Working with the Young and Addicted

- a Study From the Point of View of Professional Social Workers

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Autumn 2015

Student thesis, Bachelor degree, 15 HE
Social Work
Study programme in Social Work, Specialisation International Social Work

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Abstract
This study explores how the Social Services work with the issue of adolescents using drugs or are at the beginning of a drug abuse and how the professionals view that work. This study is highly based on the real-life experience of professionals and them valuing the profession that they in. A qualitative research method was used to go into the depth of people's feelings and knowledge and therefore got us a better understanding. Semi-structured interviews with open questions was used to create a secure and comfortable place to open up for a good conversation. We have used two different theories, Labelling Theory and Social Learning Theories in this study to help explain the findings from research and interviews. In the results and analysis, we found four interesting themes that were prominent during the interviews, these were: social exclusion, mental illness, Attitudes towards drugs and preventive work. The themes will be explained and further developed in the analysis which was done through an unofficial method with influences such as coding and thematising from the content analysis method. The results of the study showed the importance, but unfortunate lack, of preventive work by the Social Services.

Keywords: Social Services, Adolescents, Drugs, Preventive Work
Preface

We would like to say thank to all of our family members and friends for being supportive and believing in us during the months we have spent on writing this thesis. Also, thank you to the classmates that have been there for exchanging thoughts, you have been helpful and we hope we have been the same for you. It has been an adventure with ups and downs, but mostly a learning curve on how to plan the time, how to do a project from the beginning to the end and also how important is it to have a dialogue with one another. We are very pleased with choosing this very topic for this study, it has given us experience for life and has inspired us for our futures as professional social workers. The authors, Jenny Svedberg and Malin Brolin have in all parts contributed equally to this research project, meaning conception, research design, collection of data, analysis and to the drafting of this Bachelor’s essay.

A great thank you to our informants who made this study possible by giving us of their time and their knowledge, showing us not only what an honourable job social workers do, but also the importance of passion when working with people.

Lastly, but not least, thank you to our supervisor Åsa Vidman for sharing her knowledge with us. We would not have been able to complete this thesis without her help and guidance.
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1. Introduction

Addiction and drug abuse are known social problems which the Social Services faces every day. It is a problem that is generally considered problematic by the public and more so when children or adolescents are in harm’s way.

Addiction

According to the Swedish National Public Health Institute (2009), further on mentioned as SNPHI, one can make a separation between the three concepts of use, abuse and addiction in clinical practice. Use means that a person uses the drug without being addicted to it, and with no harm on the individual or on the environment (SNPHI, 2009). Abuse is when a person uses the drug on a daily basis or has a negative impact on the environment - abuse can also be pointed out when the drugs control the individual and the daily life, also when it interferes with school, work, family, etc (SNPHI, 2009). Addiction means that the individual cannot control the use of drugs and suffers negative effects on the brain’s functions - it is more difficult to become free from an addiction than from an abuse and often, a long term abuse will result in an addiction (SNPHI, 2009).

According to a research conducted by the Central Association for Alcohol and Drugs (2014), further on mentioned as CAN, the use of drugs has somewhat increased among adolescents and it is more particularly the use of Cannabis that has caused the general increase of drug abuse, this is a real cause for concern. Their study was conducted in spring 2014 on near 10,000 Swedish students divided between the 9th grade of secondary school and upper secondary school, meaning that the young persons who showed this alarming increase are of the ages about 15-20. The National Board of Health and Welfare (2015) also claims that drug abuse is increasing among adolescents the problem is generally recognized, not only by professional instances such as school, police, social services, etc, but also by society at large. As researchers and social work students, the idea of exploring this issue is interesting, not only on an individual level but should also be to the professional field of social work at large.

The Social Services has the responsibility to make sure that the adolescents that are of high risk to develop an unhealthy lifestyle are seen too and looked after for. On both national and local level, the treatment plans are of high priority among the adolescents,
nevertheless, the County Administrative Board claims that the Social Services do not catch the adolescents in time who are in the beginning of an addiction or have just started to use drugs - that makes parents frustrated due to the long process and a feeling of not being taken seriously (Gustavsson, 2008).

The reasons for wanting to do this study was that we, as researchers, were both interested in the field of working with children and adolescents. The drug abuse among adolescents is clearly a social problem. Since we have understood from reading newspapers, watching TV and through other social medias, that the drug abuse among adolescents is increasing, both of us felt that we wanted to see the work being done for this group of adolescent from the point of view of the Social Services and the people working with the issue every day.

In an article by Brännström, Sjöström and Andréasson (2007), they mention individual, group and community risk- and protective factors for alcohol and drug use among the Swedish adolescents. This too raised an interest for us in this study, to see if and how theoretical ideas are realised.

Legislation that the Social Services work under
In the study, we thought a short presentation of relevant laws was necessary to show who has the responsibility when dealing with these adolescents. For a better understanding of what the laws say and how they work, a short presentation of the two most relevant to this topic follows: it is the Social Services Act (SFS 2001:453), further on mentioned as SoL, and the Care of Young Persons (Special Provisions) Act (SFS 1990:52), further on mentioned as LVU, that are relevant for the Social Services in the matter of care and support for adolescents. SoL is the first prevalent legislation for the care of young people with social problems or addiction, but if there are some cases where treatment for the young person is not voluntary and needs to be forced, other legal tools are required, such as LVU which we will come back to further down in the text. According to SoL, care of adolescents is to base upon these paragraphs:

Chapter 1 of SoL, the goals of the Social Services

1§
“The Social Services shall be based on the principle of democracy and solidarity, to promote people’s economic and social security
- equality of living conditions
- active participation in society

Activities shall be based on respect for the right to self-determination and integrity”

2§
” If measures involves children, the best of interest for the child shall be considered. If decisions or other measures involves care or treatment for children, the best interest of the child will be the determining factor
In this context, a child is a person under the age of 18 (2012:776).”

3§
“Provision for care without consent are given in the Care of Abusers Act (1988:870) in certain cases and the Care of Young Persons (Special Provisions) Act (1990:52)”

If there are any circumstances that SoL cannot provide a secure and healthy care for the adolescents, the Social Services have to look into the LVU (SFS 1990:52) to provide a treatment from that law. If there is necessary with involuntary care the Social Services have to report to the chairman in the Social Committee so they can provide the Social Services with the legal right to get the adolescent into care. If so, the §6 is the one to make decision upon.

6§
“The Social Welfare Committee may decide that a person who is under 20 shall be immediately placed into custody, if
1. it is needed to provide care of young person by virtue of this Act and
2. it is not possible to wait for the court´s decision on care, considering the risk of the young person's health or development, or that further investigations could be seriously impeded or further measures prevented.”

Aim and research questions
This study aims to explore how the Social Services work with the issue of drug abuse among adolescents from the point of view of professional Social Workers

1) What do professional social workers believe to be the reason/reasons for adolescents using drugs?
2) How do professional social workers perceive difficulties, if any, in working with adolescents using drugs?

