



Comparative Research on Addictive Substances and Behaviors – Advancing by Comparing

Proceedings of a Nordic Research Conference in Stockholm, April 17–19, 2024

Jessica Storbjörk, Lisa Berg, Elin K. Bye, Lena Eriksson, Riikka Perälä & Kerstin Stenius

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University**

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Summary

In April 2024, the Department of Public Health Sciences and its Center for Social Research on Alcohol and Drugs (SoRAD) at Stockholm University, hosted a Nordic conference for social science researchers in the field of ANDTS (Alcohol, Drugs, Doping, Tobacco, Gambling). The conference was prompted by the decline in Nordic cooperation and comparative research in this area. It was funded by Forte (the Swedish Research Council for Health, Working Life and Welfare), and brought together about 70 researchers. The conference focused on comparative research on different addictive substances and behaviors, countries, research methods, and themes, e.g., policy, youth and migration. The conference opened with a theoretical presentation on Nordic cooperation, the relationship between Nordic cooperation and the Nordic welfare state, and the Nordic as a political concept. This was followed by an exposition of the visions and advantages as well as the challenges and reality of conducting Nordic register-based research. Next, the first day offered an overview of some recently finished Nordic comparisons. These looked at adolescents use of novel tobacco and nicotine products, labor market integration of adults with substance use problems, privatization and marketization of substance use treatment, emerging trends in harmful types of gambling according to helpline data, and older people's drinking habits. These presentations covered Denmark, Finland, Greenland, Iceland, Norway and Sweden. The day was concluded with reflections on 35 years of experience in conducting Nordic comparative research. The second day was devoted to an in-depth look at topics of great interest and comparison in recent years: *Drug policy, harm, reduction, and drug-related crimes; Register studies, mortality, and migration; and Adolescents/young adults' substance use and well-being*. On the last day, the conference looked ahead towards possible comparisons by focussing on the importance of regulating harmful industries, like alcohol and gambling. Two big research programs were presented: one on deaths of despair among young people, and one on the future of social work with substance use in a changing treatment system. Finally, new ideas on how to return to the study of organized activities of people who use drugs in the Nordic countries were outlined. The conference was well-received by the participants, who called for continued opportunities to gather and discuss research. Possibilities for continuing this work will be explored.

Keywords

Nordic Countries, comparative research, alcohol and other drugs, nicotine, gambling, policy, registers, qualitative research.

Sammanfattning

I april 2024 stod Institutionen för folkhälsovetenskap och dess Centrum för socialvetenskaplig alkohol- och drogforskning (SoRAD) vid Stockholms universitet värd för en nordisk konferens för samhällsvetenskapliga forskare inom ANDTS-området (alkohol, narkotika, doping, tobak, spel om pengar). Upprinnelsen till konferensen var att det nordiska samarbetet och den jämförande forskningen på området har minskat på senare år. Konferensen, som finansierades av Forte (Forskningsrådet för hälsa, arbetsliv och välfärd), samlade omkring 70 forskare och fokuserade på jämförande forskning om olika substanser/beteenden, länder, forskningsmetoder och teman såsom politik, ungdomar och migration. Konferensen inleddes med en teoretisk presentation om nordisk samverkan, relationen mellan nordisk samverkan och den nordiska välfärdsstatsmodellen, samt Norden som politiskt begrepp. Därefter följde en metodologisk redogörelse om visioner och fördelar samt praktik och utmaningar med nordisk registerforskning. Under den första dagen gavs därefter en översikt av några nyligen slutförda nordiska jämförelser: om ungas användning av nya nikotinprodukter, arbetsmarknadsintegrering för personer med substansbruksproblem, privatisering och marknadisering av missbruks- och beroendevård, hjälplinjedata om trender i problematiskt spelande, samt äldres alkoholvanor. Presentationerna täckte in Danmark, Finland, Grönland, Island, Norge och Sverige. Den första dagen avslutades med reflektioner över 35 års erfarenhet av att bedriva nordisk och internationell jämförande forskning. Dag två ägnades åt djupdykningar i ämnen som varit föremål för stort intresse och jämförelser under senare år: *Narkotikapolitik, skademinskning och narkotikarelaterade brott; Registerstudier, dödlighet och migration; samt Ungdomars/unga vuxnas användning av droger och välbefinnande*. Konferensens sista dag blickade framåt genom att fokusera på vikten av att reglera skadliga industrier, som alkohol och spel. Två stora pågående forskningsprogram presenterades: ett om självmord samt våldsam- eller narkotikarelaterad död bland unga – ”deaths of despair” – och ett om framtiden för socialt arbete med substansbruk i ett föränderligt behandlingssystem. Avslutningsvis presenterades nya idéer om hur man kan studera organisering och aktivism bland personer som använder narkotika i de nordiska länderna. Konferensen fick ett gott mottagande av deltagarna, som efterlyste förutsättningar att samlas och diskutera forskning. Möjligheterna att fortsätta detta arbete undersöks.

Nyckelord

Norden, jämförande forskning, alkohol och andra droger, nikotin, spel, politik, registerstudier, kvalitativ forskning.

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Introduction

Comparative social science research has a long and established tradition in the Nordic region. The historical, cultural and administrative similarities and differences between the countries render them particularly well-suited for cross-country comparisons, offering valuable insights into each country's unique situation.

In the field of alcohol, narcotics/illicit drugs, doping, tobacco/nicotine and gambling (ANDTG),¹ there has been a noticeable decline in the prevalence of comparative research since the active years of the Nordic Council for Alcohol and Drug Research (NAD; 1979–2008). NAD played an important role in promoting cross-country and interdisciplinary collaborations (NAT Editorial, 1991, 2008). However, the Nordic countries continue to encounter similar challenges in the ANDTG area, which are often addressed through parallel research initiatives and policy reforms. This underscores the necessity for promoting collaboration and for re-emphasizing the significance of Nordic comparisons. Such collaboration can facilitate knowledge exchange and assist in identifying effective strategies for advancing the ANDTG field.

Therefore, the Department of Public Health Sciences (PHS) and its Center for Social Research on Alcohol and Drugs (SoRAD; Storbjörk et al., 2020) at Stockholm University took the initiative of organizing a Nordic conference on this topic (Storbjörk et al., 2023). The conference was funded by the Swedish Research Council for Health, Working Life and Welfare (Forte; Conference grant No. 2023-01188).

A scientific committee was convened to plan the content of the conference. The committee members included Jessica Storbjörk (PI for the conference and the Forte grant), Lisa Berg, Lena Eriksson, Tuulia Lerkkanen, Jukka Törrönen, Jenny Cisneros Örnberg, and Olof Östergren from PHS and SoRAD; Josefin Månsson from the Department of Social Work at Stockholm University; and Torkel Richert from the Department of Social Work at Malmö University. Ulrika Winerdal from PHS/SoRAD was recruited to assist in the organization and execution of the conference. Four students from the *Master's programme in public health sciences: societal and individual perspectives*, SU, volunteered to help out with practical arrangements during the conference: Gabriela Dziubinska, Julia Ignaszak, Xinru Liang, and Amara-chi Okoro.

The program committee reviewed recent comparative research and contacted researchers in the Nordic countries to formulate a program that would provide both an

¹ Alkohol, narkotika, doping, tobak och spel (ANDTS) på svenska.

overview of comparisons in different research areas and a more in-depth look at some of the more prominent topics. The aim was to cover research from different Nordic countries, research on different addictive substances and behaviors, and different research methods and areas, e.g., policy, adolescents, and migration.

The three-day conference, *Nordic Comparative Research on Addictive Substances and Behaviors – Advancing by Comparing*, gathered about 70 participants. It took place at Stockholm University's Campus Albano between April 17 and April 19, 2024 (Lindeman, 2024).

These conference proceedings contain abstracts of the research presented and discussed during the conference. The abstracts were prepared by the presenters, and the proceedings were compiled by Storbjörk and the researchers who chaired the different sessions. While not claiming to present a complete picture, this report offers an overview of recent comparative projects and topics of interest to several Nordic countries.

The conference was well-received by participants, who expressed a strong desire for continued opportunities to discuss research in a similar format in the future. The possibilities for a continuation will be explored.

Opening

The conference opened with an exploration of theoretical and methodological aspects of Nordic comparisons. It was chaired by **Jessica Storbjörk** (SE), Department of Public Health Sciences and SoRAD, Stockholm University, and included two keynote presentations. Professor Johan Strang, University of Helsinki, discussed three conceptual and interrelated themes: (1) Nordic cooperation, (2) the relationship between Nordic cooperation and the Nordic welfare state, and (3) the Nordic as a political concept. The methodological discussion, by Professor Kjetil van der Wel, Oslo Metropolitan University (Oslo MET), focused on Nordic register-based research and the gap between visions and the reality of conducting such promising but challenging endeavors.

