The International Journal of the Addictions, 6(1); pp. 109-118, March 1971

Drugs in Norway—Attitudes and Use*

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In Norway, as in many other countries, the authorities and the mass media have in recent years devoted considerable attention to the use and abuse of dependence-producing drugs other than alcohol. One reason for this heightened interest is that changes have been observed in the relatively stable pattern of abuse existing in the past, especially since cannabis and hallucinogens, which up to a few years ago were practically unknown to the average Norwegian, have begun to enter the country.

Alcohol has traditionally been the principal intoxicant in Norway, and has been accorded the greatest attention on account of its harmful effects. Abuse of other drugs, on the other hand, has until recently never been a real problem, quantitatively speaking. A few hundred morphine addicts constituted the country's biggest narcotics problem, and their number has remained surprisingly constant over a long period. From the 1950's on, however, there has been a rising abuse of barbiturates, and from about 1960 also an increase

*Paper read at the International Institute on the Prevention and Treatment of Drug Dependence, Lausanne, 1970.

in the abuse of meprobamate and, of late, of Valium and Librium. It is thought that the number of people addicted to such drugs is now much greater than the number on classical preparations of the opium type. This relatively sharp increase has, however, not received much notice from the general public nor led to any widespread public debate. Moreover, the public health authorities feel that they have the situation under control.

In the mid-1960's, however, when the first signs of illicit use of cannabis by Norwegian youth came to the attention of the authorities and the general public, there was an immediate outcry. Relatively strict legal measures were introduced to cut down offenses of this type. The mass media gave widespread coverage to the subject and featured lurid descriptions of the grave effects of such drugs, especially cannabis, but also to some extent LSD. Legal and medical authorities immediately took a firm stand against these drugs, and they have served more or less as leaders of an informatory and propaganda campaign directed against drug taking in general and against the use of cannabis in particular. This campaign was designed to foster a strong aversion to the use of such drugs among the population as a whole.

The result is that today we are faced with the situation that, in the course of only a few years, drugs that previously were barely heard of have become the focus of public attention. Accordingly, it may well be asked to what extent the campaign has gotten through to the man in the street and what attitudes or opinions it has generated in regard to these drugs. It may also be asked to what extent any such opinions are in line with those put forward by the experts, as reflected in professional literature and research reports.

An attempt to assess the effect of the campaign has been made by the National Institute for Alcohol Research in Norway (Brun-Gulbrandsen et al., 1970). The Institute's study is based on interviews conducted in 1968 among a representative sample, about 2000 persons, of the adult Norwegian population.

The data thus obtained indicate that the effect may have been very powerful, at least as far as cannabis is concerned. Only 1.9% of the respondents admitted to ever having taken the drug. On the other hand, an extremely large proportion—more than 97%—said that they had heard about cannabis, and there is a good deal of evidence to suggest that their having "heard about" cannabis does not mean only that they have heard the name. Most people in Norway appear to look upon cannabis as an extremely dangerous drug, the use of which should be keenly combatted by society. Practically everyone who had heard of it knew that buying, selling, and using it are against the law, and 96% were in favor of these legal restrictions. Only 6% declared that they would like to try cannabis for themselves if they could do so legally.

These data would appear to indicate that the average citizen considers cannabis to be dangerous, but the question remains of how dangerous. This is difficult to answer, as the concept of danger has many aspects. One of them is the dependence-producing qualities of the drug; another is the danger of its intoxicating effect as such in certain circumstances; and a third is the possible harmful physical and psychological effects of prolonged use. Another question is to what extent use of cannabis may lead to the use of other, even more dangerous, drugs. An assessment of the danger of a drug may also be influenced by its availability. Still another factor is to what extent the drug is known and used in the culture of which the user is a part. Finally, consideration ought to be given to any positive effects the drug may have, along with its negative ones.

As an initial approach to the problem of ascertaining how dangerous people consider these drugs to be, we experimented with two different kinds of questions. The first was designed to grade a selection of drugs according to how dangerous they were assumed to be in relation to each other. We asked the following question:

> Alcohol, tobacco, sleeping pills, etc., are all substances which many people think may have detrimental effects. Let us imagine that you know someone 18 years of age of whom you are very fond. You hear that he has started to use the drug printed on one of these cards. Which of these eight drugs would be the worst he could have started on—that is, what would worry you most if you found that he had started using it?

