high level of alcohol consumption in Latvia has been, and still is, an integral part of the cultural and social
heritage, but drinking patterns have changed rather drastically during the 20th century. After the Second World War, a large wave of migration from various nations, with their own drinking cultures, has influenced the drinking patterns in Latvia.

For decades the predominant drinking pattern in Latvia has been the consumption of large quantities of spirits on various occasions (birthdays, including children’s birthdays, parties at the workplace and funerals). Toasting is a traditional custom, although the toasts are more rational and particularly shorter than, for example, Georgian toasts. Occasions for alcohol consumption at home include family celebrations, relaxing, visiting friends, etc. Alcohol is not consumed with everyday meals.

During the Soviet era many occasions were presented for drinking: parties at the workplace, or “voluntary” demonstrations on May 1 or November 7, excursions and trips organised by local trade unions, or simply such an important event as “the end of the working day”. As pubs were open from early morning, there were no problems getting in “100 g of vodka before the working day”. These patterns started out as Soviet working class drinking habits, but as Soviet society proclaimed “a movement towards a homogenous, classless society”, drinking habits also began to converge between the working class and the intelligentsia, as well as workers on collective farms.

Alcohol availability and drinking habits in the workplace began to change during the anti-alcohol campaign. People were no longer allowed to organise parties at the workplace if alcohol was served. These drastic measures met with an often hostile response on the part of employees. Since the 1990s, drinking at the workplace has no longer been a regular occurrence, but only appeared on special occasions as “a symbol of democracy and liberalism”.

During the 1990s, after the silent period of the late 1980s, drinking in public at restaurants, pubs and bars has increased. The drinking patterns of the middle class in particular have been changing, with a stronger preference shown for wine.

The Narcology Centre regularly publishes annual reports on alcohol, drugs and smoking-related issues. These studies report that drinking patterns vary between different occupational groups, and between urban and rural areas. According to studies in the former Soviet Union (Lisicin 1983), heavy drinking is characteristic of such occupational groups as construction workers (mainly male), milkmaids (female) and cattle farm workers (female and male). Officials and specialists tend to drink less. Russian epidemiological studies (Lisicin 1983) have shown that a majority (about 66% of the respondents) of farmers consume alcohol and get drunk every time they visit town. In addition, a majority of agricultural workers produce alcohol at home themselves (66.7%). According to estimates, about 50% of all samogon is produced at home. We might hypothesise that in Latvia, drinking patterns are quite similar. Drinking has not decreased in the rural areas in recent years, and the situation has become worse. The privatisation of agriculture in Latvia has created large numbers of unemployed people since 1992. Their major source of income is occasional jobs in their close communities. In many cases, the natural economy in rural areas is extremely distorted: agricultural workers receive alcohol as wages for work at private farms.

Social and medical consequences of alcohol abuse

A considerable proportion of the population consumes alcohol to a degree that puts them, their families and other people at risk of various adverse health, psychological, economic and social consequences. During the 1980s large numbers of alcoholics received voluntary or non-voluntary treatment. There were sobering-up stations in every city. Treatment centres for alcoholics were relatively common. The Olaine Treatment Centre was closed in 1991. The number of public treatment centres has decreased during the past decade. As in other Eastern European countries, the number of people treated for alcohol dependency seems therefore to be more related to supply than to demand. The number of cases under surveillance of health care institutions with the diagnosis of “alcoholism” has decreased by about 10,000 during the period from 1990 to 1997 (see Table 1).

| Table 1. Number of patients diagnosed with alcohol psychosis* per 100,000 inhabitants. |
|---|---|---|---|---|---|---|---|
| Number of new cases: |  |  |  |  |  |  |  |
| Alcoholism | 94.8 | 77.0 | 54.3 | 72.5 | 79.4 | 68.9 | 64.7 | 64.3 |
| Alcoholic psychosis | 3.6 | 8.0 | 14.4 | 34.6 | 59.2 | 65.4 | 39.8 | 34.9 |
| Number of cases (year-end) under surveillance of health care institutions with the diagnosis of: |  |  |  |  |  |  |  |
| Alcoholism | 1633 | 1760 | 1678 | 1378 | 1301 | 1348 | 1349 | 1355 |
| Alcoholic psychosis | 12.3 | 26.7 | 39.7 | 63.3 | 102.2 | 123.3 | 90.2 | 92.9 |

* Cases diagnosed in health care institutions (excluding anonymous).

At the same time, however, the number of hospital admissions due to alcoholic psychosis has dramatically increased, both in terms of new registered cases in health institutions and in terms of the total number of cases (Table 1). In 1990 the number of alcohol psychoses was 12.3, in 1997 92.9 per 100,000 population. This increase is partly attributable to an
increase in low quality alcohol. At the same time, it has to be pointed out that, due to economic constraints, a number of narcology centres/departments in smaller towns and villages have been closed down, and not all cases of alcohol psychoses are registered. Therefore the statistics are not entirely reliable.

The official number of registered alcoholics has been declining in recent years due to weakening control and the lack of resources available at narcological treatment centres. A further contributing factor is that the recently established anonymous alcoholic treatment centres do not provide statistical data on their patients.

There is a relatively high incidence of deaths caused by alcoholism and alcohol psychosis linked to excessive spirits consumption. Deaths caused by alcohol psychosis, alcohol poisoning and chronic alcoholism have increased dramatically.

The statistics available on alcohol-related morbidity and mortality are rather fragmentary, but they do provide some insights into the tendencies of alcoholism. Table 2 shows that morbidity caused by mental and behavioural disorders due to alcohol abuse had increased three times over during 1990–1994. The number of deaths related to liver cirrhosis caused by excessive drinking indicates a rather high death rate in 1980, a sharp decrease in 1990–1992 and then a sharp increase again in 1995, and finally a slow increase (Table 3).

### Table 2. Morbidity related to excessive alcohol consumption, per 100,000 population.

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</thead>
<tbody>
<tr>
<td>Mental and behavioural disorders due to abuse of alcohol</td>
<td>4.9</td>
<td>4.8</td>
<td>4.3</td>
<td>9.1</td>
<td>15.7</td>
<td>14.6</td>
<td>9.5</td>
<td>7.6</td>
</tr>
<tr>
<td>Liver diseases caused by alcohol consumption</td>
<td>0.6</td>
<td>0.5</td>
<td>0.5</td>
<td>0.9</td>
<td>2.1</td>
<td>3.9</td>
<td>1.1</td>
<td>1.2</td>
</tr>
<tr>
<td>Incidental poisoning by alcohol</td>
<td>4.3</td>
<td>5.3</td>
<td>6.7</td>
<td>10.1</td>
<td>16.1</td>
<td>12.0</td>
<td>6.1</td>
<td>5.1</td>
</tr>
</tbody>
</table>


### Table 3. Mortality from alcoholism and liver cirrhosis, 1991–1998, per 100,000 population.

<table>
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<tbody>
<tr>
<td>Alcoholism</td>
<td>4.8</td>
<td>12.1</td>
<td>9.3</td>
<td>7.6</td>
<td>9.2</td>
</tr>
<tr>
<td>Liver cirrhosis</td>
<td>8.9</td>
<td>17.0</td>
<td>13.3</td>
<td>12.5</td>
<td>15.2</td>
</tr>
</tbody>
</table>


In 1998 there were 65 deaths, in 1997 74 deaths from alcoholism and alcoholic psychoses in narcological and psychiatric hospitals.

It is estimated that almost one-fifth of all deaths are alcohol-related, caused by suicides, murders, industrial or traffic accidents or traumas. Existing data indicate that the suicide rate is high, and it is closely connected with alcohol consumption. In addition, a large number of various symptoms, signs and undefined causes of death may be connected with the consumption of alcohol (Table 4).


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<tbody>
<tr>
<td>Total number of injuries</td>
<td>268</td>
<td>371</td>
<td>33</td>
<td>45</td>
<td>42</td>
<td>33</td>
<td>10</td>
<td>18</td>
</tr>
<tr>
<td>Traffic accidents</td>
<td>197</td>
<td>197</td>
<td>33</td>
<td>45</td>
<td>42</td>
<td>33</td>
<td>10</td>
<td>18</td>
</tr>
<tr>
<td>Suicides</td>
<td>197</td>
<td>197</td>
<td>33</td>
<td>45</td>
<td>42</td>
<td>33</td>
<td>10</td>
<td>18</td>
</tr>
<tr>
<td>Homicides</td>
<td>197</td>
<td>197</td>
<td>33</td>
<td>45</td>
<td>42</td>
<td>33</td>
<td>10</td>
<td>18</td>
</tr>
<tr>
<td>Drowning</td>
<td>197</td>
<td>197</td>
<td>33</td>
<td>45</td>
<td>42</td>
<td>33</td>
<td>10</td>
<td>18</td>
</tr>
</tbody>
</table>


The number of accidental deaths among middle-aged and young men has skyrocketed as a result of the increase in alcohol consumption.

The adverse effects of alcohol consumption are also reflected in the number of drink driving offences and traffic accidents caused under the influence of alcohol. According to the Ministry of the Interior, over 10,000 drunken drivers were apprehended in Latvia in 1970, but only 6000 of them lost their licenses (ABSEES 1972). Data for 1996–1998 show that drunken driving has increased from 17,803 to 19,963 cases in 1998, with 2106 drivers repeatedly held because of drunken driving offences (see Table 5). The number of traffic accidents caused by drunken drivers has also increased during the past few years (Table 6). In addition, 33 intoxicated pedestrians and 7 bicyclists were killed in 1998.

### Table 5. Number of drunken drivers held by the police (1996–1998, absolute numbers).

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<tr>
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<tbody>
<tr>
<td>Total number of drunken drivers held by the police</td>
<td>17,803</td>
<td>18,283</td>
<td>19,963</td>
</tr>
<tr>
<td>Number of drivers losing driving licence because of drink driving</td>
<td>2892</td>
<td>2553</td>
<td>2557</td>
</tr>
</tbody>
</table>

* Data of the Department of Road Police under the Ministry of the Interior.

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<tr>
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<tbody>
<tr>
<td>Accidents</td>
<td>2040</td>
<td>2356</td>
<td>2980</td>
</tr>
<tr>
<td>Severe accidents</td>
<td>768</td>
<td>850</td>
<td>963</td>
</tr>
<tr>
<td>Number of persons killed</td>
<td>129</td>
<td>157</td>
<td>169</td>
</tr>
<tr>
<td>Number of persons injured</td>
<td>1076</td>
<td>1155</td>
<td>1296</td>
</tr>
</tbody>
</table>

Source: Department of Road Safety.

Crime related to alcohol abuse

During Gorbachev’s anti-alcohol campaign the number of reported crimes decreased (excepting juvenile crime, which increased in 1986–1989). During the 1990s, the statistics show a rather sharp increase in the number of crimes committed under the influence of alcohol: the number of crimes has increased in particular until 1994, from then on the statistics show a minor decrease in the number of reported crimes under the influence of alcohol (see Table 7).

Table 7. Crimes committed under alcohol intoxication (absolute numbers).

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<tbody>
<tr>
<td>Total number of registered crimes</td>
<td>40,983</td>
<td>39,141</td>
<td>38,205</td>
<td>36,865</td>
<td>36,674</td>
</tr>
<tr>
<td>Crimes revealed</td>
<td>12,689</td>
<td>13,810</td>
<td>16,872</td>
<td>18,940</td>
<td>20,766</td>
</tr>
<tr>
<td>– of which crimes committed under the influence of alcohol</td>
<td>5882</td>
<td>6068</td>
<td>6720</td>
<td>7467</td>
<td>8039</td>
</tr>
<tr>
<td>Crimes committed by juveniles</td>
<td>2171</td>
<td>2591</td>
<td>3025</td>
<td>3634</td>
<td>4023</td>
</tr>
<tr>
<td>– of which crimes committed under the influence of alcohol</td>
<td>593</td>
<td>666</td>
<td>726</td>
<td>835</td>
<td>901</td>
</tr>
<tr>
<td>Number of persons committing crimes</td>
<td>13,350</td>
<td>17,261</td>
<td>17,180</td>
<td>17,494</td>
<td>17,476</td>
</tr>
<tr>
<td>– of which persons under the influence of alcohol</td>
<td>7046</td>
<td>8209</td>
<td>8115</td>
<td>8116</td>
<td>8089</td>
</tr>
<tr>
<td>Number of juveniles who have committed crimes</td>
<td>1728</td>
<td>2626</td>
<td>2713</td>
<td>2800</td>
<td>3030</td>
</tr>
<tr>
<td>– of which juveniles under the influence of alcohol</td>
<td>600</td>
<td>739</td>
<td>764</td>
<td>660</td>
<td>791</td>
</tr>
</tbody>
</table>

Drugs

During the Soviet era drugs were treated as an ideological issue: they were seen as a problem that was exclusively associated with capitalism, for people who lived in socialist society had more important things with which to occupy themselves. It seems that this way of thinking continues to hold a rather strong place in public opinion: drugs are seen as a purely private problem and as an issue of medical treatment. In the Soviet period Latvia had no legislation or legal institutions of its own for drug control.

Before the mid-1990s drugs received very little attention in the mass media, which obviously meant that the general public remained poorly informed. In addition to some sporadic references, there was more extensive debate on a public scandal following the discovery that one of the country’s biggest pharmaceutical companies had produced illegal drugs in the mid-1990s (Olahinarm case). There were very few articles informing parents on how to find out whether their own children used drugs (Milzaraja 1995).

In 1992 the fight against drugs was stepped up with the founding of the Drug Enforcement Bureau within the Ministry of the Interior. The Bureau’s task was to coordinate drugs issues and also to collect data and intelligence. During the 1990s the Customs service was also restructured with a view to intensifying the control of smuggling. The Co-ordination Commission of Narcotic Drug Control and Combat against Drug Addiction was established in 1993 for overall policy development and co-ordination of drug control. At the same time the principles of the national drug policy were laid down: the aims were to reduce drug availability, to control legal use, to ensure primary and secondary prevention and to facilitate the treatment of addicts.

Drug use, abuse and addiction became a topical issue in the late 1990s. It has been estimated that in the total population of some 20,000 drug users, around 5000–8000 are drug addicts.

Figures from a Baltica survey (Trapenciere & Pranka 1996) on the prevalence of social problems show that drug abuse appears at the lowest prevalence level: very few respondents considered drugs as a prevalent social problem on a national, community or individual level, either in 1988 or in 1994. It is generally believed that since this problem is not recognised, there is no need for change.

Drug-related legislation was developed during the 1990s. In May 1993, the Latvian Parliament ratified three UN drug-related conventions. Latvia is party to three UN conventions regarding drug issues: the 1961 single Convention on Narcotic Drugs as amended by the 1972 Protocol; the Convention on Psychotropic Substances; and the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic substances (ratified in 1994).

Between 1993 and 1998 several other laws were adopted with a view to bringing Latvian legislation in line with the requirements of the 1998 UN Convention. During the past decade there have been several improvements in the struggle
against drugs, the most notable step being the establishment in 1996 of the Drug Control and Drug Abuse Combat Co-ordination Commission, whose task it is to provide a coherent national response to drug problems and to co-ordinate all the agencies involved in drug law enforcement. The police force and the border guard are also represented on the Commission.

Working closely with the UNDCP, the Commission has recently drawn up a new Drug Control and Drug Abuse Prevention Master plan for 1999–2003. The Latvian Government has now adopted the strategy, and the action plan is now under preparation.

**Drug use**

There are only fairly limited data that allow us to monitor the development of drug use and drug addiction from the 1960s through to the 1980s. Most of these are sources from medical institutions on users and addicts’ treatment; more or less detailed data are available from 1980 onwards.

During this period the most popular drug was heroin (often home-made), followed by amphetamines, volatile solvents and polydrug use, sedatives, hallucinogens, cannabis and ephedrine. In the early 1990s only very little statistical information was available on deaths caused by drugs and toxic substances since 1985: data are only available on the total number of drug addicts and toxic substance abusers. The statistics do not provide any data concerning the users’ age, gender, drug preferences, etc. It seems that there were comparatively few drug addicts and toxic substance abusers, but drug-related harm showed a tendency to increase: the total number of registered drug addicts and toxic substance abusers increased four times over from 1984 to 1993 (Table 8).

**Table 8. Registered drug and toxic substance addicts in Latvia, per 100,000 population.**

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<tr>
<td></td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>9</td>
<td>12</td>
<td>13</td>
<td>14</td>
<td>16</td>
<td>20</td>
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In view of the small numbers involved, this appeared as an individual problem rather than an emerging social problem.

More comprehensive data are available from the mid and late-1990s. Statistics are compiled by the Drug Enforcement Bureau, the Ministry of the Interior, the Narcology Centre, the Ministry of Welfare, and the National AIDS Centre. In the discussion below we also rely on several survey sources.

In recent years drug abuse has been on the increase in Latvia: statistics reveal a sharp increase of the number of drug abusers and drug addicts in the late 1990s (Table 9).

**Table 9. Number of drug addicts and users registered at narcology services, 1994–1998 (absolute numbers) at year-end.**

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<tbody>
<tr>
<td>Drug addicts</td>
<td>781</td>
<td>804</td>
<td>904</td>
<td>992</td>
<td>1080</td>
</tr>
<tr>
<td>Drug and psychotropic substance users with harmful effects to their health</td>
<td>303</td>
<td>485</td>
<td>613</td>
<td>746</td>
<td>890</td>
</tr>
</tbody>
</table>

In 1996 the Narcology Centre introduced a methadone programme for serious opioid addicts. By the end of 1998 a total of 93 persons had taken part in the programme; the average age of participants is 30 years. Eleven of the drug addicts on the programme have HIV.

In addition to the methadone programme, there are two anonymous centres in Riga for exchanging needles and syringes. There are several NGOs which render help to drug abusers.

Drug abusers are mainly young people, aged between 18 and 25. Four-fifths of all addicts are under 30 years of age (unpublished medical statistics, Committee of Statistics). According to information from the Drug Enforcement Agency, drug abuse has increased among minors: 148 minors are currently registered for observation as drug abusers. Drug abuse is more widespread in the big cities: Riga, the capital, and Olaine, Jurmala and Kauguri.

Young drug addicts aged just 18–20 are very active in criminal groups. Unpublished data from the Criminology Research Centre suggest that 25% of all prisoners are drug addicts and only 24% of them say they have difficulties obtaining drugs (Criminology Research Centre workshop, February, 1995). Drug abuse increases among prostitutes, or drug users are more likely to become prostitutes (unpublished data based on observations by “Women’s police”). Drug abuse has also shown a tendency to increase among children of the “nouveau riche”. It should be noted that prices of drugs are considerably lower in Latvia than they are in Western countries. On average, drug addicts spend 150–200 Lats per month on drugs (in 1996, the average monthly salary in Latvia was about 119 Lats).
Survey data

Our data on drug use among youths are obtained from a survey by ESPAD (1997). The results show that the use of cannabis (marijuana or hashish) is at a relatively low level (prevalences of 5%), but the use of inhalants is relatively high (17%). The figure for the use of tranquillisers or sedatives without doctor’s prescription is 4%.

A survey on reproductive behaviour (Reproductive Health of Population 1997) included questions on smoking, drinking and the use of psychoactive substances. The results show that about 15% of men (19% among those aged 15–19) and 3% of women (7 % in the age group 15–19) have ever used psychoactive substances (15–44).

The UNDCP Survey on Drug Abusers and Drug Addicts (1998) was conducted under the International Drug Control Programme (UNDCP) in the setting “Treatment/Rehabilitation and Information” (N=201, the respondents were drug abusers and addicts). The main conclusions from this study indicate that:

1. Drug and psychotropic substance use was most prevalent among young people: 60% of the respondents were under 30, the youngest abusers were 10 years of age, the oldest 53;
2. Men are clearly overrepresented among drug and psychotropic substance abusers: the ratio between females and males is 23% vs. 77%, i.e. 1:3 (the corresponding ratio reported by the Register of the Narcology Centre is 1:4.1);
3. Drugs and psychotropic substances are mostly used at parties (71%), in prison (5%), and at schools (5%);
4. Cannabis (hashish, marijuana) was the most common first drug (21.3%), while 10.2% of the respondents had begun drug use with medicines (tranquillisers, soporifics etc.), and 9.1% had started with glue, gas or other inhalants;
5. 37.1% had started with opioids;
6. 58.7% of drug and psychotropic substance addicts and abusers have had themselves checked for infection with HIV/AIDS;
7. 51.2% knew about all treatment options, while 22.4% had partial information about treatment facilities, although in the environment where the inquiry was carried out, there was much information about treatments available.

The use of stimulants (including ecstasy) and amphetamine is increasing, especially among youths (according to Drug Enforcement Bureau data). Cocaine was seized for the first time in 1995, in 1998 the State Narcology Centre has to treat patients who are cocaine dependents.

Data from medical institutions

The following information and statistics include data from the Drug Enforcement Bureau, the Ministry of the Interior, the Narcology Centre, the Ministry of Welfare, the National AIDS Centre and other institutions. According to data released by the Narcology Centre, the number of drug users and addicts who are registered and being treated in 1998 has increased. In particular, the number of addicted opioid users has shown a particularly marked increase.

Table 10. Number of drug addicts by specified drugs (absolute numbers, registered at year-end).

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioids</td>
<td>335</td>
<td>339</td>
<td>389</td>
<td>419</td>
<td>534</td>
</tr>
<tr>
<td>Cannabis</td>
<td>5</td>
<td>5</td>
<td>7</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>Sedatives and soporifics</td>
<td>40</td>
<td>34</td>
<td>37</td>
<td>46</td>
<td>49</td>
</tr>
<tr>
<td>Cocaine</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>215</td>
<td>221</td>
<td>232</td>
<td>209</td>
<td>189</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>-</td>
<td>-</td>
<td>15</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Inhalants</td>
<td>66</td>
<td>62</td>
<td>104</td>
<td>183</td>
<td>192</td>
</tr>
<tr>
<td>Other substances and polydrug use</td>
<td>120</td>
<td>143</td>
<td>135</td>
<td>108</td>
<td>96</td>
</tr>
<tr>
<td>Total</td>
<td>781</td>
<td>804</td>
<td>904</td>
<td>992</td>
<td>1080</td>
</tr>
</tbody>
</table>

Drug-related mortality has increased dramatically from 1986 to 1998 (Table 11). The mortality rate for 1998 is the second highest during 13 years; only in 1994 was the mortality rate higher, with 55 deaths caused by drug and psychotropic substance abuse. Of all 53 deaths in 1998, 40 were among men and 29 of the victims were under 30.


<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>7</td>
<td>10</td>
<td>9</td>
<td>17</td>
<td>9</td>
<td>28</td>
<td>47</td>
<td>55</td>
<td>42</td>
<td>41</td>
<td>45</td>
<td>53</td>
<td></td>
</tr>
</tbody>
</table>

For every female drug user there are almost four men. The gender differences are especially marked among young people: in ages up to 20 there are ten times more men than women.
An analysis of drug and psychotropic substance users with harmful effects, reveals a very sharp increase (more than two times over) for cannabis (marijuana and hashish) and the opioid groups (Table 12).

Table 12. Drug and psychotropic substance use with harmful effects: user contingents 1997–1998, (absolute numbers, registered at year-end).

<table>
<thead>
<tr>
<th>Substance group</th>
<th>1997</th>
<th>1998</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioids</td>
<td>90</td>
<td>120</td>
</tr>
<tr>
<td>Cannabis</td>
<td>58</td>
<td>141</td>
</tr>
<tr>
<td>Sedatives and soporifics</td>
<td>74</td>
<td>90</td>
</tr>
<tr>
<td>Cocaine</td>
<td>2</td>
<td>95</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>90</td>
<td>99</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>80</td>
<td>99</td>
</tr>
<tr>
<td>Inhalants</td>
<td>295</td>
<td>304</td>
</tr>
<tr>
<td>Other substances and polydrug use</td>
<td>57</td>
<td>41</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>746</td>
<td>890</td>
</tr>
</tbody>
</table>

The number of first time registered diagnosis could be characterised as the most dynamic characteristic of the condition. As seen in Table 13, this indicator shows there has been an increase in the number of opiate addicts and also in the number of opiate users showing harmful effects.

Table 13. Breakdown of patients registered as drug addicts at the Narcology Service by substance groups, 1994–1998, absolute numbers.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioids</td>
<td>34</td>
<td>34</td>
<td>79</td>
<td>66</td>
<td>121</td>
</tr>
<tr>
<td>Cannabis</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Sedatives and soporifics</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Cocaine</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Amphetamines</td>
<td>24</td>
<td>32</td>
<td>33</td>
<td>15</td>
<td>13</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Inhalants</td>
<td>3</td>
<td>11</td>
<td>46</td>
<td>46</td>
<td>42</td>
</tr>
<tr>
<td>Other substances and polydrug use</td>
<td>8</td>
<td>11</td>
<td>10</td>
<td>21</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>71</td>
<td>102</td>
<td>178</td>
<td>161</td>
<td>196</td>
</tr>
</tbody>
</table>

The number of patients treated at narcological in-patient centres has slightly increased from 1994 to 1998. The numbers have risen most notably for opioid users (compared to 1997 the number of patients has increased by 36%).

Table 14. Breakdown of drug addicts treated as narcological in-patients by substance groups, absolute numbers.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioids</td>
<td>238</td>
<td>237</td>
<td>276</td>
<td>353</td>
<td>480</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>34</td>
<td>27</td>
<td>39</td>
<td>36</td>
<td>33</td>
</tr>
<tr>
<td>Inhalants</td>
<td>8</td>
<td>6</td>
<td>118</td>
<td>158</td>
<td>101</td>
</tr>
<tr>
<td>Sedatives and soporifics</td>
<td>7</td>
<td>8</td>
<td>14</td>
<td>22</td>
<td>20</td>
</tr>
<tr>
<td>Cannabis</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Other substance and polydrug use</td>
<td>56</td>
<td>43</td>
<td>36</td>
<td>85</td>
<td>47</td>
</tr>
<tr>
<td><strong>All substance groups together</strong></td>
<td>348</td>
<td>325</td>
<td>478</td>
<td>672</td>
<td>692</td>
</tr>
</tbody>
</table>

Drug abuse shows a close correlation with viral hepatitis C and with the spread of HIV/AIDS. The prevalence of viral hepatitis has increased more than five times over from 1993 with 1993 (see Table 15).

Table 15. Prevalence of viral hepatitis C.

<table>
<thead>
<tr>
<th>Year</th>
<th>Absolute numbers</th>
<th>Per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1993</td>
<td>30</td>
<td>1.2</td>
</tr>
<tr>
<td>1994</td>
<td>77</td>
<td>3.0</td>
</tr>
<tr>
<td>1995</td>
<td>61</td>
<td>2.4</td>
</tr>
<tr>
<td>1996</td>
<td>82</td>
<td>3.3</td>
</tr>
<tr>
<td>1997</td>
<td>102</td>
<td>4.1</td>
</tr>
<tr>
<td>1998</td>
<td>168</td>
<td>6.8</td>
</tr>
</tbody>
</table>
The number of HIV sufferers has increased during the past decade. By January 1999, a total of 251 persons were infected; among them intravenous drug use has been identified in 120 cases. Most of the infected persons belong to the age group 20–29.

Crime

Social deviance can be approached and understood in four different ways, i.e. by using indicators of disintegration, marginalisation, victimisation and stigmatisation. The first indicator refers to the moral integrity of the community, the second to the level and distribution of material welfare in terms of living conditions, the third to the risk of becoming a victim of a crime, and the fourth to the reaction of the state against its citizens. In this context, one could interpret social deviance from all four perspectives. In this chapter we provide the statistics available and leave the task of interpretation to the reader.

It is worth repeating that with the process of liberalisation and democratisation, virtually every sphere of life has seen profound social, economic and political changes. During the post-totalitarian period liberalisation and democratisation was however often understood as anarchy and a licence to do just about anything. Lack of control and weak legislative changes have created opportunities for making fast profits from various kinds of illegal activities.

There are several sources of information concerning crime. The main sources of information are police records, information from the prosecutor’s office, finance police, court statistics and victimisation surveys.

The number of criminal offences reported to the police in 1985–1998 is shown in Table 16. There was a slight decrease in the crime rate during 1986–1987, which coincides with the anti-alcohol reform and the decrease in alcohol consumption. From 1988 to 1992 the rate increased almost three times over. Since then the number of offences has decreased, from the peak figure of almost 62,000 in 1992 to less than 37,000 in 1998. The sharpest increase started in 1989, which brought freedom of speech for the majority of people and freedom of deviance for the minority. During the period from 1989 to 1994 the number of reported crimes increased 1.62-fold. At the same time the proportion of disclosed crimes decreased from 40% in 1990 to 25.6% in 1992 and from then on increased steadily to 35% in 1995.


<table>
<thead>
<tr>
<th>Year</th>
<th>Number of offences</th>
<th>Per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1985</td>
<td>25,303</td>
<td>981</td>
</tr>
<tr>
<td>1986</td>
<td>22,307</td>
<td>858</td>
</tr>
<tr>
<td>1987</td>
<td>21,502</td>
<td>819</td>
</tr>
<tr>
<td>1988</td>
<td>22,991</td>
<td>866</td>
</tr>
<tr>
<td>1989</td>
<td>29,676</td>
<td>1113</td>
</tr>
<tr>
<td>1990</td>
<td>34,686</td>
<td>1297</td>
</tr>
<tr>
<td>1991</td>
<td>41,929</td>
<td>1572</td>
</tr>
<tr>
<td>1992</td>
<td>61,871</td>
<td>2329</td>
</tr>
<tr>
<td>1993</td>
<td>52,832</td>
<td>2027</td>
</tr>
<tr>
<td>1994</td>
<td>40,983</td>
<td>1597</td>
</tr>
<tr>
<td>1995</td>
<td>39,141</td>
<td>1611</td>
</tr>
<tr>
<td>1996</td>
<td>38,205</td>
<td>1527</td>
</tr>
<tr>
<td>1997</td>
<td>36,865</td>
<td>1487</td>
</tr>
<tr>
<td>1998</td>
<td>36,674</td>
<td>1479</td>
</tr>
</tbody>
</table>


These data indicate that the situation has been stabilised during the past few years, the number of policemen and prosecutors is stabilising and the situation is at least not getting any worse. Compared to the two other Baltic states, Latvia shows a higher crime rate than Lithuania but a lower figure than Estonia.

Crime structure

An analysis of the crime structure in Latvia suggests that this structure is changing. After a minor decrease in all crime types in 1986, the proportion of property crimes (against both private and state property) has been increasing since 1987 and particularly since 1991. The proportion of property crimes has increased from 49% in 1985 to 70% in 1994. To explain the current crime situation we need to turn to macroeconomics and sociological analyses.

Crime and the fear of crime were high on the public agenda as early as 1988 when the proportion of crimes against property had increased to 39.8% from the figure of 32.8% in 1985. There are several possible hypotheses for explaining this phenomenon. The first one concerns the increase in the number of registered crimes as a result of changes in crime registration policy during perestroika and glasnost. At that time the Soviet economy was close to collapse, with control mechanisms starting to disintegrate. The creative energy of liberation had relatively destructive effects on the socialist economic system. Against this background the increase in the crime rate could partly be explained by reference to the
breakdown of the totalitarian political and economic system. There has been no decrease in the crime rate during the period from 1989 to 1994. In 1995 one could observe a minor decrease in the total number of registered crimes and in the proportion of serious crimes in the total crime structure, excepting economic crimes.

The numbers of homicides and grievous bodily injury used to be comparatively well registered because these kinds of crimes were usually under close societal control. A serious crime is thus an additional parameter for characterising the general level of crime.

The rate of serious crime has showed a strong tendency to grow during the period of analysis. The homicide rate, for instance, has increased 2.5 times over. Table 17 shows the proportion of different crime types. The trends are somewhat different for the overall crime rate and serious crime.

Table 17 shows that the number of registered crimes increased until 1993 or 1994 and then levelled off or even slightly decreased. The only exceptions to this pattern are the figures for illicit preparation, storage and selling of drugs. The number and proportion of this type of crime have increased sharply from 1993 onwards.

Table 17. Crime structure (%).

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Property crimes</td>
<td>38.5</td>
<td>35.7</td>
<td>41.0</td>
<td>71.8</td>
<td>83.5</td>
<td>70.3</td>
<td>67.1</td>
<td>66.8</td>
<td>64.2</td>
<td>62.7</td>
</tr>
<tr>
<td>Robberies</td>
<td>1.2</td>
<td>1.3</td>
<td>2.8</td>
<td>2.3</td>
<td>2.7</td>
<td>2.2</td>
<td>1.7</td>
<td>1.7</td>
<td>1.7</td>
<td>1.7</td>
</tr>
<tr>
<td>Homicide*</td>
<td>1.0</td>
<td>0.7</td>
<td>1.0</td>
<td>0.5</td>
<td>0.5</td>
<td>0.9</td>
<td>0.7</td>
<td>0.7</td>
<td>0.7</td>
<td>0.6</td>
</tr>
<tr>
<td>Hooliganism</td>
<td>10.0</td>
<td>9.4</td>
<td>8.4</td>
<td>3.5</td>
<td>3.0</td>
<td>3.2</td>
<td>3.6</td>
<td>3.4</td>
<td>3.5</td>
<td>3.4</td>
</tr>
<tr>
<td>Rape*</td>
<td>1.0</td>
<td>1.3</td>
<td>1.8</td>
<td>0.4</td>
<td>0.2</td>
<td>0.3</td>
<td>0.4</td>
<td>0.3</td>
<td>0.3</td>
<td>0.2</td>
</tr>
<tr>
<td>Aggravated assault</td>
<td>2.8</td>
<td>2.2</td>
<td>3.1</td>
<td>4.8</td>
<td>2.3</td>
<td>3.0</td>
<td>3.2</td>
<td>3.3</td>
<td>3.5</td>
<td>3.9</td>
</tr>
<tr>
<td>Violation of traffic regulations causing serious injuries</td>
<td>0.1</td>
<td>0.2</td>
<td>0.3</td>
<td>0.2</td>
<td>0.7</td>
<td>0.7</td>
<td>0.9</td>
<td>1.2</td>
<td>1.1</td>
<td></td>
</tr>
<tr>
<td>Drug crimes</td>
<td>0.1</td>
<td>0.2</td>
<td>0.3</td>
<td>0.2</td>
<td>0.7</td>
<td>0.7</td>
<td>0.9</td>
<td>1.2</td>
<td>1.1</td>
<td></td>
</tr>
<tr>
<td>Recorded crimes, total</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>


During 1985–1995 there were also visible transformations in the structure of offenders, with an increase recorded for repeated offences, group offences, and offences under the effect of alcohol. As for juvenile offences, the statistics show a decreasing trend until 1994 and a sharp increase for 1995 (Table 18).

Table 18 also shows an increasing proportion of offences committed by persons under the influence of alcohol.

Table 18. Criminal offences by various population groups.

