

Analysis and monitoring methods

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*No 2 in a series of method descriptions to promote
alcohol and drug prevention at the local level,
published by the Swedish National Institute of Public Health*

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Contents

- 7** Foreword
- 9** Introduction
- 10** Why analyse and monitor?
- 11** What to analyse and monitor?
- 12** A preliminary overview
- 13** A more ambitious approach
 - 1. Document review 13
 - 2. Forming a working group 13
 - 3. What data is interesting and where to find it? 14
- 27** And finally ...
- 28** Quick guide to analysing the current situation
- 30** Further reading
- 31** Notes

Foreword

Preventing alcohol and drug problems – a local challenge

Investment in preventive measures to combat the use of alcohol and illicit drugs in Sweden is strongly vindicated. Several important initiatives have been taken at the national level; one example being the adoption of national action plans to prevent alcohol and drug problems. These place increasing emphasis on local preventive measures. Many municipalities and county councils have also increased their activity by adopting new alcohol and drug policy programmes and action plans. Most have also hired alcohol and drug prevention coordinators and have initiated activities in many areas.

Furthermore, knowledge is now greater as to which measures work. Knowledge about the most important risk and protection factors for alcohol and drug problems and about how these can be either alleviated or exacerbated is crucial to the design of preventive measures.

According to prevention research findings, the more risk and prevention factors on the individual, group and societal level can be influenced, the greater the preventive effect will be. The efforts made in many areas to help children and young people are good, but they need to be supplemented with measures directed at the entire population if they are to have a real effect.

The Swedish National Institute of Public Health is publishing a series of method descriptions to support alcohol and drug prevention at the local level. The aim is provide brief information about methods in a number of central areas within the field of prevention. They are to be seen as practical tools for locally active professionals responsible for alcohol and drug issues, including alcohol and drug prevention coordinators and decision-makers on the political and top administrative level.

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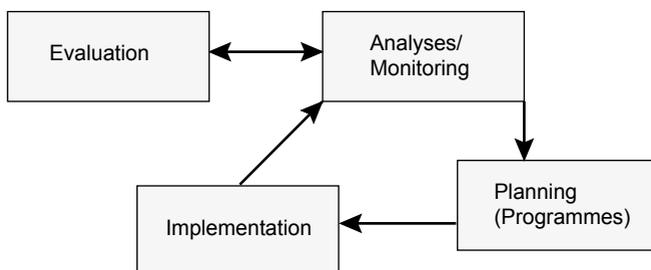
Introduction

Much of this publication is based on previous publications from the Swedish National Institute of Public Health: *A guide to analysing the alcohol situation in municipalities* and *A guide to the drugs situation in municipalities*. The material has been abridged and restructured and some new developments have been added.

Why analyse and monitor?

The aim of a municipal alcohol and drug situation analysis is firstly to give local decision-makers and actors a common picture of the alcohol and drug situation in the municipality. This clarifies the extent and underlying causes of the alcohol and drug-related problems and shows what preventive steps the municipality is already taking. The analysis constitutes a basis not only for decision-makers, but also for planning, monitoring and evaluating prevention. Secondly, an analysis of the municipality's conditions and resources improves coordination and effectiveness by identifying and mobilising different actors.

Analysis and monitoring go hand in hand. Through regular analysis, we can monitor the prevention being implemented and can see how problems, causes and measures develop in relation to one another. Monitoring provides a basis for decisions regarding the design of related activities and keeps the issue at the forefront in the municipality. If possible, the municipality or other external body can also perform an evaluation of some or all prevention work in progress. Appropriate help can be obtained from universities and/or research and development units when performing evaluations. Data from analyses and monitoring can then be used in the evaluation, which in turn provides valuable information for future monitoring activities. The process can be illustrated as in the figure:



What to analyse and monitor?

