



Nordic Welfare  
Centre

# Alcohol and drug prevention in the Nordic countries

A conference report

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# Introduction

In a world where drug use is on the rise and new variants are frequently discovered and produced, the need for effective prevention is stronger than ever. According to Alexis Goosdeel, director of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), a new kind of psychoactive substance is found on the EU drug market every single week.

At the same time, preventive strategies and initiatives for battling the crisis are not in short supply. The challenge, however, is to choose the right initiatives. Prevention programmes must be evidence-based and implemented according to best practices. If done correctly, every euro invested in substance use treatment and prevention today will, according to research-based estimates, yield a tenfold return in the future.

To strengthen collaboration within the research field and to present new research and new prevention initiatives, Nordic organisations and experts met in Oslo, Norway, on 28 September, 2022 under the heading of Alcohol and drug prevention in the Nordic countries. The conference was hosted by the Norwegian Ministry of Health and Care Services, and funded by the Nordic Council of Ministers. Conferencier at the event was Bernt Bull, senior adviser at the Norwegian Ministry of Health and Care Services. The conference report is written by Sebastian Dahlström, freelance journalist and published by the Nordic Welfare Centre, an institution under the Nordic Council of Ministers.

The Norwegian Minister of Health and Care Services Ingvild Kjerkol opened the conference, highlighting in her welcoming speech that evidence-based prevention initiatives not only improve lives, but also improve the economy.

– Investments in prevention are important and close to my heart. If we really want to prevent problematic substance use, evidence-based prevention programmes and strategies are the best way to ensure that we get the most out of our resources. We cannot rely on good intentions and personal beliefs, said Ingvild Kjerkol.

The first half of the conference centred around the meaning of substance use today, and why prevention is needed. After the

initial speeches, the focus narrowed in on young people, in particular, and the trends concerning youth and substance use. The latter half of the conference focused on the characteristics and practical implementations of evidence-based prevention initiatives. Both theory and practical examples were presented.

The conference day closed with a summary of the challenges that lay ahead on the fast-paced drug market within Europe.

This report summarises the main themes and ideas presented at the conference. The order of the speeches in this report follows that of the conference programme.



# The meaning of substance use and need for prevention

**The conference started by underlining the need for preventive measures of substance use. Several arguments underscored the health benefits and cost effectiveness of substance use prevention. The second speech presented an overview of the diverse and complex meanings behind psychoactive substance use.**

## **Vladimir Poznyak, WHO: Why is substance use prevention needed?**

Given their intoxicating and dependence-producing properties, psychoactive substances are no ordinary commodity. Vladimir Poznyak, Head of the unit on Alcohol, Drugs and Addictive Behaviours at the World Health Organisation (WHO), says the high prevalence of substance use places a significant burden on society. He presents a number of arguments in favour of substance use prevention.

– Harms of substance use are both extensive and significant. They are also largely preventable. Substance use – which covers the use of alcohol, tobacco, or drugs – is the most serious risk factor to population health. Removing or diminishing such use would lead to significant health gains.

Vladimir Poznyak argues that while many psychoactive substances may lead to the development of cancer or other diseases, the main burden is their intoxicating or dependence-producing effect or a combination of both. This leads to unique problems.

– This is why psychoactive substances are no ordinary commodities. They cannot be compared to asbestos or red meat or other environmental factors which have an impact on health but do not produce dependence or intoxication.

There are many different pathways to substance use-related harm, which calls for different prevention approaches on a political level.

– It is not only individual users that bring harm to society. Societal responses themselves can lead to significant costs.

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A society can choose to intervene in different ways, from liberalisation to prohibition. Vladimir Poznyak describes this as a pendulum. If substances are easily available and promoted by society, social and health-related harms will increase. The same is true if there is rigid prohibition, in which case the illegal market will fill the need. Strict legal regulation is the sweet spot in the middle where harms can be kept at a minimum.

Another argument in favour of alcohol and tobacco prevention is the cost effectiveness of intervention programmes. Vladimir Poznyak cites WHO estimates, which show that the investment in prevention will in many cases yield tenfold returns for society within a time span of ten years.

### **Øystein Skjælaaen, VID Specialized University: The meaning of substance use**

Why do we drink alcohol or do drugs, even though we know it is bad for us? Associate professor Øystein Skjælaaen at VID Specialized University in Norway recalls the long history of substance use.