<table>
<thead>
<tr>
<th>Year</th>
<th>Offenders under the influence of alcohol</th>
<th>Juveniles</th>
</tr>
</thead>
<tbody>
<tr>
<td>1985</td>
<td>37.8</td>
<td>13.9</td>
</tr>
<tr>
<td>1986</td>
<td>32.4</td>
<td>15.2</td>
</tr>
<tr>
<td>1987</td>
<td>34.6</td>
<td>17.3</td>
</tr>
<tr>
<td>1988</td>
<td>35.3</td>
<td>19.0</td>
</tr>
<tr>
<td>1989</td>
<td>38.6</td>
<td>20.2</td>
</tr>
<tr>
<td>1990</td>
<td>39.1</td>
<td>19.3</td>
</tr>
<tr>
<td>1991</td>
<td>34.9</td>
<td>18.8</td>
</tr>
<tr>
<td>1992</td>
<td>45.4</td>
<td>15.5</td>
</tr>
<tr>
<td>1993</td>
<td>50.2</td>
<td>14.0</td>
</tr>
<tr>
<td>1994</td>
<td>52.7</td>
<td>12.9</td>
</tr>
</tbody>
</table>

Violent crimes

Table 19 shows that the homicide rate decreased sharply from 1985 to 1986 and remained at roughly that same level until 1988. Since then the rate has increased considerably. From 1990 (165: 6.2 per 100,000 population) to 1993 (429: 16.5 per 100,000 population) the homicide rate increased 2.7 fold, reaching 16.6 cases per 100,000 population. Since 1993 the number of homicides has decreased. In 1998 the rate is somewhere between the figures for 1991 and 1992, though 67% higher than in 1985 and more than twice the rates for 1986 to 1988.
Table 19. Homicide and homicide rates.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of offences</th>
<th>Per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1985</td>
<td>150</td>
<td>5.8</td>
</tr>
<tr>
<td>1986</td>
<td>104</td>
<td>4.0</td>
</tr>
<tr>
<td>1987</td>
<td>107</td>
<td>4.1</td>
</tr>
<tr>
<td>1988</td>
<td>111</td>
<td>4.2</td>
</tr>
<tr>
<td>1989</td>
<td>178</td>
<td>6.7</td>
</tr>
<tr>
<td>1990</td>
<td>165</td>
<td>6.2</td>
</tr>
<tr>
<td>1991</td>
<td>213</td>
<td>8.0</td>
</tr>
<tr>
<td>1992</td>
<td>293</td>
<td>11.0</td>
</tr>
<tr>
<td>1993</td>
<td>429</td>
<td>16.5</td>
</tr>
<tr>
<td>1994</td>
<td>375</td>
<td>14.6</td>
</tr>
<tr>
<td>1995</td>
<td>281</td>
<td>11.6</td>
</tr>
<tr>
<td>1996</td>
<td>256</td>
<td>10.2</td>
</tr>
<tr>
<td>1997</td>
<td>259</td>
<td>10.4</td>
</tr>
<tr>
<td>1998</td>
<td>238</td>
<td>9.6</td>
</tr>
</tbody>
</table>


The official homicide rate in Latvia is 13 times higher than in Norway, 7 times higher than in Denmark, 5 times higher than in Sweden and 4 times higher than in Finland. It should also be noted that in Latvia, victims of violence who die one or two days after the offence are not counted as homicide victims but are usually slotted under the category of bodily injuries.

Economic crimes

The number of revealed economical crimes decreased by 61% from 1990 to 1994. In 1994, this type of crime accounted for 1.8% of all reported crimes. Before independence the proportion was about 20%. The figures have risen from 1995 and for 1998 show a 200% increase compared with 1995. The proportion of detected economic crimes in 1998 was 64%. Counterfeiting accounts for the largest proportion (28% in 1998).

Table 20. Number of recorded economic crimes.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1457</td>
<td>1169</td>
<td>899</td>
<td>860</td>
<td>1137</td>
<td>1490</td>
<td>1749</td>
<td>2338</td>
</tr>
</tbody>
</table>


In 1995 some half a dozen commercial banks went bankrupt. Fraud was largely behind the bank crisis, as was the case in the bankruptcies of limited companies which took in huge amounts of deposits from ordinary people at interest rates of up to 80–100% a year. All of these companies, which numbered around 100, went bankrupt or otherwise disappeared during 1993–1994.

There is a considerable amount of hidden crime in Latvia. Success in uncovering and recording it depends ultimately on the professionalism of the police force. In the present situation of anomie criminals are quick to find new ways of making a profit, whereas law enforcement agencies and institutions are rather slow in keeping track of changes in society.

Organised crime

During the Soviet era statistics were available on organised crime. In Latvia, the main spheres of organised crime are prostitution, the oil and banking industry, racketeering, car theft and the sale of stolen cars. Information from the police department shows that some serious organised crime groups have been arrested in 1994. More stringent border control and closer co-operation with the neighbouring countries would help to attain positive results in the struggle against organised crime.

Enforced by firearms and well-paid staff, and in the absence of rule of law, mafias have grown up in both urban and rural areas. They have also compounded the problems faced by political parties, whose policies of openness and reform have given rise to violence and corruption at all levels of government.

Solved crimes

The proportion of solved crimes was lower during the transition period in 1991–1993 than it was in 1990 (see Table 21). Since then the number of solved crimes has increased year on year, from almost 36% in 1992 to almost 57% in 1998. These figures would seem to suggest an increased efficiency on the part of the Ministry of the Interior, the police, the prosecutors’ office and the court system.
Table 21. Ratio of solved crimes (percent of all crimes recorded in the respective year).

<table>
<thead>
<tr>
<th>Year</th>
<th>Crimes solved total at year-end</th>
<th>Of which:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>39.9</td>
<td>31.2</td>
</tr>
<tr>
<td>Homicide*</td>
<td>63.0</td>
<td>64.3</td>
</tr>
<tr>
<td>Rape*</td>
<td>70.1</td>
<td>63.8</td>
</tr>
<tr>
<td>Aggravated Assault</td>
<td>61.3</td>
<td>51.1</td>
</tr>
<tr>
<td>Property Crimes</td>
<td>23.8</td>
<td>19.6</td>
</tr>
<tr>
<td>Hooliganism</td>
<td>65.5</td>
<td>56.3</td>
</tr>
</tbody>
</table>


Victimisation studies in Latvia

Victimisation studies were not conducted in Latvia during the Soviet era. The first representative victimisation study in Latvia was launched in 1994, another one in 1995 (Seps & Trapenciere 1997). In both these surveys the traditional victimisation questionnaire was complemented by questions concerning people’s attitudes towards economic crimes and general trust in various state institutions in Latvia. Extended victim surveys were conducted in 1996 and 1998 by Criminology Research Centre (Victim Survey… 1999).

Analyses show that latent crime is much higher than the official figures recorded by the police: up to one in three respondents has become a victim of some kind of crime, about half of those crimes have been reported to the police (LPA 1996). The results show that in half of the reported cases, there has been an investigation process. In case of robberies, for example, the reasons for not reporting the offence to the police are: “police could do nothing about it” (28%), “crime was not serious enough” (14%), “fear/dislike of police” (7%).

According to another victimisation survey from 1998, the respondents have suffered most often from car theft, thefts from cars, attempted burglary, robbery, personal theft, sexual incidents, as well as from assaults/threats. Most respondents who have reported offences to the police are unsatisfied with the response of the police. The main reason for the dissatisfaction were that the police did nothing or were unable to catch the offender. In the majority of cases the places where the crimes were committed were near the area where the victims lived. Most victims suffered once during the year, but there were also those who suffered twice or more often. Almost half or 46% of the victims reported fraud occurring in shops (consumer fraud), 23% reported corruption. According to the survey, the majority of those taking bribes were government officials (41%).

The changing face of crime

The distinctive characteristics of crime have been changing in recent years. First, crimes have tended to become more cruel, the number of crimes against children has increased, the use of firearms has increased, and entirely new types of crime have developed (transit of nuclear active compounds, trade of human organs, trade of children and women). Relatively new phenomena include more or less weekly bomb explosions, terrorism, and the growth organised crime. Closely related to these phenomena is the growth of drug abuse, prostitution, alcoholism and suicides. In 1996, Dr. Vilks, Head of the Criminology Research Centre, described criminal power as the fifth power in Latvia (Vilks 1996). In 2000, we suggest, the country’s macroeconomic situation as well as its political and social situation has very much stabilised.

In order to increase the efficiency of crime prevention we need first to solve a number of social and political problems. These are in the realm of, first, employment policy and educational policy, and second, in the prevention of concrete crimes and the circumstances that are conducive to crime. Victim surveys indicate it is important to strengthen the prestige and develop the activities of legal protection institutions.
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Besides the official statistics, the results of relevant sociological studies are presented in this report. The main studies are:

“Baltica Study” (NAD, Simpura, 1990–1999),

“Economical Crime in Latvia” (Latvian Police Academy – LPA, Meikalisha, A., Trapenciere, I. 1996),

“Listening to the Poor – Social Assessment of Poverty in Latvia” FSI (Institute of Philosophy and Sociology, non-published regional reports),

“NORBALT Living Conditions Survey” (FAFO 1994),

“Paths of a Generation” (Institute of Philosophy and Sociology, 1983–1998),

Non-published data from the workshops held at the Centre of Criminology (Vilks, A. 1996).
Acknowledgements

We wish to thank the following organisations and persons for their invaluable help in collecting the data for this study: the Committee of Statistics (A. Svarckopfa and M. Behmane), the Centre of Narcology (Dr. J. Caunitis), the UNDCP, the Centre of Criminology (Dz. Seps, A. Lodzina, A. Vilks) and M. Trapencieris who helped with data collection and analyses. We also extend our thanks to the Nordic Council for Alcohol and Drug Research (NAD) for initiating this project and for their theoretical and financial support. We appreciate the support granted by the Nordic Council for financing most projects concerning the transformation process in the Baltic states and Latvia, particularly during 1993–1996.
CHAPTER 5: Lithuania

Lithuanian drug policy: trends in development

Aušrinė Armašienė

Introduction

This study on Lithuanian drug policy was carried out in autumn 1996 and spring 1997. The main purposes of the study were to review the current legislation with respect to the control of drug use in Lithuania; to identify the institutions with a key role in the formulation of drug policy; to describe the measures employed in the prevention of the spread of drugs; and to describe public opinion towards drugs, drug addicts, and drug-related issues in general.

Any analysis of a social phenomenon must have an in-depth knowledge of the society which provides the setting for the phenomenon in question. This is because the environment and its various processes invariably influence the range and tendencies of that phenomenon and also condition the range and quality of the measures taken by the state. Therefore, by way of a background, this paper provides a general description of the socio-economic situation in present-day Lithuania.

The analysis of drug addiction and drug policies in Lithuania is no easy task. Major complications are presented by the recent changes in the political situation, the collapse of the former administrative structures and the development of a new system, which has had not only positive impacts. Also, since the legislation is still in preparation and the preventive mechanisms and organizational structures are still under construction, it is clear that any analysis of Lithuanian drug policy has to be confined to an examination of its main trends in development; a more detailed investigation will not be possible until all the structures are in place.

Each and every society has to go through the process of trial and error for itself; it has to make its own mistakes and learn from those mistakes. As we have seen in the past, the experiences of one country are not always directly applicable to another. This is particularly true of such a complex social phenomenon as drug use.

Overview of socio-economic situation in present-day Lithuania

Lithuania regained independence after 50 years of Soviet occupation on March 11, 1990. The first socio-economic problems facing the country after independence and freedom were presented by the sharp decline in production output, rampant inflation and various acute social problems. The price of oil increased 169-fold, that of electricity 236-fold. According to economists it is only now, after seven or eight years of independence, that the national economy has started to get back on track.

The economic structure in the country is still in flux. In 1995, industrial production was up by 1% and in 1996 by 1.3%. The country's biggest industries in volume terms are the foodstuffs and oil processing industries. The building and construction sector has always been strong in Lithuania and is now showing signs of growth again. There is also strong growth in the electronics, wood processing and textile industries, and recently forestry and agriculture have also been picking up.

Following a serious banking crisis in 1995–1996 which unsettled the state finances system, the financial market in Lithuania has now been stabilized. Inflation dropped in 1996 by 13.1%, and projections for 1997 expected the figure to come down to less than double figures. Average monthly wages have increased from USD 18 (which is below the poverty line) in 1990 to USD 200 in the first half of 1997. However, this increase still falls short of the pace at which inflation has been moving, and consumers' real purchasing power remains at a very low level.

One of the main concerns for the immediate future is the rapid growth of the number of pensioners in the country: with the number of pensioners set to exceed the number of those in gainful employment, it is unlikely that wages and pensions can be increased or taxes and duties reduced.

Lithuanian export industries have been showing strong growth in recent years, and exports from Lithuania is indeed at a higher level than in any other post-communist country.

The shadow economy in Lithuania continues to present a grave problem as far as the drugs issue is concerned. Imports of oil
products, certain foodstuffs and alcoholic beverages remain beyond official control.

According to official statistics unemployment in Lithuania dropped from 7.3% in 1995 to 6.2% in 1996. However, the real figure is estimated at around 11%. High unemployment is another major source of social problems, mainly via its adverse effects on consumer purchasing power and on the social security system. Unemployment is expected to rise in the near future as companies are laying off people in an attempt to raise their cost-effectiveness. Hidden and seasonal unemployment is particularly common in urban areas, which is where one-third of the population currently live.

The social security system provides mechanisms of social insurance and social assistance from state funds. Expenditure on social security and national budget figures are given in Table 1.

**Table 1. Expenditure on social affairs in 1995 (million Litas).**

<table>
<thead>
<tr>
<th></th>
<th>Total expenditure</th>
<th>Total social expenditure</th>
<th>Education</th>
<th>Health care</th>
<th>Social care</th>
<th>Recreation, culture, sport</th>
</tr>
</thead>
<tbody>
<tr>
<td>National budget</td>
<td>6196.8</td>
<td>2983.4</td>
<td>1250.4</td>
<td>887.7</td>
<td>512.1</td>
<td>233.2</td>
</tr>
<tr>
<td>– state</td>
<td>2983.4</td>
<td>1210.9</td>
<td>454.4</td>
<td>317.5</td>
<td>291.0</td>
<td>148.0</td>
</tr>
<tr>
<td>– municipal</td>
<td>2470.6</td>
<td>1772.5</td>
<td>896.0</td>
<td>570.2</td>
<td>221.1</td>
<td>85.2</td>
</tr>
<tr>
<td>Social insurance budget</td>
<td>1972.3</td>
<td>1972.3</td>
<td>–</td>
<td>185.1</td>
<td>1787.2</td>
<td>–</td>
</tr>
<tr>
<td>Consolidated expenditure</td>
<td>8169.1</td>
<td>4955.7</td>
<td>1350.4</td>
<td>1072.8</td>
<td>2209.3</td>
<td>233.2</td>
</tr>
<tr>
<td>Breakdown of social expenditure, %</td>
<td>100.0</td>
<td>100.0</td>
<td>70.7</td>
<td>16.5</td>
<td>28.2</td>
<td>2.9</td>
</tr>
<tr>
<td>Breakdown of consolidated expenditure, %</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*) There is no balance because intersettlement sums of state and municipalities were included in their expenditure.

A solid and stable social structure can only develop in conditions where all layers of society are in place. However, with the ongoing transition the socio-economic structure in Lithuania is not yet fully developed; the middle layer of society is still to take shape (Prane imas... 1998).

**Legislation concerning drug prevention, treatment and control**

In 1994 Lithuania acceded to the 1961 UN Single Convention on Narcotic Drugs and to the 1971 UN Convention on Psychotropic Substances. Three years later, Parliament ratified the 1988 UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

The main legislative tools aimed at controlling the spread of drugs in Lithuania are the Criminal Code and the Code of Administrative Transgressions of Law. Both these codes came into force in 1994. Most articles concerning drugs are recorded in the Criminal Code. The following issues are covered:

- consumption of narcotic substances as a circumstance aggravating responsibility (Article 41);
- the illegal production, acquisition, possession, carriage, dispatch or trafficking of narcotics (232 1);
- theft of drug substances (with the penalty scales ranging from 3 to 15 years imprisonment);
- the growing of crops with narcotic properties (232 3);
- the setting up and running of places for the consumption of narcotic substances (232 4) (penalty scale 5–10 years imprisonment);
- persuading another person to consume drug substances (232 5) (5–10 years imprisonment);
- violation of regulations concerning the production, acquisition, storage, supply, carriage or delivery of drug substances (232 6);
- illegal growing of oil poppy and hemp (232 8) (penalty 3–5 imprisonment);
- smuggling of drug substances (Article 312) (penalty 3–10 imprisonment or a fine).

The carrying or purchase of narcotic substances with no intention to sell carries a punishment of three years imprisonment or two years of forced labour. The intention to sell or an attempt to sell increases the sentence to 10 years in prison. Any large-scale operation carries a sentence of 6–10 years in prison.

In addition, the Code of Administrative Transgressions of Law stipulates that a person who has voluntarily handed in narcotic substances or who has been voluntarily applied for medical help for a drug problem, will be exempted from legal liability.

The Criminal Code was originally adopted in September 1961. There have been no major revisions of the code, but minor adjustments have been made on the way. The most recent amendments date from 1994.

The main differences between the Criminal Codes of 1983 and 1994 are as follows:
- The old term of “drug materials” (1983) has been replaced by “drug substances” (1994).
- Article 232 1 in the 1994 Criminal Code has been divided into two parts. Article 232 1 of CC 1983 has no Parts 5 and 6 on
encouraging another person to consume narcotic substances and on the violation of regulations concerning the storage, transportation and supply of drug substances.

- The heading of Article 232 2 of CC 1983 has been changed from “Sowing or growing of forbidden crops containing narcotic materials” to “Sowing or growing opium poppy and hemp”.
- There is no provision on confiscation of property in Articles 232 1 Part 4, 232 2 Part 3 of the CC 1994.
- Confiscation of property as an additional penalty to imprisonment is stipulated in the following articles of CC 1983: 232 1 Part 3, 232 2 Part 1, 232 4 Part 1. However, CC 1994 makes no mention of confiscation.
- CC 1983 contains no article similar to Article 232 8 on “Illegal sowing and growing of oil poppy or hemp”.

The Code of Administrative Transgressions of Law took effect in 1985. All the articles in this code have by now been revised, but none of the changes are significant.

Article 44 under the section “Administrative transgressions of law in the sphere of work and public health care” is of major importance for drug regulation. The article concerns “Illegal acquisition and storage of narcotic substances in small quantities or the use of drug substances without a doctor's prescription”, and it lists the following penalties and fines for breaking the law:

- a fine of up to 700–1000 litas (USD 175–200), or
- two months of forced labour with a partial deduction from earnings, or
- administrative arrest of up to 30 days.

For example, the fine for a young person aged 14–17 using drugs without a prescription is set at 500 litas (about USD 125) and will be payable by the offender's parents or guardians.

There are two remarks that need to be made about article 44. Firstly, no definition is given to explain what is meant by a “small quantity”. Secondly, it is quite clear that the fines are not high enough to deter the spread and use of drugs.

Four further articles in the Code of Administrative Transgressions of Law deserve to be mentioned. Article 107 1 stipulates a fine of 50 litas (about USD 12) for failure to take proper measures to protect hemp and oil poppy fields or to provide a proper regime for the protection of harvested crops during their storage and processing, as well as for failure to destroy the post-harvest crops in the field or processing residues containing narcotic substances.

According to article 107 2, the sowing and growing of oil poppy and hemp will result in warning or a fine of 25–50 litas (USD 6–12). However, this does not apply to the growing of Indian, South Manchurian, South Chuy, South Arjona and South Krasnodar hemp species, which are prohibited altogether.

Articles 116, 126 and 129 specify penalties for driving vehicles while intoxicated by alcohol, drugs or other toxic substances. Compared to other administrative fines, the sums here are much higher, namely 200 litas (USD 500). In addition, offenders may have their driving licence suspended.

There are a total of some 30 laws, decrees and regulations in Lithuania related to drug substances and drug addiction. These documents can be divided into three groups. Firstly, there are documents relating directly to the control and prevention of drug substances and drug addiction:

- The law of the Lithuanian Republic on the control of narcotic and psychotropic substances (1998),
- The decree of the Lithuanian Government concerning the confirmation of the list of narcotic and psychotropic substances (April 1997),
- The law of narcological supervision adopted by the Lithuanian Seimas (March 1997),
- The Lithuanian health programme (October 1996),
- The decree of the Lithuanian Ministry of Health Care (August 1995) on the list of narcotic substances and psychotropic substances, the import and/or export of which requires a permission from the Ministry of Health Care,
- The decree of the Lithuanian Ministry of Health Care on the list of narcotic and psychotropic drugs and drug substances (31 Dec 1993),
- The national programme for the protection of children's rights and the prevention of juvenile delinquency.

An important example is the government decree concerning the confirmation of the list of narcotic and psychotropic substances adopted in April 1997. This was done in compliance with the Single Convention on Narcotic Drugs, the Convention on Psychotropic Drugs, and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

Another example is provided by the law on the control of narcotic and psychotropic substances. This is probably the most crucial law with regard to public health and the prevention of drug-related harm.

The second category of documents are special instruments concerning drugs which are addressed to institutions and
organizations. This category includes the parliamentary decision to enact the law concerning social and psychological rehabilitation of persons who habitually commit administrative and legal offences under the influence of alcohol, narcotic and toxic substances (June 1994). Other examples are provided by the decree of the Ministry of Health Care concerning the application of methadone treatment (May 1997) and the governmental decision on the organization of forensic psychiatric, narcological and psychological examinations (July 1997).

Third and finally, there are general laws and decisions concerning health care, state security, etc., which in one way or another relate to drugs and drug addiction. For instance, mention may be made of the parliamentary decision to adopt a state youth policy (July 1996), the law of national security (December 1996) and the law of effective operation (May 1997).

The legislative mechanisms for drug control in Lithuania are still comparatively new and as yet it is very difficult to provide an overall assessment of how they work and what sort of effect they have.

Data on drug addicts

Level of use

At year-end 1997 there were a total of 2871 drug addicts registered with Lithuanian health care units. The figure has been increasing very sharply. In 1992 the number was 445, in 1994 over 600, and just one year later it had more than doubled to 1264. In 1983, there were only 42 officially registered drug addicts in Lithuania.

There is also a special register on drug users who are not classified as addicts. In 1995 there were 276 persons in this so-called preventive register.

Age, sex and residence

As the experience from many countries shows, only some one-tenth of drug addicts visit health care units and register officially. In the case of Lithuania this means that the real number of drug users in Lithuania in 1997 was over 10,000.

All drug addicts were very young: 72 were under 34 years of age, while 8 were 18 or younger. Almost one-fifth of the addicts were women.

The vast majority or 97% of all drug addicts live in major cities. Drug addiction is most common in Vilnius, Kaunas, Klaipeda, Alytus, Šiauliai and Druskininkai.

Substances used

Of all registered drug addicts contacting health care units for medical help 1997, 90% (1619 cases) used home-made drugs based on poppy straw, i.e. opium derivatives for intravenous use. One-third of all addicts used more than one drug, including amphetamines, hallucinogenic substances and psychotropic substances.

Drug addicts acquire the poppies they need for drug production either by stealing them from gardens, by growing poppies or by buying heroin from suppliers. In the former two cases the poppy heads are dried and ground into powder, treated with various chemicals and then prepared in liquid form for intravenous use.

Teenagers and schoolchildren tend to favour very different kinds of drugs: the most popular are synthetic narcotic substances, cannabis, hashish and marijuana. Some of the addicts registered at health care units have sought help precisely for the consequences of cannabis use.

The number of solvent users is also rapidly growing, although it is very difficult to give a reliable estimate of the figures owing to the large number of children and teenagers in this group. Most of the information is provided by police inspectors working with the underage. In 1994, Lithuanian health care units diagnosed 54 persons suffering from toxicomania. The trends since then have been extremely worrying. In Klaipeda, for instance, only two solvent sniffers were registered in 1995, the corresponding figure for 1997 was 222.

Mortality

Deaths caused by accidents, injuries and intoxication rank third in Lithuania's mortality statistics after deaths from cardiovascular diseases and cancer. Alcohol and drugs are heavily involved in this category of mortality.
Data on drug-related deaths are incomplete and difficult to interpret. However, the evidence seems to suggest that the number of deaths is growing. In 1992 a total of 10 drug-related deaths were recorded, three years later the figure was 26. Experts agree that the real number is much higher, however.

**HIV-infected drug users**

In 1990 there were 10 officially registered HIV-infected persons in Lithuania, but no HIV-positive cases among drug addicts (Sveikata... 1996, p. 41). Seven years later, the figure was up to 68. One-third of these cases (22 persons) were drug addicts whose average age was 20 years. Most HIV-infected people (41) were from Klaipeda, which is explained by the city's seaport: 20 of the 41 HIV-infected persons were seamen.

The outbreak of an HIV epidemic in neighbouring Kaliningrad may have a major impact on the spread of the infection among drug addicts in Lithuania as well. In mid-1997, Kaliningrad had 1500 registered carriers of the virus. The majority of them were drug addicts and prostitutes.

**Public attitude towards drug addicts**

Attitudes among the general public in Lithuania towards drug addicts and drugs vary widely. The official position is recorded in the Law of Narcological Care (March 25, 1997; No VIII–156) as well as in various government and ministerial documents. This view defines a drug addict as a patient and drug addiction as an illness with difficult social consequences. More specifically, drug addiction is considered a mental illness resulting from the abuse of narcotic, psychotropic and other substances. The illness causes psychological and physical dependence.

This position implies that the state also assumes responsibility for the treatment of narcological patients through the health care system. This reduces the damage caused by the illness to patients and provides conditions for the prevention of narcological illnesses. The state also attempts to rehabilitate and re-integrate patients into society and in this way to reduce the social consequences of the illness.

This official view on drug problems is supported at least by health care institutions, certain other institutions and the medical profession. Among the general public, there still persists a rather widespread view that drug addicts are criminal or even perverse people.

As opposed to the medical and judicial perspective on drug addicts and addiction, the social problem approach holds that the problems concerned originate not only in the individuals and their mental or physical state, but rather in the state of society, i.e. in the relationship between drug addicts and their social environment.

No data are available on how these different perceptions are represented in society. In order to obtain some basic information on one particular aspect of the problem, we decided to interview drug addicts about their personal experiences of how they have been treated by the surrounding society.

For this purpose we set up a group interview at the Klaipeda Anonymous Consultation and Syringe Exchange Centre, where drug addicts can get clean syringes and take part in evening meetings organized by the Narcotics Anonymous group. Nine ex-users, four women and five men aged 21–33 were interviewed. Two interviewees were from Vilnius and from Kaunas respectively, and five from Klaipeda.

The aim of the interview was to find out what former users believed other people (colleagues; family members; old friends; acquaintances) who knew about their addiction thought about them.

The attitudes of these people, according to the group interview, were marked, at best, by fear and avoidance. Drug addicts are looked upon as “a curse, the lowest layer in society; drug addicts are worse than alcoholics; our society treats an alcoholic as an intellectual compared to a drug addict”. Drug addicts are also readily stigmatized as potential criminals who are always ready to steal. Finally, people tend to be very dubious about the prospects of an addict to recover.

The relationship between society and the drug user, according to our respondents, is best described as one of extreme antagonism: “Drug addicts against society, society against drug addicts”. It was pointed out that a small party had committed itself in its parliamentary election programme “to put into prisons all drug addicts and prostitutes”.

The discussion on the views of colleagues at work took up most of the time in the group interview. Half of the interviewees said their colleagues and employers did not know about their drug dependence. One interviewee said that if his former illness came out in the open, not only he himself but also his supervisor would lose his job. A young woman from Klaipeda said that
her colleagues began to treat her in a completely different way when they learnt she was an ex-user. When she joined a new company relations were initially good, but as soon as her colleagues found out about her past, she became a psychological outcast again. Repeated experiences of this kind easily lead to social exclusion; ex-users will not want to mix with “normal” people.

Only one of the nine interviewees — a young woman from Vilnius — had experiences of a positive attitude on the part of her employer. After six months at work her employer had found out that she was an ex-user and let her go, but one month later she was invited back and even got a promotion. All the interviewees agreed that this was a very exceptional case.

As for relationships with family members, particularly parents and the spouse, all interviewees said that these people showed no trust in them at all. They had been off drugs for between 12 months and 2.5 years, but they were still checked for drugs every single day when they came home from work.

Relationships between drug addicts and their friends were also complicated. All our interviewees said that their friends had tried to end the relationship when they learnt about their habit. A man from Kaunas described his relationship with his friends as follows: “I had been clean from drugs for two years and I bought a car, and at that point my friends began speaking to me again. My old friends just didn't want to have anything to do with me.”

According to a man from Kaunas it is very difficult to find a girlfriend who is not a drug addict: “Girls always want to know what I did earlier. It all stops here because there is nothing to talk about — I've been injecting since I was 14.” All interviewees agreed that finding a steady boyfriend or girlfriend is indeed virtually impossible.

The results of this small interview survey show that there is much room for improvement as regards the attitudes of society towards drug addicts and ex-users — even allowing for the fact that we were talking to people who have been addicts themselves and who therefore are bound to have met with very sensitive attitudes.

Crimes related to the distribution and use of drugs and preventive efforts

According to data from the Ministry of the Interior, drug-related crime is increasing in Lithuania. In 1997 a total of 630 drug-related offences were recorded, up by 23% on the figure for 1996 and by 59% on 1995. Drug-related crime accounts for 0.8% of the total number of crimes committed in Lithuania (Tables 2 and 3).

About 45% of registered drug users have served a prison sentence. On the other hand, evidence from medical examinations shows that 80% of all drug addicts who have served time started taking drugs in prison.

The main raw materials for drug production in Lithuania are poppy and cannabis. Illegal growing has spread rapidly, despite the introduction of additional legislation. Since 1991, the Ministry of the Interior has each year carried out operation “Poppy” to destroy poppy and cannabis crops and to identify abusers. Since the beginning of these operations the area of poppy fields destroyed each year has increased from almost 2000 m² in 1991 through 81,000 m² in 1995 to over 101,000 m² in 1996. The corresponding figures for cannabis were 158, 1061 and 722 m². At the same time, the number of administrative offences for growing poppy and cannabis is clearly rising: in 1994 a total of 590 cases were recorded, in 1995 1882 and in 1996 4092.

Table 2. Registered crimes by selected type of crime.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total number of crimes</th>
<th>Drug related crimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>37,056</td>
<td>76</td>
</tr>
<tr>
<td>1991</td>
<td>44,984</td>
<td>121</td>
</tr>
<tr>
<td>1992</td>
<td>56,615</td>
<td>239</td>
</tr>
<tr>
<td>1993</td>
<td>60,378</td>
<td>302</td>
</tr>
</tbody>
</table>

Table 3. Crimes committed by drug addicts.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total number of crimes by drug addicts</th>
<th>Proportion of total number of crimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>30</td>
<td>0.2</td>
</tr>
<tr>
<td>1991</td>
<td>44</td>
<td>0.3</td>
</tr>
<tr>
<td>1992</td>
<td>159</td>
<td>0.8</td>
</tr>
<tr>
<td>1993</td>
<td>169</td>
<td>0.8</td>
</tr>
</tbody>
</table>

Lithuania has actually become a supplier of raw materials for drugs production in the neighbouring Baltic countries, Russia and the Kaliningrad region. In 1996, the following quantities were confiscated: 96,085 ml opium extract produced from poppies, 1652 kg poppy heads and stems, and 277.5 grammes of pure opium. In 1994 27.3 grammes of marijuana was...
confiscated, in 1996 825.5 grammes of marijuana and 248.5 grammes of hashish. The number of crimes related to the illegal distribution of drugs increased sevenfold during the period 1991-1996.

Lithuania's geographical location makes it a convenient transit country for East-West traffic. The main source countries of drugs arriving in Lithuania are Afghanistan, Iran, Azerbaijan, Kirghistan, Uzbekistan, the Ukraine, Germany and Poland. Citizens from other countries have also been detained for smuggling.

**The police system for combating drugs**

The main agent in the government's war against drugs is the Ministry of the Interior, which is responsible for the organization of both the national, regional and local mechanisms. The smuggling, drugs and forbidden materials board at the Ministry of the Interior had a staff of ten people in 1997. Each local department had two or three people involved in drug prevention, and one or three people with underage persons. The number of staff depends on the size of the community served.

**Figure 1. The police system for combating drugs (1997).**

- Lithuanian Ministry of the Interior
  - Police department
  - Criminal department
  - Service for the investigation of organized crime
  - Smuggling, drugs and forbidden materials board
  - Municipal (regional) police commissariat
  - Service for the investigation of organized crime
  - Smuggling, drugs and forbidden materials department
  - Preventive department

**Health care organizations for drug users**

**Treatment centres**

During the Soviet era the only treatment facilities were available through the mental health care sector. In 1997, there were ten psychiatric hospitals in Lithuania and they still played an important role in the treatment of drug addicts. Some specialized treatment and rehabilitation services have been established in Vilnius, Kaunas, Klaipeda and Šiauliai. The Narcological Centre of Vilnius and the Klaipeda Addiction Treatment Centre offer specific services for drug addicts and alcoholics. The narcological clinics in Kaunas and Šiauliai are part of the psychiatric service structure.

All regional hospitals in Lithuania have rooms for outpatient consultation with patients abusing psychoactive substances. These consulting rooms are staffed by doctors and nurses. The Vilnius Narcological Centre and the Vilnius Psychiatric Clinic have departments for intensive detoxification with 16 beds. There are detoxification beds in all city and regional hospitals.

**Rehabilitation centres**

The first rehabilitation centre for drug addicts, the AIDS Centre in Vilnius, was opened in January 1993. The centre was set up to provide 12-month treatment courses for drug addicts. All treatment and rehabilitation programmes are tailored to the needs of individual patients.

The second, slightly larger Drug Addicts Rehabilitation Centre was opened in Vilnius in December 1995. It has ten beds and is very popular among drug addicts, who apply for treatment voluntarily. However, with the continuing increase in the number of drug addicts the supply of rehabilitation facilities falls short of demand. At the time of this study there were plans to open a new rehabilitation centre in Klaipeda.

Both the Vilnius Narcological Centre and the Klaipeda Addiction Treatment Centre have ex-addicts on the staff to help current users on the road to rehabilitation.
The 28-day Minnesota model has been used in Lithuania for the development of rehabilitation programmes for drug addicts since 1992, with encouraging results. Key elements of the model have also been introduced in residential treatment in the Klaipeda Addiction Treatment Centre and the Kaunas Psychiatric Hospital. Here, too, former addicts have played an important part in promoting the Minnesota model and in the motivation and rehabilitation of the patients.

Harm reduction programmes

Syringe exchange centres

The AIDS Centre in Vilnius launched a syringe exchange programme for drug users in 1991. However, this programme has not been very popular among users who remain suspicious.

A second syringe exchange centre was set up in Klaipeda in 1997. The Anonymous Drug Addicts' Consultation and Syringe Exchange Centre operates under the Klaipeda Addiction Treatment Centre. Ex-users are mainly employed in the DA Consultation Centre. The Klaipeda DA Consultation Centre is quite popular among drug addicts and is visited daily.

Methadone programme

Lacking adequate facilities for non-drug treatment, the three biggest cities in Lithuania have been running a methadone programme since 1995. A total of 342 drug addicts were registered on the programme in 1997.

National drug control commission

The Drug Control Commission was introduced in 1995 to coordinate all national efforts aimed at combatting drug abuse and to review national drug policy decisions. Consisting of representatives of 11 ministries and institutions, the commission is chaired by the Minister of Health Care. Its main objectives are to draft laws, develop the national drug prevention programme and to create a drug information system. The commission works closely with international organizations working on matters related to drug control and drug addiction and organizes seminars and conferences within Lithuania.

