



# MUMIN

- motivating young  
drug abusers to treatment

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# Introduction

The Swedish National Drug Policy Co-ordinator has been commissioned by the government to coordinate the National Action Plan on Narcotic Drugs. We work with measures that aim to ensure that drugs are less available, fewer young people experiment with drugs and more people with addiction problems receive help in overcoming their addiction.

During 2004, the National Drug Policy Co-ordinator initiated the development of the method aiming to improve and make more effective the collaboration between the various authorities with which young people and their parents come in contact when a person is apprehended, especially the police,

social services and addiction care service. MUMIN has been developed through collaboration between the Youth Section at Stockholm County Police Criminal Intelligence Department, Beroendecentrum Stockholm and Maria Ungdom. Since 2006 MUMIN has been part of the regular operation of the authorities concerned. A final report from the project was submitted in February 2007.

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# Results and experiences of MUMIN

## THE POLICE ARE THE ENGINE THAT RUNS THE WORK

4 The youth section of the Stockholm police acts as the engine that runs MUMIN. These are the professionals who monitor young people's activities, intervene where they suspect drug use and take the individuals concerned to Maria Ungdom. The unique rights given to the police service make it possible for them to discover instances of drug use and identify the young people in need of treatment. It is sufficient for the police to have "reasonable suspicion" that a person is under the influence of drugs or in possession of drugs for them to introduce coercive measures. This is something that parents, social services, schools and sports leaders cannot do.

The actions of the police in MUMIN make it possible to find young people who were previously unknown as drug users. The youth section is often located in places where there are no other adults and this is also one of the reasons why one finds young people who were previously unknown to the authorities.

For the police's part, the MUMIN method means that many of the young people whom they find when they are out on reconnaissance, and whom

they suspect of being under the influence of drugs, are no longer taken to the nearest local police station. They are taken instead to one of the Maria Ungdom special acute clinics which operates as a police station. There the police first do all the things they would have done at a "normal" police station, i.e. write a report, carry out a physical examination and interrogate.

In addition therefore to their normal police work of detecting crime, the police also have in a key role in MUMIN with regard to motivating young people to take the important step towards treatment. Many of the police who work with MUMIN think that it feels more meaningful to intervene when they see that they can then offer young people something positive - treatment. In the past it was often a case of intervening with young people, but after having contacted the parents, they were allowed to go with the result that the police often had to intervene against them the following weekend.

The most important reason for the police to take part in MUMIN is the possibility of achieving the long-term objective of helping young people to stop abusing drugs. It is difficult for the police to achieve this alone. But by collaborating with others it will hopefully be possible.



## SHORTENING THE CARE CHAIN

The county council and the care of those with addiction problems, via Maria Ungdom, is the second link in the care chain that MUMIN represents. From the health care side, it has been found that the main new thing with MUMIN is that the treatment time has become shorter: the young people come direct from the police and receive care immediately. However, one can also say that the young people who come via MUMIN have a more complex set of problems, a more extensive history of abuse and often greater social problems. They do not come there voluntarily either which is normally the case.

Those who work in accordance with the MUMIN model on the care side do not feel that their role has changed as part of MUMIN. They basically do the same things, the same kinds of treatment as before, albeit with a certain modification. Since the MUMIN patients do not come voluntarily, they are less motivated to receive care, and this has increased the demands on staff to motivate them. To help staff further with this, they have been given additional training in MI.

## THE SOCIAL SERVICES RUN IN THE USUAL WAY BUT WITH MORE COLLABORATION WITH THE POLICE

The social services is the actor that has been least affected in its daily activity by MUMIN. For them MUMIN patients are largely treated the same as other patients. One difference with MUMIN is the rapid response, the fact that all links in the care chain offer support and help in the acute situation when most are susceptible.

For the social services the biggest change has been the close collaboration with the police. The

collaboration that has come about via MUMIN may also mean major changes in the social services' way of working. They may, for example, accompany the police in connection with measures. That way the police can focus on their police work while the social services can focus on the slightly younger individuals. Before the MUMIN project started, the collaboration between the police and social services was sporadic; in the future they will work together in a more structured way and more regularly.