– People at all times, everywhere, have used drugs, and will continue to do so. We do it because there must be something to gain from it. It gives us enjoyment or pain relief, as well as feelings of love, friendship, freedom, and community.

Skjælaaen argues that various forms of intoxication are common human experiences. The meaning of substance use lies not within the intoxication itself, but in the memories created in an intoxicated state.

– The meanings we ascribe to substance use are based on an interaction between the drug, the person who uses it, and the context or setting. And the meanings we ascribe to our own substance use do not at all have to correspond with the meanings that others ascribe to them.

"The meanings we ascribe to substance use are based on an interaction between the drug, the person who uses it, and the context or setting."

Meanings are shaped within a culture. In Norway, it is seen as normal to open a bottle of champagne on one's birthday, but not on the streets on the morning of an ordinary day. The meanings may also vary greatly between different groups within a society. Skjælaaen gives a striking example of older people who might sneer at youngsters' drinking trips in the sun but forget that their own wine-tasting vacation tour was equally centred around alcohol.

Cannabis is the most popular illegal drug in Norway, and its illegal status gives it a different cultural meaning, Skjælaaen argues. Users may bond around the fact that it is illegal and condemned by society at large.

– Substance use and intoxication are complex phenomena with a deeper meaning. Conversations about this phenomenon should take this into account, and the discussions should be true and honest. If there is a huge gap between what young people experience and the message they get from the adult world, why should they believe anything at all?

# Alcohol, cannabis, and social media among young people

**Following the definitions of the meaning of substance use and the need for preventive measures, the conference concentrated on adolescents in the Nordic countries. Several research reports were presented on alcohol and cannabis.**

**Inger Synnøve Moan, Norwegian Institute of Public Health:  
Alcohol use among youth in the Nordic countries: Changes, explanations, and consequences**

During the last 20 years, there has been a significant decline in young people's alcohol use in the Nordic countries. This trend has not yet been fully explained. Inger Synnøve Moan, senior researcher at the Department of Alcohol, Tobacco and Drugs at the Norwegian Institute of Public Health introduced a recent research project on possible explanations for the decline in youth drinking.

The project aims to provide novel insights into the reasons for, and the implications of, the decline in adolescent drinking. Before the start of this research project, a number of possible explanations for the decline had already been offered: changes in parental control, leisure time activities, risk perception, and availability of alcohol.

– The main gap in the literature pertains to the underlying driving forces of the decline. Also, there were few empirical studies on the consequences of the decline.

Heavy episodic drinking (HED) is defined as drinking more than five drinks on one occasion. Between 1999 and 2015 the decline in HED among adolescents in Finland, Norway, and Sweden was significantly associated with a decline in youth daily smoking, perceived access to alcohol, and increased parental control. Engaging in sports or hobbies had little or no impact.



The role of parenting was also underlined in another study, comparing Swedish and Danish data. Restrictive parental attitudes were associated with a lower likelihood of past-year drinking and frequent drinking among youth in both Sweden and Denmark.

Another finding was that when adolescents grow up, their drinking patterns do not differ much compared to earlier age cohorts. Birth cohorts whose levels of alcohol consumption are substantially different in mid-adolescence have only slightly different drinking behaviour in young adulthood.

– Young adults drink as they used to do. However, we found that the youngest cohort, in their early twenties, had fewer drinks per occasion than did older cohorts.

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**Anne Line Bretteville-Jensen, Norwegian Institute of Public Health: Cannabis: Young people's experiences, knowledge, and attitudes**

While alcohol is still a much larger problem among adolescents than cannabis, there is a growing need for new and comprehensive knowledge to design effective prevention programmes targeting cannabis use.

Anne Line Bretteville-Jensen, senior researcher at the Norwegian Institute of Public Health, presented the main findings from a recent web-based school survey called Cann2021 in Norway. The study focused on adolescents' experiences, knowledge, and attitudes towards cannabis.

– There are a lot of new products, new intake modes, lower prices, and higher THC content. In order to adapt the prevention strategies to these changes, we need to know more about what the youth actually know. This is particularly important as young people seem to be at greater risk for the negative consequences of drug use.