The respondent was then handed eight cards, on each of which was printed one of the following:

Alcohol
Morphine
Sleeping pills
Tobacco
Marijuana, hashish
Pep pills (amphetamines)
LSD
Tranquilizers

When the respondent had picked out the drug he considered to be the worst his imaginary acquaintance could have started to use, he was asked to select the next worse, and so on, through the whole list, until all eight drugs had been graded.

The mean rating of each drug was calculated. This could vary from 1.00, if everyone in the sample rated the same drug as the most dangerous, to 8.00,

Table 1
Mean Rating of Eight Drugs, by the Danger a Representative Sample of the Norwegian Population Believed Them to Constitute (N = 1319)

LSD	1.74
Marijuana, hashish	2.23
Morphine	2.70
Pep pills (amphetamines)	5.16
Alcohol	5.20
Sleeping pills	5.74
Tranquilizers	5.86
Tobacco	7.37

if everyone rated it as the least dangerous. The results are set out in Table 1.

LSD was, on the average, considered to be the drug which would give most cause for concern. It was followed by cannabis, morphine ranking only third. The differences between these three drugs are clearly defined, but they are not very great. On the other hand, there is a considerable gap between morphine and the next two on the list, amphetamines and alcohol, whereas these two are themselves evaluated as being more or less equal. Sleeping pills and tranquilizers are rated more or less equal, too, while tobacco clearly emerges as the least harmful substance of them all.

As has been said, it is difficult to conceive of one single, objective measure of the general danger of a drug, as this is probably determined by a variety of factors. One that has been especially emphasized in the Norwegian debate, particularly in connection with cannabis, is a tendency to lead to dependence.

We then posed a different type of question, to measure the extent to which, in the opinion of the sample, various drugs—we chose tobacco, alcohol, sleeping pills, morphine, and marijuana—are dependence-producing. In the case of tobacco, the question ran as follows:

> Imagine that we were to choose a random selection of one hundred young people from all over the country who had not smoked before, and allowed them to smoke 5-10 cigarettes every day for one month. Do you think any of them would become dependent on tobacco, so that it would be very difficult for them to stop smoking once the month was over?

For the other four drugs we employed the following formulations, stressing in each case that it was a matter of young people who had had no previous experience with the drug:

> . . . and allowed them to get fairly intoxicated every day for a month.

. . . and allowed them to take fairly strong sleeping pills every day for a month.
. . . and allowed them to have an injection of morphine every day for a month.
. . . and allowed them to smoke marijuana once a day for a month.

Those who answered in the affirmative were asked the following supplementary question:

> How many of this selection of one hundred do you think would become so dependent on the drug in the course of the month that it would be very difficult for them to stop using it afterwards?

Only 4% of the sample thought that none of the one hundred young people involved would become dependent on marijuana, as against 21% who thought that all of them would become dependent on it. Table 2 shows that on the average the sample believed that 60% of a random selection of 100 young people who smoked marijuana once a day for one month would become dependent on it. Furthermore, on the average they believed that 50% of those who received a daily injection of morphine would become dependent on it, 43% would become dependent on tobacco if they smoked 5-10 cigarettes a day, 28% would become dependent on fairly strong sleeping pills if they took some every day, and 27% would become dependent on alcohol if they got fairly intoxicated every day for one month.

Thus, the data indicate that it was generally felt that smoking marijuana once a day for one month would be more likely to lead to dependence than would having an injection of morphine daily for the same length of time, and far more so than smoking 5-10 cigarettes, taking sleeping pills, or drinking alcohol to the point of intoxication daily for one month.

As a whole, therefore, it seems that the informatory and propaganda campaign has been highly successful, viewed in the light of its declared objectives. Practically the entire population seems to have heard of cannabis, and the great majority also of LSD. Most of these people have developed a strong negative attitude to these drugs and consider them to be highly dangerous – even more dangerous, in fact, than morphine. Cannabis is also

Table 2
Percentage of Group Expected to Become Dependent on Various Drugs

Marijuana	60%
Morphine	50%
Tobacco	43%
Sleeping pills	28%
Alcohol	27%

thought of as having strong dependence-producing effects, much stronger, indeed, than are credited to it by most experts.