Drug prevention activities and programmes

International drug prevention and harm reduction programmes

Support from international organizations is of crucial importance to the ongoing efforts in Lithuania to combat drug abuse and drug trafficking. The Ministry of Health Care and the Ministry of the Interior and Customs are working closely with the United Nations international drug control programme in which the aim is to create a legislative infrastructure, to analyse the current state of affairs, to improve the efficiency of customs operations and to introduce measures against illicit trafficking.

Since 1994 there have been permanent programmes in Lithuania within the framework of the EU PHARE programme “Fight against drugs in Eastern and Central European countries”. These permanent programmes include: Drug information systems, Drug demand reduction, and Precursors to control and legislation.

The WHO Regional Office for Europe in Copenhagen is also involved in projects in Lithuania to monitor alcohol consumption and to implement the European alcohol action plan. The Council of Europe Pompidou Group has been actively involved in the preparation and implementation of training programmes for specialists. This is one of the very few international projects in which specialists from regions outside the capital city have been able to participate. Ministry specialists have worked closely with the Nordic Drug Control Committee and the Mini Dublin group in Lithuania.

National drug prevention programmes

The main focus in national drug prevention programmes in Lithuania is on schools and schoolchildren. Lithuania joined the WHO's international programme called “Health promoting school”, which currently involves over 30 European countries, in 1993. Eighteen schools around the country volunteered to take part. The project is supported by the Ministry of Education and the Ministry of Health Care.

These two ministries have jointly set up another long-term programme the first stage of which runs in parallel with the WHO programme. Covering all the schools in the programme, this programme — “Implementation of a healthy way of life in educational institutions” — aims to promote the creation of a healthy and safe environment; to encourage schoolchildren to look after their health; to provide additional teacher training related to the problem; and to create models of health promotion.
In the WHO programme, the objectives are listed as follows: to promote attitudes that are conducive to a healthy way of life at school, in the home, and in public; to create good relations at school in order to resolve or alleviate the problem of truancy; to improve the skills and knowledge of schoolchildren; to help them make informed decisions about their health; and to encourage schoolchildren to take an active part in the formation of positive health attitudes and to make the best possible use of their physical, intellectual and social possibilities. In addition, the programme aims to strengthen schoolchildren's self-confidence, their acquaintance with methods of self-evaluation, their skills of conflict control, and to encourage both family members and the local society at large towards a healthier life-style.

The outcomes of the programme were evaluated in a questionnaire study at the beginning and at the end of the project. The first data set was collected at the end of 1993 among younger schoolchildren, older schoolchildren, teachers and parents. All the questionnaires included questions concerning smoking and alcohol use. During 1993–1995 the focus was on evaluating the current situation in schools and on creating a new health promotion system. The second stage in 1995–1997 was devoted to the evaluation of programme effectiveness and to making necessary adjustments.

In 1995 the Vilnius Pedagogical University took part in an international ESPAD questionnaire survey on the consumption of tobacco, alcohol and drugs among 15–16-year-old pupils in secondary and vocational schools. A total of 3196 questionnaires were analysed. According to the results one-third of the pupils have never smoked, two-thirds have smoked more or less frequently and for longer or shorter periods. The data also show that only 5.2% of 15–16-year-old pupils have never used alcohol. Pupils of vocational schools have used alcohol more often than secondary school students. 70% of all pupils indicated that they had drunk alcohol to inebriation.

The results suggested that the use of illicit drugs is at a very low level, with only 3.2% of all pupils indicating that they had tried drugs. The most widespread drugs are marijuana and hashish, followed by cocaine. Users have also tried at least once amphetamines, LSD and other hallucinogens, crack, heroin and ecstasy. A fairly high proportion, 14.6% of the pupils said they took soporifics or tranquillizers without a prescription. Some pupils said it was very easy for them to get certain kinds of drugs.

It is widely recognized that much greater effort must be invested in education and in drug prevention in Lithuania. Most importantly, the psychological resistance of children must be strengthened. These objectives are being promoted through the “Children and youth social skills training” programme, which involves hundreds of teachers.

The youth temperance movements “Balt Ainiai” and “Valan iukai” arrange special seminars and camps for schoolchildren and students during weekends, and they also have their own newspapers. However, these movements are not very popular among youths.

Local drug prevention programmes

In 1997 the only city in Lithuania with a local drug prevention programme was Klaipeda, which set up a prevention group to face a deteriorating drug situation. The group has launched a drug prevention programme which consists of several stages. The first stage involved the organization of preventive and educational work at schools. The group's background research for this project involved a survey among 15–18-year-old pupils. Their purpose was to collect data on the spread of drug use among pupils in the city and to find out how well informed they are about the problem.

In autumn 1996 a questionnaire survey was conducted in Klaipeda on the use of narcotic substances among senior school students. The findings were quite astonishing. Almost half or 46% of the respondents indicated that they had tried illicit drugs at least once and 75% that they had drank alcohol. The main reason for trying drugs was curiosity. Some of the respondents said they had tried drugs in order not to feel left out or laughed at. Interestingly, 25.5% of the pupils who had tried drugs explained it by reference to the desire for more interesting leisure.

The evidence suggests that schoolchildren in Lithuania have incomplete and sometimes incorrect information about drugs and that there is an obvious need for further educational work. In response to this need training programmes for lecturers were set up in early 1997. The first stage of the programme concluded with lecturers visiting schools to talk about drug issues. The second stage involved the foundation of the Drug Addicts Consultation Centre for the provision of psychosocial help for teenagers. The third stage consisted of educational work among schoolchildren's parents and in the community, as well as activities related to the rehabilitation of drug addicts.

Non-governmental organizations

There are only three registered NGOs working in the field of drug problems in Lithuania: the Drug Abusers' Parent Organizations in Vilnius and Klaipeda and the Drug Using and AIDS Prevention Group in Klaipeda (established on the basis of the Drug Prevention Working Group). There are active AA groups in the major cities and in almost half of the
administrative districts. Only Vilnius and Klaipeda currently have Narcotics Anonymous groups.

**Drugs and drug addiction in the media**

The drug problem receives quite extensive coverage in the Lithuanian media, including magazines for young people, dailies, local papers and even in calendars for housewives. In January-July 1997, Lithuania's biggest daily “Lietuvos Rytas” published close on 30 articles on drugs issues. Among the items covered, stories have been run on the chemical laboratories and illegal factories producing narcotic substances. The existence of these laboratories is largely explained by the fact that since independence in Lithuania, large numbers of qualified chemists were made redundant from what during the Soviet era was a highly developed chemical industry. A small sample of titles gives some idea of the topics covered: “Narcomafia brings up a generation on synthetic ecstasy”, “Schoolgirls intoxicated with ephedrine shared syringes with adults”, “Prisoners in Denmark are allowed to have vodka and hashish”.

**Conclusions**

On the basis of our analysis of the main trends in development in Lithuanian drug policy, the following brief conclusions may be suggested:

1. Lithuania is currently in the process of formulating its drug policy.
2. The legislative foundation for that policy remains as yet incomplete.
3. Lithuania is party to the main international conventions on drug issues.
4. The number of drug addicts and risk groups is rapidly increasing.
5. The official position is that drug addiction is an illness.
6. Public opinion tends to condemn drug addicts and attitudes differ from the official stance.
7. The government is tackling the drug problem through its network of health care institutions with rehabilitation centres.
8. There are many international drug prevention programmes in Lithuania, but only a few of them cover the whole country.
9. Lithuania has national drug prevention programmes.
10. There are almost no regional drug prevention programmes.
11. There are only three NGOs related to drug prevention and harm reduction, and two Narcotic Anonymous fellowships in Lithuania.
12. Drug questions receive extensive coverage in the mass media, particularly in newspapers.

Since drug policy in Lithuania is still in the process of making, this analysis has of necessity been descriptive: it is too early as yet to evaluate the impacts or results of the steps taken in the battle against drugs. The main accent now in the ongoing development of drug policy in Lithuania is on legislative improvements, border control and prevention. Programmes are currently being set up that should have a major impact in terms of alleviating the problems concerned.

**References**


Alcohol consumption and its consequences in Poland in the light of official statistics

Jacek Moskalewicz & Grażyna Wiśtkiewicz

CHAPTER 6: Poland

Introduction

The introduction of the socialist system in Poland led to the domination of the state over both civil society and the market. During the first post-war years the whole economy was nationalised, from heavy industry and the banking system to retail trade. At the same time, all voluntary organisations and political movements were monopolised by the state and the one-party system. A highly centralised political and economic system was created. During the next two decades, that system proceeded to industrialise the country and to provide free social services, including schooling and health care. By the mid-1960s, however, the system had exhausted its potency. Further development was hampered by economic difficulties and temporary eruptions of civic revolt, leading eventually to political liberalisation and economic decentralisation. In addition, the markets began to gain increased importance.

In 1980, when a series of social conflicts gave rise to a wave of strikes along the Baltic coast and then throughout Poland, civil society entered into negotiations with the state on the political and economic order of the country. Solidarity, the independent trade union, was founded. The syndicalistic organisation became a major representative of political and economic interests in society. During the 16 months that Solidarity enjoyed legal status, market forces were virtually non-existent; the relationship between demand and supply was broken. Incomes increased out of all proportion and working hours were reduced, and at the same time each price increase had to be separately negotiated with trade unions. The focus was on the equal distribution of basic commodities. A rationing system had to be introduced to cover meat, sugar, butter, washing powder and many other goods where the supply could not meet the demand. Alcohol and cigarettes were also rationed.

Attempts to rebuild the economy and strengthen the market forces were undertaken under the mandate of martial law. However, the economic reforms lacked social support and were therefore slow and not particularly efficient. Civil society more or less disappeared from the scene and economic stagnation followed. The state was unable to introduce a market economy all on its own, particularly in a system where state ownership reigned. By the end of the 1980s, civil society once again expressed its dissatisfaction by launching new strikes and demonstrations. In response, the national economy was rapidly liberalised. New legislation introduced freedom of economic activity and private enterprise. The state, however, did not have enough credibility to carry out these reforms. Talks were started with the opposition, which at the time was still outlawed. It was not long before the first non-communist government in Eastern Europe was established in Poland.

Initially the swift changes met with great enthusiasm. The people were willing to support any decisions made by the new government. Given its popular support, the government launched economic reforms aimed at a profound transformation towards market economy and private ownership. New values were propagated by the media and the political elite. The power of the state was subsequently replaced by the power of the markets. However, the transformation also involved many social problems, including unemployment, crime and poverty. Drunkenness and drug abuse also increased.

The honeymoon with the new market values only lasted a couple of years. Increasing poverty led to increasing unrest in civil society. The need for a state intervention became obvious.

The aim of this brief introduction is to show that the period under study covered some very rapid and dramatic changes. The positions of the state, civil society, and the markets have shifted during the 1980s and 1990s. The statistical system had to serve these contrasting forces and could not have gone through these changes without being affected.
Comments on the existing statistical system: transition or continuation?

Poland’s modern statistical system was set up right after the country regained its independence in 1918: this saw the foundation of the Central Statistical Office. The office still exists and operates under the same name today.

Statistics played a crucially important role in the centrally planned economy. An expanded and comparatively reliable system of data collection was developed to serve public administration. Economic statistics were strictly controlled by the state and often classified as either secret or confidential. Since social statistics were considered less important, they enjoyed more freedom in terms of research topics and methodologies (Oleski 1994). Nonetheless some social issues were considered politically problematic and sensitive, and the results of statistical studies on such issues were not published; or even if they were, they were classified as confidential. The situation changed quite suddenly in the 1980s. As a result of political liberalisation and the emergence of the independent trade union Solidarity — the first of its kind in a socialist country — the state lost its monopoly on information and its dissemination. Ever since, statistics on social problems have been published systematically or otherwise made available to the public.

The statistical system has not been unaffected by the transition period, when the difficult process of adapting the system to the requirements of market economy was started: the key considerations were continuity and comparability. A new law on public statistics was adopted in 1995, obliging legal subjects or legal persons (institutions, companies, organisations etc.) to provide the system with strictly defined information, but at the same time also introducing a restrictive system of protection of individual data.

The evolution of the Polish statistical system is well illustrated by statistics on psychoactive substances. Statistics on alcohol (both the supply side and the social problems involved) were well developed as early as the 1960s and 1970s. However, the first statistical publications printed during that period were not available to the public (GUS 1970, GUS 1973, Falewicz 1974, Falewicz & Jasinski & Raniewski 1975). One of them, dating from 1973, was personally classified as secret by the deputy Prime Minister responsible for the economy. The 1980s saw a marked increase in the availability of alcohol-related information, including special reports on the economic significance of alcohol, the social and health effects of drinking and policy evaluations.

The rapid expansion of the market economy during the recent transitions has left the statistical system trailing. Information from the unregulated markets is not only more difficult to collect and process, but often also less reliable (Lehto & Moskalewicz 1994, Wiśtkiewicz 1997). Statistics on alcohol, which nowadays are based on the production and trade of alcohol (production minus exports plus imports), do not cover the activities of thousands of individual companies which make a profit from alcohol. The reason for this is that in the early 1990s, Poland has seen a huge illegal supply smuggled in from other countries and an unrecorded supply from domestic companies which fail to report their entire production, or report it as exports but actually sell it on the domestic market.

**Alcohol in 1980–1995**

Recorded alcohol consumption has fluctuated during the past 15 years along with the political changes. It reached its post-war peak of 8.4 litres of absolute alcohol per capita in 1980. In 1981, it dropped sharply by 25% and continued to decline in 1982. These changes took place during a period of intense political unrest when Solidarity was legalised in 1981 and martial law imposed in 1982. During these two years the government and Solidarity both put forward their ideas for more restrictive approaches to alcohol policy. The state, blamed for pushing alcohol, introduced a number of measures to limit the availability of alcohol: production was reduced, the number of outlets decreased, and prices and rationing were increased.

Solidarity called for temporary prohibitions either locally or nationwide. This period of an active and not always coherent policy led to the adoption of a comprehensive alcohol law on October 26, 1982 (“Up-bringing in Sobriety and Counter-acting Alcoholism”). The new law established a highly centralised system of prevention and management of alcohol-related problems.

In the mid-1980s when political stability was restored, the alcohol issue lost its political dimension. Alcohol policy was liberalised and many of the most restrictive provisions of the law of 1982 were amended. The overall consumption level increased slightly and then levelled off at 7 litres per capita during the second half of the 1980s (Wald et al. 1990). Ever since it started in 1989, the transition period has been associated with a visible increase in the availability of both domestic and imported goods, which also increased the supply of alcohol. Alcohol lost its status as a special commodity whose use involved certain risks, and was treated as any other market commodity. The privatisation of the economy, the strengthening of the market forces, and the decreased role of the state in the national economy have advanced much faster than the changes in both the legal system and the system of statistical monitoring.
Data on alcohol sales that had accurately reflected trends in alcohol consumption in the previous decades (including the 1980s) became unreliable during the first years of transition, when the development of the market was almost completely unregulated.

**Alcohol control**

Throughout most of the twentieth century Poland has had a system of alcohol monopoly. Before World War II the monopoly mainly covered spirits, while after the war the alcohol industry was fully controlled by the state. The monopoly served at least two purposes: first, it eliminated private interests from the production and trade of alcohol and yielded high budget revenues and second, it limited access to alcohol.

The alcohol law of 1982 represented the height of the state’s ambitions to control alcohol-related issues. It was drafted in the course of a hectic political debate between the government and Solidarity in its first legal period. Responding to accusations that it was pushing alcohol, Parliament incorporated a number of restrictive measures into the law. The law on “Upbringing in Sobriety and Counter-acting Alcoholism” was an expression of a political compromise regarding the alcohol issue. It covered demand reduction, the supply of alcohol as well as the treatment of drunken behaviour. The name of the new law reflected an important shift from actions against alcoholism to the prevention and promotion of sobriety. Its first paragraphs declared that the state administration had to carry out measures of combating alcoholism by providing assistance for prevention and treatment at both a governmental and non-governmental level. The state was also obliged to support non-governmental organisations and the church, which had so far been kept outside the arena, and to control the availability of alcohol, both in a physical and an economic sense.

The Council of Ministers was required each year to draw up a national plan for the sales of alcoholic beverages. This plan was to “take into account the objective of reducing the intake of alcoholic beverages and of shaping the desired pattern of consumption” (article 8). In order to eliminate local and narrow economic interests, a separate state enterprise (PONAL) was set up. A key objective was to change the emphasis in drinking patterns from spirits towards a more Western type of consumption in which fermented beverages dominate. Although an alcoholic beverage was defined as one with more than 1.5% of alcohol by volume, the level of control increased according to alcohol content. According to the new law all beverages with an alcohol content of over 4.5% by volume had to be sold separately from other commodities.

The Council of Ministers required that the number of alcohol sales outlets in the country had to be reduced. A priority concern was to separate drinking from the work environment. The sale of alcohol was forbidden between 6:00 am and 1:00 pm. It was emphasised that the latter restriction was imposed to ensure sobriety during the first shift in industrial companies. Drinking at the workplace was strictly forbidden; any violations would lead to penal sanctions for both drinker and supervisor. The regulation of alcohol consumption at the workplace had an important symbolic meaning: the implication was that the reason for the faltering efficiency of the socialist economy was to be found in alcohol.

The law wanted to see special protection provided for younger generations, and prohibited the sales and serving of alcoholic beverages to persons under 18 years of age. Schools and other educational establishments as well as sports and recreational facilities were declared “dry zones”, with a ban imposed on the sale of alcohol in their vicinity. Moral values also played an important role in the decision not to allow outlets to open close to churches and health centres. Alcohol advertising was banned altogether.

The principles of pricing policy were laid down in considerable detail in the law. An increase in the prices of alcoholic beverages should precede increases in people’s incomes. Moreover, to help influence consumption patterns, pricing policy should discourage the consumption of spirits.

The law included a number of detailed provisions regarding the treatment for persons with alcohol dependency. In contrast to previous legislation, the focus was shifted to voluntary referrals to treatment. Nevertheless, courts of law were given the powers to oblige addicted people to undertake treatment if their abuse had led to the breakdown of family ties or a reluctance to work, if it had a demoralising effect on minors, or if it involved systematic violation of public peace and order (art. 24). The law encouraged the development of specialised treatment for alcoholism and the involvement of primary health care services. It stressed that the services available should be further diversified and that more sophisticated methods of treatment should be developed.

State alcohol policy was to be co-ordinated by a special commission at the Council of Ministers, headed by the deputy Prime Minister. This high level of involvement underlined the political significance of the alcohol issue.

However, given the role of alcohol in the national economy it seems that some of the regulations could not be enforced, at least in full. Alcohol continued to account for between 10 and 20% of total government revenues, a contribution that was particularly important at times of economic crisis (GUS 1987).
As soon as the alcohol issue began to lose its political significance, economic considerations stepped in again as a key determinant of alcohol policy. One year after the entry into force of the new law, the first amendment was passed which abolished the retail monopoly. In a series of amendments between 1985 and 1987, steps were taken to liberalise the control of availability. The chapter of increased concern over the issue of alcohol was closed in 1987 when the Commission for Counter-acting Alcoholism was transferred from the Council of Ministers to the Ministry of Health. Nevertheless, most regulations limiting the availability of alcohol remained in place until 1989.

The steps towards market economy were followed by the dismantling of the system of alcohol control. In its last efforts to reform the socialist economy and to stimulate a better market supply, the government encouraged private imports of commodities for personal use. “Personal use” was a matter of personal declaration and totally independent of the volume of the goods imported. The import of alcohol for personal use became one of the most profitable economic ventures at that time. Estimates published by the Supreme Chamber of Control indicate that 20 million litres of tax-free alcohol were imported into the country during the second half of 1989 alone. This so-called Schnappsgate scandal led to the total deregulation of the alcohol market and to corruption in large segments of the country’s financial system.

Money generated from illegal and semi-legal alcohol trade contributed to the private accumulation of capital during first stages of transformation. An alcohol lobby with all its vested interests emerged and was soon able to reformulate alcohol policy and the legislation. Of special symbolic significance was the presence of the “Polish Party of Friends of Beer” in the Parliament that was elected in 1991, where it won several seats. The alcohol monopoly and control were perceived as relics of socialism.

In a climate of fascination with the market economy, the alcohol sector was largely demonopolised and privatised. The first wave of privatisation took in small businesses, including shops and restaurants selling alcohol. By the mid-1990s, wholesale trade was also privatised. The private actors in the alcohol arena called for more freedom of operation. In effect, the Parliament lifted many restrictions concerning the availability of alcohol. The ban on alcohol sales between 6:00 am and 1:00 pm was abolished, and alcoholic beverages could now be sold around the clock. Moreover, according to the alcohol law of 1982, the Council of Ministers had to indicate each year how many outlets would be allowed in the country Poland. However, these limitations were also repealed in the early 1990s. Local communities were granted the right to issue alcohol licences, the number of which soon increased from approximately 30,000 to more than 150,000.

There was particularly intense pressure to liberalise the beer market. Beer consumption in Poland was several times lower than in many other European countries, standing at less than 30 litres per capita. Beer was practically exempted from most restrictions. The special status of beer is well illustrated by the following quotation from the amended law: “Each local council shall by resolution determine the maximum number of commercial outlets trading with (selling) alcoholic beverages of over 4.5% alcohol by volume (except for beer) for consumption off the premises in the given local autonomy (municipality) (Art. 12, item 1). As a result the number of outlets selling beer is now very high and impossible to control. The alcohol content in beer also increased and is now usually in the range of 5–6%, compared with less than 4.5% in the previous decade.

Despite a number of legislative amendments, the alcohol law of 1982 is still in force. The age limit for selling and serving alcohol is still 18 years and the ban on selling and serving alcohol to intoxicated persons, on credit or on gage still remains in place as well.

Likewise, the ban on alcohol advertising is still in force — even though it is not observed. Beer is frequently advertised in popular magazines and daily papers, and billboards advertising beer have become a common feature of the urban landscape. They are mostly addressed to the younger generation, equally to young women and men. It is not rare for drinking beer to be associated with sports, sex and prosperity. A small inscription which says the advertisement is for “non-alcohol beer” protects the producers from legal sanctions.

In the market economy it has proved extremely difficult to implement the legal provisions of the law regarding alcohol pricing policy. The prices of spirits have remained under the state’s control, while those of wine and beer are mainly determined by market forces.

The State Agency for the Prevention of Alcohol Problems was established by the Minister of Health and Social Welfare in 1993. The Agency’s key goals are to create the necessary expertise and organisational foundation for realising the National Programme of Prevention and Resolution of Alcohol Problems, as well as to help persons, institutions and associations that deal with alcohol-related problems. In general, the focus in alcohol policy has shifted from the bottle to the drinker. Initially, the main focus was on education, especially among schoolchildren, and on creating a more effective treatment system for alcoholics. The priority was no longer to bring down the total consumption of alcohol.

Another visible trend has been the decentralisation of alcohol policy, the intention being to give more responsibility to local communities for prevention and for other social issues such as schooling, health care and social welfare. In 1996,
Parliament adopted an amendment to the alcohol law to facilitate the implementation of alcohol policy at a local level. In order to raise additional funds for financing the preventive work, local communities collect a special fee for each permit they grant for alcohol sales. This new regulation contributes substantially to the local funds for prevention. Thus the resources made available for prevention depend on the availability of alcohol and the total consumption of alcohol in the community. The more people drink, the more money is made available for prevention. One might conclude that in such a situation, local communities are less interested in controlling alcohol consumption and will focus on other forms of prevention.

Alcohol consumption

During the first four post-war decades when the production and distribution of alcohol were almost fully monopolised, sales statistics were considered accurate enough to reflect trends in consumption and to estimate its real level. In Poland, as in most industrialised countries, these decades witnessed a significant growth in consumption from about 3 litres per capita in 1950 to 8.4 litres in 1980 (Figure 1). During this period there were marked changes in general drinking patterns. The share of spirits in total consumption decreased from more than 80% to less than 60%, at the same time as the share of both wines and beer increased. However, the consumption of all beverages went up, although less slowly so for spirits. The major part of all alcohol was consumed by men, but women’s contribution to overall consumption has now tended to grow. At the beginning of this period consumption among men was seven times higher than among women, whereas in 1980 it was 4–5 times higher than among women (Wicicki 1964, Jasiski 1984).

There is some evidence that the amount of unrecorded consumption was negligible and did not change very much in 1950–1980. Existing estimates of moonshining in those days suggest that it accounted for no more than 15% of recorded consumption (Galarski 1976). Smuggling or the import of foreign brands for private use was also virtually non-existent, due to a very low degree of tourism and strict border controls.

Figure 1. Per capita consumption in litres of 100% ethanol, 1950–1994.

In the 1980s the general picture of alcohol consumption became more complicated. Right after the peak in 1980, recorded consumption dropped by 25% to 6.4 litres and continued to decline in 1982 to 6.1 litres. Since then consumption continued to increase to the level of seven litres in the mid-1980s, where it remained stable until 1989. As Table 1 indicates, estimates of unrecorded consumption have roughly reflected these trends, but have also deviated considerably from the level of recorded sales (Moskalewicz & Wojtyniak & Rabczenko 2000).

It seems that at the beginning of the period under study the estimated consumption of alcohol was actually about one litre lower than the official figures. Part of the explanation may lie in the method of estimation, which for the period under study assumed a strong correlation (as observed in the previous 20 years) between recorded sales of alcohol and the number of first hospital admissions for alcoholic psychoses (Wald & Jaroszewski 1983). However, there are good reasons to believe that the relationship between alcohol psychoses and consumption changed. In 1981–1982 the availability of alcohol suddenly decreased and became more equally distributed. This was due to the rationing system that allowed only half a litre of spirits per person per month. Heavy drinkers were affected most by the shortage of alcohol. Drinking
became much less frequent and periods of binge drinking much shorter. In effect, the drinking patterns of heavy drinkers became less harmful and cases of alcohol psychosis occurred less frequently.

Table 1. Per capita recorded and estimated alcohol consumption in litres of 100% ethanol, 1981–1995.

<table>
<thead>
<tr>
<th>Year</th>
<th>Recorded</th>
<th>Estimated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1981</td>
<td>6.4</td>
<td>5.4</td>
</tr>
<tr>
<td>1982</td>
<td>6.1</td>
<td>5.3</td>
</tr>
<tr>
<td>1983</td>
<td>6.2</td>
<td>7.0</td>
</tr>
<tr>
<td>1984</td>
<td>6.3</td>
<td>8.5</td>
</tr>
<tr>
<td>1985</td>
<td>6.8</td>
<td>9.0</td>
</tr>
<tr>
<td>1986</td>
<td>6.9</td>
<td>7.0</td>
</tr>
<tr>
<td>1987</td>
<td>7.0</td>
<td>8.5</td>
</tr>
<tr>
<td>1988</td>
<td>6.8</td>
<td>8.3</td>
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<tr>
<td>1989</td>
<td>6.9</td>
<td>8.8</td>
</tr>
<tr>
<td>1990</td>
<td>6.2</td>
<td>9.9</td>
</tr>
<tr>
<td>1991</td>
<td>6.6</td>
<td>11.0</td>
</tr>
<tr>
<td>1992</td>
<td>6.3</td>
<td>9.9</td>
</tr>
<tr>
<td>1993</td>
<td>6.4</td>
<td>9.9</td>
</tr>
<tr>
<td>1994</td>
<td>6.1</td>
<td>11.0</td>
</tr>
<tr>
<td>1995</td>
<td>6.3</td>
<td>11.0</td>
</tr>
</tbody>
</table>

Since 1989, trends in recorded and unrecorded consumption, as indicated by the figures on alcohol psychosis cases, revealed two different pictures. The recorded sales of alcohol continued to level off at 6.5 litres, while the unrecorded volume increased. Unrecorded consumption increased most particularly in 1990 and 1991 when it was estimated at 4 litres of absolute alcohol per capita, which corresponded to two-thirds of the recorded consumption. According to this estimate, the overall alcohol intake per capita in Poland reached 10–11 litres (Moskalewicz & Wojtyńiak & Rabczenko 2000).

Attempts to estimate overall consumption were also made on the basis of nationwide drinking surveys carried out in 1990, 1992 and 1995 (Jasiński 1996, Sieros wski 1993, Sieros wski & Zieliński 1998). According to these estimates, consumption rapidly increased in the early 1990s and then declined by the mid-1990s. It was assumed that the coverage of earlier surveys from the 1980s, when the recorded consumption figures were considered more reliable, could also be applied to estimate consumption in the 1990s. It is well known, however, that the coverage rate varies from survey to survey from 30% to 60%, which depends not only on the methods of data collection, but also, among other things, on sampling procedures, changing attitudes or the season. A lower coverage rate may lead to an overestimation, while a higher rate may lead to an underestimation of “real” consumption.

All in all, consumption estimates do not offer a very coherent picture of the amount of alcohol consumed by the Polish population. The consumption of alcohol, which used to be a convenient and valid indicator of the prevalence of alcohol-related problems, has clearly lost its reliability. Efforts to estimate “real” consumption lead to divergent results and can today be used for political purposes by different interest groups. The alcohol industry tends to present numbers on recorded sales in order to justify its demands for a more liberal alcohol policy, while the temperance movement refers to the highest estimates of consumption in order to strengthen their claims regarding the seriousness of the problem. Estimates that indicate a decline in consumption in the mid-1990s are welcomed by agencies responsible for alcohol prevention, since they like to suggest that the preventive efforts have been successful.

The transition period, which had a profound impact on drinking patterns in general, also affected the trends in alcohol consumption. Throughout the 1990s, beer became more and more popular. Its increasing consumption was confirmed by surveys and sales statistics. According to surveys on drinking, the share of beer in overall consumption increased from about 15% in 1989 to 25–30% in 1992–93, only to decline again in 1995 to 19% (Sieros wski & Zieliński 1998). However, the sales statistics suggest that in spite of a twofold increase in the consumption of beer, the level of recorded alcohol consumption has remained unchanged. Referring to these data, the breweries are claiming that beer is replacing vodka, which in turn has a beneficial effect on Polish drinking patterns (Solska 1998).
As it has turned out, the data on recorded alcohol consumption has become less and less reliable and can no longer serve as a reliable indicator of the level of consumption, general drinking patterns or alcohol-related problems. In this context, more attention has to be paid to tracing alcohol-related problems as such, despite difficulties in establishing a causal link between drinking and its consequences.

**Consequences of drinking**

**Mortality**

Mortality statistics seem to be less affected by external factors, including changes in the perception of problems and their public definitions. For a long time only a few causes of death were considered directly attributed to alcohol: these included liver cirrhosis and alcohol poisoning, as well as alcohol-related fatal road accidents. Recently, more and more attention has been paid to the role of alcohol in the context of external causes of deaths, including suicide (Mäkelä 1998, Norstrom 1995).

A first glance at the liver cirrhosis mortality statistics suggests that they have tended to stabilise from the early 1980s through to 1995. In 1980, the total death rate per 100,000 population was 12.2, in 1995 the figure was 13.0. These figures mask rather sharp fluctuations throughout the whole period, especially in the case of men. In the case of the female population, there have been virtually no changes. From 1981 to 1995, the death rate oscillated around 7.5 (+0.6) deaths per 100,000 population. In the case of men, a rapid decrease of 25% occurred in 1982, which could be explained by the steep decline in the consumption of alcohol at the beginning of the decade. Then, from 1982 until the end of the 1980s, the level remained rather stable. In 1991 it jumped from about 13.5 through over 16 to over 18 deaths per 100,000 men in 1995.

As illustrated in Figure 2, male mortality due to liver cirrhosis seems to be much more responsive to changes in alcohol consumption and its availability. The decline in consumption since the beginning of the 1980s was associated with a decrease in the mortality rates of men, with a one-year time lag. The recent increase in consumption during the early years of transition was followed by increased mortality rates. These different trends resulted in a growing discrepancy between the death rates of men and women. In the early 1970s the liver cirrhosis death rate was twice as high among men as among women, in 1995 it was three times higher.

*Figure 2. Mortality due to liver diseases and cirrhosis, rate per 100,000, 1960–1995.*

The role of alcohol in liver cirrhosis deaths has not been very well established in Poland. Much fewer doubts are expressed with regard to the role of alcohol in deaths caused by alcohol poisoning, alcohol psychosis and alcoholism (Moskalewicz & Wojtyniak & Rabczenko 2000).

In the case of men this indicator changed quite dramatically during 1980–1995, while in the case of women it remained practically unchanged at a relatively low level (around 1 per 100,000 population). At the beginning of the 1980s male mortality from these three alcohol-specific causes declined from 8 per 100,000 population in 1979 to less than 2 in 1982. However, as early as 1984 it exceeded the peak figure for 1979 to reach 12 deaths per 100,000 population in 1985. It then
remained at a rather stable level until 1989. The recent transitions brought about an increase which in this case was much steeper than in the case of liver cirrhosis mortality. In effect, the number of deaths from alcohol poisoning, alcoholism and alcohol psychosis among men in Poland in the mid-1990s has been almost equal to the number of deaths from liver cirrhosis.

Alcohol-related road fatalities are among the indicators in the case of which the contribution of alcohol is not questioned. However, this indicator may be very much influenced by changes in police enforcement, in blood alcohol concentration (BAC) limits for drink-driving offences, changes in the number of vehicles on the road, as well as general road and vehicle safety. Especially for comparative purposes, it is not particularly feasible to study deaths due to alcohol-related road accidents. It is virtually impossible to compare Poland which has BAC limit of 0.02% with the United States, where in most states the limit is BAC 0.1%. Moreover, the total number of alcohol-related casualties in traffic accidents is relatively low in Poland, accounting for no more than 20% of all fatal traffic accidents. In addition, deaths due to motor vehicle accidents account for less than 30% of all the deaths due to external causes.

There is reason to suspect that alcohol plays a significant role in the case of other injuries and poisonings. Recent studies estimate that up to 50% of such deaths can be attributed to alcohol. As is shown in Figure 3, the number of deaths among men due to external causes seems to be influenced by changes in the consumption of alcohol, while the death rate among women remains more or less stable at a three times lower level. Changes in the number of deaths among men due to external causes, observed in some years, may have had a substantial impact on general mortality at a national level.

**Figure 3. Mortality due to external causes of injury and poisoning, rate per 100,000, 1980–1995.**

**Morbidity**

Despite significant clinical evidence that alcohol can contribute to many diseases, little is known about the contribution of alcohol to morbidity rates, with the exception of a few alcohol-specific diseases, such as alcoholism or alcohol psychoses. For many decades the morbidity statistics available were limited to cover only inpatient and outpatient admissions due to alcoholism and alcohol psychosis.

Changes in hospital admission trends can reflect both the morbidity and the availability of treatment. It is rather commonly accepted, though, that first time admissions indicate epidemiological trends, while the total number of admissions illustrates the burden on health services.