Nordic comparisons, Nordic cooperation and the Nordic Model

By **Johan Strang** (FI), Centre for Nordic Studies (CENS), University of Helsinki, Helsinki, Finland

This presentation is intended as a discussion of the Nordic element in the conference theme. It deals with (1) Nordic cooperation, (2) the relationship between Nordic cooperation and the Nordic welfare state, and finally (3) about the Nordic as a political concept.

In the contemporary political debates, you get very conflicting views about the current state of Nordic cooperation. On the one hand, Nordic cooperation seems to be thriving in fields of security and defence policy. On the other hand, it seems to be struggling in its more traditional fields of welfare and culture. Particularly, the reputation of the Nordic Council of Ministers (NCM) has declined as it is criticized for being a bureaucratic organization without much political relevance. The argument presented here, is that this view neglects the important role of the NCM in forging everyday practices of Nordic cooperation by bringing elites from various fields together to learn from each other.

Whereas the Nordic welfare model has become a standard phrase in political debate as well as in scholarly discourse, there seems to be an unfortunate tendency to reduce “the Nordic” element into a matter of cultural legacies or historical traditions. This overlooks the fundamental importance that Nordic cooperation has had in the making of the Nordic welfare state. Historians have repeatedly shown how Nordic

political elites, social policy experts and civil society experts have been brought together to learn, compare and even compete with each other, thus creating similar policy solutions across the region. The Nordic welfare model is not a genetic disposition, but a result of Nordic cooperation.

Traditionally, “the Nordic” was as a political concept often associated with social democracy: the Nordic model was the social democratic model, and as such distinguished from the conservative welfare models on the European continent as well as the (neo-)liberal models in the Anglo-American world. Today, “the Nordic” seems to be used rather in order to disassociate the Nordic welfare model from social democracy. Whereas the neoliberals use the Nordic to claim that the welfare model is about Nordic traditions of freedom, the national conservatives argue that it is about protecting a particular welfare state culture that foreigners are inherently unable to adjust to.

To sum up, the gist of this presentation is that the Nordic region has some important historical experiences of cooperation, comparisons and competition, which deserve to be preserved, nurtured and developed to serve both scholars and the wider community in the future. While “the Nordic” has become an attractive concept that various political groups try to mobilise for their own purposes, it is important to remember that the Nordic welfare state is not a matter of genealogy, race, skin colour, or even social democracy. It is about cooperating, sharing experiences, comparing and even competing.

A gold mine, but still no Klondike: experiences from the Nordforsk-funded C-LIFE and WELLIFE projects

By Kjetil van der Wel (NO), Department of Social Work, Child Welfare and Social Policy, Oslo Metropolitan University (Oslo MET), Oslo, Norway

Population-covering administrative registers represent a competitive advantage for Nordic researchers.² This has been highlighted by research policy documents, often likening Nordic register data to a “gold mine” for research (Könberg, 2014; Langhoff-Roos et al., 2014; NordForsk, 2017). However, the gap between these visions and the reality of doing register-based research is large, sometimes insurmountable. The purpose of this keynote talk is to review the experiences of two

² This presentation largely draws on this paper: van der Wel (2019).

Nordforsk-funded projects³ and to discuss some future opportunities and challenges for Nordic register research.

While our collaboration was in the end successful – at least 30 researchers (mostly early career) published more than 40 research papers using a decentralised Nordic register data infrastructure – we encountered an array of difficulties and barriers:

1. Processing time: Net processing time for accessing national register data varied a lot with the shortest time in Denmark (100/150 days) and Finland (210 days) and longest in Sweden (435 days) and Norway (848/311 days).
2. Costs: Costs and fees related to accessing data were lowest in Denmark (€ 6000) and Sweden (€ 10 000) and highest in Finland (€ 25 000) and Norway (€ 41 000).
3. System fragmentation: The number of decision-makers was lowest Finland (3) and Sweden (3/4) and highest in Denmark (5) and highest in Norway (7/6). The number of data retrievers was lowest in Denmark (2), Sweden (2) and Finland (3) and highest in Norway (5).
4. Lack of coordination: Even if the same general legal framework (GDPR) applies in all countries and for all register owners, a plethora of separate legal directives guide access to the different data, and practices vary across countries and agencies.
5. Systemic changes: The data acquisition process concurred with the implementation of GDPR. Other changes, legal, procedural or technical occur regularly.
6. Strictness of ethical vetting: Overly strict practices create an underuse of register data at the loss of societal value from already stored data.
7. Data sharing / pooling data: Data sharing across countries is notoriously difficult as Denmark so far has not allowed this unless stored in Denmark and accessed by only one Danish researcher (Laugesen et al., 2021). In most cases, researchers must rely on other strategies.
8. Comparability: Administrative registers are not comparable in itself, but reflect different institutions and recording practices between countries and within countries over time. Even standardised recording may vary “on the ground”.

³ Contingent Life Courses: Tracing Health and Welfare in the Nordic Countries (C-LIFE – Grant No. 75970) and Welfare State Life Courses: Social Inequalities in the Co-evolution of Employment, Health and Critical Life Events (WELLIFE – Grant No. 83540)

9. Funding bodies' expectations: For all the reasons above, register researchers cannot know if, when and what data will eventually be available to her/him. This could lead to register data not being funded, or if funded – running into problems during the project period.

Nordforsk has long been pressing for a stronger Nordic micro-data integration, e.g. 'The Nordic Commons' (NordForsk, 2019), and the European Union has recently agreed on the new regulation 'The European Health Data Space'. The regulation will facilitate easier use of secondary data for research and implies changes in the data application processes (max. 30 days), national legal frameworks (one-stop shops), meta-data production and data production (standardisation). While this is a promising development in many respects, there are still many uncertainties and ethical challenges (Marelli et al., 2023).

Despite these signs of integration, 'the "gold mine" for research has yet to see its Klondike, and remains a harsh place, even for the most dogged of miners' (van der Wel et al., 2019, p. 629).

A selection of recently finished Nordic comparisons

The objective of the second session of day one of the conference was to provide participants with an overview of a selection of recently completed Nordic comparisons on various addictive substances and behaviors, countries, and subjects. This session was chaired by **Kerstin Stenius**, previously at the Finnish Institute of Health and Welfare (THL) and the Centre for Social Research on Alcohol and Drugs (SoRAD). Stenius also moderated a discussion with all the presenters at the end of the session. The first presentation shared scientific papers on the emerging markets and policies of novel tobacco and nicotine products, and adolescents understanding and use of such products. Next, the topic of labor market integration for adults with substance use problems in the Nordic countries was outlined, with an aim of identifying successful interventions, given the scarcity of Nordic evaluations on the subject. The third presentation highlighted the advanced marketization and privatization of substance use treatment (SUT) in Sweden, as evidenced by a Nordic comparison of the mix of providers of care of residential SUT in Denmark, Finland, Norway, and Sweden. Next, helpline data was utilized to explore emerging trends in harmful types of gambling, with online casino products being associated with increasing harms. The final presentation summarized survey-based research on the drinking habits of older adults. The findings presented both stable, increasing, and declining trends, depending on the country drinking measure used. In addition, prior to the moderated discussion, this presentation also reflected on 35 years of experiences in conducting Nordic and international comparative research.

Nordic adolescents and the new nicotine market (NADNIC): cooperation and comparison (DK, FI, NO)

By **Janne Scheffels** (NO), Norwegian Institute of Public Health (NIPH), Department of Alcohol, Tobacco and Drugs, Oslo, Norway

Novel tobacco and nicotine products, such as e-cigarettes, have emerged on the market in recent years, and this is posing challenges for tobacco prevention. Lack of systematic knowledge about how these products are used among adolescents, including knowledge about motivations and drivers for use, was the background for a strategic

call from Nordic Cancer Union (NCU) in 2019. The project called ‘Nordic adolescents and the new nicotine market’ (NADNIC) was a Nordic cooperation aiming to answer some of these questions. Researchers from Denmark, Finland and Norway were involved.

The project produced three scientific papers. The first study (Raitasalo et al., 2022) used ESPAD survey data to analyze adolescents’ use of cigarettes, snus and e-cigarettes in the current Nordic regulatory and youth culture context. The main results showed that multiple use (use of two or more products) was common in all countries. 24%–49% among experimental and 31–42% among current users. The highest proportions of current multiple users in Norway (38%) and Sweden (42%).

The second study (Linnansaari et al., 2023) was a narrative review of tobacco and nicotine policies in Nordic countries. Examples of strengths and weaknesses in regulation: Norway has strong regulations on smoking in public places, but less so on taxation and regulation of product content. Denmark has recently increased taxation of tobacco and nicotine products, but regulation of advertising and youth access to tobacco and nicotine products is weaker than other Nordic countries.

The third study (Scheffels et al., 2023) was a qualitative focus group study with young e-cigarette users aged 15–20 in Denmark, Finland and Norway. The aim was to explore use and social meaning of e-cigarettes. The themes presented in the results were:

Experimentation and playful interaction in adolescence. Young people’s vaping stood out as an inherently social practice, which was commonly linked with experimental use of e-cigarettes. E-cigarettes were often described as a toy and something to socialize around, less as a tool for nicotine delivery.