Carrying out a thorough inventory of the local alcohol and drug situation can be time well spent as a thorough analysis lays the foundation for long-term, successful prevention. Conditions for carrying out such analyses differ considerably, however, from one municipality to the next and the level of ambition must be adapted to suit the resources available. Some progress can be made by compiling the existing information in a clear way. Local government statistics on alcohol and drugs are also available online to a varying degree. *Don't get stuck in the analysis stage!*

The following items should be analysed as extensively as possible:

- Determinants – factors that can influence the consumption/use of alcohol and drugs
- Consumption/use – scope and characteristics of consumption and use
- Problems – the harmful social and medical effects of alcohol and drugs
- Preventive efforts of the municipality – structure (policy, organisation and resources) as well as various activities

A preliminary overview

If you wish to obtain a preliminary picture of the *alcohol* situation in your municipality, you can visit the Swedish National Institute of Public Health website, www.fhi.se, and click on *Alcohol trends in figures*. Here you will find several indicators associated with alcohol, broken down on the municipality level and presented in relation to population, which means that every municipality can compare its own data with that of other municipalities, the county and the country as a whole. The system contains data on the availability and sale of alcohol and on alcohol-related injuries, crime, morbidity and mortality. The aim is to also gradually add data on the preventive efforts of the various municipalities. The indicators can be tracked over time from the mid-1990s and onwards.

The SNIPH website at www.fhi.se also contains *Basic Public Health Statistics for Local Authorities*, which is another presentation system, from which population-related background information on the municipality and data on socioeconomic circumstances can be quickly extracted. In order to gain a more detailed picture of alcohol- and drug-related crime trends, you can also visit the Swedish National Council for Crime Prevention website at www.bra.se, where municipality-based crime statistics are presented and easily accessible.

Half of Sweden's municipalities have less than 15 000 inhabitants, making them very sensitive to random variations in the data material. You should therefore exercise caution when drawing conclusions about the changes over time and the differences between municipalities and regions. For guidance as to how to handle and interpret alcohol- and drug-related data on the municipality level, refer to the publications below and to *A guide to analysing the alcohol situation in municipalities* and *A guide to the drugs situation in municipalities*.

A more ambitious approach

It is better to gather much of the information to be included in the analysis from within the municipality, where the most up-to-date information is normally available. It is also a good idea to compile data from previous years to make it easier to interpret the current figures.

1. Document review

Most municipalities pursue some form of alcohol and drug prevention policy. To examine previous decisions taken regarding prevention, it can be useful to start by carrying out *an inventory of the existing documentation*. Policy documents, programmes, action plans and evaluation reports can provide good information on prevention. For more information, see *Analysis of the municipality's prevention* below.

2. Forming a working group

After a review of the existing documentation, it may be appropriate to proceed by forming a working group to compile and interpret data on alcohol and drug problems, their underlying causes and on the prevention methods being implemented. This will also recruit and mobilise relevant actors in prevention right from the beginning. This group should contain representatives from different municipal authorities, the alcohol prevention coordinator, the local crime prevention council (if one exists), the police, the county council and a representative from the municipality's statistics division.

Relevant data can no doubt be presented by the representatives in the working group or obtained from various authorities' central databases. As for data regarding determinants, e.g. the availability of alcohol and drugs, and the preventive efforts in

the municipality, it may be necessary to interview key personnel outside the working group. Such people may be restaurant proprietors, school and preschool staff, voluntary organization representatives, etc. If they are not already part of the working group, field workers and recreation leaders should also be contacted. The information that should be included in the analysis and where it can be found is presented in more detail below.

3. What data is interesting and where to find it?

Analysis of determinants Naturally consumption or use is a direct cause of alcohol and drug problems. Alcohol consumption and drug use are themselves influenced by a number of *determinants*, also known as *risk and protection factors*. These factors can be found at the individual, group or societal level. Examples of individual factors are biological or genetic vulnerability and previous behaviour problems. Risk factors on the group level can include conflicts or abuse in the family or at school and overly positive attitudes to alcohol and drugs in the family and among peers. On the societal level, risk factors include availability, low prices and a positive portrayal of alcohol and drugs in the media. Protection factors can be described as the opposite of risk factors, e.g. good family relations and limited availability.

