

Psychosocial functions of drug using and selling among young persons in Malmö who came to Sweden as unaccompanied refugee minors

LISBON ADDICTIONS 2022

WORKING WITH THE MOST VULNERABLE

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Unaccompanied minors in Sweden & Malmö

- Definition *unaccompanied minor (UM)*: child under 18 who at arrival in Sweden is separated from parents/adult care persons including both asylum seeking and non-asylum seeking individuals (Socialstyrelsen, 2020, 11)
- Sweden constitutes European country that received relatively greatest number of UM in major migration year 2015:
 - 35,369 seeking asylum (Migrationsverket, 2016) of whom majority Afghan (23,480), boys (32,522) (Migrationsverket, 2021) and aged 13-17 years (32,806) (Seidel & James, 2019)
- From 2016, radical decrease of (new) UM due to Sweden's strict border controls (Skodo, 2018)
- In 2019, more than 50% of children who came to Sweden in 2015 either got refused residence permit or were still awaiting a decision (Statista, 2021)
- Between January 2015 and September 2017, 2,752 UM were allocated to Malmö => acc. to Domeji (2017), at that time the relatively greatest number amongst Swedish cities

Psychosocial situation of UM in Sweden

- UM often exposed to risks, uncertainties and adversities before, during and after flight from home to host country (cf. Strömbäck, Andersson & Nedlund, 2017; De Cock, Sundin & Mistiaen, 2019)
- Trauma and racist experiences, lack of security and social belonging, (Sivertsson, 2017), uncertain residence status & life without parents (e.g. Sundqvist et al., 2015) found to further PTSD, depression, anxiety, somatic (co)morbidities (cf. Hollandar & Dalman, 2020; Ulrich et. al, 2020; Zurhold & Kuhn, 2020) & psychoses (cf. Hodes et. al, 2017)
- Comp. to European reference groups, Swedish UM, esp. from Afghanistan*, scored very low in mental well-being and school (Solberg et. al, 2021), showed higher suicide rates (cf. Mittendorfer-Rutz et. al, 2020), and in Malmö were found more often than other UM to be admitted to child emergency psychiatry (Ramel et. al, 2015)
- UM referred to as most vulnerable group of refugees in Sweden (Jensen et al., 2019) often not receiving adequate support necessary for a psychologically and socially healthy life (Backlund et. al., 2014; Ramel et. al, 2015)
- Esp. recent studies pointing to UM reflecting besides psychosocial vulnerability simultaneously resilience, strength & agency (Keles et al., 2018; Çelikaksoy and Wadensjö, 2019; Horner et al., 2020; Hosseini & Punzi, 2021)

*fleeing more often than others completely without adults

Research on UM and their involvement in illegal substances in Sweden

- Acc. to Swedish social services illicit drug use amongst UM in 2017 8% nationally and 10% in Skåne with much higher estimations of unknown cases (Domeji, 2017) and likely rise in past 5 years (see e.g. Manhica et al., 2016)
- Long asylum processes without stable base and leisure, and large accommodations (cf. Lemmens, Dupont & Roosen, 2017) and stressful living conditions, untreated mental health problems, and lack of support and control found to encourage substance use and delinquency (Ivert & Magnusson, 2019)
- Substance use-related criminality and hospital care found higher in male UM than native boys and rising with length of stay in Sweden (Manhica et al., 2016) and Swedish police, researchers and SiS pointed to increasing involvement of UM in drug using and selling already 5-6 years ago (Barnombudsmannen, 2017; Kaunitz & Jakobsson, 2016; Pettersson, 2016)
- Still, research on UM & substance use in Sweden and internationally very restricted (Lemmens et al., 2017; Ivert & Magnusson, 2019; Zurhold & Kuhn, 2020), almost no scientific knowledge on drug selling and no studies on subjective perspectives of drug using/selling UM due to recruitment, language, and rapport barriers

Methods

- **Research aim**

- Bridging the research gap by exploring the subjective perspectives of young persons who came to Sweden as unaccompanied minors and have had experiences of selling and/or using illicit drugs in Malmö, Sweden

- **Research questions**

1. Which functions can drug using and selling have for UM/UFM* in Malmö?
2. Which paths into and out of drug using and selling among UM/UFM in Malmö can be derived from the interviews?