Acceptable transgression. Youths perceived e-cigarettes as not having severe health risks, due to occasional use and the optional nicotine content. Acceptable transgression also related to social accept, as e-cigarettes were perceived as more socially acceptable than smoking.

Appeal of the product innovation. The innovative product design of e-cigarettes (big tanks, vapor) was described as facilitating new user practices such as tricks, blowing rings. Product designs were described as identity-confirming, and the novelty and appeal of flavor as an important part of this.

Young people’s digital lives provide new arenas for e-cigarettes. The youths described how they were exposed to e-cigarette content online and influenced by social media content about e-cigarettes. Social media postings of vaping were also described as a possibility for self-presentation. E-cigarette use could thus be used for playful social interaction not only in physical meetings with peers, but also in young

people's digital lives.

The project contributed to new knowledge about adolescent e-cigarette use, and vaping as a youth cultural practice. The policy recommendations to NCU related to awareness about multiple nicotine and tobacco use among adolescents, the appeal of flavors and regulating online markets and novel global advertising and marketing channels like social media.

Labor market integration of adults with alcohol and substance use problems in the Nordic countries (SE, DK, NO, FI, IS, GL)

By **Tove Sohlberg** (SE), Department of Public Health Sciences, Stockholm University, Stockholm, Sweden

In general, the Nordic labour market is characterised by high employment rates and high education levels. Currently, low-skilled jobs are decreasing, exacerbating challenges for those without necessary education or other qualifications. Work plays a significant role in providing a sense of meaning and mental well-being, such as coping and self-esteem. It also shapes daily routines and plays an important role in establishing social networks and friendships. These benefits extend to individuals struggling with alcohol and substance use, yet they are often excluded from the workforce. Not least, work brings financial advantages, not only on an individual level but also for the financial stability of modern welfare states.

The overall aim of this Nordic project was to share experiences and enhance understanding of the integration of individuals with alcohol and substance use problems across the Nordic region. More specifically, the study sought to identify successful methods and interventions for labour market integration, as well as to isolate lessons for organizing and delivering these services.

Method: The target group comprises individuals who experience problematic alcohol and/or substance use but may not necessarily meet diagnostic criteria for a disorder. Some may have a substance use disorder (SUD) diagnosis, but not all. Some are currently undergoing treatment or have done so in the past, while others are not. Hence, the research group has opted to use the term "substance use problems".

The report is structured around three main dimensions:

1. Policy directions, laws, and regulations: This dimension encompasses inquiries into which laws govern efforts aimed at labour market inclusion, and whether there is an ambition to (re)integrate individuals with substance use problems into the workforce.

2. Organisation of services: This aspect focuses on the relationships between the public, private, and non-profit sectors, and identifies the organizations responsible for treating and integrating clients/patients.
3. Interventions: This dimension examines country-specific approaches to providing employment support.

The report utilizes a variety of research methods, including literature reviews, analysis of legal statutes, expert knowledge, insights from practitioners, and interviews with key informants. Through a case-oriented comparative approach, the report uncovers core themes, mechanisms, and factors that influence labour market integration, while also identifying organizational settings and interventions.

Results: Individuals with substance use problems are entitled to employment services by law in all Nordic countries. However, there is a lack of specific provisions tailored to their unique needs. Reforms have aimed to address issues such as fragmentation, but an unintended consequence has been an increased emphasis on welfare conditionality: individuals must meet certain activity requirements to access services. Therefore, it is recommended to implement such measures cautiously.

Sweden and Denmark have embraced the privatization of employment services, whereas Norway, Finland, Iceland, and Greenland have maintained a stronger emphasis on public control. The involvement of private providers challenges the principles of the Nordic welfare state, and regulatory frameworks are crucial to safeguard the interests of individuals with substance use problems.

The results highlight various interventions, often overlapping. Under the concept of "Train-then-place," educational interventions are utilized to enhance individuals' educational levels and thus their employability. Such measures are prevalent in Iceland and Sweden, while countries like Denmark and Finland lean more towards a "Place-then-train" approach, focusing on immediate job placement.

Evaluations conducted outside the Nordic region have shown promising results; however, evaluations within the Nordic context are limited. Consequently, there is a scarcity of evaluations and therefore knowledge regarding the specific needs of individuals with substance use problems and what interventions are effective.

For the full report, see Sadeghi et al. (2024).

Restructured welfare service provision: on privatization/marketisation of substance use treatment (DK, FI, NO, SE)

By **Jessica Storbjörk** (SE), Department of Public Health Sciences, Stockholm University, Stockholm, Sweden

This presentation focused on a Nordic comparison of the mix of public and for-profit and non-profit private providers of residential substance use treatment (SUT) in Denmark, Finland, Norway, and Sweden (Storbjörk et al., 2021).

The background to this Nordic comparison was research conducted in Sweden that has highlighted the rather drastic changes that have taken place in terms of privatization and marketization. While our studies focused on SUT, these trends are evident also in other health and welfare areas. These transformations affect service systems by, for example, introducing the competing and guiding logic of competition as opposed to continuity and collaboration (Stenius & Storbjörk, 2020; Storbjörk & Stenius, 2019b).

The development in Sweden can be clearly illustrated by the providers of residential SUT over time. In the 1970s, it was primarily non-profit non-governmental organizations (NGOs) that dominated the field. In the 1980s, during the heyday of the welfare state, this dominance was taken over by the public sector. The 1990s called for diversity and deregulations, and for-profit corporations entered also the residential SUT field. Since then, the presence of for-profit corporations has increased, accounting for 62 percent of residential SUT units in 2016 (Storbjörk & Stenius, 2019a).

The Nordic comparison in 2019–2020 further highlighted the strong position of for-profit providers in publicly funded residential SUT in Sweden (Storbjörk et al., 2021). Sweden presented the largest market ($n \approx 220$ units dealing with substance use disorders), and a clear dominance of for-profit corporations (69%), including a notable presence of multinational care corporation and private equity/venture capital. In investigating country-specific factors that potentially could explain country differences, we ended up labelling Sweden as “market-friendly.”

Norway, on the other hand, with a “stable and welfare-corporatist market” that protected civil society had few for-profit companies (8%) and a strong presence of NGOs (52%) in the residential SUT sector. Similarly, NGOs were also strong in Denmark’s “stable and regulated market” (58%). For-profit companies had about a third of the Danish and the Finnish markets. At the time of the comparison, Finland was described as “ambivalent”, with little ideological support for the marketization of SUT, but with ongoing national reforms that at times favored market solutions.

While the Nordic welfare state has proved to be resilient and to some extent protected from retrenchment by institutional and popular support, the marketization of publicly funded services significantly restructures service provision. The differences identified between the countries raise the question of whether or not we can still speak of one single Nordic welfare state model.

Harmful types of gambling, emerging trends in longitudinal Nordic helpline data (DK, FI, SE)

By **Håkan Wall** (SE), Centre for Psychiatry Research, Karolinska institutet, Stockholm, Sweden

Background: Gambling products differ in terms of their harm potential. Products are also constantly developing and changing. However, little research has addressed changes and trends in the types of gambling that are associated with harms. This presentation explores trends in the gambling product categories identified as harmful in longitudinal helpline data from three Nordic countries.

Methods: We use data collected by national helplines in Denmark (StopSpillet), Finland (Peluuri) and Sweden (Stödlinjen) in their daily operations. The data consist of information collected on gamblers and concerned significant others who have contacted these helplines between January 2019 and December 2022. We analysed which gambling products are mentioned as harmful by clients. The analysis uses linear regression with the interaction term (country) times time regressed over the outcome variable (proportion per month).

Results: The results show that an increased share of contacts concern online gambling. Online casino products have become the most harmful category across contexts. The share of reported harms from online betting and new emerging online forms is also increasing. The share of land-based products as a reported source of harms has decreased across 2019–22.

Conclusions: The results suggest that online gambling environments, and particularly online casino products, are associated with increasing harms to help-seekers. Further harm prevention efforts are needed to address the online gambling field, including emerging formats.

For more information, see Marionneau et al. (2024).

Comparing older people's drinking habits in four Nordic countries (DK, FI, NO, SE) & Strategies used for comparative research: 35 years of experiences

By Kim Bloomfield (DK), Centre for Alcohol and Drug Research [Center for Rusmid-delforskning], Aarhus University, Aarhus, Denmark

This presentation includes two parts: (1) a summary of recent research on the drinking habits of older adults in four Nordic countries, and (2) reflections on 35 years of experiences in conducting Nordic and international comparative research.

Research on older people's drinking in four Nordic countries. One of the three aims in the recent Nordic comparative project "Cradle to Grave: Alcohol-related harm and associated social inequalities from a life course perspective" (NOS-HS grant 2016-00247) was to examine trends in the extent and nature of drinking habits amongst older adults and the elderly in Denmark, Finland, Norway and Sweden (Tigerstedt et al., 2020).

