

# Unaccompanied minors and drug use in Sweden

Emma Wahlstedt, Public health analyst

GPS expert meeting 15-16 June 2018

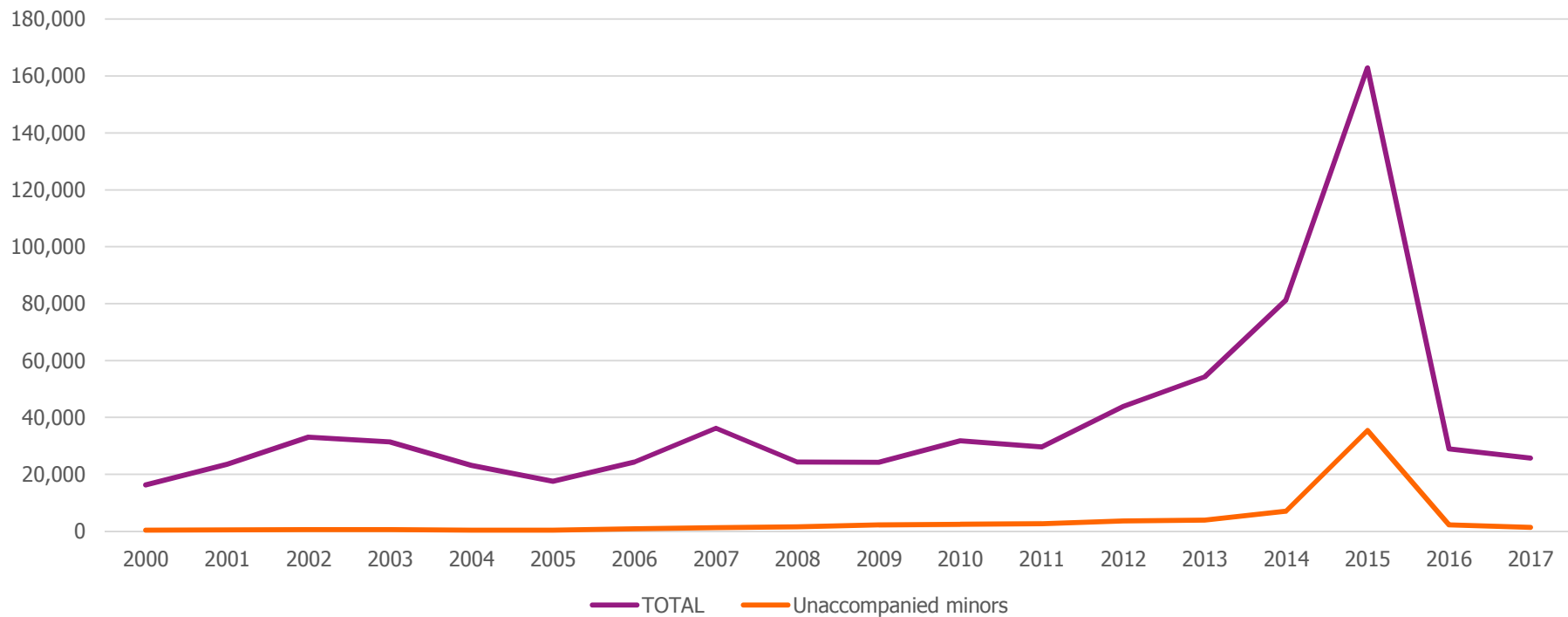


In April 2017 the Swedish government assigned the Public health agency of Sweden to map the magnitude and type of drug use among children and young adults that arrived to Sweden as unaccompanied minors (21 years or younger) from 1st January 2015 to 30 September 2017

Project carried out by my colleagues Åsa Domeij, Mimmi Eriksson Tinghög and Annmarie Wesley