First admissions (hospitalisation) due to alcohol psychosis have been regarded as an especially valuable indicator because of their high number in Poland (several thousands annually) and high correlation with per capita alcohol consumption (Wald & Jaroszewski 1983). They proved to be highly sensitive to the drop in alcohol consumption at the beginning of the 1980s when they declined from 12.3 per 100,000 inhabitants in 1980 to less than 5.0 in the following two years (Figure 4). From 1984 to 1989, the rate of first admissions due to alcohol psychosis remained stable at the level of 11 hospitalised per 100,000 population. The next increase was observed at the beginning of the transition when it exceeded 15 per 100,000 population. Since then the level has remained quite stable at this relatively high level, unprecedented in Poland. The level might be of special concern since part of the psychoses are handled by the newly emerged private health care sector, which practically did not exist before the 1990s and which are not included in the public health statistics.
Statistics on first admissions due to alcohol dependence follow the same pattern as those due to alcohol psychosis, but with a somewhat lower intensity, as they do not include the most acute cases in which the admissions are not dependent on the will of the patient (Figure 5). If first admissions can be regarded as an epidemiological indicator, they suggest an increase in alcohol consumption among women. In the 1960s and 1970s women accounted for roughly 6–7% of all admissions, in the 1980s the figure rose to 8–10%, and eventually approached 12% in the 1990s. These proportions do probably not illustrate the exact prevalence of alcohol problems among women. However, they may accurately reflect a slowly upward trend in consumption and alcohol problems among women, as well as a slightly increased availability of treatment.

Generally speaking, the total number of admissions depends on the capacity of the treatment facilities. This capacity has remained virtually unchanged throughout the 1980s and the 1990s, as there has been no significant change in the number of hospital beds. There are, however, a few notable exceptions. The total number of alcohol-related admissions decreased clearly in the early 1980s in response to the steep decline in alcohol consumption. The next decrease could be seen in the early 1990s during the acute crisis that swept across health services in general. Cuts in funding affected the treatment of alcohol problems, which do not seem to enjoy a very high priority status among the medical professions. The number of patients admitted was particularly low in 1992, the same year when mortality rates reflecting alcohol-related causes of death reached their peak. This experience suggests that the availability of treatment may have had some impact on mortality among alcoholics.
The number of admissions due to alcoholism and alcohol psychosis (approx. 40,000 annually) constitutes a heavy burden for the psychiatric health services. They account for one-quarter of all admissions and for almost 40% of all men admitted to mental health care services.

Social indicators

Collected as they are for the most part by law enforcement agencies, social indicators are first and foremost expressions of the success of enforcement efforts. This is well illustrated by Polish statistics on public drunkenness. In Poland public drunkenness was decriminalised as early as 1956 by the first post-war alcohol law. The law introduced sobering-up stations where drunken individuals were brought by the police to stay overnight. Some basic medical services were also offered. In cases where sobering-up stations were not available, a drunken person could also be detained by the police for the purpose of sobering-up. No matter where the person was detained, the incident was not considered a criminal offence.

During the past 15 years the annual capacity of this service has been under 500,000 nationwide. In 1980, the number of people detained was around 450,000. In 1981, the figure dropped sharply to 275,000 (Table 2). That year — which was the first legal period of Solidarity — the police shifted the focus of their attention to political questions. Public authorities, including ordinary policemen, were commonly questioned at that time. In effect, police interventions into public drunkenness were very rare. In 1982, under martial law, the number of detentions almost doubled to 465,000. The next period with a visible decrease came at the beginning of the transformation process when the authority of the police hit rock bottom. In 1990, the number of detentions was even lower than in 1981, i.e. 266,000. Since 1991 these numbers have slowly been approaching a normal level again.

On the other hand, the number of persons killed in traffic accidents per 10,000 vehicles is several times higher than in most countries of Western Europe. Approximately 40% of those killed are pedestrians.

Table 2. Public drunkenness in 1980–1994 (persons detained to sober up in sobering-up stations and in police arrests, in absolute numbers).

<table>
<thead>
<tr>
<th>Year</th>
<th>Persons detained to sober up</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>456,783</td>
</tr>
<tr>
<td>1981</td>
<td>274,822</td>
</tr>
<tr>
<td>1982</td>
<td>456,544</td>
</tr>
<tr>
<td>1983</td>
<td>415,300</td>
</tr>
<tr>
<td>1984</td>
<td>486,342</td>
</tr>
<tr>
<td>1985</td>
<td>485,382</td>
</tr>
<tr>
<td>1986</td>
<td>471,292</td>
</tr>
<tr>
<td>1987</td>
<td>471,784</td>
</tr>
<tr>
<td>1988</td>
<td>412,786</td>
</tr>
<tr>
<td>1989</td>
<td>306,094</td>
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<tr>
<td>1990</td>
<td>256,802</td>
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<tr>
<td>1991</td>
<td>331,381</td>
</tr>
<tr>
<td>1992</td>
<td>335,545</td>
</tr>
<tr>
<td>1993</td>
<td>384,014</td>
</tr>
<tr>
<td>1994</td>
<td>400,087</td>
</tr>
</tbody>
</table>

Conclusions

From a positivist point of view, statistical data provide a highly accurate picture of reality. State statistics are treated as a major source of objective data, which allow for rational planning of social and economic policy. Experiences with Polish statistics on alcohol during the past 15–20 years show that statistics are in effect social constructs related to public opinion and largely reflect sudden social changes more than anything else. Statistics on social problems are particularly relevant at times of social change since they are widely used to legitimise claims with regard to the existing social order. Expressing concern about problems on the statistics which are censored by
the state, means expressing the moral superiority of the new claim-makers. Especially in the 1980s this moral perspective dominated the arena of alcohol issues and reflected a bi-modal political scene.

In the 1990s things have become much more complex. The old statistical system has failed to catch up with the changing economic situation. New actors have appeared on the political scene with different interests, expressing contrasting expectations with regard to alcohol statistics. At the same time, different types of alcohol statistics seem to portray different kinds of worlds. Recorded alcohol sales indicate a stabilisation of consumption at the relatively low level of 6 litres per capita. Male mortality due to liver cirrhosis is increasing, while mortality from external causes of death has levelled off after a rising trend at the beginning of the transition period. The figures on hospital admissions due to alcoholism and alcohol dependency are not fully consistent. In this context, various statistics may legitimise claims made by different actors. The alcohol industry uses figures on recorded sales to justify the promotion of new beverages and the government to legitimise a more liberal approach to alcohol control. Those responsible for alcohol policy question the reliability of sales statistics and give much higher estimates to encourage increased public expenditure on alcohol prevention and treatment. Health statistics may be used either to dramatise anti-alcohol claims or by the health care system to prove the increasing efficiency of treatment and in this way to attract new clients.

References


The crime problem in Poland in the light of police and court statistics

Robert Sobiech

Introduction

The most frequent comments accompanying an analysis of official crime statistics say that they provide first and foremost means for evaluating agents of social control rather than the activities of the criminals (Stanton & Wheeler 1966, 206–207). Research on data collection by public institutions (e.g. Kitsuse & Cicourel 1971) provides useful insights into the obstacles to acquiring a real understanding of the problems. Researchers utilising crime statistics say that the individual policeman, police departments or the environment in which they work can be a source of selective perceptions. Given these reservations, one wonders why official statistics are used so frequently in studying crime?

One simple reason is that, regardless of the limitations of such data, statistics collected by the prosecuting authorities are the only source of systematically collected data allowing for a study of the dynamics and structure of the problem. These data are also commonly used in political debates and determine the shape and direction of future public policy.

The aim of this presentation is to provide a picture of crime in Poland during the 1980s and 1990s on the basis of data drawn from police and court statistics. However, we need to bear in mind the potential problems with data reliability. A special concern is with the inadequacy of police data which results from selective reporting, the different priorities of the prosecuting authorities, and the social norms which mean that citizens opt not to report certain types of offences. There is a relationship between the way a problem is presented in official statistics and the effectiveness of the organs of apprehension, which can be influenced for instance by the working conditions or the qualifications of the personnel. The appearance of crime statistics is certainly also influenced by new types of offences or new methods used by the criminals. Furthermore, changes in the criminal law introduce new crimes or legitimise previously criminal behaviour.

Crime in police statistics

Crime statistics show a systematic increase in the crime rate. During the past two decades Poland has seen two periods of significant increases in crime (see Figure 1). The first period occurred between 1980 and 1984 when the number of offences increased by roughly 60% (from 337,000 in 1980 to 538,000 in 1984). The second period of increase occurred in the early 1990s and especially in 1989–1990, when in one year alone offences reported to the police increased by more than 60% (547,000 in 1989 and 883,000 in 1990).

Figure 1. Reported offences as established by preliminary investigations in 1980–1994.

It is worth emphasising that both these increases occurred at times of social and political change (resulting from the activities of Solidarity in 1980 and the systemic transformation of society, or transition, starting from 1989).

The lack of satisfactory explanations can be explained by reference to the complexity of the problem, as well as by the absence of any analytical work focusing on the increase in the crime rate. Public debate in the media and among experts explains this increase by reference to the weakening of the state and its agencies, the dysfunction of the institutional control system, and social anomie (Panstwo i Prawo 1996).
Without trying to offer at this stage any explanatory frameworks for the situation, it should be noted that there were significant differences between the two periods of crime growth. The increase in crime recorded in the first half of the 1980s occurred at the same time as martial law was imposed, providing the prosecuting authorities with new powers. This was also a period of increased activity on the part of the organs of apprehension. The “emergency” regulations introduced new offences (such as participation in strikes) and “resurrected” long forgotten norms contained in the Criminal Code (e.g. participation in illegal meetings). A significant factor (although one that is empirically difficult to prove) might have been the new way in which the authorities presented social problems as an effect of social pressures resulting from the activities of grassroots organisations. In the past the authorities used to conceal social problems, in the 1980s the exposure of potential threats became an integral part of new public relations policies, frequently creating social anxiety that was supported by media coverage of subsequent “crime waves”.

The increase in the crime rate in the 1990s occurred under different circumstances. Although there were some similarities on the political scene, there were two significant differences. First, the introduction of market economy implied a radical change in the economic system. One may assume that changes in lifestyles resulting from an increased supply of consumer goods, combined with the “pauperisation” of society and an increase in social differences, as well as the legalisation of previously criminalised activities, had a significant impact on the dynamics of crime.

Secondly, the political reforms and the introduction of market economy were accompanied by changes in the behaviour of state organs, as they attempted to adjust to the new circumstances. The changes in the organs of apprehension were most significant of all. According to official statements by representatives of the Ministry of the Interior, there was a significant shortage of manpower. This, combined with a shortage of financial resources (a problem that cut across public administration in general), resulted in reduced efficiency and a feeling of safety amongst criminals (Lelental & Zajder 1995). Regardless of the similarities and differences between the two periods, the data shown in Figure 1 indicate that the upward trend has since been stabilised.

During the period between 1985 and 1989, as well as in the years 1990 and 1994, the number of offences established by preliminary investigations remained unchanged. One possible explanation is that anomie, initially caused by radical political and economical changes, reached a certain degree of equilibrium in the later phases of the transformation process.

An alternative explanation that is widely favoured among Polish experts and practitioners of law claims that since Poland is still undergoing social and economic change, these will be accompanied by increases in the crime rate, reaching levels similar to those in Western countries (Podemski 1996).

It is worth noting that, in spite of the rapid increase in crime rates in the early 1990s, Poland still has a relatively low rate of offences reported to the police. Figure 2 shows that the crime rate in the United States (5,978 offences per 100,000 population) is twice as high as in Poland. The murder rate in the United States is three times higher (9.8 murders per 100,000 population, Figure 3) and the break and entry rate two times higher (1,252 per 100,000 population) than in Poland (World Almanach 1993).

On the basis of the data available it is difficult to predict which prognosis is most likely to be confirmed in the near future. On the one hand, completion of the basic economic and political reforms connected with the transformation, increased social stability and greater efficiency in the organs of apprehension point at a possible slowdown in the crime rate, perhaps even to a decline.

**Figure 2. Offences as established by preliminary investigations per 100,000 population.**

The greatest threat is the possibility of new factors emerging that would require changes in penal policies, or new skills or
know-how among the authorities dealing with crime. An influx of organised crime from other countries, an increase in professionalism among criminals, a brutalisation of social life and a threat of a wave of new immigrants are only some of the factors which might have an impact on the crime rate. Regardless of what the future holds, some alarming trends emerge from the analysis of data recorded by the police. Figures 3–5 show that Poland has not succeeded in reducing the most dangerous violent crimes.

Figure 3. Murder rate per 100,000 population (offences reported to the police).

![Murder rate chart]

Figure 4. Assaults per 100,000 population (offences reported to the police).

![Assaults rate chart]

Figure 5. Aggravated assaults per 100,000 population (offences reported to the police).

![Aggravated assaults rate chart]
A more optimistic picture emerges from an analysis of statistics on break and entry (Figure 6). During the period between 1988 and 1990 these offences increased threefold, but in the following years a slight but constant decline can be observed.

Figure 6. Break and entry per 100,000 population.

Crime in court statistics

It is clear from the data presented that combatting crime is a complex problem for which there exists neither a single explanation nor a single solution. Judicial intervention is just one of the many factors that have an impact on the size and complexity of the problems involved. Nevertheless, even a cursory analysis of conviction data shed some additional and interesting light on the problem. A simple comparison of the crime rate (crimes recorded by the police) with the rate of convictions shows no correlation between the two (Figure 7). For example, the lowest rate of convictions (125,000) between 1980 and 1988 was recorded in 1984, a year which saw a sharp increase in the crime rate (538,000). The highest number of convictions during that period was recorded in 1987, a year when the number of offences declined in comparison with 1984–1985. An even greater disproportion occurred in 1990, a year which saw an increase of more than 60% in the number of offences and an increase of no more than 13% in the number of convictions.

The data in Figures 8 and 9 also provide information on the severity of the sentences. If we use prison sentences as an indicator of the number of offences, that would lead us to a hypothesis of a steady rate of crime (see Figure 8). With the exception of 1989–1990, the rate of imprisonments per capita remains virtually unchanged.

A slight increase in the number of prison sentences can only be seen for the middle of the 1990s. However, this increase is not in proportion to the increase in the number of offences. In 1980 the ratio between prison sentences and the number of offences was 1:3.3. By 1994 the ratio had increased to 1:6

Figure 7. Rate of conviction in comparison to the number of offences established in preliminary investigations.
In 1989 a total of 65,000 prison sentences were given, in comparison to 112,000 in 1985, but both of these years show a very similar crime rate.

Neither is the increase in the crime rate related to the ratio between prison sentences and other types of sentences (0.68 in 1980, 0.75 in 1985, 0.70 in 1989 and 0.73 in 1994). Regardless of the social and political changes, prison sentences are the most common type of punishment.

Towards a new penal policy

Analysis of the data on suspended sentences reveals a liberalisation of penal policies. In 1989 suspended sentences accounted for 62.4% of all prison sentences, in 1992 for 68%, in 1993 for 71.2% and in 1994 for 74.8%.

The average length of imprisonment is also on the decline (Figure 9). In 1989, prison sentences longer than two years represented 17.1% of all sentences, whereas in 1989 the figure was only 7%. Figure 9 also shows a more frequent application of minimum sentences — 40% in 1980 and over 60% in 1994.
The liberalisation of criminal sanctions is subject to much controversy. People opposed to more lenient sentencing stress that this would lead to an increase in crime, that it runs counter to the principle of general prevention and is a mark of the weakness of the state in the face of threats to law and order. It is not the intention in this article to provide an analysis of this particular topic, but our data can add some arguments to the discussion. During the period under study, the most severe sentences were imposed in 1985–1986. At that time the communist authorities introduced changes in the criminal law, increasing statutory sentences which, according to official propaganda, were supposed to reduce the crime rate. From a present-day perspective it is difficult to assess whether the more severe measures contained in the amendments to criminal law contributed to the reduction in crime rates. The data shown in Figure 1 and Table 1 could equally support the conclusion that the crime rate was already decreasing prior to the legislative changes, and that these changes only had a symbolic meaning designed to make it clear to public opinion that the authorities were “in charge”.

If the prediction is accurate that the increase in the crime rate has started to slow down during the second half of the 1990s, this lends support to the notion that the severe sentences advocated by some politicians have only symbolic meaning and should not be perceived as an efficient policy instrument. Therefore, the calls for a harsher policy could be perceived more in terms of building political support than in terms of solving the acute social problem.

This argument is supported in part by an analysis of the data on sentencing offenders convicted for break and entry and armed robberies. During the first half of the 1990s we can observe a trend towards more lenient sentencing in the case of these types of offences. Thus in cases of theft, the application of the most severe sentence (imprisonment for more than two years) decreased from 6.3% in 1989 to 1.4% in 1994. In the case of armed robberies, we can also observe a similar decrease from 5.3% in 1989 to 0.7% in 1994 (imprisonment for more than five years). The number of convictions is also changing quite considerably (Figures 10 and 11). During the period from 1991 to 1994, the number of convictions for break and entry increased by 23%. The increase in the number of convictions for armed robbery was much lower (almost 13%). It should be noted that the frequency of these offences varies significantly. During the first half of the 1990s there was a rapid increase in armed robberies and a decline in theft.

These data seem to support the viewpoint of the opponents of harsh sentencing who argue that an increased probability of apprehension is a more important factor than the severity of the sentences.
Characteristics of offenders

Court statistics also provide basic information on the offenders. In the context of discussing future problems, these data give some cause for alarm. Compared with the 1980s, we may observe an increase in the number of offences committed by younger offenders. In 1982 convicted offenders under 20 years of age accounted for 12% of those sentenced, in 1994 the figure increased to 20%. Given the earlier comments on the increased brutality of the offences, this could well be a sign of a future increase in the number of the most serious type of offences.

The gender breakdown of the offenders is also changing. In the first half of the 1980s women constituted some 10% of all those convicted (10.8 in 1982, 11.6 in 1985). In the 1990s we can observe a decline in the number of female offenders (4.4 in 1990, 6.7 in 1992). The last two years under study show again a reversal of this trend (7.4 in 1993 and 8 in 1994). It may be assumed that this is due to the professionalisation of the crime scene.
Conclusion

As was observed at the beginning of this article, the objective of our study was to provide a description of criminal offences on the basis of police and court statistics. The limitations of the official data are responsible for the fact that this article consists mostly of questions and hypotheses rather than descriptions of the problems.

Thus, without a detailed analysis of the selected norms contained in the Criminal Code, it is impossible to determine whether the decriminalisation of certain behaviour (for example speculation) or the introduction of democratic regulations for political parties (penalised in the nineties) could account for changes in the data. Similarly, without specific information on the manner in which the organs of apprehension function, we cannot ascertain whether formal and informal institutional procedures are reflected in the statistics.

We return to the question posed at the beginning concerning the use of official statistics. Statistics may be described as a source of interesting information that allows for the examination of structural changes in different phenomena as well as their dynamics.

On the other hand, they do leave several questions unanswered and can frequently be a source of inappropriate conclusions, leading to inadequate or inappropriate recommendations. Official statistics have to be supplemented by research and analysis that is inaccessible to those who prepare ministerial registers. Analyses of “self-report” or internal mechanisms of social control are examples of such work. Polish sociologists and criminologists are largely unfamiliar with such approaches. The existing work is more likely to open avenues for future research than to serve as a source of answers.

Note

1. Data quoted in this paper come from the following sources:

References


CHAPTER 7: St. Petersburg

Analysis of statistics on some forms of social deviation in St. Petersburg from 1980 to 1995

Yakov Gilinskiy

Introduction

The social, economic and political changes that have swept across Russia since 1985 can be regarded as a transition towards new social relations and by the same token towards a new society. The changes have affected all areas of human life, resulting in crises in production and in the economy, policy, ideology and morals of the former “socialist” society. They have been fraught with discrepant consequences for living conditions, ways of life and human behaviour.

People in Russia are now witnessing what they never saw in the Soviet Union: openness (glasnost), political pluralism, economic liberalism, relative freedom of action and thought. At the same time these people have become polarised into a rich minority and a poor majority. Russian society today is beset by a disorganised production structure, economy, transportation and communications, as well as by inflation and increased crime and social deviance (suicide, drug abuse, etc.). The difficulties associated with changes in Russia have clearly affected its second largest city, St. Petersburg.

St. Petersburg, the former capital of the Russian Empire, has had more than its fair share of bad luck. Following the October Revolution in 1917, there was widespread starvation and devastation in the city. In 1922, the greatest Russian scientists, philosophers and artists were deported. The assassination of the head of the Leningrad Regional Committee of the CPSU, Sergei Kirov, gave occasion for Stalin’s clique to launch an unprecedented campaign of terror against the whole nation. During the Second World War, the city withstood the 900 days blockade, during which hundreds of thousands of people were killed. After the war, a new wave of Stalinist repression was started with the falsified “Leningrad case”. In the 1970s, the government of the First Secretary of the Leningrad Regional Committee of the CPSU, G. Romanov, completed the transformation of the former scientific and cultural life of Russia into an appendage of the defence industry.

Analysis of the statistics on alcoholism, drug and substance abuse, crime and other social problems in St. Petersburg during the past 16 years is highly complicated, for several reasons. First, until the end of the 1980s statistics on such negative phenomena were either absent or declared secret. Second, much of the data published in the former USSR and Russia in the late 1980s and in the 1990s concern the country as a whole, providing no concrete information for specific regions (including St. Petersburg). Third, data on the consumption of alcohol and drugs, and on the consequences of consumption, are very scarce. Fourth, most of the phenomena under study are characterised by a high degree of latency, both natural and artificial, resulting for instance from intentional concealment.

This report discusses alcohol consumption, drug and substance abuse as well as crime as social problems. However, we also consider it as necessary to incorporate suicide as an important indicator of the social situation. The statistics on St. Petersburg will also often be compared to those on Russia. We begin, however, with a short description of the demographic situation in the city of St. Petersburg.

The demographic situation in St. Petersburg

Table 1 provides some general information about the demographic situation in St. Petersburg. There are some very evident unfavourable tendencies in this regard: the birth rate has decreased 2.2-fold from 1986 to 1993, the death rate has increased 1.5-fold from 1986 to 1993. Population growth has been reversed from +3.3 (= +3300 per 1000 inhabitants) in 1986 to -10.8 (= -10.8 per 1000 inhabitants) in 1993, and the number of marriages has decreased while that of divorces has remained unchanged (or slightly increased). Probably the only favourable trend that we can observe is the decrease in infant mortality (among children under 12 months of age) from 22.2 in 1980 through 19.1 in 1985 to 15.0 in 1992. However, in 1993 this indicator increased to 18.7 again, and decreased to 13.8 in 1995.

Life expectancy at birth has decreased: for those born in 1986–1987 it was 70.5 years (men 65.7, women 74.2), in 1990 the figure was 70.1 years (men 65.2, women 74.3), in 1992 68.3 years (men 62.6, women 73.6) and in 1993 64.3 years (men 58.1, women 70.7). As from 1993, the average man in St. Petersburg does not live to reach retirement age (Major Indicators… 1994, 33). The proportion of the population consisting of persons under 15 years of age and pensioners has
also increased (Population… 1994, 35).

### Table 1. St. Petersburg population: demographic indicators (1980–1995).

<table>
<thead>
<tr>
<th>Year</th>
<th>Population (in thousands)</th>
<th>Married (%)</th>
<th>Divorced (%)</th>
<th>Died (per 1000 population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>4635.2</td>
<td>45.0</td>
<td>9.1</td>
<td>11.6</td>
</tr>
<tr>
<td>1985</td>
<td>4844.2</td>
<td>44.4</td>
<td>9.5</td>
<td>11.2</td>
</tr>
<tr>
<td>1986</td>
<td>4882.2</td>
<td>44.4</td>
<td>9.3</td>
<td>11.4</td>
</tr>
<tr>
<td>1987</td>
<td>4931.2</td>
<td>44.6</td>
<td>9.3</td>
<td>11.4</td>
</tr>
<tr>
<td>1988</td>
<td>4986.9</td>
<td>45.0</td>
<td>9.1</td>
<td>11.6</td>
</tr>
<tr>
<td>1989</td>
<td>5023.5</td>
<td>55.0</td>
<td>7.7</td>
<td>12.3</td>
</tr>
</tbody>
</table>

Table 2 shows the death rate and different causes of death in St. Petersburg. The death rate is high and increased steadily from 1989 to 1993. Most of the causes of death shown in Table 2 were at their lowest in 1987, and increased until 1993. The very sharp increase in the number of violent deaths is apparent. From 1987 to 1993 the number of deaths caused by accidents, injuries or poisonings increased 3.2-fold. The number of deaths caused by alcohol poisoning has increased even more, i.e. 7.9-fold, the number of murders has increased six times over, whereas the suicide rate has increased 1.5 times over. The figures for 1994 and 1995 show some improvement compared to the previous years. It is still too early to say how this should be interpreted.

### Table 2. Causes of death (per 100,000 population).

<table>
<thead>
<tr>
<th>Year</th>
<th>Death rate</th>
<th>Cardiovascular diseases</th>
<th>Accidents, traumas, poisoning</th>
<th>Alcohol poisoning</th>
<th>Tuberculosis</th>
<th>Murder</th>
<th>Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>1985</td>
<td>1223.8</td>
<td>732.4</td>
<td>97.8</td>
<td>7.7</td>
<td>6.1</td>
<td>6.8</td>
<td>21.0</td>
</tr>
<tr>
<td>1986</td>
<td>1172.0</td>
<td>714.6</td>
<td>88.8</td>
<td>6.2</td>
<td>5.2</td>
<td>4.6</td>
<td>16.1</td>
</tr>
<tr>
<td>1987</td>
<td>1102.5</td>
<td>673.8</td>
<td>104.6</td>
<td>7.8</td>
<td>6.2</td>
<td>4.6</td>
<td>17.7</td>
</tr>
<tr>
<td>1988</td>
<td>1221.1</td>
<td>709.1</td>
<td>113.6</td>
<td>7.8</td>
<td>6.1</td>
<td>5.2</td>
<td>18.4</td>
</tr>
<tr>
<td>1989</td>
<td>1249.5</td>
<td>713.3</td>
<td>127.4</td>
<td>8.6</td>
<td>6.1</td>
<td>6.8</td>
<td>20.0</td>
</tr>
<tr>
<td>1990</td>
<td>1349.5</td>
<td>748.9</td>
<td>139.5</td>
<td>9.0</td>
<td>6.1</td>
<td>6.8</td>
<td>22.4</td>
</tr>
<tr>
<td>1991</td>
<td>1494.5</td>
<td>993.6</td>
<td>1742.5</td>
<td>10.7</td>
<td>6.8</td>
<td>7.2</td>
<td>24.0</td>
</tr>
<tr>
<td>1992</td>
<td>1590.0</td>
<td>980.2</td>
<td>1720.0</td>
<td>11.0</td>
<td>6.8</td>
<td>7.2</td>
<td>23.6</td>
</tr>
<tr>
<td>1993</td>
<td>194.2</td>
<td>914.1</td>
<td>210.2</td>
<td>12.3</td>
<td>6.8</td>
<td>7.2</td>
<td>23.3</td>
</tr>
</tbody>
</table>

In Russia as a whole, the death rate in 1990 was 1116, in 1994 the figure was 1566 per 100,000 population. The number of deaths from accidents, injuries or poisonings was 134 in 1990 and 251 in 1994, the number of murders was 14.3 in 1990 and 32.6 in 1994, and the number of suicides 26.4 in 1990 and 42.1 in 1994 (Population… 1995, 35).

### Alcohol consumption

We have no reliable data on the amounts of alcohol produced, sold and consumed in St. Petersburg. Before the 1990s, these data were not published. For example, the Collection of City Statistics from 1981–1985 contains only data relating to the production of non-alcoholic beverages. Starting from 1991–1992, there has been no system in place to monitor the amount of alcoholic beverages brought into the city and sold.

According to self-report surveys among the general population carried out by the Deviant Behaviour Sociology Department at the St. Petersburg branch of the Institute of Sociology of the Russian Academy of Sciences (SPbF IS) in 1991, 10% of the respondents said that during the past year there had been occasions when they had drunk in excess. Results from another survey conducted by the same institute in 1994 showed that 22% of the respondents did not consume any alcohol in 1993, 51% had consumed alcohol but infrequently, usually on holidays, 19% practically every month, and 7% nearly every week. Most of the respondents had consumed vodka, pure alcohol (45%), followed by champagne (25%), light table wines (21%), aperitifs (9%), cognac (9%), and beer (6%) (the total exceeds 100% since
In Russia as well as in the three Baltic states, several estimates have been presented of real consumption levels, all of which reveal a considerable difference between the recorded (official) per capita consumption and the estimated total consumption. In the early 1990s the official figure was around 6 litres of pure alcohol per capita, whereas indirect measures based on the number of alcohol-related deaths and consumption in the past, produced estimates between 13 and 15 litres of pure alcohol (e.g. Nemtsov 1995). If these figures are more or less correct, Russia has one of the highest levels of alcohol consumption in the world.

Consequences

Table 3 shows the data available on deaths from acute alcoholic poisoning. The sharp increase in the number of deaths from acute alcoholic poisoning since 1992 is explained by the general growth of alcoholism among the population and on the other hand by the presence of a substantial amount of illicitly produced alcoholic beverages. Experts say that some 50% of all alcoholic beverages sold do not meet the standard requirements.

Table 4 shows the number of patients receiving treatment for chronic alcoholism and alcoholic psychoses. However, this indicator only reflects the official data: it is important to note that only very few alcoholics are admitted to medical institutions and clinics for treatment. The “decrease” in the prevalence of alcoholism since 1989 is due, first, to the new definitions of the disease (decreased period of the latest remission), and second, to the development of a broad system of narcologists\(^1\) and specialists in non-traditional methods of treatment with private practices, to which the majority of patients and their relatives apply on an anonymous basis.


<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of deaths</td>
<td>..</td>
<td>376</td>
<td>391</td>
<td>584</td>
<td>614</td>
<td>1394</td>
<td>2414</td>
<td>2248</td>
<td>1365</td>
</tr>
<tr>
<td>Rate (per 100,000 population)</td>
<td>..</td>
<td>7.7</td>
<td>7.8</td>
<td>11.6</td>
<td>12.2</td>
<td>28.0</td>
<td>49.1</td>
<td>46.3</td>
<td>28.3</td>
</tr>
<tr>
<td>Percent of total number of deaths</td>
<td>0.9</td>
<td>0.6</td>
<td>0.7</td>
<td>0.9</td>
<td>0.9</td>
<td>2.1</td>
<td>2.8</td>
<td>2.7</td>
<td>1.8</td>
</tr>
</tbody>
</table>

.. = No data.


<table>
<thead>
<tr>
<th></th>
<th>Total number of patients</th>
<th>Including:</th>
<th>Including:</th>
<th>Total rate per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>~ women</td>
<td>~ juvenile</td>
<td></td>
</tr>
<tr>
<td>1985</td>
<td>91,853</td>
<td>12,047</td>
<td>24</td>
<td>1889</td>
</tr>
<tr>
<td>1986</td>
<td>89,541</td>
<td>12,105</td>
<td>15</td>
<td>1827</td>
</tr>
<tr>
<td>1987</td>
<td>89,621</td>
<td>12,485</td>
<td>22</td>
<td>1810</td>
</tr>
<tr>
<td>1988</td>
<td>89,891</td>
<td>12,715</td>
<td>18</td>
<td>1801</td>
</tr>
<tr>
<td>1989</td>
<td>86,520</td>
<td>12,327</td>
<td>12</td>
<td>1730</td>
</tr>
<tr>
<td>1990</td>
<td>80,690</td>
<td>11,690</td>
<td>8</td>
<td>1594</td>
</tr>
<tr>
<td>1991</td>
<td>77,320</td>
<td>12,094</td>
<td>1</td>
<td>1556</td>
</tr>
<tr>
<td>1992</td>
<td>70,595</td>
<td>11,035</td>
<td>6</td>
<td>1426</td>
</tr>
</tbody>
</table>

Source: Medical statistic (not published).

One of the consequences of excessive alcohol consumption is the so-called drunken crime, i.e. offences committed under the influence of alcohol. In St. Petersburg the proportion of crimes committed under the influence of alcohol in 1992 was 33.7% (39.1% in Russia), in 1993 37.1% (41.4% in Russia), in 1994 36% in 1994 (41.2% in Russia), in 1995 34.9% (39.0% in Russia) of all recorded offences (Crime and Delinquency 1996; State of Crime... 1996).

Alcohol policy

During the period under study (1980–1995) the state alcohol policy has seen a number of profound changes in three stages. The first stage (1980–1985) was characterised by a duality (typical of totalitarian regimes in the phase of stagnation) between official condemnation of drunkenness and alcoholism, with slogans like “Drunkenness — the road to crime”, and virtual mass alcoholism among the population on all levels: from workers and peasants to Party and state officials. Drunkards were picked up in the streets by the militia (police), robbed and brought to sobering-up stations, where whatever money they had left was taken away from them. At the same time, at factories, institutions, ministries and CPSU committees, among the militia, at the offices of public prosecutors, at courthouses, every week, if not every day, they were “celebrating” jubilees, anniversaries or birthdays, and drinking alcohol in excess.
The second stage (1985–1988) began with the famous decree of the Central Committee of the CPSU and Council of Ministers of May 1985 “On the Measures for Surmounting Drunkenness and Alcoholism”. The new leadership of the country headed by M. Gorbachev attempted to put an end to the drunkenness that prevailed during the years of Brezhnev’s rule. But, as was always the case in the USSR, the problems of the preceding period were rectified by improper means. Most of the shops selling alcoholic beverages were closed, and the opening hours of those that remained were drastically reduced. As a result, long queues of “sufferers” lined up in front of them. Coupons for alcoholic beverages were introduced. It was forbidden to sell alcohol in cafés and canteens, and the serving of alcoholic drinks in restaurants was strictly limited. Many plants producing liquor were closed. In the Crimea, Moldavian vineyards were destroyed. Lower and middle-rank supervisors were dismissed from their jobs and expelled from the Party if they were caught drinking alcohol at a restaurant during their spare time. The theses of doctoral candidates were rejected if a banquet was held after the defence.

As a result, home-distilled vodka (“samogon”) was produced in vast quantities, and consumption of eau-de-Cologne, lotions and other substitutes soared, resulting in poisonings and widespread discontent among the population with the senseless prohibitive measures.

It was in response to this discontent that a new decree was issued in October 1988 by the CPSU Central Committee (“On the Process of Execution of the CPSU Central Committee Decrees on the Issues of Promoting the Battle against Drunkenness and Alcoholism”), condemning the existing administrative/voluntary methods of resolving the problem and recommending that the focus be shifted towards precautionary, social and educational work. However, the time was not yet ripe for this kind of change, the zeal of the campaign of 1985–1988 started to fade and, gradually, people forgot about it.

Whereas in 1983 the militia arrested 466,717 people for drunkenness in St. Petersburg, with fines imposed on them, and 494,216 in 1985, the figure for 1988 was 326,320 (the numbers include cases of repeated arrests).

The third stage (from 1989 up to the present) of alcohol policy in Russia (and St. Petersburg) is characterised by its total absence. Treatment-and-labour dispensaries practising forced treatment of alcoholics (with poor results and often violating human rights) were abolished. Many of the sobering-up stations were also closed down. Step by step, the habit of drinking alcohol during working hours at factories, plants and offices was revived. The sale of alcoholic beverages increased immeasurably, and alcohol was, for the most part, imported (or smuggled) or produced at numerous underground private industrial alcohol factories. There was virtually no anti-alcohol propaganda any more. Home-made alcoholic products (the LIVIZ plant in St. Petersburg) and foreign production were broadly advertised (for more details on alcohol-related policy in Russia, see Nemtsov 1995, Zaigrayev 1992).