Methods: We examined national survey data from each country ranging in survey years from 2004 to 2019. We used a common age range of 60-69 and 70-79 years across the countries. Common measures examined included prevalence of any drinking in past 12 months, prevalence of consuming two or more drinks per week, typical amounts drunk at a sitting, prevalence of monthly heavy episodic drinking (HED).

Results: Prevalence of current drinking increased or remained stable in all countries and across genders and age groups (except for Danish men 60-69 years where drinking declined). Drinking at least twice a week increased in all countries, ages and genders except for Danish men, 60-69 years. Typical amounts decreased or remained stable (except for Finnish women 70-79 years where amounts increased). HED decreased in Denmark, increased in Sweden, remained stable in Norway and was mixed in Finland.

Conclusions and recommendations: Prevalence of drinking and drinking frequency was highest in Denmark but HED and amount drunk is declining. Drinking indicators are increased in Sweden whereas in Norway and Finland drinking amongst older people remained generally stable. It is difficult to compare surveys when various parameters differ. Therefore standardised questionnaires and survey administration across the Nordic countries is very desirable.

Experiences in conducting comparative research

As a professor emerita, I shared some of my experiences after being involved in international comparative research since the start of my career in alcohol research. I have been involved in various sorts of comparative projects. Selected observations include that social science survey research deviates greatly from the "gold standard" of international randomised controlled clinical trials where methods are identical across venues. Alcohol survey research must be clear on how valid measures can be across countries and how identical the methodological approaches are. Culture and language barriers are especially challenging. For example, approaches, understandings and instruments may vary in attempting to measure alcohol dependence across potential study countries. Adequate funding and precision of measurements are crucial to ensure comparability.

Drug policy, harm reduction, and drug-related crimes

International drug policy is undergoing transformative changes, and the Nordic countries have engaged in extensive debate on the subject in recent years. For this reason, the second day of the conference began with an in-depth exploration of drug policy in a session chaired by **Riikka Perälä** from the Finnish Y-Foundation. As discussed in the first presentation, despite the seemingly ineffectiveness of harsh drug policies, the Nordic countries have, to varying degrees, strict policies. However, the observed differences in drug use and harm cannot be attributed solely to the noted policy differences. The second presentation explored the consequences of drug policies, focusing on the experiences of users in their daily lives, including vulnerability and access to support in the drug scenes of Malmö and Copenhagen. The different experiences could be attributed to the varying approaches to drug policy and harm reduction in the two countries. The impact and experiences of these country differences were further elaborated in the third presentation, which looked at people who use drugs who travel from Sweden to Denmark and access harm reduction services there. Sweden was described as much more stigmatizing than Denmark. The final presentation focused on social media drug markets through three studies using online ethnography and qualitative interviews. Notable differences between Denmark, Sweden, Norway, Iceland, and Finland in the platforms used, how they are used, and their level of activity were charted. Questions for the future were posed, given the rapid development of these drug markets.

Drug policies in the Nordic countries: retreat or entrenchment? (DK, FI, NO, SE)

By **Henrik Tham** (SE), Department of Criminology, Stockholm University, Stockholm, Sweden

The development of drug consumption and drug related harms in the Nordic countries cannot be explained by differences in drug policies in the four countries. The stricter policy in Sweden in terms of penal legislation, number of arrests and limited harm reduction measures have not resulted in less consumption, less crimes of theft, or less drug related deaths. All the countries have a strict drug policy in a comparative perspective but these policies now are being questioned in various ways. The public debate has changed markedly in relation to a decade ago. One reason for this

is the seemingly lack of success of the strict drug policies where consumption is increasing and neither the number of drug abusers nor the number of drug related deaths are going down.

In Finland, several citizens' initiatives have been launched forcing the drug question to be debated in parliament. The critique has been formulated in terms of civil rights, questioning the right of the police to intervene against suspected drug users through stop and search. Norway has left a former quite repressive policy and now follow a policy of decriminalization of use and stresses treatment instead of punishment. Denmark has since drugs became defined as a public problem had the relatively most liberal policy among the Nordic countries. However, it has partly been sharpened. The drug policy follows a dual track where those with a problematic use are being treated according to the logic of the well-fare state while the recreational users are being punished according to a neoliberal logic that they have the possibility to choose and could abstain from contributing to the drug market.

In Sweden, several of the youth associations of the political parties have demanded decriminalization and even legalization. A state commission has proposed the abolition of the official motto of the drug policy, "Sweden, drug free society", to be replaced by "a society with reduced harm from drugs". An evaluation of the effects of the criminalization of the use of drugs commissioned by a scientific group under the Ministry of Finance recommended the decriminalization and a stop to the extensive drug testing. The Minister of Justice rejected the recommendation of decriminalization, and the government has markedly increased the penalty for minor drug selling and criminalized attempt to minor drug crime.

The drug policies in the Nordic countries might change when today's younger generations will be in political power. The development will also most likely be affected by the changes in policies taking place in other European countries. How changing policies in the Nordic countries will affect each other remains to be seen. Retreat or entrenchment is not given.

For more information, see Tham (2021).

Everyday life, vulnerability and access to help on the drug scenes in Malmö and Copenhagen: the consequences of drug policy

By **Esben Houborg** (DK), Centre for Alcohol and Drug Research, Aarhus University, Aarhus, Denmark & **Torkel Richert** (SE), Dept of Social Work, Malmö University, Malmö, Sweden

Denmark and Sweden are two Nordic welfare states that geographically are separated only by the narrow Öresund strait, over which the Öresund bridge connects Malmö in Sweden and Copenhagen in Denmark. While only separated by a strait, the difference between Danish and Swedish drug policy has historically been described as more like an ocean, in terms of drug policing and availability of harm reduction. In this article, we examine how differences in drug policies in the two countries affect everyday lives and risks of people who use drugs (PWUD). The study is based on structured interviews with 474 marginalized people who use drugs in Copenhagen (n=243) and Malmö (n=231), recruited in various low-threshold activities.

The results show that the respondents from Copenhagen and Malmö have similar social situations and make use of a wide range of different social and health services. This points to the fact that both countries on a macro level, through their generally well-developed welfare systems, create similar enabling environments which to some extent protect PWUD from common risks related to extensive drug use such as homelessness, extreme poverty, and lack of access to social support and healthcare.

Apart from the many similarities between the populations, we have noticed significant differences. These differences can be seen as related to the two countries' drug policies, drug legislation and views on harm reduction, as well as differences between the drug scenes in the two cities. There were clear differences in relation to where drugs are consumed. Participants in Copenhagen used drugs to a greater extent in drug consumption rooms, low-threshold facilities, and residential facilities, while participants in Malmö used drugs to a greater extent in risky environments such as in parks, public toilets, basements, and stairwells. This is one example of how differences in the meso-level risk environments (e.g., access to various facilities) in the two cities affect the micro-level risk environments of people who use drugs.

Participants in Malmö were more worried about the police and seem to be more embedded in the drug scene and dependent on relations with other people who use drugs to gain access to drugs, money, food, accommodation, protection and to escape from the police. Greater uncertainty, greater risks associated with the police and less access to low-threshold services for users in Malmö may explain why users

are more dependent on personal networks and social capital to manage everyday life. This indicates how the macro-level (e.g., welfare policy and drug policy), meso-level (e.g., access to services) and micro-level (e.g., social relations and places) interact and affect users' everyday lives and vulnerabilities for people who use drugs.

The study points to the importance of studying drug policy at the local level and based on users' experiences. Comparative studies are an underutilized method for gaining knowledge about how differences in countries' policies affect vulnerable groups in society in different ways.

For more information, see Houborg et al. (2022).

Different approaches to drug policy and services: motivations and experiences of Swedish people who use drugs who travel to Denmark

By **Julie Holeksa** (SE), Department of Social Work, Malmö University, Malmö, Sweden

Policies for addressing substance use vary widely across different contexts. Sweden, for example, has historically pursued a restrictive drug policy focused on achieving a “drug-free society,” and has been relatively slow to adopt harm reduction in care. In contrast, Denmark has embraced harm reduction principles in both the care and policing of people who use drugs (PWUD). Over decades, it has been noted that some Swedish PWUD travel or move to Denmark, in part to access services, as well as a different environment for their substance use. Therefore, this project aimed to answer the following research questions: How might differing policy approaches be linked to PWUD mobility – and what influence does this have on wellbeing as well as risk? And, what are PWUDs' experiences of interpersonal interactions, policing, and service formats in the two countries?

The study data comprised of 17 qualitative, semi-structured interviews. Inclusion criteria were that participants were Swedish citizens or residents who had traveled to Denmark and had experiences with accessing harm reduction or other drug-related services there. Participants were recruited through harm reduction services: a supervised consumption room and low threshold overnight shelter in Denmark, and a needle exchange program in Sweden. This was complemented by a snowball sampling strategy. Interviews averaged 58 minutes in duration (range: 25-111 minutes) and were transcribed verbatim.