The question may be raised whether the campaign was not too successful; not because of the opposition displayed by the sample to psychedelic drugs, but because of the tendency to view other drugs, such as morphine and amphetamines, as being less dangerous than cannabis. In addition, a credibility gap may emerge between the public and the authorities if the former, and especially the younger generation, gain the impression that the "establishment"–the authorities–have presented to them as facts what in reality are personal opinions or unproved hypotheses. Young people more often have first-hand experience of drugs, they are more likely to know people who have used them without any detrimental effects, and they have greater access to information from other sources. It may be mentioned in this connection that the dangers of such drugs were rated differently by a representative sample of Oslo students, young people who may be assumed to know more about them than does the population in general. These students also rated LSD as the most dangerous drug, but they put morphine in second place, followed by amphetamines; cannabis was rated only fourth.

Another important question concerns the long-term effects of the rather severe penalties imposed for relatively minor drug offenses. There is no denying that at present the strict antidrug laws appear to accord with the general public's sense of justice, but this "sense of justice" has probably in large measure been created by the authorities themselves on the basis of their own special concept of the danger of these new psychedelic drugs. The consequence has been, however, that many young people who have never before been in conflict with the law and who definitely need social and psychological help, have come before the courts and in not a few cases been sentenced to prison. As a result of the condemnatory attitude of the public, these youngsters have been badly stigmatized. This social stigma makes their return to society doubly difficult and may lead to continued association with delinquents, and even to gravitation towards more dangerous asocial and criminal elements. This compounds the problem involved in freeing them from the hold of drugs.

We have, however, no definite evidence to suggest that the possible hazards referred to really have had widespread and undesirable effects in Norway. As a whole, the authorities, at least up to 1970, seem to have the drug problem reasonably under control, in the sense that there has been no real epidemic spread of the new drugs throughout the country. Data obtained from survey studies of the use of drugs among young people point clearly to the fact that, up to the present, drug problems have been much less

widespread in Norway than in, for instance, the neighboring countries of Sweden and Denmark.

In 1968, 1969, and 1970 the National Institute for Alcohol Research made a study of a representative sample of young people in Oslo between the ages of 15 and 20 years (Brun-Gulbrandsen et al., 1970). Anonymous questionnaires were sent to more than 1000 persons in each of these years and answers were received from about 80% of them. In 1968 and 1969 it was found that only about 5% of those who returned the questionnaire admitted that they had tried marijuana or hashish. By April 1970, however, the percentage had risen to 8%, but even this must be said to be a very slight increase. In other words, although it was found that among the youth of Oslo three or four times as many have tried cannabis as among the population as a whole, the percentage is still relatively low. The study in 1970 also showed that use of other drugs was very rare among the youth of Oslo: a little less than 1% of the sample admitted to having taken LSD, about 2% admitted to having taken amphetamines.

In a similar study conducted in Copenhagen toward the end of 1967, more than 17% of the young people in the same age group said that they had tried hashish (Manniche & Høegh, 1968). This was more than three times as many as in Norway. And a year later another survey revealed that the figure had risen to close to 30% of the youth of Copenhagen (Rapport fra Sundhedsstyrelsen, 1968). The figures for Stockholm are likewise three to four times as high as those for Oslo, and there, too, there appears to have been a considerable increase (Narkotikaproblemet, del III, 1969). It is therefore very interesting that such low figures should be found in Oslo and that at the same time there should be only a slight increase from 1968 to 1970. It is also important to bear in mind that very few of those in Oslo who had tried cannabis had used it more than once or twice. It seems, on the whole, that the average youngster had merely experimented with it, and the great majority of those polled were, in fact, very much opposed to use of such drugs. Only 3% thought cannabis ought to be sold in Norway without restriction, and only 5% of the youngsters who had not themselves tried any of these drugs said they would be prepared to try them if they were allowed to do so—to do so, that is, without running the risk of arrest.