Since 1994–1995 there seems to have been some movement towards a new stage in Russian alcohol policy. Professionals and politicians are speaking of the necessity of such a move more and more frequently. As yet, however, no concrete steps have been taken. De jure, the President of the Russian Federation and Parliament promulgate the legislation on the alcohol “state monopoly”, but, de facto, nothing has happened. It should be remembered that in 1995 about 80% of all alcoholic products in St. Petersburg have been produced illegally; in 1998 the proportion was roughly 50%.

There is also no price policy in Russia. The present prices for alcoholic products and those in the 1980s are wholly incomparable (in the late 1980s 1 litre of vodka cost 7 roubles 20 kopecks, in mid-1995 its price was anything from 8,000 to 40,000 roubles; these prices cannot be adequately related to the US dollar or to the incomes of the population). In the streets of St. Petersburg (July 1995) vodka was sold for 4000–20,000 roubles per 0.5 litre, home-made wine for 6000–15,000 roubles per 0.5 litre, imported wine at an average price of 20,000 roubles per 0.5 litre, home-made beer for 2000–3000 roubles per 0.5 litre, and imported beer for 8000–12,000 roubles per 0.5 litre. Thus, beer can be more expensive than wine and vodka, or wine more expensive than vodka. However, there has been a substantial decrease in the real prices of alcoholic beverages compared to other commodities in the 1990s.

Almost needless to say, the medical treatment of patients suffering from alcoholism has proved to be inefficient.

Narcotics

Use

Official data provide a very incomplete picture of drug abuse. According to official data (that are not published in the press), the number of narcotics users in St. Petersburg in 1990 was 2348 (3227 including users of toxic substances); the figure for 1991 was 2389 (3223 including users of toxic substances) and for 1994 3026, or some 0.05–0.06% of the population. At the same time, the city’s Chief Narcologist assessed that by 1994, the number of narcotics users had reached no less than 150,000, representing about 3% of the population (Arguments and Facts 1994, 3).
In a sample survey of the population conducted in 1993 by the Deviant Behaviour Sociology Department of SPbF IS, approximately 10% of the respondents stated that they had tried narcotic substances at least once.

According to official information, the level of drug abuse in St. Petersburg (per 100,000 population) was 46.9 in 1990 (35.3 in Russia), 48.1 in 1991 (34.7 in Russia), 54.6 in 1992 (40.9 in Russia), and 61.0 in 1993 (47.9 in Russia). Finally, according to the results of a study using the snowball method with elements of involved observation, carried out by M. Rusakova from the Deviant Behaviour Sociology Department of SPbF IS in three sub-districts (Ozerki, Lesnaya, Vokzal) of the Vyborgsky district of St. Petersburg, the share of regular users of narcotic substances (over 3700 people) was about 1.5% of the inhabitants of these sub-districts.

There have been some changes in the structure of narcotic substances used in the city. From the early 1980s to the mid-1990s, the use of medicine containing narcotic substances (omnopone, morphine, codeine) decreased with the increase in the use of opium and psychostimulants (ephedrine, amphetamine). In the 1960s and 1970s opiates and barbiturates prevailed in the consumption structure, in the 1980s psychostimulants. Since the late eighties, the use of hallucinogens started to increase, both those of synthetic (LSD, PCP - phencyclidine) and natural (a mushroom growing in local forests, the so-called Liberty Cap) origin. According to police statistics, 51 people were brought to the attention of the police as users of hallucinogens (about 2% of all registered narcotics users). The use of cocaine is increasing slowly, and that of hashish faster. Opiates still prevail. In underground laboratories in St. Petersburg and its surroundings, the production of synthetic narcotics, strong ones included, is organised. The use of cocaine and ecstasy began to increase in the 1990s. Drug and substance abuse is also increasing among prisoners. Young people, workers, students and businessmen (the “new Russians”) are overrepresented among the addicts.

### Consequences

Table 5 shows the official data on the prevalence of drug addiction and on users of toxic substances. As in the case of alcohol consumption, there is again a very high proportion of latency in this indicator. The main explanation for the stability in the number of recorded drug addicts lies precisely in the increasing latency. The reasons for this increase are the same as in the case of alcoholism: the development of a system of private narcologists and reluctance on the part of addicts and their relatives to apply to state medical institutions.

In St. Petersburg, as well as in Russia in general, there is a growing number of recorded offences related to narcotics and other strong substances (see Table 6).

On July 1, 1994, the number of HIV-infected residents in St. Petersburg was 131, 16 of whom were AIDS patients. However, there was not a single drug addict among them (AIDS, Sex and Health 1/1994, 5; AIDS, Sex and Health 4/1994, 4).


<table>
<thead>
<tr>
<th></th>
<th>Number of drug addicts</th>
<th>Number of toxic addicts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>Men</td>
<td>Women</td>
</tr>
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### Social control
Formal (juridical) control over the users and distributors of narcotics was characterised by administrative liability (according to the Code of Administrative Offences) for the purchase and storage of narcotic substances without an intention to sell in the case of small amounts or non-medical use of narcotic substances. There was also criminal liability (according to the Criminal Code) for:

- the production, purchase, storing, transportation or dispatch of narcotic substances without an intention to sell with a penalty of up to 5 years of imprisonment
- the intention to sell with a penalty of up to 15 years of imprisonment
- the violation of adopted regulations on the production, purchase, storing, registration, distribution, transportation or dispatch of narcotic substances with a penalty of up to three years of imprisonment
- the theft of narcotic substances with a penalty of up to 15 years of imprisonment
- persuading to use narcotic substances with a penalty of up to 10 years of imprisonment
- purchase and storage of small amounts of narcotic substances without an intention to sell repeatedly within a year of having received an administrative penalty for the same with a penalty of up to two years of imprisonment
- sowing or cultivating banned varieties of opium poppy or hemp with a penalty of up to 8 years of imprisonment
- sowing or cultivating of poppy or hemp with a penalty of up to 8 years of imprisonment
- organising or maintaining locations for the consumption of narcotic substances with a penalty of up to 10 years of imprisonment.

Should any crime be committed by a drug addict, the court may decide that forcible medical actions be taken. On January 1, 1997 the new Criminal Code of the Russian Federation came into effect, but the principles of criminal liability for drug-related crimes have remained unchanged.

In our opinion, administrative and criminal liability for the use of narcotic substances, as well as the forcible treatment of drug addicts, is inexpedient and ineffective, and it is in violation of human rights. At the same time, the militia (police) mostly prefer to arrest users rather than distributors of narcotics, not least because the former are easier to catch than the latter.

In 1994 a total of 2310 offences related to narcotics and strong-action substances (SAS) took place in St. Petersburg, of which only 337 cases (14.6%) were related to the production, purchase and storing with an intention to sell or selling. 265 offences (0.5%) were committed under the influence of narcotics. While in 1993 the militia confiscated 563.3 kg of narcotic substances, the figure for the first half of 1994 was 866 kg (compared to 208 kg during the first half of 1993). On July 1, 1994, 17,500 people contributed to the total turnover of illegal narcotics, according to the current register of the Chief Administration for Internal Affairs of St. Petersburg.

Table 7 provides some information on Russian court practices with respect to persons convicted of crimes related to narcotics. The number of convictions for drug-related crimes increased 7.5-fold from 1989 to 1995. However, those convicted for the sale of narcotics is no more than 7.9% (1991) of the total number, including those convicted for the production, purchase, storing or transportation of narcotic substances both with and without an intention to sell.

“The Concept of State Policy of Narcotics Control within the Russian Federation” was passed in Russia in 1993. However, this instrument is propagandist by nature and, like most similar acts, has hardly been put into effect.


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<td>- imprisonment</td>
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<td>Sentenced:</td>
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.. = No data.


St. Petersburg has no real municipal anti-narcotics programme, and there is very little cooperation between departments
and public organisations. There is virtually no modern medical aid available to addicts (being even more so the case after the latest ban “from above” on the use of morphine for medical purposes to cope with withdrawal symptoms). This is why narcotics users and their relatives are very reluctant to apply for medical or any other kind of aid from official (state-controlled) institutions.

There are three narcological health centres in the city, with 40 beds for addicts and 25 beds for teenagers (with every narcologic diagnosis: alcoholism, drug addiction, toxic substance abuse). The average annual number of addicts applying to these centres is 270–350. In comparison, over 300 persons with narcotics-related problems apply to private narcologists every year. There are more than ten non-state medical centres in the city that provide anonymous medical aid to addicts.

There are also some public organisations in St. Petersburg, such as Anonymous Drug Addicts (Vozrozhdennye or “Revival”, with about 20 permanent members) and Novye Palomniki (“The New Pilgrims”), with about 30 members providing help on a regular basis to some 150 people. These organisations are officially registered and engage in a range of activities in the fields of re-socialisation of problem users and anti-narcotic propaganda. Besides, there are several small groups (of, for example, Catholic, Evangelist or Baptist orientation) whose activities are less known, and such organisations as Mothers of Drug Addicts.

Crime

The crime situation

Recorded crime has been showing a tendency to increase since the 1960s. The annual increase averaged 2.2% up to 1978, but between 1978 and 1982 the growth rate rose to 7.7%. A sharp increase in recorded crime in 1983 (23.9%) was due to factors external to crime itself: the new leadership of the Ministry of the Interior of the USSR and of the Office of Public Prosecutor of the USSR insisted that the concealment of committed offences should be ended.

The development of crime in Russia and St. Petersburg is shown in Table 8. As we can see, the level of crime decreased in 1986 and 1987, but from 1988 onwards the figures have been rising sharply, peaking in 1989 and 1992. The total increase in the crime rate during 1987–1993 was 2.3-fold in Russia, 2.9-fold in St. Petersburg. Official data indicate that in 1994 there was a “stabilisation” and even a “decrease” in crime in Russia. According to the data for 1994, 2,632,708 offences were committed, 6.2% less than in 1993. The number of rapes “declined” by 16.8%. In St. Petersburg, the situation is similar (a “decrease” of 10% in the number of rapes, 29% in thefts, 14% in robberies, etc.). However, as will be illustrated below, these descriptions do not accurately reflect the real situation.

Let us consider the development of serious violent crimes (that is, offences reported to the police) with a relatively low latency (Table 9). From 1987 to 1994 the number of murders (with an intent of homicide) increased 3.5 times over in Russia and 6 times over in St. Petersburg, i.e. from 3.4 to 20.4 deaths per 100,000 population, which is much greater than the general increase in crime. The highest rates of increase in murders were shown in 1989, 1992 and 1993 in Russia, and 1991–1993 in St. Petersburg. Between 1991 and 1992, there was an increase of almost 46%.

The trends in serious injuries (some of which result in death) follow the same pattern: from 1987 to 1994 the figures have increased 3.3-fold in Russia and 5.0-fold in St. Petersburg, i.e. from 8 to 41 per 100,000 population. This confirms the tendency for the most serious violent crimes to rise very sharply.


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<td>256</td>
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<td>1990</td>
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<td>129</td>
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<thead>
<tr>
<th>Year</th>
<th>Rate (per 100,000 pop.)</th>
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<td>1985</td>
<td>7.7</td>
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<td>11.2</td>
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To assess the situation with regard to murders, it is necessary to note, first, that this type of crime has shown the greatest stability in "civilised" countries. Second, the level of murders in Russia and St. Petersburg, consistently higher than in Europe, has exceeded the rate in the USA and caught up with the extremely high figures recorded in Latin America. Third, during the past few years the latency of deliberate murders has increased significantly, especially as a result of the rapid increase in the number of missing people (over 5600 people in St. Petersburg, over 25,200 people in Russia, as of January 1, 1995), a substantial proportion of which have been murdered. This is why the actual indicators and increase rates for murders are higher than those recorded. Fourth, the medical statistics show a greater increase in the number of deaths resulting from murders. For instance, according to medical statistics a total of 22,521 people were murdered in Russia in 1991 (15.2 per 100,000 population compared to 10.9 according to militia data), in 1992 the figure was 33,456 (22.5 against 15.5) in 1994 it was 47,870 (level 32.3 against 21.7). The respective data for St. Petersburg are shown in Table 10. In 1993, the murder rate (27.6) in St. Petersburg exceeded the rate of suicides (23.9) for the first time. The only other countries in the world with the same situation are to be found in Latin America (for instance Ecuador, Puerto Rico, Mexico).

The development of crimes against property is shown in Table 11, revealing very high rates of increase: from 1987 to 1993 the number of violent robberies increased in Russia 6.9-fold, robberies 5.9 times over, thefts 4.2 times over; and in St. Petersburg 10.1, 10.9 and 3.6 times over, respectively. The relatively low rates of increase for thefts can be explained, in particular, by their greater latency. The crime situation, as recorded in militia statistics, is more inclined to reflect the activity of the law enforcement bodies in recording offences, as well as their prevention and disclosure, than the actual prevalence of crime. St. Petersburg ranked first in the whole of Russia in terms of violent robberies (aggravated assault) in 1993–1995.

The situation is most disturbing with regard to organised and economic crime. The lack of reliable information gives rise to conjectures and political speculations. Official statistics are of very limited help here. In 1994, 290 organised crime groups were uncovered in St. Petersburg, the activities of 264 groups with a total number of 1025 members were cut short. At the same time, “the Petersburg mafia continues to operate actively in the city” (“Smena” 1994).
The crime situation in St. Petersburg is worse than in Moscow (Table 12).

Judging by any major indicator, the illegal export of non-ferrous metals, production and traffic of illicit spirits, arms trade, money laundering, control of fraud (shady transactions) with forged letters of advice, fictitious transactions with real estate, theft and resale of cars, hundreds of criminal groups. The main fields of activity of the criminal organisations in St. Petersburg are bank machine fraud (shady transactions) with forged letters of advice, fictitious transactions with real estate, theft and resale of cars, illegal export of non-ferrous metals, production and traffic of illicit spirits, arms trade, money laundering, control of gambling, agencies for the supply of sexual services, and the narcotics business. Judging by any major indicator, the crime situation in St. Petersburg is worse than in Moscow (Table 12).

There is no strict definition of a criminal group, gang or community, latency ratios are very high, and there are not enough comparable data to construct common indicators for a sufficient number of years. All these data serve as an illustration rather than a basis for serious analysis.

Some studies into organised crime have been conducted by the Deviant Behaviour Sociology Department at SPbF IS (e.g. Gilinskiy 1996a). Here we may confine ourselves to the general conclusion that organised crime in Russia has reached the level of having actual criminal communities (such as the mafia) that control both numerous criminal organisations and

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<td>164.1</td>
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First, despite the “decrease” in 1994 in the level of crime and offences with a traditionally high latency, the number of murders (which are the most difficult to conceal) continued to grow, by 10.5% in Russia and by 13.0% in St. Petersburg. In the wider world, murders, as crimes with relatively low latency and relatively stable dynamics, are the most important indicators of the crime situation, representing crime in general. In 1985–1992 murders accounted for 0.70–0.85% of all crimes in Russia, in 1993 alone this indicator increased to 1.04% and in 1994 to 1.2%, i.e. 1.6 times over. In 1985–1992 the number of murders in St. Petersburg varied from 0.40 to 0.55% as a proportion of all crimes, in 1993 the figure grew to 0.7% and in 1994 to 0.9%, i.e. 2 times over. These "deviations", as they began in 1993, can be interpreted as marking a substantial increase in the latency of a number of different offences, and a return to the situation that prevailed before 1983.

Secondly, sociological research aiming to shed light on the population’s victim and crime (deviant) experience helps to uncover some of the dark figures of crime. As regards Leningrad/St. Petersburg, several sample surveys have been conducted on the victim and crime experience. In general, the level of crime in the city is 10 times higher than indicated by the official data. The figures are quite startling: for instance, according to a survey by the Deviant Behaviour Sociology Department of the St. Petersburg department of the Institute for Sociology of the Russian Academy of Sciences, in 1991 12% of the elderly people in St. Petersburg had become victims of offences, in 1994 the figure was 26%, and in 1995 over 30%. In other words, bearing in mind that the responses were representative of the whole population in terms of sex, age and level of education, at least one in four elderly residents of St. Petersburg had become a victim of some sort of offence in 1994, in 1995 one in three. It would certainly be odd to argue that the number of victims increased sharply while crime decreased.

Thirdly, it is interesting to look at the trends in the number of detected crimes (State of Crime… 1996; To Poeple’s… 1989; To People’s… 1990a; To People’s… 1990b). Before perestroika, the official figures published on the rate of detected crimes were extremely high in Russia, and in the former USSR in general: 95.4% in 1980, 95.9% in 1982, and 90.2% in 1984. With perestroika, these indicators began to drop. By 1988 the detection rates in Russia had declined to 74.2%, in 1989 to 58.9%, in 1990 to 54.6%; and not until 1992 (46.9%) does the figure begin to approximate the “normal” rates seen in other countries (in 1988 40.3% in France, 32.0% in Britain, 45.8% in Western Germany, 46.5% in Canada, etc.). However, in 1993, the indicator increased in Russia to 50.6%, in 1994 to 59.6%, in 1995 to 64.5%, in 1996 to 70.1%, i.e. by 23.2% in four years — while it is clear to any specialist that the proportion of detected criminal offences actually declined. There is only one possible explanation: under conditions of mass concealment, only the most obvious offences that are recorded. The great majority of “non-obvious” crimes remain unrecorded.

Fourthly, it is also interesting to look at the official information provided by the Chief Administration for Internal Affairs of St. Petersburg and the region, concerning the monthly trends in crime in 1994. According to this information, during the first eight months of the year the number of crimes in the city increased by 18.9% compared to the same period in 1993, during 9 months it increased by 14.5%, during 10 months it increased by 10.9% and during all 12 months it decreased by 14.1%. Can this be possible?
Social control

Traditionally, since the days of totalitarianism, repressive forms of social control prevail in the public conscience in Russia. The death penalty is still maintained in the country (see Tables 13 and 14). The total number of people sentenced to death in 1986–1995 was 1549. Until the 1990s, more than 90% of all persons sentenced to death penalty were actually executed. In the 1990s, thanks to the Committee for Pardons headed by the writer A. Pristavkin, the share of pardons increased considerably, but since 1995 it has become more and more difficult for the Committee to exercise the right of pardon (see Table 14). Today, the ineffectiveness of imprisonment has become apparent. Penitentiary institutions have become a place for learning how to act in a criminal way, a place for improving one’s criminal skills; imprisonment lasting for many years leads to irreversible psychological changes, and the relatively widespread utilisation of imprisonment leads to the “prisonisation” of the conscience and behaviour of the population, which we may witness in Russia.

Meanwhile, both the general population and the law enforcement agencies, true to the totalitarian ideology, still regard harsher penalties as the major means of combatting crime (see Table 13). For instance, in 1987 a total of 196,640 people were sentenced to imprisonment in Russia (34% of all the sentences), in 1994 the number was 332,675 (39% of all sentences). All in all, during the years of perestroika and post-perestroika (1986–1995), 2,433,295 people were sent to prison in Russia, 241,953 of whom were minors aged 14–17 years.

In June 1993 the number of prisoners in Russia was 485,000 (325 per 100,000 population), by October 1994 the number had grown to 750,000 (505 per 100,000 population), and including prisoners on remand amounted to 909,000 (611 per 100,000 population). By January 1, 1996, the figure had exceeded 1 million (more than 700 per 100,000 population). By way of comparison, in September 1992 the number of prisoners per 100,000 population was 31 in the Netherlands and 47 in France, and in September 1991 it was 55 in Germany, 72 in Britain and 102 in Hungary. In 1991, 80% of those sentenced to imprisonment in Sweden received sentences of less than six months, 41% of prisoners in Germany received sentences of less than six months, and 79% received sentences of less than two years, while in Russia about half of those sentenced to imprisonment received sentences of more than 5 years, and over 75% of them were sentenced for over 3 years.


<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number sentenced</td>
<td>795,490</td>
<td>576,788</td>
<td>426,336</td>
<td>436,988</td>
<td>537,643</td>
</tr>
<tr>
<td>Death penalty</td>
<td>225</td>
<td>120</td>
<td>115</td>
<td>100</td>
<td>223</td>
</tr>
<tr>
<td>% of total sentenced</td>
<td>0.03</td>
<td>0.02</td>
<td>0.03</td>
<td>0.02</td>
<td>0.04</td>
</tr>
<tr>
<td>Deprivation of freedom</td>
<td>305,427</td>
<td>196,640</td>
<td>149,113</td>
<td>162,033</td>
<td>203,359</td>
</tr>
<tr>
<td>% of sentenced</td>
<td>38.4</td>
<td>34.1</td>
<td>35.0</td>
<td>37.1</td>
<td>37.8</td>
</tr>
<tr>
<td>Dep. of frdm suspended sentence</td>
<td>79,563</td>
<td>64,637</td>
<td>54,562</td>
<td>56,560</td>
<td>72,065</td>
</tr>
<tr>
<td>% of total</td>
<td>10.0</td>
<td>11.2</td>
<td>12.8</td>
<td>13.0</td>
<td>13.4</td>
</tr>
<tr>
<td>Dep. of frdm conditional sentence</td>
<td>34,638</td>
<td>31,285</td>
<td>30,845</td>
<td>35,352</td>
<td>45,099</td>
</tr>
<tr>
<td>% of total</td>
<td>4.4</td>
<td>5.4</td>
<td>7.2</td>
<td>8.1</td>
<td>8.4</td>
</tr>
<tr>
<td>Corrective labour without dep. of freedom</td>
<td>195,262</td>
<td>150,332</td>
<td>112,702</td>
<td>103,513</td>
<td>116,979</td>
</tr>
<tr>
<td>% of total</td>
<td>24.5</td>
<td>26.1</td>
<td>26.4</td>
<td>23.7</td>
<td>21.8</td>
</tr>
<tr>
<td>Fine</td>
<td>124,623</td>
<td>97,177</td>
<td>54,030</td>
<td>51,961</td>
<td>62,271</td>
</tr>
<tr>
<td>% of total</td>
<td>16.8</td>
<td>11.2</td>
<td>12.7</td>
<td>11.9</td>
<td>11.6</td>
</tr>
<tr>
<td>Total number sentenced</td>
<td>593,823</td>
<td>661,392</td>
<td>792,410</td>
<td>924,574</td>
<td>1,035,807</td>
</tr>
<tr>
<td>Death penalty</td>
<td>147</td>
<td>159</td>
<td>157</td>
<td>160</td>
<td>143</td>
</tr>
<tr>
<td>% of total sentenced</td>
<td>0.02</td>
<td>0.02</td>
<td>0.01</td>
<td>0.02</td>
<td>0.01</td>
</tr>
<tr>
<td>Deprivation of freedom</td>
<td>207,489</td>
<td>225,926</td>
<td>292,868</td>
<td>332,675</td>
<td>357,765</td>
</tr>
<tr>
<td>% of sentenced</td>
<td>35.0</td>
<td>36.5</td>
<td>37.0</td>
<td>39.5</td>
<td>36.4</td>
</tr>
<tr>
<td>Dep. of frdm suspended sentence</td>
<td>83,270</td>
<td>95,107</td>
<td>142,532</td>
<td>150,948</td>
<td>188,483</td>
</tr>
<tr>
<td>% of total</td>
<td>14.0</td>
<td>15.3</td>
<td>18.0</td>
<td>17.9</td>
<td>19.2</td>
</tr>
<tr>
<td>Dep. of frdm conditional sentence</td>
<td>59,738</td>
<td>73,896</td>
<td>124,198</td>
<td>149,140</td>
<td>222,340</td>
</tr>
<tr>
<td>% of total</td>
<td>10.1</td>
<td>11.9</td>
<td>15.7</td>
<td>17.7</td>
<td>22.6</td>
</tr>
<tr>
<td>Corrective labour without dep. of freedom</td>
<td>129,209</td>
<td>120,917</td>
<td>143,464</td>
<td>124,639</td>
<td>92,589</td>
</tr>
<tr>
<td>% of total</td>
<td>21.8</td>
<td>19.5</td>
<td>18.1</td>
<td>14.8</td>
<td>9.4</td>
</tr>
<tr>
<td>Fine</td>
<td>72,292</td>
<td>72,931</td>
<td>70,906</td>
<td>89,903</td>
<td>117,785</td>
</tr>
<tr>
<td>% of total</td>
<td>12.2</td>
<td>10.2</td>
<td>8.9</td>
<td>9.8</td>
<td>12.0</td>
</tr>
</tbody>
</table>

There is every reason to believe that the never-ending increase in the crime rate since 1988, especially in the case of serious violent offences, including murders, will prompt the leadership of the country to embark upon further attempts to “improve” the situation by intensified repression under the conditions of a virtually paralysed system of law execution.

The conditions in Russian penitentiary institutions are extremely severe, and basic human rights are regularly violated: confinement cells for those detained for questioning are overcrowded to the point that people have to take turns sleeping, nourishment is poor, and the prevalence of tuberculosis high. Torture in “investigation prisons” (so-called press-khats) is rampant, there are torture colonies (so-called White Swans) for convicts who do not obey orders, periodical mass beatings of convicts by special militia forces (so-called prevention or training), etc. (Prison Reform…1993; The White Book of Russia 1994, 121–144; Abramkin 1996; Gilinskiy 1996b).

St. Petersburg’s investigation prison — where “crosses” were built in the last century for one thousand prisoners — holds up to 7000–9000 people. In the summers of 1994 and 1995 overcrowding in the cells gave rise to several lethal cases of heat stroke.

Serving time in the prisons is described as unbearable, there are no real chances of inmates correcting their behaviour. The situation of the prisoners who are released is impossible: they have often lost their homes, they are unable to find jobs (in a labour market where unemployed people with a “convicted” seal are not accepted), and they suffer from psychological and social disorientation resulting from the long years of isolation.

During the past few years non-governmental organisations offering help to prisoners have become more active in Russia and St. Petersburg (Abramkin 1996).

Suicides

The number and trends in suicide rates serve as one of the most sensitive indicators of social change. This is why it is particularly interesting to look at the general trends in the number of suicides in Russia and St. Petersburg since the early 1980s (Table 15).

The highest rate of suicides (24.2 per 100,000 population in St. Petersburg and 38.7 in Russia) was recorded in 1984, when Russia ranked second in the world (after Hungary, with 45.9 suicides per 100,000 population) on this indicator. The beginning of perestroika was followed by a substantial decline in the number of suicides, down to 23.1 in 1986 in Russia and 16.1 in 1987 in St. Petersburg. However, during 1987–1995 the number of suicides has been rising again, 1.3 times over in Russia and 1.4 times over in St. Petersburg. According to the results of selective research, the number of attempted suicides is about 5–8 times higher than the number of suicides committed. The share of women who have committed suicide varies in St. Petersburg from 28% to 34%, while in Russia as a whole it is somewhat lower (20% in 1990).


<table>
<thead>
<tr>
<th>Year</th>
<th>Sentenced</th>
<th>Exercise clemency</th>
<th>Executed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1986</td>
<td>225</td>
<td>12</td>
<td>277</td>
</tr>
<tr>
<td>1987</td>
<td>120</td>
<td>10</td>
<td>130</td>
</tr>
<tr>
<td>1988</td>
<td>115</td>
<td>9</td>
<td>88</td>
</tr>
<tr>
<td>1989</td>
<td>100</td>
<td>4</td>
<td>76</td>
</tr>
<tr>
<td>1990</td>
<td>223</td>
<td>12</td>
<td>72</td>
</tr>
<tr>
<td>1991</td>
<td>147</td>
<td>37</td>
<td>15</td>
</tr>
<tr>
<td>1992</td>
<td>159</td>
<td>55</td>
<td>1</td>
</tr>
<tr>
<td>1993</td>
<td>157</td>
<td>149</td>
<td>4</td>
</tr>
<tr>
<td>1994</td>
<td>160</td>
<td>134</td>
<td>19</td>
</tr>
<tr>
<td>1995</td>
<td>143</td>
<td>5</td>
<td>86</td>
</tr>
<tr>
<td>Total</td>
<td>1,549</td>
<td>427</td>
<td>768</td>
</tr>
</tbody>
</table>

Source: see Table 13 and: Itogy, 1996, 3 December, p. 46.


<table>
<thead>
<tr>
<th>Year</th>
<th>Number in SPb (thousands)</th>
<th>Rate (per 100,000 pop.)</th>
<th>Number in Russia (thousands)</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>1,098</td>
<td>23.7</td>
<td>54.0</td>
<td>38.7</td>
</tr>
<tr>
<td>1984</td>
<td>1,170</td>
<td>24.2</td>
<td>44.6</td>
<td>37.1</td>
</tr>
<tr>
<td>1985</td>
<td>1,022</td>
<td>21.0</td>
<td>33.3</td>
<td>23.1</td>
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<tr>
<td>1986</td>
<td>903</td>
<td>18.4</td>
<td>33.8</td>
<td>23.8</td>
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<tr>
<td>1987</td>
<td>796</td>
<td>16.1</td>
<td>35.7</td>
<td>24.4</td>
</tr>
<tr>
<td>1988</td>
<td>859</td>
<td>17.2</td>
<td>38.0</td>
<td>25.8</td>
</tr>
<tr>
<td>1989</td>
<td>892</td>
<td>17.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1990</td>
<td>39.2</td>
<td>26.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1991</td>
<td>39.4</td>
<td>26.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1992</td>
<td>39.1</td>
<td>26.9</td>
<td></td>
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<td>1993</td>
<td>38.1</td>
<td>27.3</td>
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<td></td>
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<tr>
<td>1994</td>
<td>37.8</td>
<td>28.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1995</td>
<td>37.5</td>
<td>28.4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The age structure of people committing or attempting suicide in Russia, including St. Petersburg, corresponds to that of the wider world: the number of committed suicides increases with age, peaking in the age group 45–54 years and among those over 80, and there is also a high number of attempted suicides among young people in the age group 20–29 years (for details, see Gilinskiy 1994, 211–214). According to our research, the number of suicides in St. Petersburg is 2–3 times higher among workers than among white-collar employees.

While the trends in the number of murders represent crime in general, in the case of suicides the same indicators reflect retreatist forms of deviant behaviour, characterising the degree of escapism, withdrawal from social reality. The numbers of murders and suicides are the major indicators of deviant behaviour as a whole, and therefore of the social situation at large.

**Conclusion**

Our analysis of official statistics and population surveys from the 1990s in Russia and St. Petersburg allows us to formulate the following conclusions:

The huge increase in several forms of deviant behaviour — violent crimes, crimes against property, and also various forms of escapism (suicides, alcohol and drug abuse) — has now reached critical levels. This also applies to the case of organised crime which has reached the level of established criminal communities as well as economic structures. There has also been more and more criminalisation in the business world, while organised crime has become politicised.

In conclusion, the current trends in social, economic and political processes do not allow for very optimistic forecasts for the near future.

**Notes**

1. Medical institutes provided training for specialists (called narcologists) in the treatment of drug abusers and hospitals had special narcological departments.

2. The administrative liability (according to the Code of Administrative Offences) and criminal liability (according to the Criminal Code) are different in Russia. For example: administrative liability leads to only a fine or short-time arrest, criminal liability leads to a fine or “correctional works” or prison.

**References**


To People’s … (1990a): To People’s Deputies. Ministry for Internal Affairs of the USSR. Moscow (in Russian).


Introduction

The title of this book tells us that official statistics have an important bearing on the way that social problems are represented. Several chapters in this book have shown that official statistics often give a one-sided picture of the prevalence of different social problems and their development over time. Even so statistics are used on a daily basis and, remarkably often, in a wholly uncritical manner.

It is reasonable to assume that statistics on social problems attract more attention during periods of profound transformation. Equally, we may expect that during such periods the validity of statistics is reduced, and accordingly that there is more room for different interpretations.

The changes that have taken place in Sweden in recent years are by no means comparable to the profound transformations that have swept across Eastern Europe. Nonetheless these changes have been among the greatest the country has experienced during the past thirty years or so. Three closely related factors are particularly important in this respect. The first of these is the new geographical landscape that has evolved in Europe following the overthrow and breakdown of the Soviet Union and its satellite states. This, together with the end of the Cold War, called into question Sweden’s long-standing policy of neutrality. As a consequence there has been much public debate on the country’s future defence policy, but it is clear that strong emotional ties will have to be severed if the country is to abandon its policy of neutrality.

The second major development is the ongoing process of economic, political and social integration in Western Europe, which Sweden joined as from January 1, 1995. In the referendum that was held in November 1994, the proportion voting in favour of membership was only slightly higher than the proportion of those who were against membership (52 versus 48%). Since then, and also for a period before the referendum, a majority of the population has shown negative and highly sceptical attitudes towards membership (Partisympatiundersökningen 1999); indeed public opinion in Sweden is among the most critical in the whole of the European Union (European Commission 1999). This is one of the reasons why Sweden is among the few EU countries that opted not to join European Monetary Union (EMU).

This sceptical attitude towards the EU, and particularly towards Swedish integration, can at least partly be explained by reference to the country’s remote location in the north of Europe and to the fact that Sweden was not involved in either of the two world wars; in fact Sweden has not been at war for almost two hundred years. Most other countries in Europe share experiences of both world wars, and particularly fears of future wars. This was one of the main motives for the founding of the European Coal and Steel Community in 1951 — a forerunner of the EU — as a first step towards closer ties between the war-torn countries of Europe.

Swedish integration with Europe has also led to concrete economic and political undertakings. One of these is the adoption of an economic policy based on common convergence rules, aimed among other things at price stability and at combating inflation and limiting national budget deficits (close to or below 3% of GNP). This has implied increased dependency on the rest of Western Europe and even restricted the space available for an “independent” national economic policy.

The third factor is the economic crisis that hit Sweden in the early 1990s and caused both the unemployment rate and the national debt to rise throughout the 1990s. The adverse effects were felt throughout the Swedish welfare system, traditionally characterised by heavy public spending, high taxes and a commitment to maintaining low unemployment rates. To an extent the viability of the whole model has been called into question.

There is no doubt that these three factors and their consequences are closely related. For instance, the application submitted by the Social Democratic government in 1991 for EU membership would not have been possible during the Cold War. The decision was also influenced by the increasing internationalisation of the economy. Furthermore, the dismantling of the welfare state could perhaps be seen as a reaction not only to the economic crisis, but also to the new economic reality that began to unfold with Swedish membership, which implied a stronger emphasis on combating inflation.
Overall then Swedish society has seen more profound changes during the 1990s than at any other time during the immediate previous decades. The new political and economic landscape that was created in Europe in the aftermath of the Cold War, the declining strength of the national economy and the process of integration with the rest of Western Europe, have all given rise to a growing sense of confusion among the Swedish people: after all, the country has traditionally followed a steady course of planned, rational development and shown an extremely high degree of stability, both economically, politically and socially. For instance, with the exception of just nine years, the Social Democratic Party has been in power throughout the post-war period, successfully pursuing a policy of economic and welfare growth until the late 1980s.

The dramatic increase in the unemployment rate and long-term unemployment has been one of the main contributing factors behind the growing concern felt in Sweden about various social problems, such as alcohol problems, drug abuse and crime. The exceptionally high level of unemployment (by Swedish standards) was perhaps the most hotly debated issue of the 1990s and for both politicians and citizens one of the greatest perceived social problems.