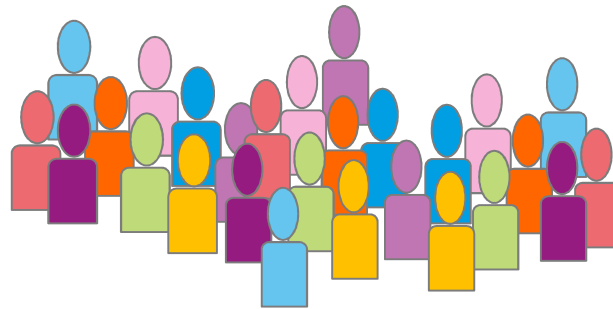
# Setting the scene

Number of asylumseekers Sweden, 2000-2017

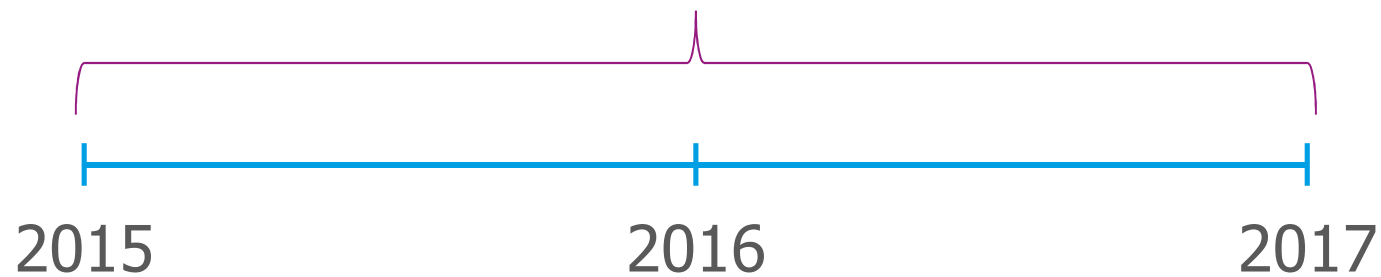


Source: Swedish Migration Agency

# Unaccompanied minors in Sweden

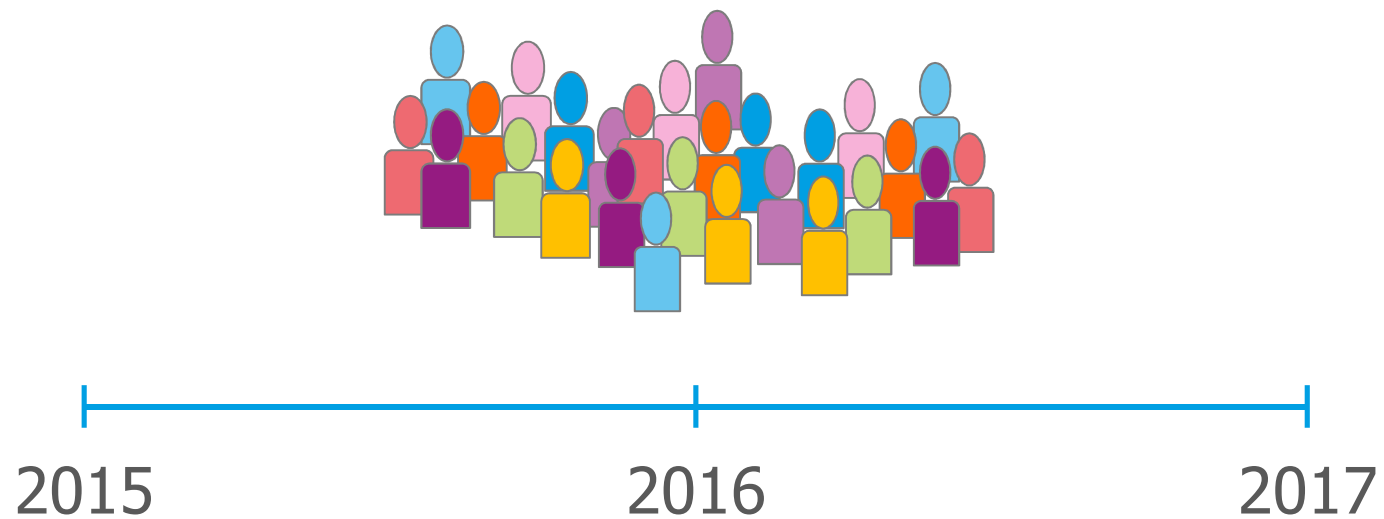


37 000 unaccompanied minors came to Sweden



# Unaccompanied minors in Sweden

The majority of them arrived during 2015



SVERIGE 15 januari 2017 11:52

## Många flyktingbarn tar tunga droger



flyktingbarn är fast i ett drogmissbruk. I Stockholm är det  
och brukar heroin, medan det i Göteborg främst  
cannabis.