The study confirmed that cannabis use is still low compared to alcohol use: 20 per cent of the respondents had used cannabis at least once in their lifetime and 6 per cent during the last four weeks. Health, parents, and legal status seemed important for the non-use of cannabis, or not using more. Only a fraction of the participants were in favour of legal changes.

While cannabis resin and marijuana remain the most common products, less traditional ways of consuming cannabis were found to be more common than the researchers anticipated.

– 30 per cent of the users had reportedly eaten or drunk THC products, 23 per cent had used vaporisers with THC content and 8 per cent had used synthetic cannabinoids, Bretteville-Jensen says.

Among the main findings in the study, the researchers also noted that the adolescents had limited knowledge about cannabis. When presented with a list of statements about cannabis, many respondents did not know the facts.

– To us at least there were surprisingly many "don't know" answers. Two out of three did not know that THC levels in cannabis products had almost tripled in recent years. The respondents also both exaggerated and understated the potential harms of cannabis use.

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It was also surprising, says Anne Line Bretteville-Jensen, that many respondents stated that they had never received any information on cannabis. Among those, about half of the respondents, who had received or sought information, many had used non-quality-assured information sources, such as social media.

– This seems to be a knowledge gap waiting to be filled.

**Sara Kristensson and Clara Henriksson, Swedish Council for Information on Alcohol and Other Drugs (CAN): Youth, social media, and substance use**

The final presentation focusing explicitly on young people was presented by Sara Kristensson, communications manager at the Swedish Council for Information on Alcohol and Other Drugs (CAN). The report *Ungas tillgång till alkohol via sociala medier 2021* [Adolescents' access to alcohol via social media] was commissioned by the Swedish alcohol monopoly Systembolaget and was published in 2021.

– All knowledge on social media has a very short shelf-life, Sara Kristensson says.

Among the respondents, aged 16–21, 12 per cent said that they had bought alcohol on social media at least once, and 5 per cent had bought alcohol on social media in the last year. Instagram and Snapchat seem to be the most common social media platforms for selling alcohol.

– There is a phenomenon in Sweden called “hink-konto”, which refers to a social media account that sells alcohol. The results show that offers to buy alcohol were much more common in the social media feeds of young people who had drunk alcohol, compared to those who had not tried alcohol, says Kristensson.

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The research also looked at different regions in Sweden. Buying alcohol on social media is much more common in the big cities, or cities close to big cities, compared to the rest of the country.

– Thanks to our research, project cooperation has been established between the Swedish alcohol monopoly and different social media platforms. It is in the interest of both parties to stop the selling of alcohol through social media, Kristensson concludes.



# Identifying and implementing effective prevention strategies

**Not all prevention initiatives are equally effective. In order to find the ones which will yield results, one must examine carefully the scientific evaluation of the initiative. There are a lot of evidence-based programmes to choose from, so there is no need for policymakers to invent new ones before trying something that already exists. This section of the conference focused on the characteristics of a successful programme, and how it should be implemented.**

## **Giovanna Campello, UNODC Prevention, Treatment & Rehabilitation Section: The UNODC prevention standards**

Giovanna Campello, Director of the Prevention, Treatment and Rehabilitation Section at the United Nations Office on Drugs and Crime (UNODC), works with over 100 experts from many different countries to create standards for effective prevention initiatives. At the conference, she presented some of the main themes within evidence-based substance use prevention.

– Prevention based on scientific evidence is synonymous with prevention that actually works. We recommend only studies that are relevant and have a good methodology.

Campello says she often receives evaluation studies that highlight participant satisfaction in a certain initiative. She says that such data is irrelevant. Personal opinions, happiness, or the feel-good factor, tradition, and moral values shouldn't play any role. Only strategies where the effectiveness has been demonstrated through scientific research should be taken into account.

– Evidence-based prevention is cost-effective. One dollar invested today will yield 10 dollars in the future. This is a conservative estimate, but one that is easy to remember, Campello says.

"One dollar invested [in prevention] today will yield 10 dollars in the future."

Evidence-based prevention initiatives vary in methodology, but they have certain characteristics in common. "The earlier the better" is usually a good standard. Some initiatives are directed towards parents even before the child is born. Successful school initiatives usually help to strengthen the child's emotional intelligence and intervene in early-onset mental problems.