3) How do professional social workers perceive the Social Services preventive work against adolescents using drugs?

2. Previous Research

The Social Services have the responsibility in society to make sure that all citizens get the help that they are entitled to, and for a better understanding of what laws say and how they work, a short presentation of the two most relevant to this topic follows: it is the Social Services Act (SFS 2001:453), further on mentioned as SoL, and the Care of Young Persons (Special Provisions) Act (SFS 1990:52), further on mentioned as LVU, that are relevant for the Social Services in the matter of care and support for adolescent. If SoL (SFS 2001:453) cannot make sure that the adolescents can get a secure and proper help, they have to, or can look further on into the law of LVU for a direct care without the consent from the adolescent. But the best outcome of the care, it is always desirable for the adolescent to voluntarily agree to care. The LVU can be in disposal if there are risks for the adolescent or for other persons in his/her environment to be caused damage (SFS 1990:52).

The extent of the problem

In a cooperation with Stockholm, Malmö and Göteborg, the County Administrative Board (2008) have published a report of how the Social Services work with the youth and adolescents that are using drugs or are in the beginning of an abuse of drugs. According to the County Administrative Board (2008), youth under the age of 18 is the group who gets care and support in battling their addiction, while for those who are adolescents or young adults, there is still a lot of work to do in their treatment and support. The ones of the ages 18-20 often become hard to detect and they stay outside the care and support (Gustavsson, 2008). Internationally, drug abuse continues to be a major problem, according to a report from the United Nations Office on Drugs and Crime, further on mentions as UNODC (2010). Approximately 5% of the world's population have used an illegal drug in 2010, and 27 million people, 0, 6% of the world's adult population, have been classified as drug abusers (UNODC, 2010).
In Vaughn and Perron (2013), they mention a survey that has been conducted during 1991 and 2009 to see the substance abuse among the adolescents in the USA, the surveys were done on a national level and the results showed a decreased use of drugs in the early 1990s, but with an increasing in the late 1990s. After some years with decreased use of substance abuse it started to rise again and with that a concern of the adolescents using and their attitudes to the drug use - among the 4,175 adolescents that were representative in the national survey, 3% showed an addiction to the drugs or some other kind of dependency to drugs (Vaughn & Perron, 2013).

Among the investigations done by the Social Services that the County Administrative Board have looked at, at least half of the adolescents in said study had been under investigation before, and some of the adolescents have an already ongoing process at the Social Services (Gustavsson, 2008). In the cases where an investigation has started, it is often after a report from the police, Social Services or from school, but it can also be after the adolescent has been reported by a close relative, parent or even that the contact has been made by themselves (Gustavsson, 2008). According to the National Board of Health and Welfare, further on mentioned as NBHW, (2004), another study has been conducted on people in Stockholm born in the years of 1968-1975, this group of people has been followed from birth to the age of 25. The study showed that 12% of those children had been in contact with the authorities of child care and 7% had been in contact with other kind of instances during this time span of life and the most common investigations these persons had been involved in had been regarding problems in the family’s economic situations, social exclusion, parents in addiction or family conflicts (NBHW, 2004).

When it comes to the most common drug that the adolescents are using, both CAN (2014) and Brännström, Sjöström and Andréasson (2007) agree that cannabis is a common drug and a gateway into a more established drug use. Mentioned is the lack of information of the actual number of drug users of all ages in Sweden since it is hard to measure, much is due to the size of the illegal market and the unacceptable actions that can occur just to get a hold of drugs (CAN, 2014).

**Reasons and risk factors**

The reasons as to why adolescents start using drugs are many, but there are some risk
factors that might strengthen their curiosity for the use of drugs. Explanations might be poor relationships with parents, peers, bad results in school, inequalities in society and exclusion in general can be a causing problem for the adolescent abuse (NBHW, 2015).

Brännström, Sjöström and Andréasson (2007) presents an article on individual, group and community risk and protective factors for alcohol and drug use among the Swedish adolescents. They mention that the use of drugs, both nationally and globally, is a major problem as to social problems. The risks that come with drug abuse are violence, traffic accidents, bodily injuries, death, etc. (Brännström, Sjöström & Andréasson, 2007).

In Vaughn and Perron (2013), we can read that in families where an adolescent has a drug abuse, the problem concerns the whole family and the effects can be costly for both the adolescent and their families at large. In a way of understanding the individual factors that can cause drug abuse among a group of individuals, social and emotional problems, low self-esteem and bad body image which is common among girls, Attention Deficit Hyperactivity Disorder (ADHD), stress in school and at last families with weak or no family ties are factors that can cause the abuse for an adolescents, according to Vaughn and Perron (2013). When it comes to the context of family, there is an increased risk of substance abuse if the adolescent perceives the parent or parents to have low expectations for success of the child, poor relationships between family members, no or non-functional communication or low cohesions, all influences the risk factors (ibid). Amongst the risk factors for drug abuse, the consideration of the use in peers is of great significance, also, in the community and the environment, the economy and societal structures can also be likely risk factors for a young person within that context (ibid). Risks of social, physical and mental consequences that the drug abusing adolescents might face are: unemployment, weak results in school or even dropping out of school, teenage pregnancy, juvenile delinquency, early sex debut, etc. (ibid).

According to CAN (2014) cause for an addiction to drugs can be several and they state that there are different aspects to a development of the abuse. In heritage or the environment can be affecting, but also the psycho social models can contribute to an addiction (CAN, 2014).

Furthermore, the family pattern is also one explanation, if the adolescent have parents that are using drugs he/she might have been taught a habit of, or as some claim, might carry a gene which makes the individual more exposed to the risk of developing an
addition, however, it is important to separate heredity from predispositional genes since carrying the gene is highly possible without ever becoming addicted to anything (CAN, 2014). This suggests that environment plays a tremendously important role in who becomes an addict and not. Social problems like poverty, exclusion, inequalities and drug abuse are identified factors that are increasing the numbers of drug abuse in the adolescents (CAN, 2014).

The National Institute of Public Health, further on in the text mentioned as NIPH, writes about the importance of the Social Services working towards actions for children and youth who are living in families in risk situations (NIPH, 2012). In said article, they present the efforts in recognizing adolescents living in a relationship with a parent that might be unhealthy for them, it could be issues with attachment, parents with addictions or mental illnesses, etc (ibid). This patterns might cause the development of a drug abuse in the adolescents or other issues such as depression and exclusion etc (ibid).

**Preventive work**
In the preventive work, UNODC (2016) mention reaching the parents as one of the most effectual ways when work preventive, school is also one important setting in the adolescent's life when it comes to the preventing work and can offer communication, education, information, etc (UNODC, 2016). Vaughn and Perron (2013) too lift the importance of the parents, their support and good communication as having a great impact on their children and their choices in life.