Figure 1 traces the development of the unemployment rate in Sweden over the past two decades. The figure was at its lowest in 1989–90, with an official unemployment rate of around 1%. It then increased sharply and peaked in 1993 at over 7%. It then levelled off at this high rate of 6–7% and finally in 1996-1998 dropped to approximately 4–5%. In other words, the figures recorded for the late 1990s are still much higher than they were in the late 1980s. Long-term unemployment also increased from the early 1990s when it was virtually non-existent to roughly 3% in the period from 1994 to 1997.

Figure 1. Monthly open unemployment rate, 1980–98 per inhabitant aged 16–64.

This chapter uses examples from all three areas of social problems (alcohol, drugs, crime) to demonstrate that the assessment of real developments in recent years is not unproblematic and that the problems may in fact have increased. The problems are of a different nature in the different areas. Nonetheless the outcomes are very similar: it emerges clearly that our knowledge of the trends in total alcohol consumption, drug abuse and also various crimes, remains incomplete and tentative. The chapter will also show that this uncertainty about the indicators allows for different interpretations of the real development. For all three social problems, an attempt is also made to draw as accurate a picture as possible of their real development from 1980 onwards. As well as looking at statistics on people’s behaviour and related consequences, we will also be discussing the control policy pursued and at how it has changed.

References
Partisympatiundersökningen (Survey on party preferences) (1999): PSU. Statistiska centralbyrån (Statistics Sweden), Stockholm, Sweden
The Swedish system of alcohol prevention has recently undergone one of the most radical changes it has seen since the abolition of the rationing system in 1955; and further changes are probably still to come. One of the most fundamental principles of Swedish alcohol policy, which dates as far back as the 1850s, is to eliminate private interest from the sale of alcohol. As from 1 January 1995, Swedish monopolies in the production, wholesale, import and export of alcohol were abolished, thus implying an acceptance of elements of private interest in alcohol trade. Off-licence premises were the only component to remain a state monopoly (the Swedish Alcohol Retailing Monopoly).

The decision to abolish the monopolies was taken by the Swedish Parliament in April 1994, six months prior to the Swedish referendum on whether or not to join the EU. It would thus have come into force even if Sweden had decided not to join the Community. However, membership has intensified the process of Swedish integration with the rest of Europe and in the long run will make it even harder to pursue a restrictive national alcohol policy. One of the first visible changes has been to raise the import quotas for private use, from 1 litre of wine and spirits and 2 litres of beer to 5 litres of wine and 15 litres of beer from 1 January 1995. The level for imported spirits remain unchanged. However, by 1 July 2000, the permitted levels for beer and wine imports were once again increased to 24 and 20 litres, respectively. The limits for all three beverages will then increase gradually until 1 January 2004, when Sweden will have the same import quotas as the rest of the EU member states (110 litres beer, 90 litres wine, 20 litres fortified wine and 10 litres spirits) (for a discussion of import quotas, see e.g. Holder et al. 1998).

It seems likely that future Swedish strategies will have to place less emphasis on reducing the availability of alcoholic beverages and invest greater effort in influencing the demand for alcohol by means of education and information. In recent years most of the national campaigns have been conducted by a new committee called OAS (The Independent Alcohol Committee). OAS was set up by the government in January 1997. Its role is to inform the public about the use of alcohol and associated risks and injuries. In the Swedish context OAS is a new (and not entirely uncontroversial) type of committee which involves not only the relevant state authorities but also insurance companies and trade associations such as the Brewers’ Association. So far, most of its efforts have focused on combating illicit spirits through major nationwide campaigns. The future of OAS will be none less controversial, since they are also planning to run information campaigns aimed at young people (aged 18–25) with the message of sensible drinking.

It is tempting to interpret the recent changes as the sole result of Swedish membership of the EU. The country’s traditional restrictive alcohol policy has lost ground, and EU membership has accelerated the process — but it did not start the process (see Abrahamson 1999). The recent changes in Swedish alcohol policy should not be analysed in complete isolation from the past. In a review of alcohol policy in the Nordic countries during the 1980s, Reuter and Tigerstedt (1992) claim that although official alcohol policy documents continued to stress the public health model and reductions in total consumption throughout the 1980s, the actual policy moved in a more liberal direction, especially during the second half of the decade. In Sweden this was most apparent in the 115% increase in the number of on-licences from 1980 to 1990.

There have also been changes in public perceptions of alcohol. However, this liberalisation of attitudes did not take place in the 1980s but in the early 1990s. The changes were particularly clear in attitudes towards the state monopoly on the retail side. In 1988, 20% of the population were prepared to have spirits and 39% table wines in ordinary food shops. In 1993 and 1994, about half of the adult population were in favour of having all alcoholic beverages in food shops, three-quarters supported the sale of table wine (Leifman 1994; 1998). Since then the proportions in favour have tended to decline. In 1997, roughly 55% were in favour of the sale of wine in food stores (Leifman 2000). All in all the EU issue has certainly accelerated the process of liberalisation in Swedish alcohol control policy.

As in many other countries, there are various problems and weaknesses in the official statistics on alcohol consumption (alcohol sales) in Sweden. The most serious problem is that a substantial proportion of alcohol consumption is unrecorded. Unrecorded alcohol, including illicit spirits, has probably been the most discussed alcohol issue in Sweden in the 1990s. Few would deny that unrecorded consumption (especially illegal production and large-scale smuggling of spirits and legally imported beer) is in some place extensive and represents a threat to an efficient alcohol policy. The increase in unrecorded consumption has persuaded some people to believe that the traditional Swedish alcohol policy has to be changed. One of the solutions advocated by the alcohol industry but also by large numbers of ordinary citizens is to reduce taxes on alcohol. Other stress that we should resist all national and international pressures to change our policy in a more liberal direction, since this will inevitably increase the total consumption of alcohol and thereby alcohol-related problems.

Statistics on official alcohol sales have seen their validity decline over time. With the increased uncertainty about the true
level of consumption, there is also room for different interpretations. The National Institute of Public Health (NIPH) and the Swedish Council for Information on Alcohol and other Drugs (CAN) publish annual reports on the development of alcohol and drug consumption in Sweden. In all their reports for at least the past 10 years, it is concluded that the annual variability in unrecorded consumption is so small that recorded consumption can be used as an indicator of actual consumption trends. As will be shown below, this is no longer true.

The study period covered here extends from the late 1970s or 1980 onwards. Besides the obvious need to limit the scope of analysis, the late 1970s or early 1980s appear to provide a rather natural point of departure. Overall alcohol consumption and alcohol-related problems increased dramatically in virtually all Western countries from the 1950s until the middle or end of the 1970s when it reached a peak; this was also the case in Sweden. This increase was a matter of increased concern both in individual countries and for instance in the WHO.

Alcohol policy and alcohol control

Sweden began to move from a relatively speaking liberal towards a more restrictive alcohol policy in the late 1970s. In 1977, the Swedish Parliament adopted the WHO guidelines by accepting that the control measures applied should be aimed at reducing the overall per capita consumption and by the same token at reducing alcohol abuse (Prop. 1977). Also in 1977, medium-strength beer (4.5% alcohol by volume) was withdrawn from ordinary food shops. In 1978, new legislation virtually banned alcohol advertising, and since 1982 state-owned liquor shops have been closed on Saturdays (although trials are currently carried on to keep the shops open on Saturdays).

The alcohol policy adopted by Parliament in 1977 remained largely in place until the end of 1994. A new Alcohol Act came into force on January 1, 1995 (SFS 1994) whereby all monopolies with the exception of the retail monopoly were abolished and replaced by a new licensing system run by a new government authority, the National Alcohol Board. This marked a clear break in traditional Swedish alcohol policy, since it opened up alcohol trade to private companies and thus to private interests. (Since the days of the Bratt system only the beer industry and increasingly during the past decades, licensed restaurants have been subject to market forces and private profit motives). The retail monopoly, however, remains in place. In 1999, as mentioned, a new government proposition suggested certain changes to the Alcohol Act, including the criminalisation of the possession and purchase of moonshine. These bills have now been passed in Parliament, and the new law took effect in January, 2000.

Alcohol control measures can be divided into (1) actions limiting the availability of alcohol, (2) education and information, and (3) the application of penal sanctions. Swedish alcohol policy is known primarily for its restrictive control on availability. The control exerted by the monopoly retail outlets and high taxes on alcoholic beverages are the most important control measures, even since the country joined the EU.

Retail outlets

With just a few exceptions, all alcoholic beverages stronger than 3.5% alcohol by volume (ABV) for consumption off the premises have since the 1920s been sold only through the Swedish Alcohol Retailing Monopoly stores. Alcohol can also be ordered from monopoly stores at the 600 or so delivery points in the countryside where distances to the nearest monopoly store are long. When medium-strength beer was sold in ordinary grocery stores (1965–77) there were in effect an additional 11,550 retail outlets selling alcohol. Beverages with less than 3.5% ABV may be sold in ordinary food shops.

State-owned retail outlets only sell alcohol beverages to persons aged 20 or over years. Ordinary beer (2.8–3.5% ABV) may be sold to persons aged 18 or over in grocery stores. Availability is also restricted through opening hours: liquor shops are normally open on Mondays to Fridays only, from 9.30 a.m. to 6 p.m., except on Thursdays when doors close at 7 p.m.. However, the situation is now changing. In its alcohol proposition in spring 1999, the government proposed a controlled trial of re-opening retail shops on Saturdays in experimental areas (where the stores will be open) and control areas (where they will remain closed). The proposal was passed by Parliament in November 1999. Starting in February 2000, the trial will run for one year.

The number of retail shops showed only slow growth from 1980 to 1998, standing at a level of some four outlets per 100,000 population (or a total of 397 outlets in 1998). The number of delivery points has also been rather stable at about 6 places per 100,000 population (586 in 1998). However, it should be remembered that ordinary beer (beer II) is available at about 12,500 supermarkets and grocery stores.

On-premise outlets (on-licences)

Until the end of 1994, applications for a licence to serve alcohol were filed with the county administration. However, municipalities reluctant to accept the county decision had the right veto that decision.
The age limit for serving alcohol on premises in Sweden is 18 years. Prior to 1995, beverages stronger than 3.5% ABV could only be served between 12.00 noon and 1.00 a.m. (SFS 1977b). While the latter time limit remains unchanged, alcohol may now be served from 11.00 a.m. onwards. However, permission to serve alcohol later in the evening has regularly been extended to 3.00 a.m., in recent years to as late as 5.00 a.m.

The growing trend in the number of on-licences is clearly shown in Figure 1. From 1980 to 1998, the figure has increased by 300%, i.e. from about 20 to 80 premises per 100,000 population. That the figure has continued to rise even after 1994 clearly implies that the licensing policy has not been very restrictive. This trend also means that an increasingly large proportion of recorded alcohol consumption is now consumed in restaurants: in 1980 around 6% and in 1998 20%. Today, a licence to sell alcoholic beverages is more or less a necessity for any successful restaurant business: in these circumstances it is difficult to deny the owner of a restaurant the right to serve alcohol if someone else in the same community does have a licence.

![Figure 1. Number of on-premise outlets (retail shops and other local agents) 1980–1998.](image)

Price policies

Several studies have shown that alcohol, just as other commodities, is sensitive to price (see e.g. Edwards et al. 1994). Alcohol also accounts for a substantial proportion of government revenue; in Sweden the figure for 1995 was approximately 5% (more than SEK 18 billion) (National Alcohol Board 2000). As reflected in most of its alcohol reports, the government recognises the importance of an active price policy and a high price level as an important means of maintaining a low level of alcohol consumption. This also applies to the 1999 Alcohol Proposition, although that document also concludes that the preconditions for an active use of the price instrument have partly changed since the country joined the European Union.

When one compares the real prices of different alcoholic beverages with the trends in consumption for these beverages, the comparison interestingly shows that none of the trends are in line with the earlier evidence which suggests that alcohol is a price sensitive commodity. (The real prices are calculated on the basis of prices in the retail monopoly shops.) The price of beer increased in Sweden by 40% from 1980 to 1992, but at the same time the consumption of beer also went up. The prices of spirits have been rather stable during the past 15 years, yet consumption has more than halved. Wine prices showed a slight real increase from 1982 to 1987, but so did wine consumption. However, if the various beverages are combined into a one alcohol price index, the trend of that index shows closer correspondence with the development of the total retail sales of alcoholic beverages (Ramstedt 1998). It is also worth emphasising that from 1991, all these three beverages have become cheaper in real terms, which should probably be seen in relation to the Swedish application in 1991 for a future EU membership.

Control by penal law

Although penal law does not have a very prominent role in Swedish alcohol control in general, it is nonetheless
During the past 10 years the number of breath tests taken in Sweden has increased, and drink-driving legislation has been tightened on several occasions. Legal blood alcohol limits were first introduced in Sweden in 1941. From 1957 until 1990, it was considered a criminal offence to drive a motor vehicle with a BAC in excess of 50 mg/100 ml. A BAC in excess of 150 mg/100 ml implied a more serious offence, and on conviction the offender was usually sentenced to a couple of months’ imprisonment. The lower limit was reduced even further in 1990 to 20 mg/100 ml, when evidential breath testing was also introduced. The police have had the powers to stop drivers for random breath testing since 1976, and amendments in legislation in 1994 also gave the police unfettered discretion to request breath tests. Also in 1994, the higher limit was reduced to 100 mg/100 ml.

The penalty imposed for drunken driving depends on whether or not the offender has been convicted previously or if he (for in most cases it is he) is a first-time offender. The most likely penalty for a first-time offender with a BAC of less than 100 mg/100 ml is a fine. If the blood alcohol content exceeds 100 mg/100 ml, then the most common penalty is imprisonment for a few months, but since 1 February 1994 with a maximum penalty of two years’ imprisonment, even in the case of first-time offenders. In February 1994 an additional driving offence of causing death when unfit to drive was introduced. The fact that the cause of death is due to drunken driving should as a rule imply that the crime is considered more serious and may render a maximum penalty of six years in prison. It has been shown that both the changes in 1990 and 1994 have had deterrent effects (see e.g. Borschos 1998; Norström & Andersson 1996).

There has recently been some talk about the introduction of penal sanctions as a deterrent against the home production of spirits and the smuggling of illegal alcohol as well. The question of unrecorded alcohol in general, and illegal production of spirits in particular, has received considerable attention in the discussion on the efficacy of Swedish alcohol policy, not least during the recent negotiations with the EU (see Discussion) and following Sweden’s decision to join the European Union. As from January 1, 2000, not only the production and sales of moonshine but also its possession and purchase has been forbidden.

Controlling the demand

Swedish alcohol policy is known first and foremost for its drive to restrict availability, but alcohol information and education is also an integral part of this policy. It is not as easy to form an overall picture of the information campaigns that have been waged. There have been both national and local campaigns, aimed at covering the whole or certain segments of the population. A crude estimate of the resources invested as well as of the messages contained in the campaigns is possible at the national level, but not at the local level where the bulk of this kind of prevention takes place. What can be said with certainty is that the resources invested are quite substantial.

Much of the information concentrates on young people and alcohol, reminding for instance that persons under 20 are not allowed to buy alcohol and discouraging bootlegging to young people, especially in connection with bigger, “wet” holidays. Prevention rarely advocates abstinence any more, but when it does, the message is aimed at certain subgroups, i.e. youth under the age of 18, drivers and pregnant women.

Several nationwide campaigns have been conducted during the past 15 years. One of the most recent campaigns in 1995 (“Drink with Your head”) was aimed primarily at adult “normal” consumers. The message was not to abstain, but to drink sensibly. The future will probably see more campaigns with this kind of message.

Alcohol consumption — recorded and unrecorded

From the 1950s to the mid or late 1970s, alcohol consumption and alcohol-related problems increased in almost all Western countries, including Sweden. Figure 2 shows the level of recorded alcohol consumption in Sweden from 1950 to 1998. The figures peaked in 1976 at 7.7 litres of pure alcohol, then declined until 1984. Since then the sales data have shown minor fluctuations both up and down, but with a slight overall increase. Over time, spirits consumption has decreased whereas wine and beer consumption has increased. In the 1990s, the most popular alcoholic beverage is beer, followed by wine and spirits.

Figure 3 shows the recorded per capita consumption of alcohol over time together with survey estimates of unrecorded and total consumption. Survey estimates of consumption in the general population suffer from both underreporting and selective non-response, both lowering the number of heavy drinkers. Despite these shortcomings, it appears that the survey estimates generally follow the same trend as recorded consumption. Both indicators point in the same direction. The problem, however, is that both can be misleading. In contrast to recorded consumption and the survey data, the estimated total consumption indicates a stable or even an increased level for the last years. This is not evident from the recorded consumption and survey data.
Even though the trends in consumption levels are known, the absolute figures per year are not. Sales statistics (i.e. recorded consumption) do not include privately produced, privately imported alcohol, alcohol smuggled into the country and alcohol consumed abroad, but do include what is bought in the country by foreign visitors. The most extensive survey of unrecorded alcohol in Sweden is the so-called KALK study which is based on analyses of several different surveys, including a sample consisting of problem drinkers. The extent of unrecorded consumption was estimated for 1996, i.e. the year when the main sample (with more than 10,000 interviews) was collected. At a later stage in the study, unrecorded consumption was also estimated for a few years prior to and one-two years after 1996. As is shown in Figure 3, there has been an increase in unrecorded alcohol in Sweden during the past decade. In the late 1990s, approximately 2 litres of pure alcohol have to be added to the recorded figure, which means that total consumption per inhabitant aged 15 or over is about 8 litres of pure alcohol. The main part of unrecorded consumption consists of privately imported beverages, the second largest source is represented by illicitly produced or smuggled spirits (Kühlhorn et al. 2000). About half of all spirits consumed is unrecorded (in 1996 roughly 1.3 litres), one-third of total spirits consumption consists of illegal spirits (0.7 litres in 1996). The data also suggest that there may have been an increase in total alcohol consumption after Sweden joined the European Union in 1995. This increase is, however, within the margin of error.

**Drinking habits in different groups**
Table 1 shows the estimated mean alcohol consumption for men and women and the gender ratio from 1982 to 1998. The ratio between consumption in men and women has not been reduced during the past 12 years. Men consume approximately 2.5 times more alcohol than women. According to the (underrated) survey estimates, men drink about 7–8 litres of absolute alcohol and women 3 litres a year. The fluctuations over this period have been so small for both genders that they could be the result of random variation. Over a longer period, though, women’s share of total consumption has increased (Kühlhorn 1998).

Table 2 shows the distribution of drinking for men and women in 1987–90, 1992–94, 1996 and 1998. (The data for the first two periods are sums of the 1987–90 annual SIFO surveys and the 1992–94 annual TEMO surveys, which means the sample sizes are bigger and the accuracy accordingly greater.) The proportion of adult men drinking above the “safe limit” of 75 centilitres 40% ABV weekly is close on 9.5% in both 1987–90 and 1992–94, 8% 1996 and 7% 1998. The proportion of women drinking more than 55 centilitres 40% ABV was estimated at 3% in 1987–90, 4% 1992–94, 3% 1996 and almost 4% 1998. Thus, as with overall alcohol consumption, the number of heavy consumers among those responding to surveys appears to have been rather stable for the past 10 years among both men and women.

Table 1. Mean alcohol consumption in men and women (aged 18–70 years), according to survey estimates 1982–981)

<table>
<thead>
<tr>
<th>Year</th>
<th>Men</th>
<th>Women</th>
<th>Coverage rate (%)</th>
<th>Ratio men:women</th>
<th>Unrecorded alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>1982</td>
<td>7.6</td>
<td>3.1</td>
<td>82</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>1983</td>
<td>7.0</td>
<td>3.2</td>
<td>85</td>
<td>2.2</td>
<td></td>
</tr>
<tr>
<td>1984</td>
<td>6.2</td>
<td>2.8</td>
<td>76</td>
<td>2.2</td>
<td></td>
</tr>
<tr>
<td>1985</td>
<td>7.4</td>
<td>3.1</td>
<td>87</td>
<td>2.4</td>
<td></td>
</tr>
<tr>
<td>1986</td>
<td>7.8</td>
<td>3.3</td>
<td>89</td>
<td>2.4</td>
<td></td>
</tr>
<tr>
<td>1987</td>
<td>7.4</td>
<td>2.7</td>
<td>81</td>
<td>2.7</td>
<td></td>
</tr>
<tr>
<td>1988</td>
<td>8.0</td>
<td>3.2</td>
<td>87</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>1989</td>
<td>8.2</td>
<td>3.3</td>
<td>89</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>1990</td>
<td>7.1</td>
<td>2.5</td>
<td>76</td>
<td>2.8</td>
<td>1.2</td>
</tr>
<tr>
<td>1992</td>
<td>7.4</td>
<td>3.7</td>
<td>88</td>
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<td>1993</td>
<td>7.7</td>
<td>3.1</td>
<td>87</td>
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</tr>
<tr>
<td>1994</td>
<td>6.7</td>
<td>2.7</td>
<td>77</td>
<td>2.5</td>
<td>1.5</td>
</tr>
<tr>
<td>1996</td>
<td>7.2</td>
<td>3.2</td>
<td>86</td>
<td>2.2</td>
<td>2.1</td>
</tr>
<tr>
<td>1998</td>
<td>7.5</td>
<td>3.3</td>
<td>94</td>
<td>2.3</td>
<td>2.2</td>
</tr>
</tbody>
</table>

1) No survey was conducted in 1991.
2) Source: Kühlhorn et al. 2000


<table>
<thead>
<tr>
<th>&quot;Normal&quot; consumption (centilitre 100/ABV/year)</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–15</td>
<td>40.6</td>
<td>36.5</td>
</tr>
<tr>
<td>16–40</td>
<td>13–30</td>
<td>31.2</td>
</tr>
<tr>
<td>41–75</td>
<td>31–55</td>
<td>18.8</td>
</tr>
<tr>
<td>76–125</td>
<td>56–95</td>
<td>6.3</td>
</tr>
<tr>
<td>126+</td>
<td>96+</td>
<td>3.0</td>
</tr>
<tr>
<td>Total</td>
<td>Total</td>
<td>99.9</td>
</tr>
</tbody>
</table>


Sweden is commonly regarded as a spirits drinking country. However, as was shown in Figure 2, consumer preferences have been changing during the past few decades. The share of beer as a proportion of total consumption has increased substantially during the past decade and is now the most popular beverage type (44%) (including both ordinary and strong beer). The consumption of wine is also on the increase. In 1970 wine accounted for about 15% of total alcohol consumption, in 1994 for 30%. Recorded spirits consumption is accordingly on the decrease and has been for the last 15 years, from about 50% in 1980 to no more than 27% of total alcohol consumption in 1994. Adjusting for unrecorded alcohol, spirits are estimated to account for 34%, wine for 28% and beer for 36% of total consumption (Kühlhorn et al. 2000).

Several different indicators are used to monitor drinking habits among young people. Among the most common of these...
are the abstention rate, the frequency of heavy drinking occasions, intoxication frequency, and consumption level. Questions of this kind have been presented over a number of years to 15–16 year-old schoolchildren (in the ninth grade), military conscripts (18–19 year-old boys) and since 1979/80 to youths aged 12 (15/16) to 24 years (see FHI & CAN 1999).

All these measures indicate that the 1970s, and particularly the period around 1976–78, was a very ‘wet’ period. Some of the measures are shown in Figures 4–5. From the late 1970s until the mid-1980s, consumption, heavy drinking occasions and intoxication showed a clear tendency to decline. During the first half of the 1990s, these indicators began to increase again. Among conscripts the intoxication frequency showed a tendency to increase throughout the 1990s (FHI & CAN 1999).

The data for young people thus show some resemblance with the overall trends in the whole population. When total alcohol consumption and several alcohol-related problems peaked in the late 1970s, the extent of alcohol abuse was also at a high level among young people. The situation improved from the late 1970s until the mid-1980s, both in young people and in the population as a whole. This decline occurred during a period when several measures were introduced to combat alcohol problems, including the abolition of medium-strength beer which was the typical youth beverage of that period. Survey data for the 1990s show an increase in drinking among young people, at least during the first half of the decade. No such indication can be seen among adults.

**Figure 4. Drinking among schoolchildren aged 15–16 1971–98.**

**Figure 5. Heavy drinking and intoxication among schoolchildren aged 15–16 1971–98.**

1 Feeling intoxicated every or almost every time they drink.
2 Proportion who at least once a month drink at least a half bottle of spirits or one bottle of wine or four cans of strong beer or six cans of ordinary strength beer on one and the same occasion.
Alcohol-related problems

Medical consequences

Deaths from liver cirrhosis are often used as an index of the magnitude of overall consumption and alcohol problems. Figure 6 shows the rate of liver cirrhosis mortality from 1976 to 1996 separately for men and women. Not shown in the figures is that for Swedish women, the mortality rate increased 2.3 times over from 1946 to 1980. From 1980 to 1982, the mortality rate dropped considerably from about 7 to 4 deaths per 100,000 female inhabitants. From 1982 onwards, the rate has shown rather small changes. The increase for Swedish men was bigger than for women, i.e. 4.6-fold from 1946 to 1979. As was the case for women, the mortality rate then declined dramatically in the early 1980s, but in contrast to the situation among women the decrease has since then continued, albeit slowly.

The drop in liver cirrhosis mortality in the 1980s can be explained primarily by the 22% reduction in per capita alcohol consumption between 1976–84, which in turn can partly be attributed to the removal of medium-strength beer from food shops in 1977 (Noval & Nilsson 1984) and perhaps to the more restrictive attitudes and policy in the late 1970s and early 1980s. However, deaths from liver cirrhosis also declined in many other Western countries in the late 1970s and 1980s. Another factor that may account for some of the decrease in cirrhosis deaths in Sweden and elsewhere is the increased or changed frequency of alcoholism treatment (Romelsjö 1987; Smart & Mann 1991; Holder & Parker 1992). Another possibility lies in the reduced autopsy frequency over time, which may have affected the readiness of physicians to certify alcohol-specific causes of death and thereby lead to a reduced cirrhosis rate.

The sensitivity of liver cirrhosis as well as that of other diagnosis is also linked to procedures of classifying causes of death. Sweden adopted the ICD-9 in 1987. The mortality figures from 1987 onwards are therefore not fully comparable to previous years. However, this does not appear to have had any significant effect on the cirrhosis mortality statistics; at least there is no visible break in the trend in 1987.

Figure 6. Mortality from liver cirrhosis separately for women and men 1970–1996, per 100,000 population, underlying cause only.

The alcoholism rate (or, as it is defined in ICD-9, “alcohol dependence”) is probably not as good an indicator of the extent of alcohol-related problems and overall consumption in a society as liver cirrhosis. However, it may still be a valid indicator of alcohol-related problems over time. The AAAA (alcoholism/alcohol dependence, alcohol psychosis, alcohol poisoning and alcohol abuse) mortality rate increased for both genders (including only the underlying cause of death) from 1965 until the early 1980s. Figure 7 shows the trend from 1976 to 1996. As we can see the level was quite constant from 1980 to 1986. However, 1987 showed a substantial drop compared to the 1986 level, which may largely be attributed to the introduction of ICD-9 in 1987. This seems even more likely in view of the fact that the rate before and after 1987 has been rather stable. A probable interpretation of the data is then that there have been no real changes in the AAAA mortality rate since the early 1980s.
The AAAA mortality rate does not coincide with the trends for liver cirrhosis, which showed a marked drop when consumption declined in the early 1980s. The steepest increase in AAAA mortality for Swedish men occurred between 1975–82, which coincides with a 16% drop in per capita consumption. It is therefore uncertain whether or not the time series of AAAA mortality mirror the true development in alcoholism.

Figure 8 shows the trend for discharges from psychiatric care for alcoholism (alcohol dependence from 1987) and alcohol psychosis (for men and women separately computerised from the national patient care register (ICR). The register does not cover all countries and hospitals until 1987. The differences between 1973–86 and 1987–96 should therefore in reality be even greater than indicated by Figure 8. However, as in the case of mortality data, the trends over time may provide valuable information. The figure shows that there was a clear upward trend until the end of the 1970s. The trend between early 1970s and mid 1980s by and large follows the same pattern as alcohol consumption and mortality from liver cirrhosis. From then on, the numbers have clearly continued to come down, most obviously among men. This is congruent neither with the reasonably stable recorded per capita consumption, nor with the cirrhosis rate which showed a less dramatic decline from the mid-1980s onwards.

A comparison between women and men reveals that the number of women as a proportion of the total number of admissions has increased over time. In 1973, women accounted for about 10% of all cases, in the early 1980s for 15% and in 1996 for more than 25%. This increase is thus in line with the long-term tendency for alcohol consumption in both
men and women to level out. Of course, the relative increase in female inpatient care may be due to other factors, such as the greater and possibly increased inclination of women to recognise and deal with health problems, including their greater readiness to contact the health care system.

Finally, it should be observed that Sweden has invested considerable resources in the treatment sector compared to many other countries, despite the sharp decline in inpatient alcoholism treatment during the past 15 years or so.

**Drinking and driving**

The social consequences of alcohol consumption cannot be accepted as valid indicators of the development of alcohol-related problems in society in the same way as medical indicators. This even applies to the only social indicator that will be discussed here, namely drinking and driving. The number of drink-driving offences depends among many other things on the level of police enforcement. However, in contrast to most other alcohol-related social problems, drink-driving is by definition only alcohol-related. As for violent crimes, for instance, alcohol is neither a sufficient nor a necessary cause. (Violent crimes are discussed separately in the chapter on crime.)

During the last decade or so police enforcement has clearly been stepped up. One indicator of this is the number of breath tests carried out. Figure 9 shows the number of breath tests conducted in 1984–98 and the reported number of drink-driving offences from 1980 to 1998. The rate of reported drink-driving offences was rather stable from 1980 to 1985. It then increased until 1989. From 1992 onwards, i.e. since the reduction of the legal limit from 50 to 20 mg/100 ml, the rate has declined. From 1991 to 1994, the number of offences dropped by 21%, even though the number of breath tests doubled during the same period. The number of breath tests peaked in 1994 and has since then been reduced by 35%. The number of offences has continued to decrease; from 1994 to 1997 the figures have decreased by 35%. Evaluations of the 1990 and 1994 reforms indicate that these changes in legislation have probably had an impact on the drink-driving rate and that part of this decline can be attributed to a general deterrent effect (see Norström & Andersson, 1996; Borschos, 1998).

**Figure 9. Number of reported drinking and driving offences in Sweden 1980–98 and number of conducted breath tests 1981–97 per 100,000 population.**

![Graph showing the number of reported drinking and driving offences in Sweden 1980–98 and number of conducted breath tests 1981–97 per 100,000 population.](image)

**Low validity — increased scope for interpretations**

The survey data collected in Sweden during the past 20 years or so give plenty of scope to construct the kind of picture one wants to draw of reality; different surveys results paint a very different picture of reality. One survey conducted in 1988, for example, estimates annual per capita consumption at 1.8 litres of pure alcohol, another survey during the same period at 4.8 litres (1987–90) (see Kühlhorn & Leifman 1993). The recorded data for 1988 indicated a figure of 6.4 litres, with total consumption approximately one litre higher. The huge discrepancies between the different surveys are mainly due to different measurement techniques. The difference between survey estimates and recorded (total consumption), in turn, is explained by difficulties among the respondents to accurately report their consumption and by the fact that a substantial minority do not participate in these surveys, including the majority of alcohol abusers. The difference between
recorded and total consumption is due to unrecorded alcohol, with an estimate added on top of recorded consumption in calculations of total consumption.

All these discrepancies allow for plenty of scope to interpret the level and development of drinking in different ways. In 1985, the Swedish government adopted the WHO target from 1984 (WHO 1986) to cut overall consumption from 1980 to 2000 by 25% (Prop. 1985). This could easily be accomplished simply by choosing the “right” surveys, i.e. by comparing surveys using different methods or by comparing surveys with recorded data — or better still, by comparing survey results with total consumption figures.

If, however, we want to produce an accurate account, things become more complicated. And the situation in this respect is becoming more and more complex, since unrecorded alcohol consumption has increased, and may continue to do so, and with the growing number of people involved in alcohol trade it is bound to become increasingly difficult to compile accurate sales data. Alcohol-related problem indicators are not particularly helpful in this respect. Alcohol-related mortality, for instance, may go up or down because of other factors aside from alcohol, such as changes in diagnosing practices. One serious problem is the time lag from the occurrence of deaths to publication. The most recent figures available today are from 1996. This means it is impossible to validate current sales and survey data by mortality data. The same problem applies to a certain extent to morbidity data.

The problems involved in the use of official statistics (e.g. recorded alcohol sales data) concern not only Sweden but indeed all the countries involved in this project. It can quite safely be argued that the problems are less acute in Finland and Sweden, despite the rising level of unrecorded consumption. Generally speaking, the problems surrounding official statistics in Sweden have less to do with the organisation and the decision as to how and what to measure (although these questions do arise from time to time). However, what to measure and how to measure is a major problem in the survey field, and it is by means of surveys that we have to estimate the level of unrecorded alcohol consumption. Different survey studies have yielded different results over the past few years. This has led to different interpretations of the levels and development. The conclusions drawn also differ, at least in part as a result of the different estimates. At the same time, it has become evident that the recorded data no longer mirror the true development of consumption over time.

Table 3 shows the figures for unrecorded and total consumption presented by Kolk at the request of the Swedish Brewers’ Association, and by the KALK study. The differences are quite evident. According to Kolk, unrecorded consumption amounted to almost 3.5 litres in 1996, giving an estimated total consumption of almost 9.5 litres. According to KALK, unrecorded consumption is around 2 litres, which gives a total consumption of almost 8 litres (100% alcohol).

Table 3. Estimates by KALK and Kolk (at the request of the Swedish Brewers’ Association) of alcohol consumption in 1996.

<table>
<thead>
<tr>
<th></th>
<th>Spirits million volume litres</th>
<th>Wine (including strong wine and cider) million litres</th>
<th>Strong/ medium beer million volume litres</th>
<th>Alcohol 100% (including beer II) per inhabitant aged 15+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kolk’s estimates</td>
<td>Recorded</td>
<td>27.2</td>
<td>117.4</td>
<td>182.1</td>
</tr>
<tr>
<td></td>
<td>Unrecorded</td>
<td>33.0</td>
<td>43.3</td>
<td>86.8</td>
</tr>
<tr>
<td></td>
<td>Home produced</td>
<td>15.2</td>
<td>5.2</td>
<td>1.9</td>
</tr>
<tr>
<td></td>
<td>Sum</td>
<td>60.2</td>
<td>160.7</td>
<td>268.9</td>
</tr>
<tr>
<td>KALK’s estimate</td>
<td>Recorded</td>
<td>27.2</td>
<td>117.4</td>
<td>182.4</td>
</tr>
<tr>
<td></td>
<td>Unrecorded</td>
<td>24.1</td>
<td>27.0</td>
<td>42.6</td>
</tr>
<tr>
<td></td>
<td>Home produced</td>
<td>11.4</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sum</td>
<td>51.3</td>
<td>144.4</td>
<td>224.0</td>
</tr>
</tbody>
</table>

Source: Kühlhorn et al. 2000

Controversies about real consumption levels in Sweden are certainly nothing new, but the debate has never been as intense as it is today. If unrecorded consumption remains at its current level, and especially if it rises any further, then we can probably expect to see a reduction in the taxes levied on alcoholic beverages (other circumstances may of course also contribute to reduced taxation). As indicated above, one way to demonstrate that unrecorded consumption is high is to choose the “right” surveys or measurement methods. This was exactly what happened when the tax on strong beer was reduced by 15% on January 1, 1997. The Brewers’ Association estimated that a total of 85–95 million litres of beer was imported privately in 1996, and it was these figures that were presented to the government; no other estimates were available at the time for that particular year. In another survey series, also commissioned by the Brewers (called Ölbarometern or the Beer barometer), beer imports were estimated at 68 million litres during the 12-month period from April 1966 to March 1997 and at 145 million litres(!) from October 1996 to September 1997 (see Kühlhorn et al. 2000). This gives a total volume of 107 million litres of beer imports during 1997. Table 4 compares some of the Brewers’ figures on the estimated amount of privately imported beer with figures released from the KALK survey. According to the Brewers’ studies, the volume of unrecorded strong beer imports is almost equivalent to the total retail sales of strong beer in the whole of Sweden. KALK’s levels are roughly half that reported by Kolk.