– All of this should be done non-judgementally and on a voluntary basis. There is a lot we can do without waiting for the adolescent to start using substances. If you use evidence-based programmes, interventions, and policies, you are preventing drug use and other risky behaviours.

Also, Campello stresses that it is never too late. There are effective strategies to be implemented also when the recipient is older and problematic substance use may already have started.

Effective programmes focus on practising social skills and learning to cope with negative emotions. They also aim to change perceptions of risks associated with substance use, dispel misconceptions about the normative nature of substance abuse, and emphasise appropriate consequences.

What does not work are strategies which include non-interactive methods as the primary delivery strategy, such as only information-giving. Other examples of poor practices include fear arousal, single or unstructured sessions, focusing only on building self-esteem, addressing only ethical or moral decision-making or values, and using people in recovery as testimonials.

– These could function as a checklist for policymakers to compare their programmes and ask if there is anything that could be improved.

**Kristine Amlund Hagen, The Norwegian Centre for Child Behavioural Development (NUBU): Experiences with implementing knowledge-based programmes**

The Norwegian Centre for Child Behavioural Development (NUBU) started over 20 years ago as a research project in response to a societal need for better help for children with problem behaviours, director Kristine Amlund Hagen says.

In her speech Experiences with implementing knowledge-based programmes, Kristine Amlund Hagen shared NUBU's experiences from implementing these programmes. The correct way to implement a programme is by going through certain phases in the right order: an efficacy trial, an effectiveness trial in real life, a look at which factors provide sustainability, going to scale or scaling up a programme, and implementing sustaining programmes systemwide.

With over 20 years of experience in the implementation of programmes, NUBU has learned as an institute that evaluation is important.

– You have to know whether the programme you are implementing actually works. And as Giovanna Campello said, it is not enough that the participants are happy. There is actually low or no correlation between treatment satisfaction and effectiveness. The most expensive programme is the programme that does not work.

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Another lesson learned is that co-morbidity is common. If a child enters the programme for reasons related to behavioural problems, there is a high probability that the same person is struggling with other issues as well such as anxiety, depression, school refusal, or drug use.

Effective methods have common features: solid empirical support that meets a societal problem, the right competence, resources, and political will.

However great an initiative may be, the programme will not have the desired effects, if a scrupulous and feasible plan for implementation is lacking. Good implementation standards entail that the programme is perceived as useful by the professionals working in the field; they need to have confidence and believe in the principles and stick to them faithfully. The project also needs good leadership, management, and reach, and it helps if there is a sense of urgency.

– When implementing effective programmes we usually say: you pay now or you pay later. If you pay later, you pay a much higher cost. Most of the socioeconomic analyses that have been conducted find that spending time and resources on effective programmes saves a lot of money, now and down the line.



# From theory to practice: Examples of prevention programmes in the Nordic countries

**As the name of the conference implies, prevention is key. This segment of the conference included four examples from four Nordic countries. While all being successful, the examples were very different – from large-scale and long-term to smaller grass-roots campaigns. Engaging local communities was a common thread through all examples.**

## **Mimmi Eriksson Tinghög, The Public Health Agency of Sweden: Alcohol and drug prevention in restaurants and traffic in relation to Swedish overall approach**

Mimmi Eriksson Tinghög, analyst at the Public Health Agency of Sweden, presented two large-scale and long-term prevention projects in Sweden. Responsible Beverage Service (ansvarsfull alkoholserving in Swedish, AAS) is a method that aims to create a safer pub and restaurant environment and reduce alcohol-related violence and harm.

– The development of the method started in response to problems in the nightlife scene in Stockholm in the late 1990s, and the method has since then spread to other municipalities, Tinghög says.

The AAS method is based on a number of components, such as collaboration between restaurants, police, and other authorities. Education is an important part of the project. Restaurant staff are educated in everything from laws and regulations to how to handle risky situations. Education on narcotic drugs is also included, as is supervision of the establishments.

– Today the method is an integral part of ordinary ongoing work in many municipalities, which is also the intended aim.

The other example from Sweden is the SMADIT model for preventing alcohol and drug-related traffic accidents. When someone is caught driving under the influence, the idea is not only to implement criminal sanctions but also to offer treatment to prevent repeat offences.