## RESULT

More than half, 52 per cent, of the people asked accepted a first interview at Maria Ungdom after being apprehended by the police for minor drug offences. 55 per cent of these went further and received treatment for their addiction problems. The evaluation shows that just over 50 per cent of the young people who accepted care had not had any previous contact with Maria Ungdom. Through MUMIN therefore they reach a new group of young people slightly earlier in their career of addiction. From the county council's side this is seen as a success since they have been able to help 134 young people (between August 2004 and December 2005), who otherwise would have received no help at all or if so, then at a much later date.

Roughly half of the young people involved in the MUMIN project therefore rejected the offer of care on-site. One possible explanation might be that since they are often over 18 years of age, they do not need to have their parents with them, and they are also more experienced and have a longer history of drug addiction. This is still a difficult group to reach. But there are a number of unrecorded cases of people who come back to Maria Ungdom and receive care at a later date instead. They tell the



staff that they were previously offered care via MUMIN, but did not feel able to accept it at the time, but now they are back.

The content of the text is based on interviews with representatives from the different actors that have been involved and have started and run the

MUMIN project. Manne Jönsson, head of the County Police C.I.D's youth section in Stockholm, Lena Melander and Ulf Wahlgren at Maria Ungdom/County Council and Göran Hägglund, manager at Maria Youth Department/Social Services in Stockholm

The table below shows to what extent the apprehended adolescents (called "MUMIN") have tested different drugs. They are compared to the ordinary clients of Maria Ungdom (called MU). The MUMIN-adolescents shows significant differences than the ordinary clients of Maria Ungdom. The result is shown in percentage.

Substance use (%)				
	MUMIN girls	MU girls	MUMIN boys	MU boys
Morphine-like	8	4	3	3
Central stimulants	28	15	15*	9*
Ecstasy	25**	9**	11	8
Cocaine	11	9	9	5
Cannabis	75**	38**	82**	41**
BZ	19	13	17*	9*
Dextro.	3	1	1	0.5
LSD	11**	1**	5	2
Bupren.	3	2		2
Doping		0.4	2	1
Sniffing	8	12	11	11
Other	14*	4*	7	3

\* Significant at 95% level of significance

\*\* Significant at 95% level of significance

The table below shows to what extent the apprehended adolescents (called "MUMIN") have other mental or social problems besides substance abuse. They are compared to the ordinary clients of Maria Ungdom (called MU). The MUMIN-adolescents shows significant differences than the ordinary clients of Maria Ungdom. The result is shown in percentages. Besides a very high incidence of criminality, drugs and psychosocial impairments, many of the MUMIN adolescents people lack the protective factors that make it easier for them to overcome these problems.

Problems besides abuse (%)				
	MUMIN girls	MU girls	MUMIN boys	MU boys
Depressive tendencies	44**	17**	11	9
Suicidal thoughts	22**	7**	3	2
Disorderliness/aggression	17*	7*	10	10
Self-destructive behaviour	17	9	2	2
Disturbed eating behaviour	17**	3**	1	0.5
Truancy	33*	18*	22*	14*
Reading and writing difficulties	8*	2*	9*	4*
Exposed to sexual assault	8	3	1	0,2
Exposed to physical/mental mistreatment	6	2	5*	1*
Criminality	14**	3**	44**	12**

\* Significant at 95% level of significance

\*\* Significant at 95% level of significance





# Swedish drug legislation

The overall objective of the Swedish drugs policy is a drug-free society. Drug-policy measures are geared towards the supply of and demand for drugs with a view to reducing the number of new addicts, encouraging people with addiction problems to cease their abuse and to reduce access to drugs. The measures to reduce the demand for and supply of drugs are combined with the drug policy's clear socio-political and public-health-policy profile.

As a result of its zero tolerance towards drugs, Sweden has tough drugs legislation where all unlawful dealings with drugs are prohibited. It is illegal to buy, use or generally possess drugs, to sell, exchange, lend or give drugs as a gift. It is also illegal to cultivate or produce drugs in any other way. Drugs may not be packaged, transported or stored, nor may one promote contact between buyer and seller or help to initiate payment between buyer and seller.