Prior to KALK, almost all figures on unrecorded consumption in the early 1990s originated from studies commissioned
by the Brewers’ Association. This was certainly to their advantage. It was more and more difficult to question their results, since no one had anything else to offer. This advantage has only gradually disappeared as results from KALK have become available. Nonetheless the exaggerated figure of 100 million litres of beer imports has been widely quoted as the established statistic.

What, then, was the effect of the lowered tax on strong beer? Perhaps not what the politicians expected. The reduced price of strong beer in monopoly retail shops did not reduce the import of strong beer; on the contrary, imports continued to increase even between 1996 and 1997/98 (Kühlhorn et al. 2000). In addition, due to the lowered retail prices, retail sales also increased in the whole of Sweden by 9%, from 99 million litres in 1996 to 108 litres in 1997 (National Alcohol Board 2000). These figures have continued to rise in 1998 and 1999.

Table 4. Estimates of privately imported beer compared to sales statistics for 1996 and 1997.

<table>
<thead>
<tr>
<th></th>
<th>1996</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Kolk estimate A</td>
<td>Kolk estimate B</td>
</tr>
<tr>
<td>Privately imported</td>
<td>85.0</td>
<td>95.0</td>
</tr>
<tr>
<td>Recorded sales:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In monopoly retail stores</td>
<td>99.2</td>
<td>99.2</td>
</tr>
<tr>
<td>In restaurants</td>
<td>83.2</td>
<td>83.2</td>
</tr>
<tr>
<td>Estimate of total consumption</td>
<td>267.4</td>
<td>277.4</td>
</tr>
<tr>
<td>Privately imported beer as a proportion of recorded sales</td>
<td>46%</td>
<td>49%</td>
</tr>
</tbody>
</table>

¹BM: Yet another study commissioned by the Swedish Brewers’ Association (see Kühlhorn et al. 2000)
Source: Kühlhorn et al. 2000

Discussion

In the late 1970s and early 1980s, Sweden began to tighten its already restrictive alcohol control policy. This change can be seen as a reaction on the part of society and the state to the sharp increase in consumption and alcohol-related problems during the post-war decades. By the early 1960s, consumption had increased by 50%, and in 1976 per capita consumption peaked at 7.7 litres. The sense of urgency about the need for change was only enhanced by the fact that consumption was increasing most notably among young people. This was a key consideration in the decision to abolish medium-strength beer, the typical youth beverage of that period. In other words, this was still a period when the state and society considered themselves responsible for the individual’s drinking; alcohol control was still part of the welfare state’s social project. The welfare state, and its underlying rationale, were still very firmly in place.

The new concerns about alcohol consumption and alcohol problems during that time were also clearly reflected in public opinion. In 1980, alcohol ranked second only to unemployment among the top concerns of Swedish people (SIFO 1980). There is no doubt that the more or less united front against alcohol abuse contributed to the following decline in consumption and most alcohol-related problems.

Recorded per capita consumption continued to decrease until 1984, but has since then remained quite stable: it showed only a minor tendency to increase until 1989 and from there on a decrease until 1998. In 1999, recorded consumption increased by about 5% on 1998. Alcohol control and official alcohol policy also remained more or less intact during the 1980s. Availability on the retail side was still low and real prices were kept unchanged.

As concerns restaurants, the first steps away from strict control of restaurants were taken already in the late 1950s and early 1960s. The laws as such were still highly restrictive, but they began to lose their legitimacy, especially in the 1980s when the number of licensed pubs and restaurants clearly began to increase. In other words, while the old legislation remained in place, it was applied in an increasingly liberal spirit (see Abrahamson 1999). Attitudes towards alcohol problems in society were obviously changing, especially in the second half of the 1980s. Abrahamson (1999) points to some of the underlying long-term structural changes in society that facilitated the expansion of individualisation in society, which was also expressed in the growing number of restaurants in the 1980s:

“Urban transformations and the transformation of public life, the transition from modern to post-modernism, the emergence of a new middle class and the redefinition of women’s use of alcohol from wholly immoral to quite acceptable...” (p. 38–39).

Sulkunen (1992) says that the new middle class, which emerged in the 1970s in connection with the expansion of the service sector, is so large and so heterogeneous that it is no longer meaningful to talk about one class or one group of people. Instead, these people are spread out over a broad spectrum of hierarchies in terms of occupation, education and status position. This gives rise to new ways of identifying oneself and of distancing oneself from others.

With the emergence of the new middle class there also developed a new view of the individual. In a situation where society had to cut back on the resources it invested in people, where opportunities for social mobility became more
restricted and where competition for various positions became harder, this led to a new perspective on the individual that put more and more weight on the individual’s own responsibility.

The late 1980s saw another change — indeed a dramatic change — that could have played a vital part in changing people’s attitudes, namely the breakdown of the Communist regimes in Eastern Europe. This no doubt contributed to a growing sense of mistrust in collective solutions in general.

It seems reasonable to assume that all these changes combined to lay the foundation for the changes that were to come in the 1990s in connection with Sweden’s EU membership (and the EEA treaty). In connection with the recession and the economic restraints imposed in the early 1990s, the emphasis on the individual’s own responsibility may have become even more apparent. In social policy, general directed measures were (and still are) questioned and more selective measures advocated aimed only at those people who are really in need. It was no coincidence that new liberal ideas gained such a strong vote in the 1991 general elections, leading to the formation of a bourgeois coalition government dominated by the Conservatives.

Alcohol consumption and alcohol problems have shown no signs of decreasing in the 1990s. Most data indicate an increase in consumption among young people during the first half of the 1990s, and also an increase in binge drinking for the whole 1990s (see FHI & CAN, 1999). At the same time, alcohol control has become slacker. An increase in consumption of alcohol is to be expected when the control measures are becoming weakened. There are today (Summer, 2000) also evidence of an increase in the total (per capita) alcohol consumption, mainly due to an increase in the retail sales of alcohol (Leifman & Troldal, 2000).

It thus appear that the changes made in the control policy cannot be explained by reference to the behaviour that is the main target of the control measures. So, how then can these changes then be explained? It might be fruitful to distinguish between a gradual and a more sudden change. As regards the latter, the individualisation process that was apparent in the 1980s continued in the 1990s. The proportion of Swedes who perceived alcohol as a very serious social problem decreased sharply from 60% in 1981 through 43% in 1990 to 14% in 1994 (Ramstedt & Kühlhorn 1995). (No such decline is seen in the perceived seriousness of drugs as a social problem.) However, there was also a dramatic change in one of the cornerstones of Swedish alcohol control, namely in attitudes towards the state monopoly in retail. The major shift towards more liberal attitudes occurred as late as 1992–1993, only a few years before Sweden’s entry into the EU, but during a period when future alcohol policy was hotly debated in the mass media (Leifman 1998; Olsson 1995).

It is possible that even though manifest attitudes did not change before 1992, latent attitudes did. Swedish people may have been harbouring negative attitudes towards the Swedish alcohol control system for a longer time, and the public debate suddenly gave them the opportunity to give vent to those attitudes.

In 1992–93 it was still unclear whether the then burning issue of the EEA treaty would lead to a liberalisation of alcohol policy by permitting the sale of alcohol in ordinary food shops. Some people believed that the regulations governing private imports would also have to be changed because of the treaty. Furthermore, widely publicised studies sponsored by the Brewers’ Association showed that there was extensive non-registered consumption, especially home production of spirits (Kolk, 1993; Philipson, et al., 1993). That these estimates are highly suspect (Kühlhorn, 1994) does not detract from their impact on public opinion. It is possible that the sudden changes in people’s attitudes were very much influenced by ongoing debates in the mass media. In addition, people sympathising with the EEA and the EU but also with the restrictive alcohol policy followed in Sweden may have been forced to strike a balance by revising their alcohol attitudes in a more liberal direction rather than changing their attitudes towards the EEA and the EU.

Another possible explanation is that it is difficult for a certain problem to attract intense attention year after year when other potential problems are in the media limelight. For instance, environmental issues were at the centre of close public attention in the late 1980s. On this basis the sharp decline from 1990 and 1994 could be attributed to the deep economic recession and the accompanying problems such as the sharp increase in unemployment.

One of the consequences of the Swedish negotiations with the EU was the abolition of all state monopolies except in the retail of alcohol as well as the increase in the legal limit of the import of alcohol for private use. It is difficult to get any information on what exactly went on in these negotiations or on the Swedish delegates’ perceptions of the importance of defending a restrictive alcohol policy. There were no doubt many other issues — economic, political, environmental, etc. — that received much higher priority than alcohol. Perhaps the more liberal attitudes during the last years made it easier to take the ‘necessary’ decisions to abolish the monopolies.

Over the past 10–15 years then, restrictive alcohol policy has become a less and less integral part of the welfare state’s social project. Instead, the approach adopted in alcohol policy has tended to become increasingly defensive.

This study has paid some attention to the increasing difficulties in assessing the real development of the Swedish per capita alcohol consumption during the past years. In 1999, for instance, sales from retail monopoly stores increased by
10% on the figures for 1998 in terms of volume litres of alcohol. Whether or not this is equivalent with a real increase is another matter. At the same time serious questions also have to be asked about the reliability of survey data which is often used as a compliment to sales data. Perhaps we simply have to learn to live with a situation where there is much room for different interpretations. The picture drawn of reality becomes dependent on one particular study commissioned by a particular actor with the implicit aim of confirming their particular views.

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SIFO (1980): Alkoholmissbruket (Alcohol abuse), Manuscript.


The drug problem in Sweden in 1979–1997 according to official statistics

Mats Ramstedt

The main purpose of this chapter is to present some official statistics on the drug problem in Sweden and to discuss their message. The focus is on three key dimensions of the Swedish drug problem in 1979–1997: Firstly, we will be looking at the efforts invested by society in controlling illegal drugs during the period concerned. Drug control is understood as referring to the actions taken by the state in an attempt to reduce the availability of drugs. Analytically, control can be divided into two interactive factors, i.e. drug legislation and law enforcement, measuring the threat of punishment and the risk of detection for dealing with drugs. Second, we will be examining statistics on the prevalence and trends in drug use, both experimental and heavy use. Third and finally, information is presented on the consequences of drug abuse in terms of adverse health effects among abusers.

Knowledge about the drug problem in Sweden has been considered an important issue by Swedish authorities ever since it became regarded as a major social problem in the mid-1960s. However, two recent changes make it particularly interesting to examine present statistics on drugs in Sweden. Firstly, Swedish membership of the European Union has put Swedish drug policy in focus because of its goal of a drug-free society. Within the European Union, considerable efforts are also invested in gathering statistics on drugs through the EMCDDA (European Monitoring Centre for Drugs and Drug Addiction). One of the main concerns for EMCDDA is to try and improve the comparability of drug statistics from different countries. Moreover, changes within Swedish society during the 1990s have actualised the drug problem and the importance of statistics. The economic recession in Sweden and the high unemployment rate in the country present a major challenge to Swedish drug policy, especially as it seems to coincide with more permissive views on drug use, manifested in increased experimenting with drugs among Swedish adolescents.

Most data that are relevant to the official picture of drugs in Sweden are compiled in an annual report from the Swedish Council for Information on alcohol and other drugs and the National Institute of Public Health. The data presented below are drawn from this report (Alkohol- och narkotikautvecklingen i Sverige, FHI & CAN 1998), but the original statistics producers are also identified.

Legal drug control

Drug legislation in Sweden

To understand the statistics on offences against the Narcotics Drugs Act, a brief description of Swedish drug legislation is necessary. Since the adoption by Parliament of a special Drug Penal Code in 1968, the punishments have become progressively tougher. During the 1970s, however, this mainly affected the major drug traffickers while dealers and abusers on the street were not a priority target for the police and prosecutors. In practice, it was legally safe to deal with small quantities of drugs in Sweden during these years. From 1977 onwards, Swedish drug policy became more restrictive and Parliament decided that the aim should be to have a drug-free society. Key arguments behind the change in policy were the introduction and spread of heroine and signs of cannabis beginning to spread among new groups in society.

In line with this new policy, street dealers and drug abusers were now also targeted. The Chief Public Prosecutor laid down new guidelines regarding the practice of not prosecuting drug offenders in possession of small quantities of narcotic substances. In cases involving the most addictive drugs such as heroine and cocaine, all offenders would now be prosecuted. Moreover, the police launched massive campaigns to disrupt the street market during 1981 and 1982 (Hoflund 1994).

This new “demand-oriented” drug policy has continued and even expanded since the beginning of the 1980s. The scope of punishable offences has been expanded and more severe punishments introduced. For example, the minimum sentence for serious drug offences was raised in 1981 from one to two years’ imprisonment, while the maximum penalty for less serious offences was raised from two to three years. The maximum prison sentence for recuring offences was raised to 16 years. In 1983, an additional extension of criminal acts was made regarding commercial trade in drugs and in 1985, even the slightest offence against the Narcotics Drug Act entailed a prison sentence (maximum 6 months). The punishable area was once again extended; it now also comprised the growing of certain plants.

The consumption of drugs was criminalised in 1988, when the most severe punishment was a fine. However, in order to allow the police to make body searches even on suspicion of drug use (which required that imprisonment was present in the penalty scale), a maximum prison sentence of 6 months was introduced in 1993. The number of urine tests has increased from 6000 in 1994 to approximately 12,000 in 1997 (Lindström 1998).
In principle then, Swedish drug legislation today includes prohibitions and sanctions for all handling of drugs. As a result of the increasingly severe punishments and the constant expansion of the area criminalised, Swedish drug legislation in the 1990s is more restrictive than ever before.

Law enforcement

While drug legislation serves primarily an indicator of the threat of punishment, law enforcement is basically about the risk of detection. The Swedish police service is the key agent in the implementation of the narcotics law in Sweden (Kassman 1998). One indicator of the extent of police activities is a statistic provided by the National Swedish Police Board on the yearly number of police officers specialising in investigations of drug offences. The number of police officers working full-time with narcotics has been rising ever since 1979 (see Figure 1).

Figure 1. Yearly number of police officers working full-time with narcotics in Sweden 1979–1997.

From 1979 to 1997, the narcotics police force has tripled from about 300 officers in 1979 to 914 in 1997. However, it must be remembered that the practice of drug cases often looks very different. Hakkarainen et al. (1996) have concluded from the Police yearbook that in 1994, the correct number of police officers involved in investigations on drug-related offences was about 2,000. Nevertheless, it seems safe to argue that drug-related police activities have increased more or less constantly in Sweden since 1979.

This conclusion is also supported by statistics on the annual number of seizures of various narcotic substances made by the police, also compiled by the National Swedish Police Board. According to these statistics, the number of police seizures has steadily risen during this period. Between 1979 and 1997, the number of seizures has increased almost threefold (see Figure 2).

Figure 2. Yearly number of seizures by police and customs authorities 1979–1997.
The trend in the total number of seizures by customs authorities shows greater stability except in 1995 and 1996, when the figures decline quite dramatically. This can be attributed to Swedish membership of the EU and the subsequent changes in customs officials’ practices, which implied fewer but bigger seizures. In 1997, however, the number of seizures reached a record level, although this was due to increased efficiency in customs practices (personal information from the customs office).

This source of data also provides information on the type of drugs confiscated and thus on the supply side of the Swedish drug market. The vast majority of cases during the 1990s involve cannabis and amphetamines, while heroine and especially cocaine are rare (see Figure 3).

Figure 3. Yearly number of seizures of different types of drugs by police and customs authorities 1979–1997.

The trends have been rising since 1979 for all drugs except cannabis. The sharpest increase is recorded for amphetamines, which since 1993 have been the most common drug seized by the authorities.

Recorded drug offences

The inevitable consequence of having drug legislation and measures to enforce the law is of course the phenomenon that is called drug crime. This important indicator of drug control was recorded in official crime statistics until 1993 by Statistics Sweden (SCB). From 1994 onwards, the data have been compiled by the National Council for Crime Prevention (BRÅ).

According to Figure 4, the new strategy in 1980 was clearly reflected in the statistics on reported drug crimes, which are measured on the aggregate level and can only be divided regionally. The number of reported crimes almost tripled during 1980–1982 compared to 1979; since then it has been fairly stable at around 30,000 offences a year.

Figure 4. Number of reported crimes against the Narcotics Drug Act 1979–1997.
The number of persons suspected of different offences against the Narcotics Drug Act is also recorded in crime statistics, including a wide range of information on the individual offenders such as sex, age and nationality. In the early 1980s the number of suspects shows a similar trend as that for reported crimes, but later on the decrease is smaller than for the number of reported crimes. On the contrary, the number of suspected offenders since 1994 has been higher than in 1981–82 (see Figure 5). This increase is most probably a consequence of the massive police interventions against drug users since 1993, encouraged by their new equipment.

Statistics on persons tried for and found guilty of crimes against the Narcotics Drug Act also provide information on the kind of sanctions that are applied. Figure 5 shows the total number of cases in which a drug offence is the main crime, where the trend is almost identical to that for suspected offenders.

**Figure 5. Yearly number of persons suspected and tried for drug offences 1979–1997.**

The effects of the new drug policy adopted in 1980 are also clearly manifested in the statistics on the trends in type of sanction (see Figure 6). The number and the proportion of decisions not to prosecute have decreased from 1096 cases (38%) of all legal sanctions in 1979 to 837 cases (17%) in 1992. Moreover, many “small-dealer cases” where minor possessions were included lead to orders of summary punishment, which showed a dramatic increase between 1979 and 1980 and then remained rather stable until the mid-1990s. We can also see that the punishment rate increased during the 1980s, as indicated by the growing number of people sentenced to prison for drug offences (an increase from 19% in 1979 to 28% in 1992).

However, in 1993 we can also observe another change, which is probably related to the new police interventions introduced in that year against drug use. The number of orders of summary punishment and decisions not to prosecute has doubled, while the figures for other sanctions remain stable or show only moderate increases. Accordingly, the proportion of persons found guilty and sent to prison has dropped to 19% in 1997, and orders of summary punishment and decisions not to prosecute have increased between 1992 and 1997. The average number of months spent in prison by drug offenders has not changed since 1993, but is higher than between 1982 and 1990. Prior to the street-level policy in which the police turned their attention to less severe drug crimes, the average prison sentences were generally higher. In 1979 a drug offender was on average sentenced for 18 months, during 1982–90 for between 11 and 13 months and since 1991 for around 14 months.

**Figure 6. Different kinds of legal proceedings for crimes against the Narcotics Drug Act 1979–1997.**
The increased control against street-level drug offences and the common use of imprisonment are also reflected in data on the number of drug abusers in Swedish prisons obtained from the National Prisons and Probational Administration. Drug abuse among persons in closed Swedish prisons increased from 29% (1084 persons) in 1979 to 44% (1589 persons) in 1996 (see Figure 7). The same trend holds for the number of drug abusers in non-institutional care during the same period, which increased from 15% (2397 persons) in 1979 to 36% (4077 persons) in 1996, (see Figure 7).

Figure 7. Estimates of the number of drug abusers in open and closed prisons 1979–1997.

Drug offences typically involve no victims and legislation should be useless without the efforts of the police and customs authorities. Indeed statistics on drug offences reflect the activities of the police and prosecuting authorities as well as changes in drug legislation and practice rather than the actual drug problem. Nonetheless these statistics are useful for purposes of monitoring changes in drug legislation, court practices and police activities or for detecting trends in the supply of drugs. They also serve as a useful indicator of more general changes in the level of drug control, even though interpretations must be made with caution. For example, if the drug problem (use, trade etc.) increases, it is by no means clear that an increase in legal activities represents a real increase in the control level. Thus, the extent of what is controlled must be considered when conclusions are drawn from these data about the control level.

However, crime statistics are not useless as a measure of changes in the actual drug problem. Individual crime statistics can be used as an indicator of the drug situation in general by focusing on individual characteristics among drug offenders, such as their age profile and criminal background. As has been observed in a study by Kühlhorn et al. (1996), drug offenders became older and more criminally loaded between 1973 and 1993, which corresponded well with other data on experimental and heavy drug use. Thus, from the crime statistics available we may conclude that drug control is at a higher level than ever before in Sweden, both in terms of the strictness of legislation and in terms of law enforcement.

Drug use

Reliable knowledge about the prevalence of drug abuse is scarce and difficult to obtain. This problem has also been recognised in cross-country comparisons (Leifman & Backhans 1999). There are, however, some ambitious attempts in Sweden to determine the extent of experimental and heavy drug use among young people.

One source of statistics on drug use in Sweden is provided by annual nationwide surveys among graduates and military conscripts, which with few exceptions have been conducted each year since 1971 by the Swedish Council for Information on alcohol and other drugs (CAN). During our study period (1979–1997), these data reveal a more or less U-shaped trend for experimental drug use among 9th year students: from 7–9% of boys in grade 9 who have ever tried any drugs in the early 1980s to about 3–5% between 1982 and 1993 and up to 8% in 1997. The pattern is almost identical for girls. The same U-shaped trend seems to hold for other indicators as well, for example regarding use during the month preceding the time of the interview (see Figure 8).
The second major source of statistics on young people’s experiences with drugs are the annual surveys carried out with Swedish military conscripts at the age of 18–19 years; these surveys too have been conducted almost without interruption since 1971. The trend from 1979 onwards correspond to the one for graduates, showing a decline in the early 1980s, a stable development until 1994 and then an increasing trend until 1997 (see Figure 9).

Figure 8. Experiences of drugs among 9th-year students 1979–1997.

Figure 9. Experiences of drugs among military conscripts 1979–1997.

All these statistical series indicate then that young people in Sweden have experimented with drugs to a lesser extent during the 1980s but to an increasing extent in the 1990s.

The number of heavy drug users in Sweden has been investigated in two national case finding studies in 1979 and 1992 (Olsson et al. 1993). A heavy drug user is defined as a person who is either injecting or using drugs in some other way more or less on a daily basis. The results point at a number of between 10,000 and 14,000 drug addicts in 1979 and between 14,000 and 20,000 in 1992. However, according to a special analysis of these data by Kühlhorn et al. (1998), both the number and the proportion of young heavy drug abusers (under 25) have decreased from 36 to 10%.

The official interpretation of these figures is that the Swedish drug policy has helped to improve the situation during the 1980s (National Institute of Public Health 1995). This is also the conclusion drawn by Kühlhorn et al. (1998). However, these same data also point at another possible conclusion, which will be raised in the Discussion below.

Although there is an abundance of data available, it must be pointed out that the Swedish drug statistics have no information on more regular drug use among persons over 19 years and unknown to Swedish authorities. Surveys aimed at the general population are problematic due to measurement errors from high non-response rates and bias due to social desirability effects. It is therefore of limited use to know that 8–9% of the Swedish population aged between 16 and 74 years have tried any drug at least once in their lifetime, as indicated by annual surveys carried out between 1988 and 1996. For example, the increase in drug use among adolescents according to the large studies mentioned earlier is not
manifested in these surveys.

Consequences

Drug abuse may have several different kinds of negative and destructive consequences. However, the statistics available consist mainly of data on medical consequences, i.e. drug-related morbidity and mortality.

Treatment demand

One indirect health-related consequence of the drug problem is the demand for drug treatment: drug abusers whose health has deteriorated will often need care and treatment. Most treatment in Sweden takes place within the social service or health care system, but private and voluntary organisations as well as special treatment departments within prisons are also involved. Treatment is generally provided on a voluntary basis, but in certain cases compulsory treatment has also been possible since 1982. Moreover, since the spread of HIV, methadone programmes have been extended and two needle exchange programmes have been carried out in Lund and Malmö as part of scientific projects.

Unfortunately, there exists no comprehensive system of data collection on treatment demand: the statistics available only mirror part of the drug treatment sector. Thus, as the extent of treatment differs over time, we should refrain from drawing conclusions about the real demand for treatment from these statistics. Furthermore, it is not possible to draw any direct conclusions from these statistics about the drug problem.

Nonetheless the data available shall be presented here. Within the social services the only statistics available describe the annual number of drug users discharged after compulsory treatment (under the Drug Abuse Treatment Act) from residential care or treatment centres. From 1982 when the Drug Abuse Treatment Act was implemented until 1997, the number of drug abusers discharged has increased from 36 to 552 (see Table 1).

The health care system has collected data on the number of patients discharged from institutional health care in 1987–1996 with a diagnosis of addiction to narcotics (ICD 304). The numbers have increased quite considerably from 3405 in 1987 to 5767 in 1996 (see Table 1).

Moreover, the number of patients hospitalised for institutional psychiatric care with a diagnosis of addiction to narcotics or drug psychosis has been monitored by the National Board of Health and Welfare (Socialstyrelsen) for the years 1979, 1982, 1985, 1988, 1991, 1994 and 1997. Here again we can see an increase both in the absolute numbers of drug abusers and in their proportion of all patients. In 1979, 198 drug abusers received institutionalised psychiatric care, the figure in 1997 was 413. In percentage terms the figures have increased from 0.7 to 4.8%.


<table>
<thead>
<tr>
<th>Year</th>
<th>No. of patients discharged after compulsory treatment</th>
<th>No. of patients discharged from institutional health care (ICD-304)</th>
<th>Hospitalised for institutionalised psychiatric care (ICD 304, ICD 292)</th>
<th>Drug related mortality Men (ICD-304)</th>
<th>Drug related mortality Women (ICD-304)</th>
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The numbers of drug abusers taking part in methadone programmes are also recorded. In January 1998 a total of 518 people were receiving treatment; the figure has increased from 150 patients in 1983 through 459 in 1988, 450 in 1990, and 500 in 1995 to 600 in 1997. Moreover, needle exchange programmes have been started in Lund and Malmö in 1986 and 1987. In Malmö some 1000 people a year are involved in the programme.

**Mortality and morbidity**

Drug abuse is related to a high risk of contracting several diseases, but there are no systematic data available in Sweden on morbidity among drug abusers. However, hepatitis C is very common. It was first identified in 1987, and has been recorded in the statistics from 1990 onwards. Since 1990 drug abusers have represented between 62 and 72% of all hepatitis C cases; this is according to data from the Swedish Institute for Infectious Disease Control (Smittskyddsinstitutet). The reported number of intravenous drug abusers has declined since 1992. Hepatitis B, the classical form of hepatitis, is more unusual, but drug abusers represent between 32 and 53% of all reported cases. The total number of reported cases of hepatitis B has declined from 418 in 1980 to 152 in 1997.

The infection that has received most attention among intravenous drug abusers during the past 10–15 years is of course HIV (and AIDS). In 1985, the number of HIV-positive persons among intravenous abusers was 142 cases (45% of all reported cases), in 1997 the figure was 24 (10%). On this basis it seems that the number of HIV cases among drug abusers has dropped more sharply than the overall decrease in HIV. This might be explained by the extension of methadone and needle exchange programmes. Moreover, the number of reported AIDS cases among intravenous drug abusers has dropped from between 19–33 during 1991–1996 to 11 cases in 1997. However, the number of drug abusers as a proportion of AIDS cases has not yet declined. Since 1991 between 14 and 19% of all AIDS cases have been drug abusers. A marked decrease in 1997 is due to the introduction of new medication, which seems to have produced good results with both drug abusers and others with HIV.

Drug-related mortality is recorded in the official mortality statistics in the number of deaths with drug abuse or drug poisoning as an underlying or contributing cause of death. Even if these data can be questioned in terms of their level, it has been argued that the trend is relatively correct (see Olsson 1989). Using 1979 as the reference year, it is clear that the figures have increased for both men and women, from a total of 74 in 1979 to 250 in 1996 (see Table 1). Women account for about one-third of the cases. This is of course a gross underestimation of the total extent of drug-related mortality, as drug users have a high risk of dying from other causes as well (see Fugelstad 1997).

The picture of the health consequences of drug abuse can thus be formulated as follows: According to the statistics available, drug abusers are increasingly involved in different kinds of treatment regimes and mortality from drug addiction or poisoning with narcotic substances is on the increase. This is in line with the results concerning an ageing group of heavy drug abusers and drug offenders in Sweden. At the same time, however, the prevalence of hepatitis, HIV and AIDS is decreasing among drug addicts, which may partly be due to the new preventive strategies such as the methadone and needle exchange programmes.

**Discussion**

The statistics presented here can be seen as shedding light both on the Swedish drug problem and on the aspects of the drug problem that receive priority attention in Sweden. These positions reflect two main sociological perspectives on social problems, namely essentialism and constructionism (Goode 1997).

If we look upon the Swedish statistics as examples of social constructions, that would mean to question what they actually express. Why does Sweden have such extensive statistics systems and why is information on drug abusers, drug offences, experimental use among youths, etc. recorded the way it is? Perhaps the most interesting feature of these statistics is the moral values they represent and the actions taken by certain powerful groups or moral entrepreneurs to formulate them as a problem. From this perspective the underlying assumption is that a society’s drug problem is not essentially an objective but a socially constructed phenomenon created by certain actors such as the police or physicians.

Given the essentialistic perspective on these statistics, we assume that the drug problem is a relatively objective phenomenon which can be recorded in a meaningful way. Of course, the problem is ultimately constructed by society, mainly by means of drug legislation, but the reason for this lies in the existing knowledge about the harm these drugs cause to the individual and society. From this more positivistic perspective, then, we do not question that the statistics express anything other than a phenomenon which causes problems to individuals and to society.

The Swedish discussion on the drug problem is dominated by the positivistic view on statistics. The development of the
Swedish drug problem between 1979 and 1997 can accordingly be described by the following changes:
- Increased drug control, both through more severe drug legislation and by more extensive law enforcement
- A U-shaped trend in experimental use among adolescents
- A larger group of older heavy abusers
- Increasing drug-related mortality
- More drug users in treatment
- A decrease in the prevalence of hepatitis and HIV among drug abusers

However, it is still possible to construct different kinds of “truths” about the relationship between Swedish drug policy and the Swedish drug problem on the basis of these data. There are two main schools of thought in Sweden. One takes a sceptical view towards the consequences of the restrictive Swedish drug policy, arguing that statistics lend no support for any substantial positive effects of the interventions made. Tham (1996), for example, calls into question the view than intensified control is a rational reaction to the changes occurring with the problem, mainly because there is a lack of synchronisation in the drug problem according to the statistics and changes in policy. Therefore, the reason for the realised increases of repression in drug control does not lie in the actual drug situation, but in other factors. One of Tham’s (1995) suggestions is that the more repressive drug policy has served the purpose of reinforcing what has been a threatened Swedish national identity.

However, the same statistics have also been used to construct the exact opposite view. The official view of the National Institute of Public Health is that the more restrictive policy is largely responsible for the reduced level of drug use among adolescents during the 1980s. This view is also supported by an empirical study (Kühlhorn et. al. 1996), which included a systematic analysis of crime statistics that revealed an increase in new recruitment during the 1970s when control was reduced and a decrease in new recruitment when control was increasing.

Furthermore, the discussion mentioned above of the results from the two case-finding studies in 1979 and 1992 provides another example of how the same statistics can be interpreted in different ways, allowing for constructions of different realities. If there were 12,000 heavy users in 1979, many of them have died or stopped using drugs in 1992. Thus, leaning on the assumption that 40% of those who were heavy drug users in 1979 have left the population in 1992, Goldberg (1997) concludes that approximately 10,000 new heavy drug abusers must have been recruited between 1979–1992. On the other hand, the fact that there are considerably fewer young people among drug addicts in 1992 allows us to construct another reality, namely that the recruitment of heavy drug addicts has slowed down.

This problem is probably even more pronounced in country comparisons of the drug problem. Therefore any conclusions from comparative studies in this field must be drawn with extreme caution. This problem is also recognised by the EMCDDA, which has been collecting as comparable data as possible about the drug problem for EU member states since 1993. In their reports a distinction is made between compatibility and comparability. Compatibility is present when data refer to the same kinds of cases and when they are measured in the same way. To be compatible, data on the prevalence of heavy use, for instance, must be based on the same definition of a heavy user and on the same method of measurement.

However, even if compatibility is present, this does not guarantee that the data are comparable in any meaningful sense because of socio-cultural differences. In fact, the EMCDDA expresses serious doubts as to whether comparability is possible in the first place (for a more detailed analysis and discussion of these problems, see Leifman & Backhans 1999). Nonetheless in their 1996 annual report the EMCDDA presents a table on the prevalence of hard drug abuse in seven EU countries with different methods of estimating and different definitions of hard drug abuse. Sweden was one of the countries involved. This was also mentioned between the lines in the publication, but the national estimates were still presented in the same table, without sufficiently underlining the problem of non-comparability. In addition, the conclusion was drawn from these estimates that the prevalence of hard drug abuse in these countries is within the same range. A similar reasoning is presented in the following two annual reports (1997, 1998). In other words, comparisons and interpretations are made on the basis of non-comparable country statistics.

This has had consequences at least in Sweden. The results on the level of hard drug abuse were taken at face value, leading to strong political reactions. One of the other countries involved was the Netherlands. The EMCDDA thus assessed, at least indirectly, that the Swedish level is in the same range as the Dutch figures. For some, it was impossible to accept that Sweden has the same level of hard drug abuse as the most drug liberal country in the EU. What would be the point of the Swedish repressive and restrictive drug policy? This was too much for some people who started to question the role of the EMCDDA. The comparability problems are still there, so we cannot judge whether the level is lower in Sweden than in the Netherlands. The use of hash and marijuana, however, is certainly higher in the Netherlands, despite the validity problems with these kinds of estimates that are based on survey data.
References


Welfare is dependent not only on economic measures, but also on issues such as health, education, employment, social relations as well as safety and security in society. The number of reported crimes in Sweden has increased from 11,170 per 100,000 population in 1980 to 13,447 in 1998. Public opinion towards crimes and punishment has also changed. Street violence has become a major issue during the 1990s, both in the media and among the general public. As a consequence new forms of organisation have appeared alongside the welfare state. Firstly, a growing number of security companies are now involved in protecting companies and citizens against all types of crimes. Secondly, especially in the big cities, a number of voluntary associations are working to try and reduce violence on the streets. This must be seen as a reaction to the (perceived) increase in violence and crime and to the limited capacity of the police to offer satisfactory protection to people.

The aim of this chapter is to describe the development of two types of crime, namely crimes against person and crimes against property from 1980 onwards. This will be done from two perspectives. One is to try to achieve as valid and objective a picture of the real development as possible, the other is to focus on the validity problems involved in these official statistics and on what these problems may have caused in terms of interpretation of crime trends.