A study has also been carried out to ascertain how many of the young men called up for military service in the Oslo area in 1969 had ever tried cannabis, and it was established that about 8% had done so (Stang, unpublished). Among corresponding samples in Copenhagen and Stockholm the percentage proved to be about three times as high (Narkotikaproblemet, del III, 1969; Narkotikamissbruk hos inskrivningsskyldiga, 1969).

As has been mentioned, the National Institute for Alcohol Research has also carried out a survey of students in Oslo. In many countries it has been found that it is among students in particular that the use of cannabis has tended to gain most ground; however, in 1969 only 5% of Oslo students said that they had tried such drugs. A similar study conducted in Stockholm in 1968 revealed that close to 20% of the students there had tried cannabis (Narkotikaproblemet, del III, 1969). There are corresponding differences also in regard to other drugs, such as amphetamines and LSD, which very few of the Oslo students admitted having tried.

The conclusion must thus be drawn that use of cannabis, as well as of other drugs, among the youth of Norway is on a relatively small scale compared with that in many other countries, notably Sweden, Denmark, Great Britain, Canada, and the United States. It is especially interesting to observe the difference between Norway and the other Scandinavian countries, which in many ways must be said to belong to the same cultural sphere. It is difficult to say for certain why this should be so, but some factors should be mentioned.

By and large, Norway is still not as urbanized as the other Scandinavian countries. For example, Oslo, the capital and the biggest city in the country, is only about half the size of Copenhagen and Stockholm, and no central urban culture on a par with those of the other two capitals has evolved in the Norwegian city. Moreover, puritan traditions are still widespread in Norway. In addition, Norway has pursued a much more restrictive policy in regard to the use of cannabis and other drugs than have the other two Scandinavian countries. This difference is especially marked in relation to Denmark, where a very lenient attitude to the use of drugs exists.

The epidemiological studies of young people's use of cannabis have also provided some data which reveal that those who have used cannabis seem to have more psychological problems than those who have not. Among the few Oslo youngsters who had tried marijuana or hashish there was a certain preponderance of young people from broken homes and of school dropouts. A study, also carried out by the National Institute for Alcohol Research, involving everyone arrested for drug offenses in Oslo between 1965 and 1968 revealed that most of those involved had very bad home backgrounds. Provisional figures indicate that about one-fifth of them had fathers who were alcoholics or psychological deviates of some kind and about one-fifth had mothers who suffered from severe nervous disturbances. A few figures derived from the Swedish survey of young men called up for military service in Stockholm in 1968 also illustrates this. Table 3 shows the sample broken down by degree of drug-taking and the relationship with certain indices of maladjustment.

Table 3
Use of Drugs in Relation to Home Background, Nervousness, and Adjustment to Home and School

	Non-users	Cannabis 1–10 times	Cannabis 11–50 times	Cannabis 50 times or more	Injected amphetamines or other drugs
	Percentage				
From broken homes	10	13	15	17	28
Often suffering from nervousness	6	10	17	21	40
Many times considered running away from home	3	13	22	27	41
Often played truant from school	4	13	20	32	57
Total number[a]	16,000	2,350	490	510	115

[a]This is an approximation because a slightly different number gave information on each of the circumstances listed in the table.

The table shows that, particularly among the few who have injected drugs, there is a high percentage who state that they did not grow up in a complete family, that they often have trouble with their nerves, that they many times considered running away from home, and that they often played truant from school. Similarly, with increasing use of cannabis we find an increasing percentage with symptoms of maladjustment. Thus, it must be assumed that the use of drugs is for many of these youngsters more a symptom of underlying psychological difficulties than a sickness itself.

Epidemiological studies of the type outlined here can, then, despite many methodological shortcomings, provide a background for causal reasonings on the subject of abuse of drugs. It cannot always be assumed that an increase in the overall consumption of a drug will lead to a corresponding increase in its abuse. A knowledge of frequencies of use and of consumption patterns in the population as a whole is, however, of interest in itself, because it provides a necessary corrective to the premises on which the authorities base their policy towards drugs.

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