AVAILABILITY

Alcohol

The municipality has the main responsibility for licensing and enforcement of permission to serve alcohol, as well as supervision of the sale of medium-strength beer in supermarkets and other shops. An analysis of alcohol availability may include:

- number of establishments licensed to serve alcohol,
- opening hours of pubs, restaurants, etc.
- number of supermarket/food stores selling medium-strength beer,
- opening hours of the local state alcohol monopoly retailer (Systembolaget)

- age limit and serving regulation compliance in supermarkets and food stores, in pubs, clubs, and student union bars (test-purchase studies and serving license revocations).

These data can be collected from the municipality's *alcohol prevention coordinator* or from the county administrative board (CAB). Data from restaurants with permanent serving licenses is also available from SNIPH, as are the opening hours of local state alcohol monopoly retailers over time as presented in Alcohol trends in figures. The monopoly retailer itself also has information on opening hours in all its outlets on its website at www.systembolaget.se.

Availability is also influenced by the scope of illegal manufacture, adults peddling alcohol to minors, etc. By studying the relevant crime statistics, we can gain at least some idea of the magnitude of the problem. Help is needed from the local police in order to interpret the figures, however, since crime statistics in these cases typically reflect the resources and actions of the police rather than the amount of criminal activity. Data at the municipal level is available from the National Council for Crime Prevention at www.bra.se and possibly from the local police authority. For more information, see under Crime below.

Questions on availability are posed in some surveys conducted on school students.

Results from such surveys, if available, can be useful. Data on the changes in the availability of black-market alcohol can be retrieved via the drug reporting system at the Swedish Council for Information on Alcohol and Other Drugs (CAN). Read more about the CRD register under *Drugs*. (CRD = the CAN drug reporting system.) Another way of obtaining information regarding availability can be to instruct the police, when conducting breath analysis on motorists, to ask drivers under the influence where and when consumption last occurred.

Drugs

Since drugs are illegal, it is very difficult to find out about access and availability. Information on prices, purity and demand give some indication of access. Even if it is difficult to determine the amount of drugs on the market, observing changes in access, price, substance type, abuse patterns and group characteristics provides an indication of the current trend. In cooperation with SNIPH, CAN collects data on changes in the abuse situation twice a year from a sample of municipalities, via people and institutions with contacts in the area. Data is collected and entered into the CRD register twice a year from rapporteurs in about 20 municipalities and from all county police authorities. The information is compiled in spring and autumn reports that can be ordered from CAN. The municipalities included in the system are listed at the end of this publication.

Data on the availability of drugs can also be gathered from various surveys. In addition to questions about alcohol, many surveys distributed among student populations contain questions about the availability of illicit drugs. Read more about questionnaire surveys under *Analysis of alcohol consumption and drug use*.

On a national level, changes in seizure statistics compiled by customs and police indicate changes in the availability of drugs. The joint seizure and analysis register (BAR), kept by customs and the police, contains data on drugs, doping substances and other harmful products that can be abused. The police authority is responsible for its part of the register on the local level.

OTHER DETERMINANTS

In addition to availability, as described above, there are a number of other factors that influence alcohol and drug use. In some surveys of drug habits and other public health issues, people are asked about various risk and protection factors, e.g. conditions at home and school, leisure time and friends, bullying, attitudes to alcohol and drugs, etc. If accessible in the municipality, this information is highly valuable, especially if it can be monitored

over time. You can read more about questionnaire surveys under *Analysis of alcohol consumption and drug use*.

Data on the population level can also provide valuable information that is associated to a varying degree with various risk and protection factors. Examples of conditions that may be significant as regards the alcohol and drug situation in the municipality include the age structure, household and family structure, the country of birth of the municipality's inhabitants, level of education, employment rate, and the number of people on social benefits or unemployed. In some cultures, for example, alcohol is forbidden. Regarding age structure, there are correlations with alcohol and drug use at different ages and with alcohol- and drug-related injuries. Municipality-based data on the aforementioned conditions can be retrieved from the Statistics Sweden website at www.scb.se or from the SNIPH website at www.fhi.se in *Basic Public Health Statistics for Local Authorities*. These *Basic Public Health Statistics for Local Authorities* also contain other health-related indicators on the local level.