The National Institute of Public Health have done a research where they contacted the head managers of the Social Services in twenty-two Swedish municipalities, and in three different neighbourhoods, two located in Malmö and one in Göteborg. The purpose were to get some information of how the neighbourhoods worked with the preventive work for the children at risks (NIPH (2012). The result from the study showed that some of the parents were in need of help in the daily life, and the importance of the Social Services recognizing the troubled family-situations at an early stage - one idea that that came up in the study were education for parents and treatment of the whole family with the meaning that they would get a decent daily life (Ibid).

**The Drug-Free School Project in Gävle**
The municipality of Gävle has been conducting a project called Drug-Free School (Drogfri Skola) since the year of 2010 (Palmeby, 2015). The project came up after an investigation from CAN (2008) that showed a high amount of drug users in the 9th grade, 12% of the boys and 7% of the girls. In 2014, four years into the project, the numbers had decreased to 8% of the boys and 3% of the girls, from the beginning it was meant to be a three year project, but in 2013 it was decided to become permanent due to the success (ibid). The project is driven by two Social Workers from the Social Services in Gävle and their main focus in the project are divided into three categories, communication, education and parents (ibid). The communication is most of the time with adolescents that use drugs, or are suspected to use it, and if the adolescent is under the age of 18, parents are always participating and the conversation are often taking place at the principal’s office at school (ibid). Education for the teachers and other school personnel on how they can handle the situations where they suspect that a young person is using drugs is given, important information to parents on reading signs of drug use is a focus point since parents, no matter how close to their children, might be oblivious to what is going on in their child’s everyday life (ibid). Furthermore, Drug-Free School has the aim to teach adults how to talk to young people about drugs in a way that is not counterproductive, meaning that one must know how to talk to a young person without offending or pushing him/her further away (ibid). The two Social Workers that are involved in the project in Gävle, and who were participating in the article about Drug-Free School written by Palmeby (2015), mean that it is important to have a discussion with adolescents, and that there is no use in just telling what is dangerous or not, the communication must come from another place rather than just trying to scare them from drugs.

3. Theories used

We have chosen two theories: Social Learning Theory and Labelling Theory, both will be explained further down in the text. For this study, a decision on using both theories was made due to the belief that they can help us in the analysis, separate, but even more so combined. When reading about the two theories, it became obvious that they can and do go hand in hand and that they are both trying to explain human behaviour - Social Learning Theory provides us with a framework to explain positive behaviour, while Labeling Theory provides a framework to explain negative behaviour. However, the
basics for these two theories are focused on nor positives or negatives, but as researchers, we made the call that they could be used in such a way when looking at the topic that this study addresses.

**Social Learning Theory**

The Social Learning Theory is closely linked to the concept of Traditional Learning Theory but refuses to believe that solely direct conditioning - reinforcement or punishment - could bring upon a new learned behaviour (Bandura, 1977). Bandura claims that learning can also occur just by observing others.

There are three basic concepts of learning that are present in the Social Learning Theory;

* People can actually learn just by observing the behaviours of others; this happens through observational learning where a model of behaviour is observed by another person (ibid). The model can be a live one that is solely observed, it can be a verbally instructional one where a person is told about a behaviour or it can be a symbolic one such a character on TV that is influencing the viewer (ibid).

* The mental states of people are important to learning; people will not take in and adapt to a newly learned behaviour just by observing it - the person must also be in the right state of mind and experience a so called intrinsic reinforcement, which basically means that the person must have a positive internal reaction of e.g.; joy, pride, fulfilment etc (ibid). Naturally, a negative internal reaction or none at all will disable a chance for learning.

* Learning does not necessarily lead to a change in behaviour, there are multiple factors needed for a chance for a person to learn a behaviour, not to say that these are guaranteeing a successful learning experience - attention and retention are two needed factors (ibid). The person must first and foremost be interested and pay attention, this does not mean that the person must be fully conscious of the fact that he/she is trying to learn something, but he/she must be somewhat drawn to the situation/the model (ibid). Thus, a parent, celebrity or otherwise influential person in an individual’s life makes for a high attention-span, however, not all models of behaviour are modelling behaviour that is preferable to learn and reuse. *Retention* means that the
person must have the ability to store and later on remember and use the information to, putting it lightly, remember the observed behaviour - this ability can be affected for multiple reasons, e.g. age - ‘you cannot teach an old dog to sit’ (ibid). Reproduction and motivation are the two essential factors that will eventually determine if the observed behaviour will be learned and further on adopted by the person - reproduction focuses on the fact that a learned behaviour is not considered fully learned until it has been repeated by the person and that as with all things, practice leads to improvement and for the learned behaviour to become more of an automatic way of acting in certain situations (ibid). One could say that it means that a person behaves a certain way without thinking of it, he/she has fully adopted the behaviour and it has become internalised rather than just mimicked. Motivation, in contrast to the other factors, could be said to be of the greatest importance and must be present for a behaviour to be learned, positive reinforcement or punishment will motivate a person to either stop or take on a certain behaviour, this does not mean only by being at the receiving end of the consequence, but also by seeing others face the positive or negative effects of a certain behaviour (ibid).

**Labelling Theory**

According to Nationalencyklopedin (2015), further on mentioned as NE, Labelling Theory is a theory that explains and covers the connection between the ´abnormal´ and society’s reactions to that said behaviour. This theory claims that it is the labelling from and/or the stigmatization upon the person that is deviant that causes the abnormal behaviour of a person and also the continuous development towards an abnormal behaviour (NE, 2015). The theory is often considered in treatment in the area of difficulties with children and youth, mental illnesses and problems with addiction - it has been successful and affects the forming of social politics (NE, 2015). Goffman (1990), claims that the abnormality of a person is not a primary action, but a consequence of rules and sanctions that others make up, such as laws, rules, socially acceptor interactions, behaviour, etc. In modern Labelling Theory research, the research is of social deviations, one example could be drug abuse in the adolescents. Goffman (1990), explains the term ´stigma´ as a Greek expression for a visible mark, meaning that stigma was a bodily signed deviant to show some unusually or to suppress the moral status of a person. At the time of writing his book, Goffman (1990) claimed that stigma is an excluding mark that someone with power decides to put upon a person,
group, action, etc, deciding what is deviant or not deviant. The deviate could be changing over time, and the stigma includes the socially, physical and psychical behaviour such as mental illness, drug abuse etc (ibid). A socially accepted behaviour, such as for example drinking alcohol, could become stigmatized as laws or socially unwritten rules changes around the person that carries out the behaviour. Thus, it can also occur the other way around where a stigmatized behaviour becomes unstigmatized - however, if Goffman’s theory is correct, other labels might well have been put upon that person due to the first stigmatization and so, he/she might still be socially stigmatized and/or excluded.

4. Method
In this study, a qualitative study with semi-structured questions was used to get a deeper understanding of the findings and to give the informants the opportunity to talk somewhat freely as they shared their experiences and knowledge with us.