The main sources for studying crime trends both in Sweden and in many other countries consist of crime statistics — in this case data on the number of offences and convictions — and victimisation data. It will be shown here that the two sources differ in the picture they draw of the trends and level of crimes. This applies both to different crimes against person (assaults) and property crimes. We begin, however, by presenting statistics on deadly violence in Sweden, which although far less common than assaults and property crimes is the most extreme and probably the most noticed of all forms of crime.

**Crimes against person**

**Deadly violence**

Statistics on deadly violence are generally considered to be rather valid. However, even here different sources point at different trends. This can be seen in Figure 1, which shows the trend for reported homicides in 1980–98 according to mortality statistics and police statistics. The main reason for the difference between the two data series is that all offences that are initially reported to the police will remain in the statistics. This means that those cases where the investigation later shows that there has been no homicide still remain in the statistics on reported offences. This source of error has increased during the past few years, which is the main reason why the two time series do not follow the same trend after 1991 (Rlying 1996; 1998).

Cause of death statistics are generally considered a more valid indicator of the development of fatal violence. According to this source, the number of homicides increased until 1989, then decreased until 1995 and increased in 1996, which is the last year for which cause of death data are available. Notice that whereas the mortality data suggest a decline in homicides, reported offences suggest an increase in the 1990s. As indicated, the reason for this increase is that the number of falsely classified homicides (false positive cases) increased during this period due to new police routines in connection with offences being reported to the police. According to a study of all offences of homicide reported to the police in 1991–95, the proportion of wrongly classified homicides increased from 30% in 1991 to as much as 51% in 1995 (Rlying 1996).

The reported number of offences is the most commonly used indicator of trends in violent crimes, not least deadly violence. The National Council for Crime Prevention, which is responsible for compiling crime statistics and for following the development of crimes, has for many years published (more or less) annual compilations of crime trends in Sweden. It is only since the 1996 edition that data are provided not only on offences of homicide reported to the police but also on deadly violence on the basis of mortality statistics. In earlier publications, figures are only presented for police reported homicides, and conclusions are drawn from these data. In the light of the recent findings concerning the validity of offences of homicide reported to the police, there is good reason to question the accuracy of these interpretations.

It is obvious from Figure 1 that the problems with the data, at least in the 1990s, may lead to false conclusions. In fact, the seemingly upward (but probably false) increase in deadly violence in the 1990s attracted much attention in the media in the early 1990s. This “increase” coincided with a sharp real increase in the unemployment rate following the economic
recession. There was great concern about the future development. This illustrates how statistics, once published, become trusted sources and actually shape the agenda.

The data on the number of offences reported to the police are actually so unreliable that it is impossible to draw any firm conclusions on the basis of the data on trends in deadly violence in the 1990s. Not only have there been recurring overestimations of the actual number of homicides, but also misleading trends. Further, even if the number of false positives (offences falsely classified as homicides) afterwards has been calculated, the number of and the trends in false negatives (actual homicides that are classified in some other categories) remain completely unknown. The clearance rate has also decreased from 93% in the 1950s to an average of 68% in the 1990s. However, this is still among the categories with the highest clearance rates.

**Figure 1. Homicides 1980 onwards according to three different indicators.**

Homicides constitute only a small minority of all violent crimes. The number of attempted homicides is three to four times higher than that for homicides committed. Whereas the number of homicides committed probably (but not certainly) has been rather stable during the period under study, the number of attempted homicides probably has not: the reported number of offences has more than doubled from about 3 in 1980 to 7 per 100,000 population in 1995. It should be noted, though, that trend in the number of false positives is unknown. The number of attempted homicides is also low in comparison to the largest category of violent crimes, namely assaults.

**Assaults**

Assaults constitute the majority of all crimes against person. Studies into the prevalence and trends in assaults usually rely on one or two of the following indicators: crime statistics (often offences) and victimisation studies. It is obvious from below that the pictures drawn by these two indicators are by no means consistent with each other.

In Sweden, victimisation studies have been conducted yearly since 1978 in connection with Statistics Sweden’s level of living surveys. Each year face-to-face interviews are carried out with some 6000 respondents. The non-response rate was around 15% between 1978 and 1985, from there on the figure has increased to around 21%. Socially marginalised groups, among them alcohol abusers, criminals and drug addicts, are systematically overrepresented among non-respondents. In another report from Statistics Sweden, the non-response rate in these three groups was said to be 100% — but that certainly is an exaggeration (Statistics Sweden 1995). It can be shown though that the number of non-respondents in these victimisation surveys is ten times higher than the number of respondents reporting being a victim of violence leading to bodily injuries.

As regards criminal statistics, these are affected not only by real changes in crimes committed, but also by the inclination to report offences to the police and the resources invested by the police in detecting and reporting crimes (e.g. drink-driving and drug offences).

Victimisation data and information reported to the police thus mirror different sides of violent crimes. Perpetrators included in the police register on reported offences but excluded from the victimisation surveys, are often criminals,
alcohol abusers or drug addicts. Victimisation surveys, on the other hand, best describe the violence to which “ordinary” citizens are exposed.

Figure 2 shows the level of exposure to different types of violence and to the threat of violence in the adult population. Figure 3 illustrates the trends in assault offences reported to the police. According to the latter the assault rate has more than doubled from 1980 to 1995. The victimisation data in Figure 2, however, show a more modest increase. The percentage exposed to violence with or without bodily injuries was about 3% in the early 1980s, and 4% in the first half of the 1990s, with the exception of 1995 when the figure climbed to almost 5%. In the period from 1978 to 1989, the proportion was quite stable at approximately 3%. However, during the same period, the reported number of assaults increased by as much as 70%.

There are several possible explanations for the different trends observed for these two indicators. The validity problems mentioned above may come into play here. One estimate published by Statistics Sweden suggests that only one-quarter of all violence and threats of violence are reported to the police. For more severe forms of violence, the figure is just over 50%. From 1978 onwards the development has been somewhat irregular, but during the past few years the willingness to report these types of crimes has slightly increased (Statistics Sweden 1995). This increasing willingness could have contributed (albeit only marginally) to the increase in the reported number of assault offences, and in recent years also to the increasing proportion of citizens reporting themselves as victims. Another possibility is that those people who are exposed to violent crimes more often commit violent crimes than previously.

Figure 2. Exposure to different forms of violence or threats of violence in the population aged 16–74 in 1980–98 (%).

It has been shown elsewhere that the pictures drawn by self-reported data (e.g. victimisation data) and register data (e.g. criminal data) are somewhat different (e.g. Häll 1997; Leifman 1996). According to reported violent crimes, the differences between urban and rural areas have continued to increase over the past 20 or 30 years. However, according to victimisation studies the differences in victimisation rates have been reduced and, in the case of young people, been completely eliminated (e.g. Kühlhorn et al. 1998). Whether or not the relative differences in violent crimes between urban or rural areas increase or decrease is an important question for criminal policy. However, the answer as yet is not really known. In the light of all these validity problems, the attempts that have been made to validate the crime statistics with victimisation data seem to be a difficult and indeed a fruitless approach.

Source: Statistics Sweden 2000
Larceny

The overwhelming majority of all crimes committed in Sweden, and in many other countries, consists of property crimes with various classifications of larceny as the main type, and with theft representing the most common type of larceny. In Sweden, approximately 60% of the total number of reported criminal offences consist of different forms of larceny. This has been the case for many years. The prevalence of different forms of larceny can be estimated on the basis of either criminal data or self-reported victimisation data.

Figure 4 shows the number of different forms of larceny offences over the past two decades. Overall, the figures increased from 1980 to the early 1990s. Since then, the level has been rather stable in the overall larceny rate. However, as the figure shows, the trends vary for different forms of larceny. The overall increase until the early 1990s is accounted for mainly by an increase in different forms of theft (theft from motor vehicle, bicycle theft, car theft) and shoplifting. Burglaries have been rather stable throughout the study period, whereas the much less frequent robberies increased until 1990, then decreased, but since 1995 have increased again.

Basically, victimisation studies confirm the increase in property crimes in the 1980s, showing a peak in the early 1990s, a decline the following year but an increase once again in 1995 (Häll 1997).

Figure 4. Different forms of reported larceny offences 1980–1998.
The above presentation should warn us against trying to draw too firm conclusions about the trends of violent crime on the basis of the crime data available. The problems concern both deadly violence and violent crimes in general. The data are probably more reliable for property crimes, but certainly not unproblematic. Despite these uncertainties, it is probably safe to argue that there has been an actual increase in the number of violent crimes (with assaults as the dominating crime), but not necessarily deadly violence. This is also the conclusion drawn by Kühlhorn et al. (1997) in their study on the development of violent crimes in Sweden. According to them, the increase has been greater among young people. During the period from 1975 to 1994, they estimate that the number has doubled. As concerns larcenies, it is most likely that they too have increased in the 1980s, but remained stable or even decreased somewhat in the 1990s.

Figure 5 shows the trend for all reported offences in Sweden. The number increased from just over 11,000 per 100,000 population in the early 1980s to roughly 13,500 in 1997–98. It is unlikely that the increase can be entirely explained by other factors than a real increase in crimes.

**Figure 5. Total number of reported offences 1980–98.**

![Graph showing trend of reported offences 1980–98.]

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**Control system**

So far we have dealt with just one aspect of the difficulties involved in interpreting crime statistics, namely the specific problems surrounding the collection and compilation of crime data. To make things even more complicated, changes in the level of different types of crime may be due to changes in the control system. First, an increase in reported crimes may simply be the result of increased police resources invested in the detection of crimes. If the police were to increase the number of random drink-driving tests, for instance, the number of detected offenders would also increase, even though the true prevalence of drink-driving were exactly the same.

Secondly, changes in crime data may also reflect real changes in real crime levels, and these may in part be related to changes in the control system. The decline in the number of drink-driving offences in Sweden has been shown to be causally linked to changes in general deterrence, with the introduction of a lower permitted blood alcohol concentration among drivers of motor vehicles (0.2% in 1990) and longer sentences (see Borschos 1998). The difficulty is how to separate these two effects from each other. In both cases, changes in the control system may partly reflect changes in public opinion on the seriousness of different types of crime, or at least changes in the government’s view. This is another reason for studying changes in the control system.
A brief presentation of the changes in the control system may help us to see whether the changing trends presented above are also due to changes in control policy, and perhaps whether or not they reflect real changes. Our focus is on the clearance rate and the proportion of offenders sent to prison for different types of crimes. Both changes in the clearance rate and in the proportion sent to prison could be the result of changing or constant resources when the true crime level is increasing. Changes in the proportion of offenders imprisoned may also reflect changes in the severity of punishment, which itself may be the result of changing attitudes in the whole or part of society.

Figure 6 shows the clearance rate for different offences. During the period under study we can see some decrease in the rates for homicides, assaults and larcenies. As for homicides, the percentage of cleared offences has dropped from about 70–80% in the early 1980s to around 65% in 1994 and onwards. Homicides, however, still show one of the highest clearance rates. The clearance rate for assaults is lower; in the 1990s about 50%, but in the early 1980s 60%. The clearance rate for larcenies for the last years is no more than 10%, in the early 1980s almost 20%. A reasonable interpretation for the reduced clearance rates is that the legal system has failed to cope with the rising crime level in Sweden. This is particularly true for offences such as larceny (see e.g. Knutsson 1992).

The number of people sentenced to imprisonment as a proportion of the total number of people found guilty of criminal offences is shown in Figure 7. Since the number of people sentenced to prison has remained rather stable, the increase in the number of offenders imprisoned as a proportion of the total number of cleared offences is mainly the result of an overall reduction in the number of people found guilty of offences.

The homicide statistics show that prison sentences have become increasingly common. Both the number of people and the proportion sentenced to imprisonment in relation to all people found guilty of homicide offences have increased. In 1980, roughly 40% of all persons found guilty of homicide offences were sentenced to imprisonment, in 1997 60% (Rying 1998). The increase coincides with a decrease in the use of psychiatric care. For the principal offence of assaults, too, the number of persons sent to prison has increased, from almost 1600 in 1982 to about 2500 in 1993, when the number peaked. The figure dropped to around 2000 in 1997. However, in contrast to homicides, the number of persons sentenced to imprisonment as a proportion of people found guilty of assaults has not increased, but been stable at roughly 27–30% during the whole study period.

Finally, the sanctions for property crimes (primarily larceny) have also changed. The number of people sent to prison has increased, the numbers convicted even more so.

Knutsson (1992) argues that since the reported number of larcenies and the number of persons convicted have increased, but the average prison sentences and the actual time spent in prison have decreased, the relative punishment level has decreased from 1968 to 1991. Since both the average prison sentence and the time served have decreased, the absolute punishment level for property crimes has also decreased. As for crimes against person, both the number of reported crimes and the total time served in prison follows the same (increasing) trend from 1968 to 1991. Therefore Knutsson (1992) concluded that the relative level of punishment has been rather stable. The absolute level has increased.

One reason for the reduced relative punishment level for property crimes is the reduced clearance rate. Another reason is that sentences for incarceration in relative terms are used less often. Kühlhorn (1993) argues that the Swedish legal system has failed to cope with the increasing level of crime. The state response is a decreasing clearance rate and a lower punishment level for property crimes. Priority is given to crimes against persons.

It is difficult to say why the legal system chooses to give priority to certain types of crimes over others. But at times when crime is increasing and resources are reduced, it seems reasonable to assume that public opinion and the media have been particularly influential. The data available on Swedish people’s attitudes towards crime show that they have sharpened their attitudes towards criminals and crimes against persons over time, whereas the view on property crimes may in fact have moved in the other direction (Kühlhorn 1993). This seems to have affected the legal system and the way of handling the increase in crime.
Discussion

This chapter has shown that the trends in official crime statistics depend on a number of factors; changes in the real level of crime is just one of these factors. The other factors can broadly be divided into those that are due to variations in the resources invested (e.g. police activities) and those that are due to validity problems in the statistical series. The first set of factors is well known and has been extensively discussed in the literature. This applies most particularly to so-called proactive crimes where police interventions are a necessary condition for a crime to be detected and reported. Drink-driving and drug offences belong to this category. This makes it difficult to assess the real development of these crimes. On the other hand, so-called reactive crimes are none less problematic. This category includes offences where the police react to someone reporting an offence. An example is provided by larcenies. In contrast to proactive crimes, reactive offences are sensitive to changes in the inclination of the general public to report crimes. This, in turn, is dependent among other things on insurance terms. In Sweden, insurance companies will only settle claims if the crime has been reported to the police. Any changes in these terms will affect the number of reported larcenies, for instance. Furthermore,
changes in the inclination to report crimes and in the resources invested by the legal system may in itself be the result of changing attitudes in society towards these crimes.

Perhaps it should come as no surprise then that the official crime data are interpreted differently by different researchers and that the different interpretations correlate with different ideological opinions. This can be clearly illustrated by the so-called consensus report, a report that never materialised. In 1996, the National Council for Crime Prevention put together a team of researchers from the departments of criminology and sociology as well as Council research staff. There were differing views and interpretations of the trends in juvenile delinquency, mainly in different forms of larceny crimes. Some researchers (mostly from the Department of Criminology) argued that juvenile delinquency had not increased during the past 20 years, others (mainly from the Council and the Department of Sociology) argued that there had been a substantial increase. By now, in the year 2000, it seems safe to conclude that there will never be any consensus report. Despite the fact that the group was discussing the same official data (reported offences, convictions, clearance rates, inclination to report crimes, etc.), the views apparently differed so widely that it was impossible to reach consensus. Both the general public and politicians will therefore have to content themselves with different statements of trends in juvenile delinquency, depending on the research tradition that the researcher in question represent. One thing is certain: this will not make it easier to make rational criminal political decisions in the future.

Despite all the “obstacles” to determining the real development of these crimes, most of the evidence points to the fact that there has been an increase in the total crime rate in Sweden during the period under study. This concerns both crimes against person such as assaults, and property crimes such as larceny. We have not been able to look into the possible explanations for this upward trend, but the “obstacles” have taken up all our space. All we can do is hope that in the future, these obstacles will recede so that we can focus our attention on the underlying causes of the real trends.

References


On the basis of the main trends in social problems identified in the country reports in this volume, it seems that the countries concerned can be divided into two or three groups. The first group consists of the three Baltic countries and St. Petersburg (Russia); the second of Finland and Sweden; while Poland represents a third category somewhere in-between the former two, in certain respects leaning towards the Baltic states and Russia (St. Petersburg) and in others towards Scandinavia. In absolute terms the level of social problems in Poland is lower than in the former Soviet republics.

In the former Soviet Union information about alcohol consumption and its harmful effects started to become available after the launch of the anti-alcohol campaign in 1985. Information on drug use started to appear in 1986–1987, although both the quality and quantity of the data fell well short of that concerning alcohol. Crime statistics became available in the late 1980s. In Poland, too, the availability of these statistics improved in the mid-1980s.

Alcohol

Figure 1 shows the trends in recorded alcohol consumption in all the countries involved in the study. Starting with alcohol use, all four countries in the first group show rather similar trends, namely a downward trend starting in 1984–1985 and ending in 1987, and from there on a stable or rising level. The picture for Poland is different: from 1980 to 1981, recorded alcohol consumption dropped by around 1.5 litres and has since then remained rather stable. There is no visible drop in consumption levels during Gorbachev’s anti-alcohol campaign. In Sweden, recorded per capita consumption has also been rather stable, but with a slight downward trend. In Finland, consumption increased until the late 1980s, then decreased until 1994. During the past three years the figures have been slowly rising.

However, it is important to stress that recorded consumption is not the same thing as true consumption. In the former Soviet republics, sales statistics were wholly unrealistic in the late 1980s and early 1990s because of an increase in illegal samogon production and private alcohol sales (Shkolnikov & Nemtsov 1997). Estimates of the real total volume of alcohol consumed have been made for most of the study countries. In the Baltic states and Russia, these estimates are based on various indicators of alcohol abuse, often alcohol-related mortality (for more information, see Simpura & Levin 1997). In Finland and Sweden, data for estimates of unrecorded alcohol consumption are mainly obtained from survey studies.

Figure 2 shows the trends, or point estimates, in the estimated true annual consumption for the study countries. For all the
former Soviet republics and Poland, annual consumption appears to have been rather stable between 1980 and 1985. This was followed by a marked decline (though not as sharp as indicated by recorded consumption) mainly as a result of the anti-alcohol campaign that was launched in July 1985 and that drastically reduced availability overnight (see e.g. Shkolnikov & Nemtsov 1997, White 1996). However, since the campaign ended in the late 1980s, consumption has increased again, especially in the early 1990s. Most estimates for the former communist countries indicate that a substantial proportion of all the alcohol consumed in the 1990s was not recorded in the statistics. Estimates for Estonia, Latvia, Lithuania and Russia indicate consumption levels of between 12 and 18 litres of pure alcohol per capita in the 1990s (see also e.g. Lehto 1997). These figures are among the highest in the world. In other words, consumption has clearly increased in these countries during the transition period.

These estimates must of course be examined and interpreted with caution, although the trends should give a fairly reliable picture of what is happening. This also applies to Finland and Sweden, where the estimates (for Finland in 1980–97 and for Sweden in 1989, 1990, 1993–97) show less fluctuations. The figures indicate that Sweden has the lowest consumption level and Finland the second lowest in all the countries concerned.

Figure 2. Estimated true per capita alcohol consumption (recorded plus estimated unrecorded consumption) for some years in the study countries.

![Graph showing estimated true per capita alcohol consumption](image)

Sources: Finland: data received from Esa Österberg, STAKES, Lithuania: Harkin 1995, for Estonia, Latvia, Poland and Sweden, see country reports.

Figures 3–4 show the trends in one of the most commonly used indicators of alcohol abuse, namely mortality from liver cirrhosis. Although these mortality statistics do involve certain validity problems, the overall trends certainly provide reliable indicators of the changes in levels of alcohol consumption and alcohol misuse.

The picture is quite clear: In the Baltic states and Russia, there has been a substantial increase in cirrhosis mortality during the 1990s. In Sweden the trend has steadily declined, but this is probably due not only to reduced consumption in the early 1980s but also to improving treatments, for instance (Leifman & Romelsjö 1997, Kühlhorn et al. 1998). Poland shows some annual fluctuations, but the mortality level is roughly the same in the mid-1990s as it is in the first half of the 1980s. However, data on admissions due to alcohol psychosis, male mortality due to chronic liver diseases and cirrhosis and mortality due to motor vehicle accidents showed increased levels during the first years of transition 1988–1991) (Moskalewicz et al. 1997, Moskalewicz & wtkiewicz, chapter 6).
Increased alcohol consumption and alcohol-related problems in the late 1980s and early 1990s in the former socialist countries has been accompanied by relaxed control. In recent years alcoholic beverages have been available 24 hours a day. In Russia and the Baltic states, spirits prices have actually dropped relative to the prices of other commodities (Simpura & Levin 1997, Ryan 1995, Harkin et al. 1995). The real prices of spirits (which remain the most popular alcoholic beverages in the former Soviet republics and Poland) have also declined in Russia, Latvia and Poland, but remained quite stable in Estonia and increased in Lithuania. Finland and Sweden show decreasing real prices of alcoholic beverages in the 1990s (Harkin 1995).

Since the increase in consumption in these countries comes largely from unrecorded alcohol and since they have failed to introduce stricter controls on the wild alcohol market, another consequence (apart from increased alcohol-related harm and deaths) is a considerable loss in state revenues.

In all these countries alcohol policy consists in various kinds of control measures to restrict availability. However, the enforcement of these restrictions is not particularly effective. At the same time, the worsening socio-economic conditions in the former socialist countries has led to severe cutbacks in alcohol treatment services for problem drinkers. In addition, the living conditions of problems drinkers have deteriorated (Simpura 1995, Fleming et al. 1994).
Having recently joined the European Union, Finland and Sweden have seen some extremely radical changes in their alcohol control systems. One of the first visible changes since membership as from 1 January 1995, was the higher permitted level of alcohol imports, from 1 litre of wine and spirits and 2 litres of beer to 5 litres of wine, 15 litres of beer and an unaltered amount of spirits. In Sweden, but not in Finland, there is also evidence now of increased total consumption due to an increase in the consumption of unrecorded alcohol (see Kühlhorn et al. 1999). Polish alcohol policy has also become more liberal in the 1990s.

**Drugs**

In all study countries, statistics on drugs and drug abuse are even more scarce than figures on alcohol use and crime. It is also extremely difficult to use the statistics available as indicators of trends over time or the prevalence of drug abuse in society.

This applies most particularly to the former communist countries. As Ahven points out in Chapter 2, drug issues “did not exist” as far as the general public was concerned during the Soviet period. No information on drugs was published. Data are also very scarce for Finland (see Chapter 3). More data are available on Sweden, but even so there are no conclusive figures for the prevalence and trends in hard drug abuse.

Indeed the data available do not allow us to do any cross-country comparisons with perhaps one exception, namely the ESPAD survey carried out among schoolchildren aged 15–16 (born 1979) (see ESPAD 1997). The data for the survey were collected in 1995 and the samples were nationwide. Several questions were asked concerning the use of alcohol, tobacco, and other illicit drugs; for instance, students were asked whether they had used marijuana or hashish during the last 12 months and during their lifetime. The country differences are generally quite minor, with the exception of Lithuania which shows the lowest prevalence. Poland shows somewhat higher figures than the other countries: 8% indicated that they had used marijuana or hashish during their lifetime, compared to 5% in Finland and Latvia, 6% in Sweden and 7% in Estonia. Country differences in drug abuse in the adult population remain unknown. Only Finland and Sweden have published estimates of the prevalence of hard drug abuse.

**Table 1. The use of hashish or marijuana among schoolchildren aged 15–16 years, according to the ESPAD study (%)**

<table>
<thead>
<tr>
<th></th>
<th>Estonia</th>
<th>Latvia</th>
<th>Lithuania</th>
<th>Poland</th>
<th>Finland</th>
<th>Sweden</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once or more often</td>
<td>..</td>
<td>3</td>
<td>1</td>
<td>6</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>during the last 12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime use</td>
<td>7</td>
<td>5</td>
<td>1</td>
<td>8</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>


However, all the country reports indicate that drug problems have increased. Despite poor data, this is most evident in the Baltic states and Russia. The Polish country report does not consider the drug situation at all. However, according to another report the statistical evidence suggests an increase in drug abuse since the beginning of the transition (Moskalewicz & Swiatkiewicz 1998). Finland has also witnessed an increase in the 1990s (see also Leifman & Backhans 1999), and the same probably applies to Sweden as well (e.g. FHI & CAN 1999).

Table 2 shows the trends in the number of admissions to medical institutions (i.e. psychiatric units) in some of the countries and drug-related deaths in Finland and Sweden. The data must again be interpreted with extreme caution. For one thing the resources, the capacity and organisation of treatment have changed markedly and in many respects. For example, the stable trends observed for St. Petersburg from 1988 onwards can at least partly be explained by the development of a system of private narcologists and the reluctance of addicts and their relatives to apply to state medical institutions for treatment.

Nonetheless Table 2 indicates that there has very probably been an increase in drug abuse in all the countries concerned. Other data, including data from the remaining participating countries Lithuania and Poland, also indicate that there has been a real increase in drug abuse.
Table 2. Drug-related deaths and registered drug addicts at medical institutions.

<table>
<thead>
<tr>
<th></th>
<th>Drug-related deaths per 100,000 population</th>
<th>Medical institutions (psychiatric wards, etc.) per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Finland</td>
<td>Sweden</td>
</tr>
<tr>
<td>1980</td>
<td>0.9</td>
<td></td>
</tr>
<tr>
<td>1981</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>1982</td>
<td>1.2</td>
<td></td>
</tr>
<tr>
<td>1983</td>
<td>1.2</td>
<td></td>
</tr>
<tr>
<td>1984</td>
<td>1.7</td>
<td></td>
</tr>
<tr>
<td>1985</td>
<td>1.8</td>
<td></td>
</tr>
<tr>
<td>1986</td>
<td>0.3</td>
<td>1.6</td>
</tr>
<tr>
<td>1987</td>
<td>0.3</td>
<td>1.7</td>
</tr>
<tr>
<td>1988</td>
<td>0.2</td>
<td>1.5</td>
</tr>
<tr>
<td>1989</td>
<td>0.5</td>
<td>1.3</td>
</tr>
<tr>
<td>1990</td>
<td>0.8</td>
<td>1.7</td>
</tr>
<tr>
<td>1991</td>
<td>1.2</td>
<td>1.7</td>
</tr>
<tr>
<td>1992</td>
<td>1.1</td>
<td>2.0</td>
</tr>
<tr>
<td>1993</td>
<td>1.0</td>
<td>2.1</td>
</tr>
<tr>
<td>1994</td>
<td>1.3</td>
<td>2.3</td>
</tr>
<tr>
<td>1995</td>
<td>1.5</td>
<td>2.2</td>
</tr>
<tr>
<td>1996</td>
<td>1.7</td>
<td>2.8</td>
</tr>
<tr>
<td>1997</td>
<td>1.7</td>
<td>3.0</td>
</tr>
<tr>
<td>1998</td>
<td>2.2</td>
<td></td>
</tr>
</tbody>
</table>

Estonia 1: Registered persons at year-end suffering from narcomania and toxicomania.
Estonia 2: Number of persons admitted to psychiatric institutions during one year.
Latvia 1: Registered drug and toxic substance addicts.
Latvia 2: Drug addicts registered at Narcology services.
Sources: Country reports, for Finland also Statistical yearbook (Päihdetilastollinen vuosikirja 2000), table 52.

Crime

The crime data presented in the country reports are none less problematic than the statistics on alcohol and drug use. During the Soviet era the relevant data were suppressed by the authorities; all information on crime was kept either secret (sekretno) or completely secret (sovershennoskretino) (see Ahven, Chapter 2). Part of the apparent increase in crimes is probably due to the fact that crime has become a visible phenomenon, and thus no longer hidden from public view (see e.g. Hansen 1996, Aromaa 1998). (This is also the reason why the percentage change in Table 3 is calculated between 1989 and 1995.)

However, there is no doubt that there has been a real dramatic increase in the crime rate. Table 3 shows the total number of reported crimes per 100,000 population in all the study countries. The figures have increased most dramatically in the Baltic states and in Russia (St. Petersburg). The changes in Sweden and Finland are quite insignificant, but in absolute terms the crime rates are higher in Sweden and Finland. However, this is most probably due to differences in police resources and especially in the inclination to report crimes rather than due to real differences.

The decline in reported crimes since 1993 may also be explained by the increase in the number of people who do not trust the criminal justice system and who therefore do not bother to report crimes (see Table 3), at least in Latvia (Svarckopa 1996). The author of the St. Petersburg report (Chapter 7) gives another, worrying reason for the decline in reported crimes since 1993: a revival of concealment of offences from registration.

Table 3. Total number of reported crimes per 100,000 population 1985–1995.

<table>
<thead>
<tr>
<th>Year</th>
<th>Estonia</th>
<th>Latvia</th>
<th>Lithuania</th>
<th>Russia</th>
<th>St. Petersburg</th>
<th>Finland</th>
<th>Sweden</th>
</tr>
</thead>
<tbody>
<tr>
<td>1985</td>
<td>851</td>
<td>979</td>
<td>602</td>
<td>988</td>
<td>982</td>
<td>5501</td>
<td>12,195</td>
</tr>
<tr>
<td>1989</td>
<td>1204</td>
<td>1107</td>
<td>844</td>
<td>1098</td>
<td>1080</td>
<td>7201</td>
<td>13,479</td>
</tr>
<tr>
<td>1990</td>
<td>1497</td>
<td>1304</td>
<td>988</td>
<td>1242</td>
<td>1141</td>
<td>8055</td>
<td>14,240</td>
</tr>
<tr>
<td>1991</td>
<td>1576</td>
<td>1200</td>
<td>1463</td>
<td>1377</td>
<td>7100</td>
<td>13,915</td>
<td></td>
</tr>
<tr>
<td>1992</td>
<td>2595</td>
<td>2326</td>
<td>1510</td>
<td>1856</td>
<td>2131</td>
<td>7182</td>
<td>14,124</td>
</tr>
<tr>
<td>1993</td>
<td>2429</td>
<td>2017</td>
<td>1610</td>
<td>1880</td>
<td>2527</td>
<td>7548</td>
<td>13,664</td>
</tr>
<tr>
<td>1994</td>
<td>2383</td>
<td>1576</td>
<td>1577</td>
<td>1768</td>
<td>2148</td>
<td>7518</td>
<td>12,670</td>
</tr>
<tr>
<td>1995</td>
<td>2654</td>
<td>1547</td>
<td>1640</td>
<td>1862</td>
<td>2112</td>
<td>7559</td>
<td>12,982</td>
</tr>
</tbody>
</table>

| Change 1989-1995 (%) | +120 | +40 | +94 | +72 | +96 | +5 | -4 |

Country comparisons of victimisation rates in different types of crime also reveal much higher levels in the Baltic states and Russia (St. Petersburg) than in Finland and Sweden. Table 4 shows the victimisation rate for different types of crime in some of the study countries with fairly comparable data. The differences are quite marked for some crimes, especially for theft, burglary and bribery, and less outstanding for crimes against person. As concerns assaults and threats of assaults, the proportion is highest for Estonia but lowest for another Baltic state, namely Lithuania.

Measures of exposure to violent crimes in Latvia and St. Petersburg obtained from the NORBALT study (which comprises the three Baltic states, St. Petersburg and Kaliningrad) can be compared to Swedish data. The proportion of the population exposed to violent crime is shown in Table 5. The figures are highest for St. Petersburg and lowest for Sweden. For example, 9% of the adult male population and 4% of the adult female population reported exposure to violence causing bodily harm during the previous 12 months in St. Petersburg (Hansen 1996, 132–133). The corresponding figure for Latvia was 5% and 3% (Svarckopfa 1996) and for Sweden 2.3% and 1.7%.

### Table 4. Percentage victimised by different types of events in the course of the past year among the population 16 years of age or older.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assault / threat</td>
<td>5.5</td>
<td>2.8</td>
<td>4.1</td>
</tr>
<tr>
<td>Robbery</td>
<td>3.4</td>
<td>1.9</td>
<td>0.5</td>
</tr>
<tr>
<td>Personal theft</td>
<td>5.5</td>
<td>7.6</td>
<td>3.2</td>
</tr>
<tr>
<td>Burglary with entry</td>
<td>4.2</td>
<td>4.4</td>
<td>0.6</td>
</tr>
<tr>
<td>Attempted burglary</td>
<td>3.9</td>
<td>3.3</td>
<td>0.7</td>
</tr>
<tr>
<td>Theft of car</td>
<td>1.6</td>
<td>..</td>
<td>0.4</td>
</tr>
<tr>
<td>- car owners only</td>
<td>2.7</td>
<td>..</td>
<td>0.6</td>
</tr>
<tr>
<td>Theft from car (car owners only)</td>
<td>11.5</td>
<td>12.4</td>
<td>3.7</td>
</tr>
<tr>
<td>Sexual incidents (women only)</td>
<td>1.3</td>
<td>0.9</td>
<td>2.6</td>
</tr>
<tr>
<td>Demand for bribes</td>
<td>3.6</td>
<td>10.9</td>
<td>0.1</td>
</tr>
</tbody>
</table>


### Table 5. Percentage victimised by different types of events in the course of the past year among the population 18 years or over.

<table>
<thead>
<tr>
<th>St. Petersburg 1994 (n=1873)</th>
<th>Latvia 1994 (n=3133)</th>
<th>Sweden 1996–97 (n=11,698)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>Women</td>
<td>Men</td>
</tr>
<tr>
<td>Violence leaving visible marks</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Violence without visible marks</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Threats of violence</td>
<td>12</td>
<td>12</td>
</tr>
</tbody>
</table>


It is reasonable to assume that of all crimes, the most reliable indicator of the current level and trends is represented by the most serious of all crimes, namely homicide. Most homicides are sooner or later included in official statistics, in this case cause of death statistics and crime statistics (homicides reported to the police). The former, though, are generally regarded as more reliable than the latter. Although homicides show a much higher clearance rate than most other crimes, even homicide statistics are by no means free from validity problems, as illustrated in the Swedish country report.

The homicide trends are shown in Figure 5 and Figure 6. As was the case for liver cirrhosis, the Baltic states and Russia (St. Petersburg) show a dramatic increase starting from the late 1980s, with the figures peaking in 1994. Since then the number of homicides has come down. Nonetheless the homicide rates are much higher than in Finland, Poland and Sweden. The highest figure is recorded for Russia (approximately 25 per 100,000 population) and the lowest for Lithuania (10 per 100,000 population). St. Petersburg and Estonia show roughly the same homicide rate from 1990 to 1994. In 1994 the rate was almost 29 per 100,000 population for both. The data show that there has been a much higher increase in homicides in these countries compared to the overall crime rate (as measured by the reported number of crimes, Table 3).
Of the three remaining countries (Figure 6), Finland shows the highest crime rate (approximately 3.5 per 100,000 population), followed by Poland (3 per 100,000 population) and Sweden (approximately 1.5 per 100,000 population). In Poland, too, the rate has increased. The rate doubled from the mid-1980s to the 1990s.

As is shown in the country reports, it is very difficult to obtain data on crime prevention levels. However the overall trend in the former communist countries is the same as for alcohol, that is towards reduced control. In general, the threat of punishment has decreased, as is indicated for instance by the lowered risk of detection and the lowered clearance rate. In Finland and Sweden, there have been much fewer changes in overall control.
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