Analysis of alcohol consumption and drug use Alcohol consumption and drug use can be measured in different ways. One way of measuring alcohol consumption is to look at sales statistics. Alcohol sales data can be collected at the local level from www.fhi.se, *Alcohol trends in figures*, for both restaurants and the state alcohol monopoly (Systembolaget). The latter can also be retrieved from the Systembolaget website at www.systembolaget.se. In recent years, however, the Swedish sales statistics have reflected actual alcohol consumption in the municipalities less and less, since most of the alcohol consumed nowadays is imported from abroad. This effect likely varies with the geographical situation of the municipality, and this should be kept in mind when interpreting sales statistics.¹ Nor do sales statistics say much about who consumes alcohol or about the drinking patterns of consumers. Surveys are required in order to collect such data. Surveys are also used to measure trends in drug abuse.

There are different types of drug abuse; “experimental” and

“problematic”. Problematic abuse means drug use is frequent and constitutes an important part of the addict's life. Problematic addicts are seldom included in questionnaire surveys and other methods are required to reach them. You can read about these methods in *A guide to analysing the drug situation in municipalities*. Experimental abuse can normally be analysed using surveys. Questions are normally posed regarding use during the last twelve months or the last 30 days. The CRD register, described above, contains data on changes in drug use in those municipalities that are included in the register.

Questionnaire surveys

Conducting questionnaire surveys on alcohol consumption and drug use requires expertise in the relevant methods, both during implementation and when processing the data. This is particularly important if one wishes to make comparisons over time or between regions. Small populations at the municipal level can make it difficult to protect individual anonymity and thus result in a poor response level.

If the municipality has no data, considerable preparation is required before a survey can be conducted. One suggestion is for municipalities in a county to work together and contact can be taken with a research institute, CAN or the county council social medicine department, in order to avoid methodological pitfalls.

As regards school surveys, CAN performs a national survey of drug habits among ninth-grade pupils and upper secondary year 2 students every year. It also performs a similar study among sixth-graders every second year. The surveys address drug habits and various determinants such as availability, parent awareness of alcohol consumption and drug use, as well as problems that occur in connection with alcohol consumption. CAN also performs commissioned surveys in connection with the regular school surveys, normally on behalf of the county council or county administrative board. These are carried out at the same time as the annual surveys and use the same established routi-

nes, allowing comparison of the collected data with the national average.

Useful data that can be collected using drug habit surveys among school pupils related to alcohol includes: proportion of consumers, debut year, propensity to drunkenness, choice of drink and how adolescents obtain alcohol (accessibility). It is also interesting for preventive reasons to know whether adolescents drink medium-strength beer, beverages bought at the state monopoly (Systembolaget) or other sources e.g. home-made alcohol. In the case of drugs, useful data includes the proportion of those who have tried drugs, their debut year, what substances are used and method of access. The data should be analysed separately for boys and girls. Many drug habit surveys conducted nowadays also contain questions on home and school circumstances, recreation, friends, etc.

Analysis of alcohol- and drug-related problems

Alcohol- and drug-related mortality

Mortality is one of several indicators of alcohol- and drug-related problems. The National Board of Health and Welfare (SoS) compiles statistics on mortality in Sweden and there are a number of diagnoses that are associated with alcohol consumption or drug use. SoS has made a list of these diagnoses (see www.sos.se) and you can also order data from individual municipalities through them. There are a number of problems associated with using mortality statistics as an indicator of trends in alcohol- and drug-related problems. This is firstly because healthcare resources can vary over time and influence how fast sufferers die of their disease and secondly because there is a lag in statistics of about two years. It is therefore difficult to obtain an up-to-date picture of the situation in the municipality. Furthermore, mortality at the municipal level can also be very small and random variations from year to year can make it difficult to interpret the statistics. SNIPH presents trends in alcohol-related mortality at the county level every year and at the municipality level in the form of five-year mean values. Data can be retrieved from *Alcohol trends in*

figures or *Basic Public Health Statistics for Local Authorities* at www.fhi.se.