– Those who are caught drunk driving are often individuals that have a substance use problem. The aim is to prevent relapse in drunk driving and increase the opportunity and possibility to get the individual into treatment. When someone is caught drunk driving, they are usually susceptible to the idea of treatment, Tinghög says.

**"When someone is caught drunk driving, they are usually susceptible to the idea of treatment."**

Like the AAS method, the SMADIT model also builds on collaboration between many actors, such as the police and local and regional health facilities.

– Both AAS and SMADIT are typical preventive initiatives. They are adapted to the local situation, meet needs, are based on collaboration, and get incorporated into everyday operations. These are all factors that make prevention sustainable.

### **Taneli Hytönen, Youth Against Drugs (YAD): Youth against drugs Street team**

Youth Against Drugs (YAD) is a Finnish NGO doing voluntary work in drug-related harm prevention. Taneli Hytönen who is in charge of online voluntary work at YAD describes the NGO's online platform Street Team as "grassroots-level light activism" aimed primarily at people aged 13 to 18.

– It is very accessible. Everyone can join and do something, even just a little bit of "healing the world". All you need is an internet connection, Hytönen says.

"Everyone can join and do something, even just a little bit of "healing the world". All you need is an internet connection."

The idea is for a volunteer to pick a task from the project's website, do the task, and write a report. By completing tasks the volunteer earns points. The points can be converted into prizes, such as clothes. Spreading stickers with an anti-drug message or creating a meme are examples of typical tasks. In 2021, there were 62 different tasks on the website.

– I believe this concept is a good one, and it is very scalable. You can take this from just one social media post to something very big. It could easily be copied and used in other campaigns as well, Hytönen says.

Besides spreading awareness, the YAD's Street team provides support for its members and a drug-free social environment. Most of the activity takes place online on social media, mainly on Discord.

**Maj Berger Sæther, Norwegian Directorate of Health:  
Weedensenteret – A social media campaign about cannabis**

Weedensentret is a social media campaign commissioned by the Norwegian Ministry of Health and Care Services and carried out by the Norwegian Directorate of Health. The aim is to raise cannabis risk awareness among people aged 15 to 18. During the development stage of the campaign, the Directorate of Health collaborated with the police, schools, relevant NGOs, and members of the target group.

Maj Berger Sæther, Senior Adviser at the Norwegian Directorate of Health, says the campaign has been run more than once, and it was evaluated after the first time.

– The campaign is perceived as credible and easy to understand. It was also found to provide new knowledge to the target group and their parents. The parents, in fact, were our second target group.

The campaign is carried out on its own website and on several social media platforms, such as Snapchat, Instagram, and YouTube. The campaign also led to making six informative films. The campaign aimed at reducing the knowledge gap on cannabis, and, among other things, informing the public about the rising THC levels in cannabis products in recent years

– We are very pleased with the campaign and will continue our efforts to strengthen factual and credible information on cannabis. The campaign material is also suitable teaching material for schools, and we know a lot of teachers around the country have used the website in their teaching, Maj Berger Sæther concludes.

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### **Rafn M Jónsson, Icelandic Directorate of Health: The Icelandic prevention model**

Rafn M Jónsson, Project Manager and specialist on alcohol and drug prevention at the Icelandic Directorate of Health, says that the Icelandic authorities had a wake-up call in the late 1990s when alcohol and drug consumption peaked among Icelandic youth. The Alcohol and Drug Prevention Council was established in 1998, and work started on strengthening measures to prevent the abuse of alcohol and drugs, particularly among children and young people.

– The aim was to change the actual behaviour of youth and not only their attitudes. And we wanted to gain public consensus; it is a comprehensive approach. We wanted to change the lifestyle environment, strengthen and bring different professions together, and build up cooperation between research and the people doing prevention work. We wanted to mobilise the whole society and we managed to do that, Jónsson says.

Today, alcohol and drug prevention work is well integrated on different levels in Icelandic society. At the state level, alcohol taxes are regulated, there is an age limit for accessibility and buying alcohol, and a curfew has been imposed on how late children are allowed to stay out in the evening.

At the municipal level, parents are encouraged to comply with the law, and surveillance is organised in cooperation with the police. Young people are given access to sports and other constructive leisure activities. Schools and youth centres organise alcohol-free events and provide relevant education.