To answer the first research question, the factors influencing mobility were classified using the risk environment framework, categorizing motivations into the policy,

social, physical, and economic environments. Most participants (16/17) cited multiple motivations. Most relevant to the research question were those relating to the policy and social environments. Policy-related motivations included leaving high-threshold and strict care for a more harm reduction-oriented system. Policing practices also played a role, with Sweden's punitive approach compelling individuals to Denmark, where police interactions were perceived more positively. From the social perspective, Denmark's non-judgmental care atmosphere contrasted with stigmatizing interactions in Sweden. However, movement introduced risks like unfamiliarity with Denmark's harm reduction services, which impeded many from accessing them. Limited access to the complete social and healthcare system for those without resident status was particularly difficult to navigate, and could compound issues such as homelessness. Copenhagen's open drug scene, while attractive, posed risks of increased or different substance use. Despite criticisms of Sweden's restrictive system, some reflections on harm reduction services, such as interactions at the needle exchange programs, were positive.

Next, the dynamic between policy, public perception, care, and individual identity in the two different settings was explored. Participants' narratives were organized into two primary themes: perception and interaction in public spaces, and the reception in the treatment system. In public spaces, in Sweden, participants felt dehumanized, experiencing behaviours like avoidance that made them feel invisible or like "ghosts". This has the potential to exacerbate social exclusion. Conversely, in Denmark, they felt acknowledged, associating this recognition with being valued in society, despite their substance use. Regarding reception in care, stigma and punitive measures in Sweden's care system discouraged open communication with providers. Consequences such as dose reductions and associated shame lead participants, for example, to hide relapses. A less punitive approach in Denmark encouraged open, honest relationships, enhanced participants' optimism, and allowed for growth of new aspects of their identities.

The unique setting of this study can offer insights into experiences of, and preferences regarding, different drug policy elements which motivate mobility amongst a particular group of PWUD. However, it also highlights the potential risks with this mobility. The study also illustrates how drug policy framing and related goals may influence identity and even addiction trajectories, both including and extending beyond the format and delivery of services.

For more information, see Holeksa (2024, 2025).

Social media markets for illicit drugs in the Nordic countries: platforms as virtual mortars for drug types and dealers (DK, FI, IS, NO, SE)

By Jakob Demant (DK), Department of Sociology, University of Copenhagen, Copenhagen, Denmark

This paper examines what we know about social media drug markets in the Nordic countries, based on studies conducted in Denmark, Norway, Sweden, Finland, and Iceland. These findings stem from an NSFK-funded study and address recent changes in the Danish market. The results are discussed in the context of the broader landscape of social media markets for illicit drugs compared to offline markets.

The paper draws on the three studies.⁴ All these studies employed online ethnography (covert profiles) and qualitative interviews.

Introduction: Social media drug dealing must be understood in relation to other online drug markets, particularly darknet platforms, also referred to as cryptomarkets. These are *platform-based markets* characterised by independent vendors selling within a hosted marketplace. Examples include eBay and Amazon, where individual sellers list products under the marketplace's infrastructure. Similarly, darknet markets, starting with Silk Road, are defined by anonymity ensured through encryption technologies and operational security. They use cryptocurrency for payment and postal delivery, making them accessible to customers but difficult for law enforcement to detect.

Social media drug markets in the Nordic countries share some features with darknet markets. Sellers advertise their products on social media platforms, but unlike darknet markets, these platforms lack encryption technologies, leaving sellers exposed. To mitigate this, sellers employ methods such as coded slang and other tactics to mask their identities and products. Success in these markets is less reliant on advanced technical skills and more on understanding the everyday aspects of social media use (Bakken et al., 2023).

Findings: There are notable differences across the Nordic countries in the platforms

⁴ a) *Nordic Drug Dealing on Social Media (NDDSM)* (June 2017–December 2018): A national comparative study of Denmark, Sweden, Norway, Finland, and Iceland. It included 107 qualitative interviews with sellers and buyers, alongside intensive netnography. NSFK-funded; b) *EMCDDA Study* (2022): A small-scale study commissioned by the EMCDDA. It employed netnography on platforms such as Facebook, Instagram, TikTok, Snapchat, and Reddit across Denmark, Sweden, Norway, and Germany; c) *GRIP* (2024): A study on interventions in grey-zone online markets for illicit puff bars and related tobacco products, focusing on Denmark and nicotine products. This research included seller interviews.

used, how they are utilised, and their levels of activity:

- *Denmark and Sweden*: These markets are similar, with high activity on open platforms like Facebook and moderate activity on more restricted platforms.
- *Norway*: Sellers are highly cautious and avoid open social media platforms, operating primarily in closed channels.
- *Iceland*: Open markets dominate, as the low risk of police detection negates the need for concealed communication.
- *Finland*: A hybrid market exists, combining open platforms with more encrypted and specialised platforms.

The use of open markets stems from a *routine activity perspective*—sellers operate where potential buyers are most active. Thus, the shift to social media reflects broader societal changes rather than a specific strategy. Nonetheless, sellers and buyers often move negotiations to encrypted chats to avoid public scrutiny.

Platform-Specific Trends

Snapchat. By 2022, markets in all countries had moved away from Meta platforms (e.g., Facebook) toward Snapchat. Snapchat combines the network-based aspects of private selling with searchable usernames. Dealers use these names to make their products available, and Snapchat’s infrastructure promotes drug advertisements via ‘stories’ to potential buyers within a dealer’s network. Snapchat selling was identified in Denmark, Sweden, and Norway, with cocaine and cannabis being the most advertised products. Alcohol sales were common in Sweden but not in Denmark. In Denmark, illicit nicotine products (e.g., flavoured vapes) were prominent.

Reddit. Reddit hosts numerous active and remarkably open drug markets, particularly for substances like opioids, LSD, and GHB. Its reliance on user moderation allows dealers to organise large forums where community members act as moderators, creating stable markets. If flagged or taken down, backup subreddits emerge. In Denmark, 12 subreddits were identified as specifically dedicated to drug sales.

Discussion: Based on Munksgaard’s (2024) argument that markets are shifting away from purely economic understandings towards broader social frameworks, social media drug markets can be seen as aligning with this trend. These markets provide low protection for sellers and buyers against police detection, minimal quality control (e.g., no review systems as found in darknet markets), and lack secure payment or delivery systems. So why deal here anyway? Snapchat-based markets, in particular, exhibit a low level of administrative governance (e.g., formal controls like rating systems or escrow payments) but a high degree of “marketness” (where price con-

siderations outweigh social concerns like status or trust). These features make Snapchat an alternative to open street markets, where operational costs (e.g., in Copenhagen's Christiania, under constant policing) drive sellers online.

New Questions

1. Will social media markets in the Nordic countries merge and align?
2. Will online social media markets cluster regionally rather than nationally, given the influence of language and local moderation practices?

Conclusions: Social media drug markets in the Nordic countries are evolving rapidly, with sellers adapting to platform-specific affordances and societal changes. While they share some features with darknet markets, their lack of anonymity and security differentiates them. Addressing these markets will require targeted interventions, particularly on platforms like Snapchat, to disrupt their growth and mitigate the associated risks.

Register studies, mortality, and migration

The population-based administrative registers available in the Nordic countries are widely used in research. In this session, chaired and moderated by **Lisa Berg**, Stockholm University, the first presentation explored recently developed approaches to using such registers for studying health and mortality patterns of migrants. By definition, migrants move between countries and register holders, and using data from several contexts proved to provide new insights into migrant health across Sweden and Finland. The second presentation focused on using Nordic register data to study alcohol-related mortality among individuals with depression. One study used harmonized data from Denmark, Finland, and Sweden, among other countries, and found significant but differing contributions of alcohol-related mortality to the reduced life expectancy of people with depression. Another study within this presentation examined the impact of alcohol policy on excess mortality in this group. The findings suggested that modifying alcohol policies could potentially reduce excess mortality associated with depression, particularly among men. This session concluded with a moderated discussion, in which Kjetil van der Wel also participated.

Using registers from several countries to understand behavioral change and mortality patterns in migrants: the case of Finnish migrants in Sweden

By **Olof Östergren** (SE), Department of Public Health Sciences, Stockholm University, Stockholm, Sweden

Administrative registers typically cover a defined geographical context, while migrants, by definition, move between contexts. This can create difficulties when using administrative data to study migrant health. Migrant health depends on conditions and experiences at the origin, during the migration event and at the destination. Studies on migrant health using administrative registers therefore limit research in at least two ways. First, it is limited to observing processes in a single context (either the origin or destination) and second, it can be difficult to disentangle substantive findings from issues related to data coverage such as selection or over/under coverage. In this presentation I outline methods and findings from three studies where we use newly developed approaches to study the health of Finnish migrants in Sweden

where we incorporate administrative data from both the origin (Finland) and destination (Sweden).