Alcohol- and drug-related healthcare

The national data that is currently available on morbidity concerns patients who have been discharged from county council in-patient care (hospital care). The resources of the health service and not least its organisation play a major role in the development of the statistics. Patients cared for at outpatient facilities (day surgery or medical care in the home) are, for example, not included in the statistics. Outpatient statistics are under development but not yet universally available. Primary care establishments in the desired county can be contacted for information about this.

All patients who have received inpatient care are entered into the patient register, a central register maintained by SoS. The register contains data on diagnoses, age, sex and home municipality. Municipality-based data can be ordered directly from SoS or retrieved from SNIPH at www.fhi.se, *Alcohol trends in figures*. Under the Social Services Act, municipalities are responsible for providing addicts with help and care for their addiction. It may be possible to obtain data directly from the municipality about the number of cases, etc. The municipalities report the amount and cost of addiction care to the CABs, who in turn report to SoS. Tables and PDF-files detailing costs and number of addicts on the municipality level can be found at www.sos.se under *Statistics*. The statistics do not show the different types of addiction, however.

Measures for children and adolescents are presented under the same title. The county courts handle compulsory care cases and reports on the number of applications and approvals are submitted to the CAB. Some CABs have a brief report on their website. SoS keeps central registers in which data from social welfare committees, the Swedish Standards Institute (SiS) and the county courts are presented.

Accidents

Drivers under the influence of alcohol are overrepresented in statistics on single-vehicle traffic accidents and road accidents occurring at night. SNIPH is therefore monitoring the trend in single-vehicle accidents that happen between 2200 and 0500 hours. The data is retrieved from the Swedish Road Administration and is based on police reports at the accident scene. As is the case with mortality statistics, accident figures are sparse at the municipality level and random variations can make it difficult to interpret the statistics. The accident frequency is also affected by the various measures taken to improve traffic safety. Statistics at the municipality level can be retrieved at www.fhi.se, *Alcohol trends in figures*.

Crime

Monitoring alcohol- and drug-related crime trends is a way of investigating the social damage caused by alcohol consumption and drug use. Registered crime statistics are, however, dependent on both the propensity of crime victims to report and how much effort the police, customs and others put into “surveillance and intervention crime”, a category to which e.g. drug crime, several violations of the Alcohol Act and drunk-driving belong. Data at the municipal level also risks being sensitive to random variations due to low frequencies. Crime statistics may, however, be one of many sources used to analyse alcohol and drug problems. Reported crime is registered in the police authority's computerised registration system, called Rational Reporting Routines (RRR). Based on the data in the RRR system, the Council for Crime Prevention (BRÅ) publishes crime statistics every quarter by county at www.bra.se. There are municipal statistics for reported crime, but not for criminal proceedings or the number of convictions – these are reported on the county level. Certain alcohol-related crime is also reported at www.fhi.se, *Alcohol trends in figures*.

Analysis of prevention performed by the municipalities As mentioned at the beginning of this publication, it is a good idea to go through the existing documentation pertaining to local prevention initiatives early on in the local analysis. An alcohol- and drug policy programme and associated action plans can, for example, contain the following information:

- background to the programme (situation when the programme was developed),
- date the programme was adopted or revised (i.e. is the issue of current interest in the municipality?),
- goals for prevention,
- the main focus of the work (target groups and measures),
- organisation and allocation of responsibility,
- methods and times for monitoring, reporting and evaluation.

Different evaluation reports can also provide information on the results of various activities. Information from people involved in the work is required in order to gain a deeper understanding of how prevention work is structured and what activities are employed. Circumstances such as the case law regarding serving issues or how the preventive work is organised may also have changed since the alcohol and drug policy was written, making it necessary to update the information.