A qualitative method takes the researcher to a place based in the natural setting to understand the phenomenon at hand or make sense or interpretations of the meaning in people (Patton, 2002). It is an unstructured method to use since the research can be changed along the way (Patton, 2002). For this study, a qualitative study is useful to the complex nature of the topic chosen, making it near impossible to measure as in a quantitative method since the aim is to understand the work the Social Services do rather than measure their success-rate for example. The hope was to derive information that could either tell us similar things from different aspects, or tell us different beliefs and interpretations of experiences - regardless, we wanted information for analysis that would provide what would come close to the general ‘truth’. The method that was used for analysing and valuing the gathered data was not an official one but derived mostly from the content analysis method.

Selection of literature
When we searched for literature on the internet, we used the database DISCOVERY (available on University of Gävle), the portal DIVA and we have also used the Google internet service at times. The keywords we used were social exclusion in Sweden, mental illness, drugs, Social Services and adolescents and drugs. Social Service and
Prevention. When we searched on the DISCOVERY database, we chose to limit the search through focusing on peer reviewed and academic journals, that was also a way to get the more useful journals and also it helped us to get a more relevant search... Since most of the searches gave us many hits, we limited it to around ten journals on each database and selected the most relevant from the abstract of the journals. We have also looked for relevant literature in the library at the University of Gävle. We have also used the literature that were relevant to the topic that was already familiar to us due to being used in earlier courses we have had during the education. Limitations in our searching were that we did not find a good article or journal that explains the view of the Social Worker's and the problem they could see with drugs and addiction among the adolescents.

Selection and sampling
A sampling in the research is according to Robson (2007) a way to ask and find answers to questions like who, why, what, where and when. It is also a good way to get rich and comprehensive information of the phenomena in a population, or as in our case - information to be analysed which is derived from relevant sources.

This study has been limited to the Social Services in a relatively small town in the northern mid of Sweden, this to narrow down the amount of work to enable the study at all. We contacted ten social workers from the Social Services of this particular city via e-mail and waited for responses to see how many wanted to participated. At that stage, it was to find possible informants, we were aware that not all might want or have the time to participate and due to the timeframe of ours, and the lack of time for the busy social workers, we ended up with five participants. Unfortunately, one fell sick and could not participate. The four informants that we ended up interviewing did however give us a wide range since they had very different positions within the agency, thus, four informants did feel sufficient for a study of this size since the knowledge and experience varied between our informants.

In the e-mail sent, an informational letter was attached (see attached file 1 in Appendix), which explained what our purpose of the study and of meeting them was. In the information letter the informants received, information about consent, confidentiality
and on how collected data would be used was presented. They were also informed of the topic for the study and about us as researchers. It also informed of us both being present for the interview, this to not intimidate or make any of the participants feel uncomfortable or at a disadvantage. Mentioned was also us wanting to record the conversations to enable and adequate analysis.

**The interviews**
The persons that were interviewed were three women and one male in the ages of 37-44. Their working experience varied from six months to seventeen years and they all worked at the Social Services at the time of the interviews being carried out. Three of them have college degrees as social worker and one has a similar degree also suitable for social work.

As we got responses from the four participants, we decided the time and place for meeting in accordance to the possible informants via continuous e-mails with three of them, and via phone with one of them. They got to choose the location for the interviews - two of them chose to meet us in a special meeting-room that was located at their offices, while two of them met us in their own offices that had enough space and privacy for us to not be disturbed. According to Robson (2007), the best outcome for an interview is a comfortable conversation, therefore it is, and was to us, relevant for the participants to decide where the interview should take place. Both of us were present at all four interviews and we chose not to take any notes, this because we felt that since we did record the conversations, we would gain more by both being fully concentrated on what the informant was saying and that way capture opportunities to ask follow-up questions that arose during the interviews.

Before starting the actual interview, the informants were yet again given information about the aim of the study, the fact that they would be anonymous, that they had the right to withdraw at any given time and that we would record the interview with a mobile phone.

As the interviews proceeded, we firstly looked at the interview guide (see attached file 2 in Appendix) that was prepared beforehand as a framework for the interviews - these questions were all asked to the informants while the follow-up questions varying depending on the development of the conversations. The questions were semi-structured
with open endings, examples would be: "could you tell us about the preventive work you do?" and "explain more about that". According to Alvesson and Sköldberg (2009), this is a good way of conducting an interview for a qualitative research since it guides the informant towards the topic you want knowledge about without closing any doors that could lead to information you did not seek but which can turn out to be essential to how the study proceeds and develops.

Kvale and Brinkmann (2009), explains that the questions for such an interview should be outlined in a way that makes the informant secure enough to share experiences and knowledge - a way of doing so was to, in the beginning of the interview, ask the informants about his/her experiences within the field, this way questions which were in the interview guide but not really answerable to the informant could be avoided if necessary. It might be discouraging for an informant to be asked questions that are not relevant to his/her work or even questions that they obviously do not have the knowledge to confidently answer. Naturally, asking questions which are not perceived as blaming the informant and/or the workplace of the informant is important, thus, how one formulates the questions is of the great significant.

**After the interviews**

After the interviews, which lasted 25-45 minutes each, were done - they were all four transcript word by word. We both listened to all the interviews and took some personal notes, but divided the transcriptions between us, working on two each. This way the work became more efficient while it was still possible to both revisit the interviews and get reminded on what was said. Moreover, this opened up for discussing the perceptions of what the informants actually meant when saying certain things and for double checking that there were no statements in the interview which could be perceived in multiple ways. This way of working was also helpful since this study was conducted by two native swedes with English as a second language, comparing translations and interpretations provided a higher accuracy for the language, statements and quotes. According to Kvale and Brinkmann (2009), a transcription is an interaction between two persons, it is a translation from the oral to written language - this means that in a study that entails translations of language, this statement has even higher relevance, it is up to the researchers to give justice to, not only the informants, but also to research at
this level.

Method for analysis
As described previously, we recorded each interview with our informants and these recording were later on transcript word by word. These transcripts were our key focus for the analysis.

We sat down together with the four transcripts and the previous research in front of us and started reading the transcripts separately, making individual notes. We were looking for words and phrases to pick out that were first of all recurrent, but also surprising, stated as important by the informant itself or even recognised from our own previous knowledge - if we were to fully use the content analysis method, this would be the part of the analysis called coding (Kvale & Brinkmann, 2009). When then comparing notes, these turned out to be: social exclusion, being bullied, trouble with making friends, parents who drink or use drugs, low self-esteem, depression, self-harm, high unemployment rate, cannabis, non-dangerous drugs, liberal attitude, insufficiency, preventive work, lack of preventive work, resources and Drug-Free School project.