START

NYHETER

EKONOMI

SPORT

CULTUR

LIVSSTIL

LEDARE

DEBATT

A-Ö

Q

PRENUMERERE

Meny

sverigesradio

**P4** Blekinge

START

P4 PROGRAM A-Ö

TABLÅ

LÅTLISTOR

ARKIV

OM...

## Drogmissbruk ökar markant hos ensamkommande barn

Publicerat torsdag 9 februari 2017 kl 05.30

## narkotika i

och 200 ensamkommande unga i  
vra narkotikaproblem och befarar

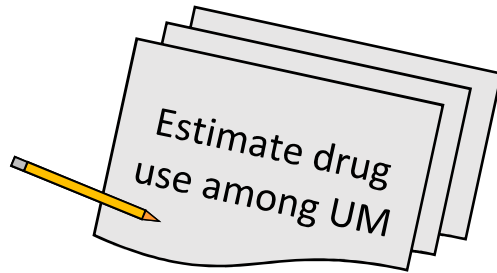


*"The society needs to be better at **identifying and helping** young people that are on their way into drug abuse. To develop actions that work we need both **new knowledge** and to be able to use the **knowledge we already have**.*

- Gabriel Wikström, Minister of public health 27 april 2017

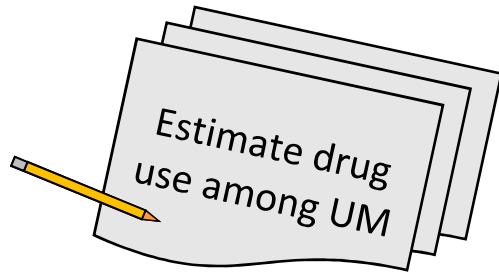






## Survey

- Survey sent to social services, asked to estimate the number of unaccompanied minors with known drug use in their municipality
  - *Unaccompanied minors 21 years or younger*
  - *Sent to municipalities that had taken in more than 10 unaccompanied minors from January 2015 to October 2017*



## Survey

- Municipality estimations related to total number of unaccompanied minors arriving in the municipality
- Estimations ranged from 2-11% (National level estimation 8% )
- Self medicating due to mental ill-health
- Large number of undetected cases
- Limitation: Not all municipalities represented and Not possible to find out how systematically the data has been collected at municipality level

AW4



## Register study

- Compare admittance to drug related care among unaccompanied minors and "other youth"
  - *Unaccompanied minors 21 years or younger with permanent residence*
  - *Admittance to care January 1st 2005-31 dec 2014*
  - *"Other youth" = children arriving in Sweden with parent/guardian and children born in Sweden to Swedish parents*
  - *All born between 1994-2006*
- Combine migration data with health care data

**Slide 11**

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**AW4**

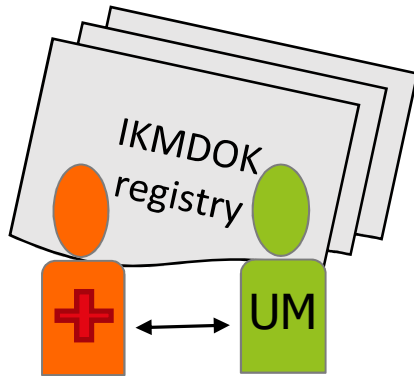
"You need a full personal number to be in the..." a personal identification number