Responsibility and resources

In some municipalities alcohol and drug prevention work is supported at the highest level and it is a matter of urgency for several of the municipalities departments. In others, preventive work is merely an issue for e.g. the education or social welfare departments. Issues concerning the allocation of responsibility include:

- On what level lies the responsibility?
- To which department do the officials working with the issue belong?

- How are these officials given a mandate to work with different issues?
- What financial resources have been allocated to the work?
- Does the social welfare department have resources for both individual care measures and more universal prevention efforts?

Effective prevention requires support from a high political level i.e. the municipal assembly/municipal executive board as well as staff and financial resources. Several municipalities have hired prevention coordinators, who in many cases report directly to the municipal executive board. A central position often facilitates coordination as many different departments are involved in alcohol and drug prevention work. Furthermore, effective prevention should be aimed at a number of risk and protection factors and the efforts of many players are required. Cooperation reduces redundancy and likely results in greater impact.

Players and cooperation

Many different players are relevant in local prevention efforts. Some may have different principals, which on one hand can make cooperation more difficult but on the other open new windows of opportunity. Issues relating to cooperation among players include:

- How does the cooperation between the police and the social services work?
- How does the cooperation between the police and the alcohol prevention coordinator work?
- How does the cooperation between the drug prevention coordinator and the alcohol prevention coordinator work?
- How are mandates given to support the prevention efforts of schools when the issue may lie under the supervision of a different department e.g. social welfare?
- Is there cooperation with any universities/university colleges in the area?

- Is there cooperation with voluntary organisations?
- Is there cooperation with the business sector, e.g. the food sector?
- What other players in the alcohol/drug prevention field exist in the municipality?
- Which collaborative partners/groups are there at the municipal and county levels?

Cooperation among players cannot be overemphasised. In many municipalities there are local crime prevention councils on which the police, social services, etc., are represented. Public health councils are also common in the municipalities, often with representatives from the county council and primary care services, etc.

Measures and results

Alcohol and drug prevention in the municipalities is often directed at children and adolescents. This is, in essence, the very nature of prevention. Most alcohol and drug problems with medically and socially harmful effects and costs are caused by adults however, which means that measures to prevent alcohol and drug problems among them are also very important. Injuries and death resulting from driving under the influence of alcohol and drugs, assault, accidents at the workplace and fetal damage caused by alcohol and drug use illustrate the importance of directing efforts towards the entire population. The most effective methods of protecting children and adolescents from alcohol and drug problems have also been shown to be those directed at the adult population in the form of parents, school staff, beer salesmen, serving staff, etc. Limiting availability is not only the responsibility of adults but also the school environment, well-being in the home and other factors that may have a protective effect. All these essentially depend upon the actions of adults. This of course does not exclude measures directed at children and adolescents in the form of e.g. structured recreational activities that are alcohol- and drug-free. Support to children with externalised behaviour problems or who are exposed to some other risk is also an important

measure since antisocial behaviour increases the risk of alcohol and drug problems later on. People involved in various activities can provide an up-to-date picture of the measures currently being implemented in the municipality as well as any results they have observed. Policy for prevention, which is one of the publications in this series, presents a number of measures and areas for action that alcohol and drug-prevention efforts should focus on. These areas are the starting point for questions that should be asked during the analysis stage.

Examples of questions that concern the prevention efforts of the municipality include:

- What are the police doing to combat home-distilling, the resale of privately imported alcohol, peddling alcohol to minors and drunk-driving?²
- How does the alcohol prevention coordinator approach his or her different enforcement tasks? How is the sale of medium-strength beer controlled?
- How often do the municipality and the police inspect restaurants with regard to overserving and age-checking?³
- How do the state alcohol monopoly outlets operate in terms of age-checking, adults buying alcohol and passing it on to minors, selling to intoxicated customers, etc.?
- To what extent are local by-laws relating to drinking alcohol in public abided by?
- How is binge drinking and underage drinking at festivals prevented?
- Is there any particular support offered to parents in the municipality, e.g. family welfare centre, parent groups at pre-schools, child healthcare clinics, etc.?⁴
- Are there programmes for cognitive and social training in municipal schools?
- How do schools work with alcohol and drug prevention? To what extent do parents take part in this? What is being done to improve the psychosocial environment? Are there programmes for cognitive and social training?⁵