At the family level, parents are encouraged to spend more time with their children and to take walks around the neighbourhood in the evenings to supervise the area. The children are informed about the laws and regulations, and are encouraged to spend more time with their families or do sports or other organised leisure activities.

The model has changed attitudes both among young people and among the grown-ups.

– It used to be really easy for 15–16-year-olds to sit outside the state monopoly store and ask adults to buy them alcohol. This would be absolutely impossible nowadays, Jónsson says.

"It used to be really easy for 15–16-year-olds to sit outside the state monopoly store and ask adults to buy them alcohol. This would be absolutely impossible nowadays."

Since the Icelandic prevention model (a name that according to Rafn M Jónsson is unofficial and coined by the media) was implemented there has been a big decrease in youth drinking and smoking. In 1998, 42 per cent of the 10th graders said they had drunk alcohol in the last 30 days. In 2021 the corresponding figure was 6 per cent and has remained relatively stable since 2011.

Rafn M Jónsson says the Icelandic model nowadays requires little effort from the authorities.

– As a government body, we are not running the model, which is by now almost sustainable in its own right. It is run in municipalities and in schools.

Jónsson stresses that local data is very important, so efforts can be made where they are needed.

– This data, in combination with community-based approaches supported by laws and regulations, is the core element of the Icelandic prevention model.

# Closing remarks and future challenges

**The conference closed with a stark reminder that even though effective initiatives are gaining popularity in many places, the challenges, particularly in the drug field in Europe, are monumental.**

## **Alexis Goosdeel, EMCDDA: Everywhere, Everything, Everyone**

Alexis Goosdeel, director of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), was the last speaker at the conference. The speech, titled Everywhere, Everything, Everyone, referred to the increasing prevalence of drugs over Europe.

– The main message is: drugs are back, and they are everywhere. We have reached pre-pandemic levels on the European market, and every week a new kind of substance is found. Today, everyone knows someone who has struggled with addiction in one way or another. Protecting the youth is and should be our top priority.

**"The main message is: drugs are back, and they are everywhere."**

The economic challenges posed by the pandemic and amplified by the war in Ukraine hit the most vulnerable in society the hardest. Drug-related violence is on the rise in Europe, and there is huge pressure on the market because of the increased availability of many kinds of drugs.

The EU is nowadays also an exporter of illegal drugs: in 2020 around 350 drug laboratories were seized within EU territory. In order to combat these challenges, Alexis Goosdeel promotes diversification of the treatment services, with a particular focus on prevention.



– It is not only a war on drugs. Guaranteeing the fundamental rights of the people using drugs is very important, and we need a balanced approach with both harm reduction and law enforcement.

The bottom line is, according to Goosdeel, that we need to change our perceptions of what drugs are today. The old categorisation of, for instance, soft–hard or legal–illegal drugs is no longer relevant. As new substances keep appearing on the market, medical teams need accurate and up-to-date information. When someone shows up in a delusional state, the reasons could be different from what they used to be.

Alexis Goodseel would like to see more diverse and more face-to-face services. The pandemic has left society more fragmented than before. The antidote for the “post-truth” and “fake news” era is a personal connection.

– We need to rebuild social relationships. The aim is to integrate and connect professionals from different fields. The clients should be involved in this as well. They should be seen as part of the solution rather than just part of the problem.

# About the publication

## **Alcohol and drug prevention in the Nordic countries - a conference report**

The conference was initiated and hosted by the Norwegian Ministry of Health and Care Services and funded by the Nordic Council of Ministers. The conference report is published by the Nordic Welfare Centre, an institution under the Nordic Council of Ministers.

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**Author:** Sebastian Dahlström, freelance journalist

**Project manager, editor:** Nadja Frederiksen

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### **Nordic Welfare Centre**

Box 1073, SE-101 39 Stockholm

Visiting address: Svensksundsvägen 11A

Telephone: +46 8 545 536 00

[info@nordicwelfare.org](mailto:info@nordicwelfare.org)

### **Nordic Welfare Centre**

c/o Folkhälsan

Topeliuksenkatu 20

FI-00250 Helsinki

Telephone: +358 20 741 08 80

[info@nordicwelfare.org](mailto:info@nordicwelfare.org)