All handling of drugs is therefore prohibited in Sweden. This means that it is also illegal to be

under the influence of drugs. Since 1993 the police have had the legal right to take action against people they suspect of being under the influence of drugs. In such cases the suspect may have to produce a blood or urine sample for analysis. If the sample contains drugs, or traces of drugs, the person is guilty of a minor drug offence, personal use. One of the reasons why this legislation was introduced was to make it possible to find and apprehend people in the risk zone of addiction and to offer care and treatment at as early a stage as possible.

The penalty for drug offences depends upon the seriousness of the offence. For minor drug offences the court may impose a fine or prison sentence of up to six months. More serious offences always carry a prison sentence, usually up to a maximum of three years. If the offence is considered particularly serious, the sentence will be anything from a minimum of two to a maximum of ten years.



# The Swedish Police Service

8 The National Police Board (NPB) is the central administrative and supervisory authority of the police service. It is also the supervisory authority of the National Laboratory of Forensic Science. The NPB is headed by the National Police Commissioner who is appointed by the government. Among other things, the NPB is responsible for the development of new work methods and technological support. It is also - through the National Police Academy - responsible for the training of police officers. The National Security Service and the National Criminal Investigation Department are units within the NPB.

## TWENTY-ONE POLICE AUTHORITIES

The police officers that the public most often comes in contact with are normally stationed in one of the 21 police authorities, which operate within the same jurisdictions as the 21 counties in Sweden. The police authorities are responsible for police work at the local level, such as responses to emergency calls, crime investigations and crime prevention. Their responsibilities also include the issuing of passports and various kinds of permits and licences.

## WORK AGAINST DRUGS

Sweden's police combat drug trafficking and production on local and national levels. Their work falls into the following categories.

- Working against organised crime by liaising with district-level narcotics police or their equivalents, the national crime department (RKP) and customs departments.
- Closely monitoring trafficking and production on the street level.
- Working against possession and production.

## DRUGS ON A LOCAL LEVEL

Each district takes a slightly different approach to tackling drugs, which may include having a separate drug division, or else incorporating their drug investigations with other policing areas.

Some districts have established taskforces specifically against street trafficking, while others have also chosen to utilise their existing general duties patrols.



## DRUGS ON THE NATIONAL LEVEL

The RKP has an investigation division which assists police districts and other bodies tackling drug crime. They also have a drug intelligence department which targets serious national and international organised crimes related to narcotics, drug doping and high-class pharmaceuticals.

## THE COUNTY POLICE CRIMINAL INTELLIGENCE DEPARTMENT'S (CID) YOUTH SECTION IN STOCKHOLM

The C.I.D.'s youth section has worked since 1996 throughout the county of Stockholm with young people aged 15-25 who commit minor drug-related offences. The staff of 24 people is divided into three operative groups with six people in each group. These individuals engage in reconnaissance and take action

in cases where young people are using drugs and then carry their own investigation before handing the matter over to the regional public prosecution office.

The youth section takes action in around 100 cases per month. Of these roughly 60 per cent of the young people involved are entirely unknown to the police in terms of drug use. The aim is to work actively and intervene at an early stage in cases of young people involved with drugs. To a large extent this involves being present at the locations where the individuals abusing drugs are to be found. The police monitor parties, pubs, parks and gather tip-offs and information on young people using drugs.

Young people who are arrested for drug use are taken to Maria ungdomsmottagning (Maria Youth Clinic). A report is compiled and the person is questioned. Blood and urine samples are taken. The Maria care staff and social services then take over and offer care and support. If the person is under 18, the police contact his/her parents.





# Health and medical care in Sweden

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The responsibility for providing health and medical care lies mostly at regional level with the county councils. The county councils are responsible for tasks that may be difficult for municipalities to handle and which require coordination across a larger region and often large resources. The county councils are obliged to offer the inhabitants of the county health and medical care and to work preventively towards a better level of health among the population as a whole.

At regional level Sweden is divided into 21 counties. Each county has a county council whose decision makers are elected directly by the county's population every four years.

Health and medical care is the most important area of responsibility for the county councils. It represents around 90 per cent of the operation. Other important county council areas include public dental care and responsibility for public transport. The county council is also responsible for improving public health and carrying out preventive work focusing in particular on obesity, smoking and alcohol/drug abuse.