- Are there efforts directed at young people and students?
- What is being done in primary care and maternity healthcare in the municipality to prevent alcohol and drug problems? Are there routines for discussing alcohol habits and drug use?
- What structured recreational activities are on offer in the municipality?⁶
- Many municipalities require organisations offering youth-oriented activities to have an alcohol/drug policy before they can obtain grants. Does your municipality do this?
- The municipality is an employer. What alcohol and drug prevention efforts are being made among municipality staff?
- What results have the different activities produced?

And finally ...

Present the results of the analysis for decision-makers, key players and maybe even the local press. Read more about how you can utilise the local media in the publication *Mobilisation, opinion building and the media*, which is included in the same SNIPH series. Present results at a seminar and choose the focus depending on the audience. Decide also on a schedule for updating information and consider what is missing from the analysis and how such information can be obtained.

Quick guide to analysing the current situation

local information	sources	download online at
Determinants		
<i>Availability</i>		
Reported violations of the Alcohol Act	BRÅ, or perhaps the local or the regional police	www.bra.se
Number of supermarket/food stores selling medium strength beer	The municipal alcohol prevention coordinator	
Number of serving licenses	The municipal alcohol prevention coordinator, SNIPH	www.fhi.se
Compliance with selling and serving regulations in shops, pubs, clubs, student union bars, etc.	Possibly the municipal alcohol prevention coordinator, CAB (license revocation, etc.)	
Pub and restaurant opening hours	The municipal alcohol prevention coordinator	
How young people obtain alcohol and drugs	Perhaps municipal schools, education authority or CAN (questionnaire surveys)	
State alcohol monopoly opening hours	Systembolaget, SNIPH	www.systembolaget.se, www.fhi.se
Access to drugs (changes)	CAN (CRD) – only in certain municipalities*	
Access to black-market spirit (changes)	CAN (CRD) – only in certain municipalities*	
<i>Other determinants</i>		
Gainfully employed, unemployed, people on social benefit in the municipality	Statistics Sweden, SNIPH	www.scb.se, www.fhi.se
Conditions at home and at school, recreation and friends, bullying, attitudes to alcohol and drugs, etc.	Perhaps municipal schools or education authority, county council or CAN (questionnaire surveys)	
Household and family structure in the municipality	Statistics Sweden, SNIPH	www.scb.se, www.fhi.se
Country of birth	Statistics Sweden, SNIPH	www.scb.se, www.fhi.se

local information	sources	download online at
Educational level of the municipality's inhabitants	Statistics Sweden, SNIPH	www.scb.se, www.fhi.se
Age structure in the municipality	Statistics Sweden, SNIPH	www.scb.se, www.fhi.se
Consumption/use		
Alcohol consumption (sales)	Systembolaget, SNIPH	www.systembolaget.se, www.fhi.se
Alcohol consumption (self-reported)	<i>Perhaps municipal schools, education authority or CAN (pupils) or the county council</i>	
Drug use (self-reported)	<i>Perhaps municipal schools education authority or CAN (pupils) or the county council</i>	
Observed drug use (change)	CAN (CRD) – only in certain municipalities*	
Alcohol- and drug problems		
Alcohol-related mortality	SoS, SNIPH	www.fhi.se
Reported violations of the Narcotic Drug Penal Act	BRÅ, <i>or perhaps the local or regional police</i>	www.bra.se
Reported cases of assault	BRÅ, SNIPH	www.bra.se, www.fhi.se
Reported cases od drink-driving	BRÅ, SNIPH	www.bra.se, www.fhi.se
Drug-related mortality	SoS	
Alcohol-related morbidity (care)	SoS, SNIPH, <i>perhaps the municipality, county council and/or CAB</i>	www.fhi.se
Drug-related morbidity (care)	SoS, FHI, <i>perhaps the municipality, county council, CAB</i>	www.sos.se (social services data)
Single-vehicle accidents at night (alcohol)	FHI	www.fhi.se
Prevention efforts of the municipality		
Documents, working group, key personnel		