Next step was trying to find a few themes were all these recurrent expressed phenomenon could be conceptualized in a more collective way to make it more clear and structured for both us as researchers, but for the reader as well. As this part of the process was ongoing, we also marked especially relevant quotes from the informants that we thought could be of interest later on.

After discussing, we decided that social exclusion was one theme where being bullied, trouble with making friends, parents who drink or use drugs, and high unemployment rate, all could be covered. Under mental illness we placed: low self-esteem, self-harm and depression as we believe that mental illness can be a well-fitting general descriptive word of all three. Attitudes towards drugs is the third theme which includes: cannabis, non-dangerous drugs, liberal attitude. Lastly, we have the fourth theme which is preventive work. This theme turned out to be connectable in many ways to all the other three, but to narrow it down we chose to put the following mentioned phenomenon’s: insufficiency, lack of resources, lack of preventive work and Drug-Free School project.
Naturally, all phenomenon’s expressed by the informants are of complex nature and can therefore not be seen without its context - we wanted to firstly discuss how our four themes were related to one another and how they affected one another, eg: a person might be suffering from a depression due to being socially excluded. Drawing inspiration from the thematic analysis method, we started to address the themes with the questions why and how, the transcripts, previous research and theories are of great significance to be able to answer such questions (Braun & Clarke, 2006). Apart from the themes separately, what were the informant saying about that theme in a context, ‘in what way did the informant tell us about social exclusion and what he/she said causes it? Is the previous research or theories saying the same thing or not? Might another one of the themes explain the phenomena with help of the previous research or theories?’

During this part of the process, all four themes were addressed this way and notes were taken so that a conclusion could more easily be drawn from it. These connections are to be seen as the main results of the study (Kvale & Brinkmann, 2009).

According to Kvale and Brinkmann (2009), when doing a content analysis, which our process of analysis is mostly inspired by, one can so to speak rank the order of importance among the themes - preventive work was such a high ranked theme in this study and became the main focus when drawing from the analysis to conclude the results. According to Kvale and Brinkmann (2009), doing so is in the right of the researcher and our particular reasons for doing so were that all three remaining themes could be connected to it. Preventive work or the lack of preventive work could, eg, be amending mental illness caused by bullying or, contrary, cause it - and furthermore, could the bullying have to do with social exclusion? These connections between one theme to the three others were made through the consideration of theoretical ideas, proven by previous research or directly told by the interviewees.

As we were to write the conclusion, we chose to write in a so called ‘story-telling manner’, this because we thought the results and analysis were of a highly complex nature and therefore would not come to its right if not given clear and rich explanations - valuing our own strengths as authors, we decided that the best way to accomplish this was to provide the reader with a descriptive text.

Credibility of the study
Our pre-understanding of the issue was relatively general which could be seen as a negative aspect, but as our study was focused on the point of view of professional social workers and not on eg. laws and regulations we believe our pre-understanding to be just enough for the purpose without influencing the analysis. The answers we got from the interviews were unexpected to us since we did not predict anything beforehand, and to not push an unconscious agenda in any way, questions were asked in such a manner that they did not suggest anything.

Validity
To come as close to the truth of the language and the correctness and strength in the statements in an argumentation, validity is crucial, according to Kvale and Brinkmann (2009). “Validity is often defined by asking the question: ”are you measuring what you think you are measuring” (Kerlinger, 1979:188). Validity helps in the research to question, check and theoretically interpret the findings and the quality of the research (Kvale & Brinkmann, 2009). For this study, which is one of a qualitative method, validity was at first somewhat difficult to determine, this due to the complex nature of aiming for people's feelings and opinions on a matter rather than measuring such as in a quantitative study.

According to Robson (2007), validity can also be seen if the research is not biased or reinforcing a particular agenda. One way that this criteria was met in this study was to ask questions to the informants at the interviews that were not suggesting anything. For example: instead of asking what they informant though was negative about their preventive work, suggesting that there was something negative to be said, they instead were asked if they could see any down - or upsides to their preventive work. Furthermore, not giving the interview guide with the questions to the informants in advance was a tool for validity. This way, when asking the questions, it was the informants first time hearing them which prevents the informants from over-thinking the answers and discussing what to answer with colleagues and possible managers. This way of conducting the interviews provided us with a response which was as spontaneous, and hopefully honest, as possible. We are satisfied that this, and the fact that our aim has been modified along the way to see to the study actually measures what we aimed to measure, creates validity for this research.
Furthermore, as Robson (2007) points out, validity for this study is also enhanced by providing the reader with a detailed description of the entire process and transparency.

**Reliability**

Robson (ibid) defines reliability as a measurable by getting the same answer at repeated times. It is to test the consistency and trustworthiness of the findings in a study and reliability in an interview can be weakened if the interviewee changes his/her answer (Kvale & Brinkmann, 2009).

For this study, the reliability is strengthened due to our information derived from the informants was unitary, according to Kvale and Brinkmann (2009), this makes it legitimized to believe that the results presented are likely to be close to the general truth. The reliability in our study can also be measured by considering the way the interviews were conducted (Kvale & Brinkmann, 2009). We asked ourselves if the sound from the recordings of the interviews were good and if we had a sufficient pre-understanding of the subject. The sound of our recordings were clear and we believe that our pre-understanding was enough to understand the information’s our informants gave us and we had, as mentioned, a general pre-understanding. One other aspect could be the strength of the interview questions, if we had leading questions or if they were open so that the interviewees could speak openly and go into depth of the subject, the importance of this is highlighted by Kvale and Brinkmann (2009). Since semi-structured interviews were used, that way we as interviewers could control the conversation in such a way that the informant would keep to the subject, although simultaneously letting them lead us into their knowledge, this also provided us with opportunities to discuss matters that we had not thought about discussing beforehand.

**Generalizability**

Generalizability is reached by showing that a finding in one situation can be seen in another situation (ibid). In this study, generalizability could be reached by claiming and explaining how the results could be applied to a city different from the one where the study was conducted - is the results general for adolescents, the Social Services, social workers, etc?
The findings that we got from the interviews are to be seen as valid and reliable from all informants due to that they have given the same answers without having the possibility to discuss the answers prior to the interviews, this was one of the reasons as to why we chose not to present the informants with the questions for the interviews beforehand. Kvale and Brinkmann (2009) mean that in our everyday life, we generalize more or less spontaneously from our experiences with people and new situations or where we create new situations with new people - we try to predict what will happen in different situations whether it is familiar situation or completely new situations. We claim that due to our informant’s positions within the Social Services and their experience, they could provide us with information that can be seen as generalizable.

One could argue that due to this study being conducted in solely one Swedish town and interviewing informants from that same town, the generalizability could be challenged. Our response to such possible criticism is that this was considered throughout the process, and to secure as much generalizability as possible, the informants were from different units and work roles within the Social Services. The previous research is mostly derived from national sources, even public Swedish authorities, which proclaims the information as general to Sweden. According to Kvale and Brinkmann (2009), this is a way of trying to secure generalizability where it does not come automatically due to the scale of the study.