In the first study we use administrative data in Sweden and Finland and match each Finnish-born migrant in Sweden to five random natives in Sweden and five random natives in Finland that has the exact same sociodemographic characteristics as the migrant. This allows us to compare the mortality rate of migrants to relevant comparison groups in both the origin and destination while adjusting for differences in sociodemographic conditions. We find that the mortality of migrants are in-between the mortality rate at the origin and destination and that migrants, over time, tend to have increasingly similar mortality patterns to those of the population at the destination (Östergren et al., 2023).

In the second study, we use a combined approach of direct matching and inverse probability weighting that allows us to simultaneously compare migrant groups to native Finns and Swedes and account for differences in composition within sub-groups of migrants in Sweden. We apply this approach to compare Finnish migrants that are married to a fellow Finnish migrant or to a native Swede. We find that Finnish migrants tend to have mortality patterns that are somewhat more similar to native Swedes, in particular CVD mortality among men and smoking-related mortality among women. We also find that Finnish couples that were married before migrating to Sweden have mortality patterns that are more similar to native Finns compared to migrant Finnish couples that were married in Sweden (Korhonen et al., 2024).

In the third study, we use pension payments to track mortality of Finnish migrants that either return to Finland or move to another country after they retire from work. It has been suggested that migrants in poor health may return to their origin to seek medical care or to be with family at the end of life. Contrary to that expectation, we find that migrants that return to Finland tend to be healthier and live slightly longer than migrants that instead remain in Sweden in old age.

Taken together, these studies show that using data from several contexts can give new insights into migrant health and help disentangle methodological issues from substantive findings. Similarities in data availability, content and established structures for international collaboration between the countries in the Nordics provide a promising setting for developing theories and methods to study migration.

Are people with depression particularly vulnerable to the alcohol policy context? Evidence from a cross-country comparison and a policy evaluation

By Heta Moustgaard (FI), Helsinki Institute for Social Sciences and Humanities (HSSH), University of Helsinki, Helsinki & Social Insurance Institution of Finland (Kela), Finland

People with depression have higher mortality and lower life expectancy than the general population. The reasons for the excess mortality are not fully clear, but unhealthy behaviors, such as alcohol abuse, have been considered important contributors. This talk presents two studies that use Nordic register data to look at alcohol-related mortality among people with depression.

The first study (Moustgaard et al., 2022) compares harmonized data from Denmark, Finland, Sweden and Turin, Italy to assess, whether alcohol-related mortality explains the shorter life expectancy of people with depression, and whether this varies across countries with different levels of alcohol-related mortality. Depressed individuals were identified from health care registers as having inpatient care with a depression diagnosis or as having antidepressant. Life expectancy at age 25 was calculated by depression status and the gap in life expectancy between people with and without depression was decomposed by cause of death to quantify the contribution of alcohol-related deaths on the life-expectancy gap. Results indicate that people with depression die considerably younger than others and alcohol plays a significant role here. In Finland and Denmark where alcohol-related mortality is high overall, up to a third of the lower life expectancy among people with depression was due to alcohol-related deaths. However, in Sweden and Italy, the contribution of alcohol-related deaths was much smaller and people with depression also lived longer. This suggests that reducing alcohol-related mortality could be effective in narrowing the life-expectancy gap.

The second study (Moustgaard et al., 2024) addresses whether impacting alcohol-related mortality by means of alcohol policy is effective in reducing the excess mortality of people with depression. It uses data on the large Finnish tax reduction and loosening of import regulations in spring 2004 as Estonia joined the EU. Depressed individuals were identified from health care registers as having inpatient or outpatient care with a depression diagnosis, or as having antidepressant purchases. Alcohol-related mortality was assessed using interrupted time series analysis in the time before (2000-2003) vs. after (2004-2007) the alcohol-policy change, and the effect of the policy change was allowed to differ by depression. Among men, the increase in alcohol-related mortality rate after the policy change was larger for people with depression (50 vs. 14 extra deaths per 100,000 person-years), whereas among

women, the increase was similar among people with and without depression (11 vs. 8). This suggests, that among men, there is potential for reducing the excess mortality associated with depression by targeting alcohol policy.

Taken together the studies show that the shorter life-expectancy of people with depression is strongly driven by alcohol, particularly among men and in countries with high alcohol-related mortality – and that there is potential for narrowing the life-expectancy gap of men with depression by means of alcohol policy.

Adolescents/young adults' substance use and well-being

The decline in alcohol use among adolescents and young adults has been of interest to researchers for quite some time. In recent years, however, there has also been a decline in the well-being of this group. These issues were explored in the third in-depth session, chaired by **Elin K. Bye** of the Norwegian Institute of Public Health. The first presentation reported on twenty years of research into the explanations and consequences of the decline in adolescent drinking – research conducted in collaboration between Nordic researchers. These studies have revealed, for example, associations between the decline in alcohol use and heavy episodic drinking, and declined smoking and increased parental control and restrictive attitudes. Commonalities identified across the Nordic countries may in part reflect the homogeneity of these societies. Implications of the findings are outlined. The next presentation examined trends in adolescent cannabis use in the Nordic countries. Historically, Denmark has reported higher proportions of adolescent cannabis use. While use has been declining in Denmark and Iceland, Finland, Norway, and Sweden have shown unclear trends. Since 2015, however, an increase has been observed in all countries except Iceland. Overall, the decline in alcohol use has to some extent led to a substitution of alcohol by cannabis. The last presentation provided a comprehensive overview of the various social mechanisms that may explain the decline in drinking among young people – e.g., parenting style, competing activities, and social media. In addition, the presentation examined how the changing conditions and restrictions associated with the COVID-19 pandemic influenced drinking practices and well-being: both worsened and improved well-being trajectories were identified, and drinking practices either decreased or increased capacities and competencies for well-being.

Twenty years later: explanations and consequences of the decline in adolescents' drinking in the Nordic countries (DK, FI, IS, NO, SE)

By **Inger Synnøve Moan** (NO), Norwegian Institute of Public Health (NIPH), Oslo, Norway, in collaboration with Kirsimarja Raitasalo, Ingeborg Rossow, Johan Svensson, Elin K. Bye, Ola Ekholm, Siri Thor, Veronica Pisinger, Sveinbjörn Kristjánsson & Kim Bloomfield

Since 2000, adolescent alcohol use has declined in several Nordic countries. Why

did this trend occur and what were the implications? The project “Twenty years later: Explanations and consequences of the decline in adolescents’ drinking in the Nordic countries” comprised empirical studies attempting to answer these questions from a comparative perspective.

The project used data from the European School Survey Project on Alcohol and Other Drugs (ESPAD), which has been conducted among 15-16-year-olds in Denmark, Finland, Iceland, Norway and Sweden every four years from 1995 to 2019. Comparable questions on drinking behaviour, explanatory factors and alcohol-related consequences have been applied in all countries at all survey waves, which provided an opportunity to examine our research questions. Below, selected findings from the project are described.

Possible explanations of the decline in youth drinking. Raitasalo and colleagues (2021) found that in Finland, Norway and Sweden the decline in heavy episodic drinking (HED, i.e., drinking 6 or more alcohol units per drinking occasion) from 1999 to 2015 was associated with a decline in smoking and perceived access to alcohol, as well as with an increase in perceived parental control. Moreover, Ramstedt and colleagues (2022) found that in Denmark and Sweden, the decline in youth drinking between 2003 and 2015 was associated with restrictive parental attitudes. In Sweden, where drinking declined sharply, these attitudes were more common and became more prevalent over time as compared to Denmark, where drinking declined modestly. These results indicate that the above-mentioned factors explained, at least partly, the declining trend in youth drinking.

Implications of the decline in youth drinking. Using data from Iceland, Norway and Sweden (2007-2015) Moan and colleagues (2021) found that the downward trend in HED was accompanied by a decline in alcohol-related violence in all three countries. Moreover, in Iceland and Norway the HED-violence association became stronger when HED became less common. This finding is in line with the assumption that drinking poses a higher risk of harm at times when drinking is less common. Rossow and colleagues (2022) compared trends in consumption volume and drinking pattern in four Nordic and two Mediterranean countries from 1999 to 2019. At the aggregate level, trends in consumption volume and HED went hand in hand in all countries. Hence, the decline in consumption volume in Nordic countries was accompanied by a similar decline in HED. At the individual level, and in the first part of the period, consumption volume was more strongly associated with HED in the Nordic than in the Mediterranean countries. Over time, when consumption declined in the Nordic countries, this association became weaker.

The results show that there are commonalities across the Nordic countries with regard to trends in drinking, and likely explanations for – and implications of –

changes over time. This may in part reflect homogeneity of the Nordic societies and suggest transferability of research findings among youth across the Nordic countries. With regard to implications for prevention, the findings point to the role of parents in preventing youths' alcohol use and related harms, suggesting that prevention efforts should also target parents. Policy implications point to the restricting availability of alcohol. These are some of the important topics that needs to be addressed in future studies on alcohol use among youth in the Nordic countries.