*Borås, Botkyrka, Falun, Göteborg, Helsingborg, Huddinge, Jönköping, Karlskrona, Linköping, Luleå, Lund, Lycksele, Malmö, Norrköping, Solna, Stockholm, Sundsvall, Surahammar, Söderhamn, Umeå, Uppsala, Varberg, Västerås, Växjö, Örebro, Örnsköldsvik and Östersund.

Further reading

The following publications relating to alcohol and drug issues, analysis and monitoring can be downloaded as PDF-files from the SNIPH website www.fhi.se.

Andréasson, S. *Att förebygga alkoholskador – stödinsatser för riskgrupper [Preventing alcohol injuries – support initiatives for risk groups]*. Stockholm: Swedish National Institute of Public Health, 2003. In Swedish only.

Andréasson, S. (ed) *Den svenska supen i det nya Europa. Nya villkor för alkoholprevention: en kunskapsöversikt [Swedish drinking habits in the new Europe. New conditions for alcohol prevention: a knowledge review]*. Stockholm: Swedish National Institute of Public Health, 2002. In Swedish only.

Lindén-Boström, M. *Introduktion till utvärdering [An introduction to evaluation]*. Stockholm: Swedish National Institute of Public Health, 2002. In Swedish only.

Rask, L. *Hjälpreda för kartläggning av narkotikasituationen i kommuner [A guide to analysing the drug situation in municipalities]*. Stockholm: Swedish National Institute of Public Health, 2003. In Swedish only.

Swedish National Institute of Public Health. *Hjälpreda för kartläggning av alkoholsituationen i kommuner [A guide to analysing the alcohol situation in municipalities]*. Stockholm: Swedish National Institute of Public Health, 2002. In Swedish only.

Notes

1. The Centre for Social Research on Alcohol and Drugs, SoRAD, estimates total alcohol consumption on the national level using sales statistics and questionnaire surveys relating to the acquisition of unregistered alcohol.
2. Active traffic policing with random breath testing leads to fewer injuries and deaths on the roads. See Memorandum 2004:1 Strategisk analys av trafiksäkerhetsåtgärder [Strategic analysis of traffic safety measures]. Stockholm: Swedish Institute for Transport and Communications Analysis (SIKA); 2004.
3. The problems of overserving and serving to minors will be reduced if restaurants adopt the Responsible beverage service (RBS) concept. See Wallin E Responsible beverage service: Effects of a community action project. Stockholm: Karolinska Institutet; 2004.
4. Early support to families has been shown to prevent future problems in several areas. See Bremberg S (ed.) New tools for parents. Stockholm: Swedish National Institute of Public Health; 2004.
5. For more information on how schools can participate, see “Schools can aid prevention”, no. 3 in this series.
6. Studies show that young people with an active and structured leisure time smoke less, drink less, abuse drugs less and commit less crime. Activities such as meeting friends, and that mostly involve people who have some kind of problem, tend instead to increase the risk of alcohol and drug problems. See Mahoney J L & Stattin H Leisure time activities and adolescent anti-social behaviour: The role of structure and social context. *Journal of Adolescence* 2000; 23, (2):113–127.

It is beneficial to have a clear picture of the situation as regards alcohol and drugs in the municipality in order to implement effective alcohol and drugs prevention measures. An analysis of the extent of the problem, the causes and available resources provides a basis for political decisions and for monitoring and evaluation of prevention initiatives.

Analysis and monitoring methods is a practical tool for people with a responsibility for alcohol and drug issues at the local level. This publication is part of a series including the following titles which have been translated into English:

- Policy for prevention
- Analysis and monitoring methods
- Responsible beverage service (RBS)



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