**Ethical Considerations**

According to Kvale and Brinkmann (2009), one ethical principle in a research is to inform the participants of possible risks that might occur during the research. In this study, we as researchers made the assessment that no such risks were present.

In the aspect of confidentiality, it is important to remember that confidentiality and ethical aspects to the participants are prominent from the beginning to the end of the research, it is also important to let the participant know what information will be shared with whom and why (ibid). Therefore, earlier mentioned informational letter was sent to the informants to provide them with this information so that they could make a decision regarding participating or not. According to Kvale and Brinkmann (2009), all informants should be provided with information of what happened with the collected data and the recordings after the study was finished and this has already been sorted by telling them where they can find the end result online for them to read if so wanted. As
a researcher it is important to remember that the ethical aspects towards the informants and the research will be during the whole process (ibid).

Discussion of method
The advantages of this study were that we both were sure of what we wanted to research and that we had enough knowledge and connections to understand which people to contact to get the best information. Also, choosing to limit the study to a smaller scale gave us the possibility to meet all of our informants in person which we thought gave us greater chances for rewarding and spontaneous conversations. Another advantage was that although only interviewing four persons, they all were very experienced, had a lot of knowledge and showed a true willingness to share their work, thoughts and ideas. In this case, we would argue that is truly was a matter of quality over quantity.

Disadvantages to be seen for this study could, on the other hand, also be the fact that we had a relatively low number of informants and although being very satisfied with the interviews we conducted, the aim was to interview at least two more persons. Unfortunately, due to the time of year with holidays coming up and social workers with busy schedules, only five people were able to participate and one of them fell sick and had to cancel. Of course, critique could be seen towards this, but we are confident in that this was out of our control and that the quality of the study was not affected.

Since English is the second language for the both of us that became a disadvantage when deriving pre-understanding and when translating from interviews. However, the advantage of working in a pair abled us to discuss and reflect upon the language leaving us with confidence that what is stated in this study, both interpretations and translations, are dependable and done in such a manner that respect was given to both the reader and the informants. Double-checking with one another if any doubt on interpretations were present was one way of doing so, also, when quoting from the interviews, we co-operated to make sure that the translation was as close to the original as possible.
5. Results and Analysis

By revisiting the transcripts from the interview, we found that four themes were recurrent, these were: social exclusion, mental illness, attitudes towards drugs and preventive work. These different themes will be presented and discussed further on in the text.

Social Exclusion

Social Exclusion was touched upon several times by all four informants during the interviews, most evidently as they were asked about their views on reasons for the adolescents abusing drugs. Within their spectrum of social exclusion - poor conditions from home, such as parents in addiction or poverty, school and the issue of finding friends and fit in and mental illness, which can cause a person to not be able to sustain a rewarding social life - were all eminent. Person 1 and Person 2 were the ones that saw social exclusion as one of the most prominent reasons and risk factors, while Person 3 and Person 4 did recognize it but talked more of other possible reasons as more apparent. Worth mentioning is the fact that Person 1 and 2 are located and work more with initial investigations of the adolescent while Person 3 and 4 do meet the adolescents more commonly at a later stage where the treatment comes in. Person 2 said this on the matter: “...many young people who struggle with friends, do not have relationships that work, does not find a place in their class. Either you can choose that ‘I am an outsider or that I am bullied’, or you choose that ‘I do not want to be a part of this, I want to be with these people’. And then it becomes a role you have chosen, and if you are going to stop using drugs you wonder ‘where do I fit in, which friends do I have?’ So, it is also about the reality they live in.”

Person 3 had a similar idea to Person 2 and claimed that: “It can be that you come from a family with poor economic conditions, criminality or addiction, the mum or dad might have physically abused them as young children. Often there is a kind of stigmatization that then continues into a sub-culture, you can see that they find each other, I mean, they stick together”. NBHW (2004) conducted a study on a group of people from their birth until they turned 25 years of age and collectively, 19% of them were in contact with the authorities at least at one point during those 25 years of living. According to
NBHW (2004), the most common reason for this was social exclusion through either poor economic situation for the family, parents in addiction or both. In accordance with this, a lot of emphasis was put upon early detection of these troubled young people, through more preventive work, but also through using more resources when it comes to the investigating of young people. Young persons of the ages 18-20 are the hardest to detect (2008). One informant also mentioned this and believed it could have to do with persons between those ages not being in school unless they are in college and often it is the schools who contact the Social Services with concern for a young person. What can be understood by this is that hopefully those young persons who are socially excluded, or mentally ill for that matter, could be seen at an earlier stage if all the resources were there and more adult had the ability to understand and detect these kinds of issues.

Bandura’s (1977) Social Learning Theory talks about the importance of so called models modelling behaviour that the observer might reproduce or avoid depending on how he/she perceives the consequences for the model. As the informants said, some young people unfortunately grow up in households where addiction is already a problem, thus, the model is modelling an unwanted behaviour. In some cases, this behaviour might be perceived as negative by the young observer who might be put off by it due to the negative consequences that can be seen for the model. However, if assuming that a young person living under these conditions do not have any other influential model or, as the theory suggests, is in a negative state of mind due to for example mental illness, the negative behaviour modelled can be repeated by the young person who has then socially learned it (Bandura, 1977). Learning a behaviour then, such as one of using drugs can make a person become stigmatized, however, as the informants said, this can also happen when the person is not the one acting out the abnormal behaviour him/herself, this can also be due to being somehow connected to another person acting out an abnormal behaviour.

Furthermore, also Labelling Theory can be applied to the issue of social exclusion leading to the use of drugs. According to that very theory, a person or group who is not acting/looking what can be called ´normal´ in society is often stigmatized and excluded and can cause a person to search for a new identity within another context (Goffman, 1990). Thus, one could believe that being labelled as, eg. the son of an addict, can cause
the person to not only be excluded or even withdraw from inclusion himself, but also to somewhat fulfil the prophecy expected of him - in this case that could mean, as quoted by Person 3: “You are who you are expected to be. The more people who believe in you, the more you can believe in yourself”. Person 3 further on explained what was meant by this by arguing that a person labelled as the child of an addict can be expected to end up in troublesome situations and therefore, in some cases, that becomes so true that he/she believes it to be true as well.

**Mental illness**

Mental illness was talked about by the majority of the informants, both as a risk factor and as a consequence of the drug abuse which inhibits recovery. This is a quote by Person 2: “I believe that there is not many young persons that would choose drugs if they had a mental well-being. The drug gives them something, and sometimes we feel that when work towards getting a young person to stop taking drugs, who is there then to take care of what is broken as the drug is gone? The drug abuse emerged for a reason and also make things worse as they go along.”