The project was funded by the Joint Committee for Nordic research councils in the Humanities and Social Sciences (NOS-HS), decision number: 328792. All articles from the project are published in Open access journals. More details about the project findings as well as links to all articles can be found in a popular science article, published in PopNAD (Moan et al., 2024).

Adolescents' cannabis use in the Nordic countries: recent trends and developments (DK, FI, IS, NO, SE)

By **Kirsimarja Raitasalo** (FI), Finnish Institute for Health and Welfare (THL), Helsinki, Finland

In recent years there has been a lot of concern around adolescents' cannabis use in the Nordic countries. The ESPAD data (European School Survey Project on Alcohol and other Drugs) shows that from the beginning of the 21st century the proportion of cannabis using adolescents aged 15-16 has been, and still was at the latest point of measurement in 2019, the highest in Denmark of all Nordic countries. There has been a decreasing trend in Denmark and especially in Iceland, and no clear trends in Finland, Norway and Sweden, although after 2015 there has been some increase in adolescents' cannabis use in all Nordic countries except in Iceland.

When looking at other data sources (School Health Survey in Finland, Ungdata in Norway and CAN's school survey in Sweden), the trends look very similar as those in ESPAD. In recent years after the latest ESPAD data collection, the increase seems to continue in Norway, but no changes have occurred in Finland and Sweden.

A comparative study on adolescents' co-use of alcohol and cannabis based on the ESPAD data from 2003-2019 showed, that the proportion of adolescents using cannabis only and not alcohol is almost non-existent in all Nordic countries. Thus, there's reason to talk about co-users of alcohol and cannabis (although we don't know whether the substances are used at the same occasion) instead of cannabis users.

Overall, this study that the proportion of non-users of both substances increased in all Nordic countries in the period 2003-2019. In all study years, the proportion of non-users was the highest in Iceland and lowest in Denmark, the proportion of co-users was higher in Denmark than in other Nordic countries. We also found an overall increasing trend in the average number of cannabis use occasions among co-users. In Finland, Iceland, Norway and Sweden cannabis use accounted for an increasing proportion of all substance use occasions over the study period while in Denmark the proportion of substance use occasions accounted for by cannabis use increased only slightly. Based on our findings, the observed decline in alcohol use has led to some substitution of alcohol with cannabis. However, there was no indication that alcohol users switched to cannabis use only. We also found the proportion of cannabis use occasions relative to all substance use occasions (alcohol, cannabis, or both) increased with the decline in alcohol use, indicating hardening of use.

An ongoing comparative study on factors associated with co-use of alcohol and cannabis among Nordic adolescents has found that as with alcohol use, the perceptions of availability and risks related to use are strongly associated with the probability of cannabis use. Perceived more difficult access to alcohol and more risks related to the use of it and at the same time an opposite development for cannabis may have led to this development.

Despite all the concern, the population level data from the Nordic countries do not refer to any dramatic increase in under-age cannabis use. Nevertheless, at least in Finland, a sharp increase is observed among young adults, especially among young males. In addition to age, Finnish data on adolescents show that cannabis use is associated with sociodemographic background factors such as school level and immigrant background. In future studies it would be interesting to estimate whether the same factors apply in other Nordic countries.

Young people, decline of drinking and well-being: analyzing Swedish trajectories and Nordic outlooks

By **Jukka Törrönen** (SE), Department of Public Health Sciences, Stockholm University, Stockholm, Sweden

The presentation first mapped the different social mechanisms that may explain why young people today drink less than earlier. It reviewed the social mechanisms related to parenting, family, competing activities, social media, health, gender, and neoliberal performance culture and explained how they may have contributed to the decline of youth drinking.

Then, the presentation discussed a case study concerning how the COVID-19 restrictions affected young people's drinking trajectories. The COVID-19 restrictions – as they made young people's practices in their everyday lives visible for reflection and reformation – provided a productive opportunity to study how changing conditions affected young people's well-being and drinking practices.

The data was based on qualitative interviews with 18- to 24-year-old Swedes (n=33) collected in the Autumn of 2021. It was analyzed by drawing on the socio-material approach by tracing actors, assemblages, and trajectories that moved the participants towards increased or decreased well-being during the lockdown.

The results show how the COVID-19 restrictions made the participants reorganize their everyday life practices emphatically around the home and communication technologies. The restrictions gave rise to both worsened and improved well-being trajectories.

In the worsened well-being trajectories, the pandemic restrictions moved the participants towards loneliness, loss of routines, passivity, physical barriers, self-centered thoughts, negative effects of digital technology, sleep deficit, identity crisis, anxiety, depression, and stress.

In the improved well-being trajectories, the COVID-19 restrictions brought about freedom to study from a distance, more time for significant others, oneself and one's hobbies, new productive practices at home, and a better understanding of what kind of person one is.

Both the worsened and improved well-being trajectories were related to the aim to perform well. In them, drinking practices either diminished or increased the participants' capacities and competencies for well-being.

The results suggest that material domestic spaces, communication technologies, and performance are important actors both for alcohol consumption and well-being among young people. These actors may increase or decrease young people's drinking and well-being depending on what kinds of relations become assembled.

For more information, see Törrönen et al. (2022).

Look ahead: advancing through comparisons and new ideas

The last day and session were forwardlooking. The session, chaired by **Lena Eriks-son**, Stockholm University, focused on ideas put forward by conference participants and newly started research programs with good potential for Nordic comparisons. First, following a period of limited discussion on alcohol policy, the significance of such policies in light of the long-term health effects and recent liberalizations was highlighted, along with the regulation of other harmful industries such as gambling. Developments in the “Nordic model” of regulating such areas were discussed, including some diverging routes across alcohol and gambling policies, and across Finland, Norway, and Sweden. Challenges to the Nordic model suggest that it may be at a cross-roads, requiring increased regulatory collaboration. Next, two big research programs were presented: one in Finland on deaths of despair among young people, and one in Sweden on the future of social work with substance use in a changing treatment system. Finally, new ideas for returning to the study of organized activities of people who use drugs in the Nordic countries were outlined.

Changing alcohol policies and long-term health of adolescents: evidence based on historical alcohol reforms in Finland

By **Juha Luukkonen** (FI), University of Helsinki, Helsinki, Finland

According to prior understanding, alcohol use in adolescence may disrupt brain development and promote later use and addiction. However, not much is known about how alcohol control policies protect youth from later alcohol-attributable harm.

Our aim was to assess whether Finnish alcohol reforms in the 1970s were associated with later alcohol-attributable ill health of adolescents and youth exposed to the reforms. In Finland, a liberal reform was enforced in 1969, and as an aftermath of the growing consumption, stricter alcohol policies were enforced in the mid 1970s. We assessed if the cohort-wise alcohol-attributable morbidity and mortality differ by age of exposure to changing alcohol policies.

To answer this question, we used population data and the death records from Statistics Finland and hospital records from the Finnish Institute for Health and Welfare

(THL). With these data, we identified chronic alcohol-attributable diseases and accidental alcohol poisonings. We used Cox proportional hazards models to assess alcohol-attributable mortality and morbidity rates from youth to middle age with separate analyses for men and women.

In the cases of both reforms, the trends of adolescent alcohol-attributable mortality and morbidity changed. After the liberal reform in 1969, the alcohol-attributable health harm increased for the cohorts exposed to lower drinking age of 18 years (in contrast to the previous drinking age of 21 years). After the stricter policy changes, the alcohol-attributable ill health started to incrementally decrease cohort-by-cohort for the cohorts who were adolescent when the stricter policies were enforced. In both cases, the mortality and morbidity for the cohorts who were older and presumably not as affected by the policy changes, were relatively stable. In addition, the reforms were not associated with changes in mortality due to other causes of death and mortality due to other causes of death decreased quite linearly cohort-by-cohort, suggesting that what happened with alcohol-attributable mortality, was independent from general mortality development.

Alcohol policy experienced in adolescence seem to be associated with later health outcomes with stricter policies protecting the youth from later ill health. While these findings might be context-driven – more specifically, Finland in the 1970s – the thought of adolescence being a crucial period for being exposed to alcohol can be seen as universal.

Regulating harmful industries: recent developments and arguments in alcohol and gambling policies in the Nordic countries

By **Thomas Karlsson** (FI), Finnish Institute for Health and Welfare (THL), Helsinki; Finland; **Virve Marionneau** (FI), Centre for Research on Addiction, Control and Governance (CEACG), University of Helsinki; Helsinki, Finland; **Jenny Cisneros Örnberg** (SE), Department of Public Health Sciences, Stockholm University, Stockholm, Sweden

The Nordic countries share many similarities in terms of their regulation of addictive substances and behaviours. An established understanding of the ‘Nordic model’ has consisted of restricting profit-seeking from the provision of addictive commodities, restricting marketing and the physical availability of addictive products, and establishing high price-levels via heavy taxation. The Nordic model has been best exemplified in the field of alcohol policy, with all Nordic countries, apart from Denmark, restricting the sale of alcohol with monopolistic regimes.