The operation of the county councils is financed through state subsidies, county council taxes and charges and is regulated through, among other things, the Local Government Act.

Municipal self-government means that county councils and regions can adapt their operation to local conditions. The operation is financed to a large extent by tax. The common finance guarantees that all Sweden's inhabitants receive the same access to high-quality care. Each county council and region has the right to decide for itself the level of tax and how to allocate its resources.

## STOCKHOLM COUNTY COUNCIL

Stockholm County Council collaborates with the municipalities in the county of Stockholm over the care and treatment of people who have an abuse or dependency problem and who need long-term care. The municipality has the main responsibility for the care of those with addiction problems and is responsible for supporting them in daily living and with accommodation. The county council is responsible for medical treatment.

Throughout the county there are special out-patient clinics where people with addiction problems may come initially for help. Some of these clinics are jointly run by a municipality and the county council. The out-patient clinics have various practitioners



working there, e.g. specialist doctors, nurses trained in psychiatry, psychologists, alcohol/drug therapists, care staff and welfare officers. The clinics offer help with advice, assessment and treatment, long-term support in remaining sober or drug-free, training in preventing a relapse. For acute measures there are special acute clinics that are open 24 hours a day.

Sweden's entire population has equal access to health care services. The Swedish health care system is government-funded and heavily decentralised. Compared with other countries at a similar development level, the system performs well, with good medical success in relation to investments and despite cost restrictions.

## Management

In Sweden the responsibility for providing health care is decentralised to the county councils and, in some cases, the municipalities. A county council is a political body whose representatives are elected by the public every four years on the same day as the national general election. According to the Swedish health and medical care policy, every county council must provide residents with good-quality health services and medical care and work toward promoting good health in the entire population.

Sweden is divided into 20 county councils. One municipality, the island of Gotland, carries the same responsibilities as the county councils for health care. Around 90 per cent of the Swedish county councils' work involves health care but they are also involved in other areas, such as culture and infrastructure.





# Municipal responsibility for the care of those with addiction problems

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Sweden's municipalities have a number of obligations according to the Local Government Act. One of these is the provision of social services. This consists of care for the elderly, support and service for people with functional disabilities, and care of families and individuals. The task involves the provision in various forms of support, protection and help to the most vulnerable groups in society. It is consequently the municipality which, through the social services, has the main responsibility for the care of those with addiction problems.

There are also a large number of special laws which regulate in more detail the activities in the municipalities. Social services are regulated by the Social Services Act. The work of the social services is monitored in various ways. The county administrative boards are responsible for supervising municipal social services while the National Board of Health and Welfare is responsible for supervising social services at national level. The National Board of Health and Welfare also issues directives and provides general advice in the area of social services.

## SOCIAL SERVICES IN STOCKHOLM

The municipality has the main responsibility for ensuring that people with addiction problems receive the support and help they need in order to overcome their addiction. This responsibility includes providing information on the harmful effects of alcohol and drugs and seeking out people who might be considered in need of help.

Stockholm's municipality is divided into 14 neighbourhoods. Each neighbourhood has a neighbourhood administration which has responsibility for most of the municipal service within its geographical area. There are, for example, social welfare secretaries to whom the residents of the neighbourhood can turn for support and help in difficult situations, e.g. temporary financial support or care and treatment of their addiction. Each administration has a council with political responsibility.

It is the municipal council that allocates funds and decides on the overall objectives and guidelines for the whole city's operation including that for which the neighbourhood council administrations are responsible. The neighbourhood administrations in turn dispose of their allotted funds according to local needs.



The Social Services Administration, which is a central administration in Stockholm's municipality, is responsible for services across the city that supplement and strengthen the measures carried out by the neighbourhood council administrations within the area of social services, sell social services, especially to the city's 14 neighbourhood councils. The administration also draws up guidelines for all the social services in Stockholm's municipality. The city also has a special "Outreach Department for

Adults" for people with addiction problems, mental illness, homelessness and other socially vulnerable people living in the city of Stockholm.

The City of Stockholm and Stockholm County Council have joint responsibility for the care and treatment of persons with addiction problems. The county council is responsible for medical care and runs various treatment programmes for special groups of addicts.







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