Annmarie Wesley, 14/05/2018



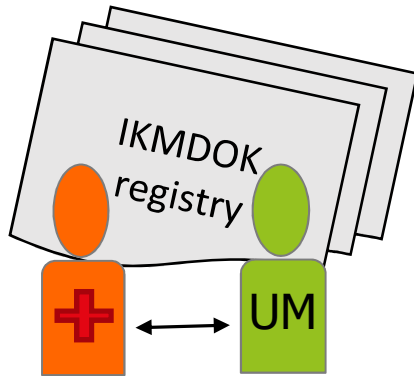
## Register study

- 0,8% of the unaccompanied minors had received care for substance use vs. 0,3% among both groups in "other youth"
- Most frequently care for alcohol use, followed by cannabis
- Few differences between the groups
- Limitation: Personal identification number! The studied population probably differs from the population that arrived in 2015 and onwards who do not have permanent residency



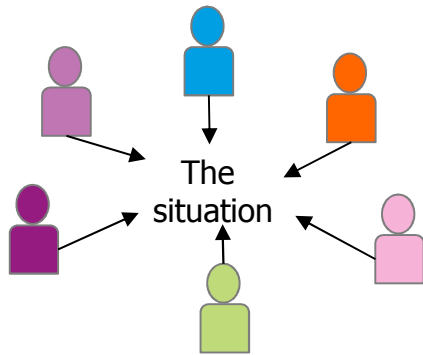
## Cross sectional study

- Comparing drug use among unaccompanied minors and other youth in contact with 12 specialised care units
  - *Unaccompanied minors 21 years old or younger*
  - *From 1 January 2016- 30 June 2017*
- Based on interviews made at specialised care units collected in the IKMDOK registry
  - 1225 individuals, 93 of them were unaccompanied minors



## Cross sectional study

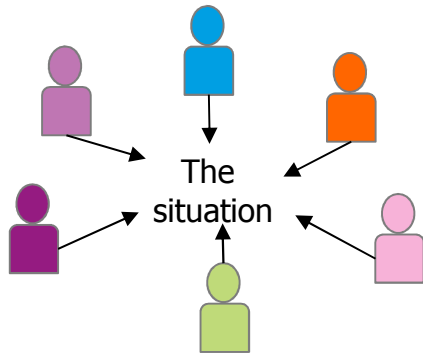
- Not many differences between the groups regarding drug use
- Cannabis most common drug
- Differences in mental health, less externalised mental problems
  - Depression, sleeping problems and anxiety



## Focus group discussions

- Groups consisted of representatives from *Police, NGOs, County councils/municipalities, Treatment centres/facilitites , Social services*
- Interviewees were asked to focus on unaccompanied minors under 18 or 18-21 years old and experiences from the period 2015-2017.
- Discussions focused on 4 topics
  - *Knowledge of drug use among unaccompanied minors*
  - *Reasons for drug use and risk- and protective factors among unaccompanied minors*
  - *Undocumented migrants – what do we know?*
  - *Interventions to prevent drug use among unaccompanied minors*





## Focus group discussions

- Participants noted that it is not possible to say if drug use is more common among unaccompanied minors than youth in general.
- Factors increasing the risk of drug use or problems related to drug use were perceived to be more prevalent among unaccompanied minors
- Mental ill-health, a long asylum process, lack of activities, non-optimal housing solutions and missing a safe and secure base are mentioned as the major riskfactors for drug use



## Conclusions

- This group is heterogenous and it is hard to determine if drug use is more common among the unaccompanied minors than other young people.
- Riskfactors for mental ill health, social vulnerability and drug use are often more prevalent than the protective factors for this group.
- Drug use is occurring in this group and that this needs to be taken seriously.

# What happens now?

- The Public Health Agency believe that monitoring the situation as well as implementing psychosocial interventions are central in assuring that unaccompanied minors arriving in Sweden get the best possibilities of health and wellbeing.
- Two funding opportunities for projects targeting young adults in migration
  - Counties, Municipalities, NGOs etc.



Folkhälsomyndigheten  
PUBLIC HEALTH AGENCY OF SWEDEN

# Any Questions?

[emma.wahlstedt@folkhalsomyndigheten.se](mailto:emma.wahlstedt@folkhalsomyndigheten.se)