Until recently, the Nordic model has also been applied to the provision of gambling,

at least to some degree. Gambling and alcohol share many similarities in terms of harms produced, costs to societies, and complex regulatory frameworks. Both gambling and alcohol produce significant tax revenue to states and both sectors are prone to conflicting perspectives between profit creation and harm prevention. Some of these tensions in regulatory priorities are visible in the way regulation of these commodities is organised under different ministries.

In recent years, the Nordic countries have faced with many national as well as global challenges to their regulation of addictive commodities. Popular support for monopolistic configurations has declined in many countries, notably in the field of gambling. At the same time, e-commerce and online provision of alcohol and gambling from across the borders puts pressure on national regulations. Nordic countries have taken somewhat diverging routes in responding to these challenges. Some monopolies are significantly strengthened while others have been already dismantled.

In the alcohol field, monopolistic regimes continue to be prevalent across the Nordics, but particularly Finland is gradually introducing a more liberal alcohol policy. Finland appears to be progressively abandoning the 'Nordic model' of alcohol regulation, at least in terms of availability restrictions.

Similar challenges – and diverging responses to these challenges – are also taking place in the field of gambling regulation. The Nordic countries have largely similar policy aims for regulating gambling, consisting of preventing / limiting harms, ensuring the fairness of products, and preventing crime, the means to achieving these aims differ. Denmark and Sweden have opted for a more 'liberal' gambling policy consisting of licensed market offer closer in line with 'responsible gambling' highlighting personal responsibility for consumption and harm reduction. Finland and Norway continue to restrict their legal gambling provision to national monopolies. These monopolies have established a more public health-oriented approach to preventing gambling harms with population level restrictions, including restrictions on availability and binding limit-setting.

In both alcohol and gambling, a full population approach – the Nordic model – has been effective in limiting consumption and preventing and even reducing harms. However, this model may be coming to cross-roads. On-going changes and global challenges in terms of online provision continue to undermine the effectiveness of national policy. So-called offshore offer challenges the limits of national regulation of markets across the Nordics. Neither gambling nor alcohol policy can no longer focus on regulation domestic markets only.

One solution for this challenge would be increased regulatory collaboration across the Nordics and globally. This collaboration should also be inter-sectoral, with the regulation of different addictive commodities also learning from each other.

Out of despair: providing solutions to break the pathways leading to violent, suicidal and drug-induced deaths of young people (Young Despair)

By Pekka Hakkarainen (FI), Finnish Institute for Health and Welfare (THL), Department of Alcohol, Drugs and Addiction, Helsinki, Finland

Our project *Young Despair* (Hakkarainen et al., n.d.) focuses on those risk behaving adolescents and other young people who have faced extreme adverse consequences during their life course. We scrutinize young people's violent, suicidal, and drug-induced deaths as well as near-miss cases with non-fatal outcomes: the examination of these most severe cases yields knowledge that can be used to prevent negative trajectories among the youth and to enhance understanding of how inequality, exclusion, and overall ill-being play out in the young people's lives.

A method of social autopsy will be developed and applied. This includes an extensive examination of the life trajectories of young people aged under 30 who have died or nearly died from violent, suicidal, and drug-induced causes, using several data sources: linked register data, qualitative interviews, documents from authorities, and online discussions. We will listen to the voices of the young people themselves, their families, and professionals. This knowledge will be used to recognize processes, precursors and contact points that will be processed in wide co-creation with stakeholders to identify workable windows of opportunity to intervene and prevent harmful processes.

The project adds value both scientifically and in terms of policy and practice. The project will help identify problems and solutions that have not been identified or clearly understood previously. Building on the latest advances in computational social science and open data science methods we will create new algorithmic tools to harmonize, aggregate, and statistically model high-resolution data from national registers and the other linked information sources. A better understanding inspires new solutions and improves society's ability to intervene and prevent adversities. By improving the means to reduce the risk of extreme cases, also the wider group of youth in distress can be helped. In other words, by studying death we gain capacity to understand life as well as to protect it.

The project combines the perspectives of several disciplines. The consortium leader and WP leads representing the Finnish Institute for Health and Welfare (THL), the Institute of Criminology and Legal Policy, University of Helsinki, Social Psychiatry at the Tampere university, the Finnish Youth Research Society (FYRS), A-Clinic Foundation, and Data Science at the University of Turku, are internationally accomplished scholars in their respective fields, with extensive experience in supporting policy with research.

Young Despair is funded by the Strategic Research Council of Finland (SRC, decision numbers 352600–352604 and 353449). The project has started in October 2022, and the funding period is 3+3 years. The concept of SRC funding instrument calls for projects that are phenomenon-based, solution-oriented, multidisciplinary, and interactive.

In the name of Nordic collaboration Hakkarainen and others also invited interested researchers to submit abstract proposals to Nordic Studies on Alcohol and Drugs (NAD) Call for Papers for a thematic issue on drug-related deaths, Mortality and premature deaths related to drug use and addiction (Karjalainen et al., 2023).

The future of social service work with substance use (FUSS): clients, trajectories, organisations and collaboration in a changing treatment system

By **Mats Ekendahl** (SE) & **Eva Samuelsson** (SE), Department of Social Work, Stockholm University, Stockholm, Sweden

The Swedish treatment system for substance use is facing substantial change. A national commission suggests that the responsibility for providing psychosocial treatment should be moved from the municipal social services to the regional healthcare. Despite consensus in the field about the need for effective interventions and accessibility, we lack up-to-date knowledge about the social services' and other important actors' work with people who seek help. The aim of this research programme (Ekendahl et al., n.d.) is to increase knowledge about the clients' needs and paths through the care system in order to create more accessible and coherent interventions. Who are the clients, what interventions are used, how do these interventions work, what happens over time, and how do different actors collaborate? Answer to these questions will provide central and usable knowledge about a transitioning field of practice.

The research is multidisciplinary, runs from 2024 to 2030 and targets Stockholm as a case. Quantitative data is gathered on 1000 clients during a four-year period (workpackage 1), and we conduct interviews with service users, providers, and other important actors (workpackage 2). A mixed methods approach is used to identify characteristics among clients and interventions, facilitate understandings of treatment system features, and create practice-relevant developmental projects in collaboration with clients, NGOs and practitioners (workpackage 3).

To improve practice, knowledge is crucial about clients' needs and treatment trajectories, the form and content of interventions, and collaboration (social services,

healthcare, correctional services, compulsory treatment, civil society etc.). The programme targets many aspects that are of key importance in the field, such as user influence, coherent treatment trajectories, improvement, accessibility, complex problems and service monitoring. It contributes to developmental work through continuous co-production with practice.

The programme has been planned in collaboration with scholars, social services, healthcare, authorities, organisations and user groups, in order to produce practice-relevant research that can develop the treatment system. The research is based on Department of Social Work but the research group include criminology, public health, sociology, organisation, psychiatry etc.

Since the Nordic countries face similar challenges in the organisation of support and treatment for substance use problems, we call for comparative research. The suggestion is to meet up at upcoming conferences and organise workshops to enable collaboration and possible joint research funding applications.

Organized activism of people who use drugs in the Nordic countries: time to update the 2006 “Drug users and spaces for legitimate action” (NAD Publication 49)

By **Veera Kankainen** (FI), University of Helsinki, Finland; **Tuukka Tammi** (FI), Finnish Institute for Health and Welfare (THL), Finland; **Matilda Hellman** (SE), Department of Sociology, Uppsala University, Sweden; **Vibeke Asmussen-Frank** (DEN), VIA University College, Denmark

This presentation introduces a proposal for an international research project on organized the activism of people who use drugs (PWUD) in the Nordic countries. International scholarly discussions about the opportunities and challenges for the democratic participation for PWUD has been active in recent years. However, there is lack of recent comparisons mapping out the current state of art of the organized activism of PWUD in the Nordic democracies (for the previous work see Anker et al., 2006). Thus, this presentation calls for an update on the topic. The presentation underlines the critical awareness of the idea of the Nordic inclusive welfare states as they still contain various exclusive practices, especially when it comes to the civic participation of people stigmatized by society. The presentation discusses several possible avenues of investigation for the Nordic comparative research project: First, there is a need to collect basic information about the size, scope, and resources of the PWUD civic activities and organizations in the Nordic countries. This information

could help to assess the social and political position of PWUD organized civic activities within the Nordic civil societies and welfare states. Second, an important question is whether and how the political opportunities of PWUD to participate in policy-making differ across the policy fields and institutions in the Nordic societies. For example, some institutions may view drug use through the lens of the criminal law whereas others as a social or public health issue. Third, there is also a need for comparisons on what kind of roles PWUD activists and organizations have in the collective identity formations and discursive battles in the Nordic drug policies. The research project presented here is still in its planning stage. It welcomes new collaborators and suggestions regarding the issues needed to be studied comparatively.

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