Person 2 talked about the care that is provided for young drug abusers by the Psychiatrics for Children and Youth, further on in the text mentioned as BUP, and the policies sometimes collide and makes the work more difficult. Person 2 mentioned the fact that for BUP to accept a young person into their care, he/she must have been clean for at least two to three months. This is accordingly to the Social Learning Theory and the idea that for a person to learn a new behaviour, he/she must be in the right state of mind and internally motivated - get a sense of accomplishment as he/she acts in line with the newly learnt behaviour (Bandura, 1977) By that way of looking at the situation, it can be legitimized to claim that a young drug abuser might be in desperate need for the care from BUP to recover from the addiction, but that the gap between instances leaves some troubled young people without proper care. Person 2 refers to this as a grey area where young people who are in deep drug abuse are not able to get psychiatric care and the young people who are not self-harming often but cuts themselves sometimes, might turn to drugs to numb their negative feelings since they are not in enough danger to get care from BUP. This problem was highlighted by Person 1 like this: “It is rare that a person with an addiction problem solely has an issue with drugs, often there is mental illness in the picture. The County Council, in this case the Psychiatrics for
Children and Youth, claims that mental illnesses is caused by drug abuse while the municipality claims the reversed, that drug abuse is caused by mental illnesses. And there in the middle, we have the person in need of help.”

Attitudes towards drugs
When the informants were asked about the attitudes towards drugs among adolescents, they all said that there is an alarmingly positive and liberal attitude, however, they claimed that that is general attitude among the young persons that do use drugs while the group that do not use drugs has a generally negative attitude towards it.

An issue that was raised by all informants was the liberal view on Cannabis, that even though most adolescent who do not use drugs have a negative attitude towards drugs in general, Cannabis has become the drug that is not really counted as a ‘real’ drug and as acceptable as smoking a regular cigarette. Person 1 puts it like this: “They do not realize how dangerous it is, and some drugs are just allowed because ‘there is no real danger’”.

According to both Person 2 and Person 4, this liberal attitude towards Cannabis is not just common among young people today, but is infecting society as whole. At one point, one researcher asked the Person 4 about ‘heavier drugs’ and Person 4 brought attention to the use of words: “...but I am of the opinion that Cannabis is a heavy drug.” and furthermore: “...This is a part of why the debate on legalizing and legalizing Cannabis and medical Marijuana is just like a big fat road block...”. Person 4 clarified that what was meant by that was that the boundaries have been lowered and that today, most people mistakenly refers to Cannabis as a less heavy drug, not due to that being true, but due to that becoming the general view on Cannabis around the world, Person 3 mentioned America being a sort of model for other countries around the world, Sweden included the past 15 years. Vaughn and Perron (2013) states that there has been an increase of drug use in general in the USA since the late 1990’s and a change in attitude towards drugs among young people especially, has been noticed. According to the Social Learning Theory, this is not uncommon, for a model to be an influential person or group in the media (Bandura, 1977). By watching Tv or social media today, it is clear to see that America has an enormous role to play in that sense, and this is something
that Person 3 talked about, that many states in America are legalization Cannabis which
the informant meant was sending signals of it being safe. When searching for previous
research on this matter, it became clear that the current focus is put upon home
background, peer pressure and mental illness and that the modelling of behaviour, such
as by America, is somewhat overlooked when it comes to risk factors for adolescents to
abuse drugs. However, this view of America standing as a model for young people
today was brought up, not only by one, but two of the informants. They said that it is
not uncommon among parents to adolescents today, that their boundaries have been
lowered, cigarettes and alcohol was once beyond the boundary of what parents allowed
for their children, while today that boundary is at drugs. The boundary is being lowered,
which, according to the informants, steady but slowly will and already has changed both
the minds of young people and adults when it comes to drugs. Seeing as parents and
other adults are displaying an attitude which can be changing the morals surrounding
the use of drugs, furthermore, one of the informants claimed that there has been a shift
among parents and adults where ´at least it is just smoking and not alcohol´ has turned
into ´at least it is just Cannabis and not real drugs´, not only approving the use of
Cannabis but also automatically approving cigarettes and alcohol. Brännström, Sjöström
and Andréasson (2007), states that Cannabis is a distinct gateway-drug, this was also
claimed by the informants who drew even further parallels to the nowadays greater
acceptance of cigarettes and more importantly alcohol, claiming that alcohol is a
gateway for Cannabis. Furthermore, we believe that this theory can be applied to society
at large where the normalisation of Cannabis use has been further rooted around the
country as a part of a learning process where a more liberal view has been adopted.

Preventive work
In connection to attitudes towards drugs, and the by informants pinpointed problems
with parents and adults lowering the boundaries for cigarettes and alcohol,
concentrating on training parents and adults on how to spot and prevent drug abuse was
brought up by all the informants as a way of working preventive. This is a matter of
getting parents and other adults to become street-smart, meaning that they should have
the right tools to know how to spot young person’s using drugs, but also talk to their
own children and other adolescents in the right way. Person 4 thought that it was
important especially with parents to get them to understand that what they say and do
matters a lot more than they might believe and that most parents want to help their
children but lack the tools to do so, or tries but in a way that is counterproductive. This informant also saw issues with parents or other adult’s ‘talking the talk without walking the walk’, meaning that many adults might show conflicting behaviours surrounding alcohol and drugs. Thus, telling your child that drugs and alcohol is bad for you while drinking yourself, or having a vague standing against Cannabis, can be ambiguous to a young person looking to that very adult for guidance in his/her own behaviour. Person 4 said this about the importance of educating parents: “…there are actually some things parents can do that become directly counterproductive when it comes to preventing a young person from relapsing into an addiction... there is no clear boundary, that is one of the most important factors as to being a parent, to have a moral standing point where it is like ‘you know what, that is not good nor okay’. And to not be consistent makes you lose credibility towards your children”. This issue can be closely related to Social Learning Theory where the parents, in a preferred situation would be modelling a desired behaviour of not using or allowing drugs, but where that modelled behaviour is sometimes lacking (Bandura, 1977).

According to all of the informants, a project where schools and the municipality co-operates in the work of drug, alcohol- and tobacco-prevention is under way. Person 3 said that it is necessary, to early on show a zero tolerance to cigarettes and alcohol which naturally means zero tolerance also towards drugs. All four informants were agreeing on this project being not only needed in their town, but also something they saw as very positive movement towards more preventive work which, again according to them all, has been inadequate due to more acute situations taking up all resources. This was said by Person 2: “…you know, these adolescents that are under the influence and stoned are activating an entire organization. Sometimes, people are running around on all floors for these kids and then there are the ones who have tried once or twice sitting there...”. This was according to us, interpretable as a real expressed concern for the lack of preventive work and that the ones paying for it is first and foremost the adolescents but also society at large - this was reinforced by Person 1 who claimed that it is important to see the socio-economical aspects to preventive work, especially in an organization such as the Social Services. This informant said that one of the reasons for wanting to put more resources and efforts in to preventive work is that the means used will be paid off in the end where the hope is to have less acute situations to deal with thanks to early prevention and this is supported by a study looking at the
work of the Social Services which was conducted by the County Administrative Board which showed that around 80% of the adolescents that are under investigation have been involved somehow in earlier investigations by the Social Services (Gustavsson, 2008).

Person 1, who has the highest position within the Social Services of all four informants, claimed also that projects which this one is based upon, has been successful in other towns around Sweden and that the Social Services as a whole was excited to fully launch it. The similar project built upon the same framework has been proven successful in the municipality of Gävle (Palmeby, 2015). In Gävle, the focus is put upon involving the school and parents in the preventive work, and according to UNODC (2016), schools and parents are utterly important when trying to reach young adults. This was clearly expressed by the informant as a way of wanting to work also in their municipality by putting emphasis on the preventive work being mostly focused on teaching the adult-world about drugs, the reasons for young person’s doing drugs and prevention of drugs and not being focused on so much the actual adolescents in the preventive state. Two of the informants that work closer to young people using drugs claimed that this is due to young people not being receptive enough, or as Person 4 stated: “...it does not help to present facts to adolescents, you cannot just tell them what Cannabis does to the brain, they do not care. They do not care at all. We need to find other ways in, they are zero percent interested in facts”.

6. Conclusion
To sum up the results from this study, we as researchers found that professional social workers who work with adolescents in drug abuse have a similar understanding and opinions on what is done and what more could be done. They believe that the main reasons for adolescents starting to use drugs are social exclusion and mental illness and that the liberal attitude, especially towards Cannabis, is hampering the work of the Social Services. If the two risk factors could be addressed earlier and attitudes in society towards drugs challenged, less adolescent would turn to drugs. This can be achieved through more and more extensive preventive work.

What became clear after finishing the analysis was that to answer our aim, we would say that our informants gave a unitary impression of the Social Services being not only
driven and passionate in the matter of working with adolescents that are in a drug abuse, but also confident in the work they perform, their organization and in each other as colleagues. However, this was the case of working with already troubled young persons, while what seemed to be the issue we came back to over and over again was the lack of, and insufficiency of preventive work. Not to say that this is something that is disregarded as not being as important, contrary, it is seen as highly important by the Social Services but there is a honest insight of the fact that it is not enough as of right now due to lack of resources.

The four themes we highlighted in the analysis quickly gave us, with help of the theory and previous research, the realization that they all were closer co-related than we first thought and again, the common nominator turned out to be preventive work.

One of the conclusions we came up with, was that social exclusion, mental illnesses and drug abuse was linked together and that in reality, it is hard to determine what came first, ‘is the drug abuse a result of mental illness or the other way around?’ etc. However, at the end of the analysis, we asked ourselves if it really matters, we believe that efforts should be made for a young person in any of those situations and that the importance of early intervention is present in all cases. After doing the analysis, we saw this as a bigger problem than before since there seems to be a tendency for authorities to pass these young persons among each other, not really knowing who is responsible. We think that this could be somewhat remedied with the help of early preventive interventions for all troubled young persons - this way, preventive work with spotted socially excluded children could prevent them from becoming mentally ill or start to use drugs later on in adolescents, even in adulthood.

What is also prominent after the analysis is that preventive work, which at first might be preconceived as working with the youth, ‘scaring them off from drugs’ etc, while in reality, the adult world plays a much bigger direct role than one might believe. The project the informants talked about being under way where school personnel and parents are educated on how to talk to children and adolescents about drugs is something we as researchers see as a very positive development for the Social Services.
These young persons need to be seen, not just as troubled or as a liability for society, but more so as a product of society. Educating people in society on drug abuse and mental illnesses could hopefully lead to a change in attitude, and more importantly, prevent the social exclusion for those who are not normative.

Final words from the authors
It is the hope from us as students and prospective professional social workers, that municipalities, our politicians and administrative boards sees all that is to gain from early preventive work on all levels when children and adolescents are involved. We realise that the means are limited, but firmly believe that pushing preventive work as a priority will in the end save both money and time while reaching more people than before. Reaching our youth will mean less adults to care for later.
List of references


SFS 1988:870. *Lag om vård av missbrukare i vissa fall*

SFS 1990:52. *Lag med särskilda bestämmelser om vård av unga*

SFS 2001:453. *Socialtjänstlag*

SFS 2012:776. *Lag om ändring i Socialtjänstlagen*


Förfrågan om deltagande i intervju

Hej!
Vi är två socionomstudenter från Högskolan i Gävle som just nu arbetar med vårt examensarbete på ämnet drogmissbruk bland ungdomar och hur Socialtjänsten arbetar med denna fråga. Denna förfrågan har skickats till alla som jobbar med frågor angående drog missbruk.


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Tack för att Ni tog er tid att läsa vårt brev
Attached file 1: informational letter

Request for participating in interview

Hi! We are two social work students from the University of Gävle who are right now working on our bachelor thesis on the subject drug addiction among adolescents and how the Social Services work with this issue. This request has been sent to all of those who work in relations with the issue of drug abuse.

The information that you share with us, if you choose to participate, will be anonymous and kept safe. It will be us as researchers, our supervisor and the final examiner who will have access to the interviews as a whole. In the final essay no one will be able to be identified. The interviews will be recorded, only to get as valid and correct information as possible since the information will be analysed. The recording will be destroyed when the thesis is finished and approved. The interviews are planned to take about 45 minutes of your time and you will have the opportunity to decide the place for meeting us as we decide on the time and date.

The participation is completely voluntary and you can at any time withdraw from it without any explanation.

Responsible for the study are Jenny Svedberg and Malin Brolin. Our supervisor’s name is Åsa Vidman.

If you have any question about the study, you are welcome to contact us.

Our contact information:

Jenny Svedberg: jennysvedberg@live.se
Malin Brolin: malinbrolin@gmail.com
Åsa Vidman: asa.vidman@hig.se

Thank you for taking your time to read our letter!
Attached file 2: interview guide

Intervjufrågor
- Hur gammal är du?
- Vad har du för utbildning?
- Vilken är din arbetsroll?
- Hur länge har du jobbat med dessa frågor?
- Vilka är svårigheterna i ditt jobb?
- Vad är mest positivt resp. negativt i ditt arbete med dessa frågor?

Berätta om hur ditt arbete ser ut

Orsaker
- Vad tror du är orsaken till att ungdomar använder droger?
- Vilka är de vanligaste drogerna som ungdomarna använder?
- Vilken attityd upplever du att ungdomarna har till droger?

Förebygga
- På vilket sätt arbetar Ni för att förebygga att ungdomar börjar med droger?
- Vilka fördelar och nackdelar är det med det sättet?

Arbete med ungdomar
- Hur arbetar Ni med ungdomar som börjat använda droger?
- Vilka fördelar och nackdelar?

Samarbete
- Samarbetar Ni med andra instanser - I så fall hur ser det samarbetet ut?