- In-depth interviews with 11 UFM boys with Afghan origin aged 18-21, who came to Sweden as UM, in Malmö 6-10/2019 and 11/2021 in Swedish and Swedish/Farsi (peer translators) at three NGOs with services for UM/UFM (interviews pausing between early 2020 and late 2021 due to pandemic)
- Complementary in-depth interviews with 12 professionals (working with UM/UFM in Malmö at three NGOs, a youth drugs service, a residential facility, and youth services) 6/2019 till 2/2021 (three online)
- Interview analysis according to principles of grounded theory with core category *not having a real life* (Corbin & Strauss, 2015)

* UFM => unaccompanied former minors

Results

Central quotes from interviews with 11 Afghan UFM boys with drug selling and/or using experiences in Malmö (interviews with interviewee 1-6 in 2019 and with interviewee 7-11 in 2021)

Access to and buying drugs

Generally interviewees state all common drugs to be easily accessible in Malmö, including Malmö centrum (User 2, position 37).

- **User 5:** Yes, you know, here in Malmö you get anything [drugs]. There's everything. You know, everything you want. (Position 59)

These two boys explain how their clique typically buy drugs together either from someone they know and ring or strangers on the street, indicating the social nature of the shared endeavour.

- **Users 3 & 4:** It works like this: You can buy when we meet, all of us. We buy by ringing. Or we go round the city and then they come and say "We've got stuff. If you want to buy, we're here." And so on. And then we maybe buy from them. (Pos. 303-310)

Paths into & functions of drug using: Social belonging, peers, and coping with adversities

Most young men explain how they started using drugs first in Sweden or Europe, usually with peers.

- **User 8:** Yes, when I first came to Sweden [and first lived in another city], I did not smoke [cannabis], nothing, just smoked cigarettes. But then I started here with other friends. (11)

This young man seems to smoke cannabis with his using friends out of a need of social belonging, boredom, and a general hopelessness over his situation. He describes himself as stressed and lonely without job, school, and family and waiting for the court decision over his residence permit.

- **User 2:** [...] I've got many friends who also take drugs. [...] Friends who say to me "Okay, come on, we smoke [cannabis] together." I think: "Okay, what shall I do? I've got to go together with them and smoke." I've got it hard. [...] I just take marijuana and hash. [...] I'm very bored. I think, I don't like drugs much. I'm waiting for my court decision, that they say what I shall do. I've got no job, I've not gone to school [...]. I can't sleep much. Maybe 3-4 hours per night, maybe till 6 I sleep and at 8 they open and I come here [drop-in center at NGO 1]. I've got nothing, no family, nothing. Just by myself in Sweden for fours years, that's very sad. (32-39)

Using to cope with *not having a real life*

The two boys explain how pals smoke cannabis to forget that they do not have residence permits.

- **Users 3 & 4:** Those who use drugs, they think, if they don't have a residence permit, they think like "okay, I'll smoke some and then I give a shit about the residence permit". (249-259)

This young man describes his struggles of moving from Sweden to Switzerland and back again trying to get a residence permit. He explains that he started using drugs because he could not get *a real life*.

- **User/dealer 6:** When I first was there in North Sweden, I got refused a residence permit, three times refused from the migration office. Then I decided to go to Switzerland. I went there, and there I began using for I *didn't have a real life*. I started with alcohol and marijuana. [...] Yes, and then I got three refusals from Switzerland also. I was in a really bad state, for I didn't know what would be then. From there they sent me back to Sweden. And when they were gonna send me to Afghanistan, [...] I came to Malmö. I didn't want to go to my country. I've got nothing there, my family lives in Iran and I didn't want to go. (19-29)

Drug using patterns (exemplified by User 7)

While the using patterns of the cliques described by User 2 and Users 3 & 4 seem to entail primarily recreational cannabis smoking, others give accounts of their heavy dependent heroin and other opioid consumption, such as the following young man.

- **User 7:** Yes. So I have, I know many Afghans who use with me. Many Arabs who use hashish, but Afghans use heroin. And there are Afghans who use hashish as well. But heroin, that I use, it's very difficult to stop. (67-68)
- **I:** Would you say, how, if you guess, how many are in such a situation as you described?
- **User 7:** Mm, maybe a hundred people. [...] In Malmö only. [...] In Lund and stuff there are many. But here in Malmö almost a hundred sleep rough, more than a hundred maybe. And more than a hundred go to the store every day [for shoplifting]. (108-111) [...]
- **User 7:** And we, there are more smoking. There's only one who sniffs and many who shoot. But I haven't tried shooting because, [...] if you make a mistake, you'll die. So I'm not going to shoot. (152-157) [...]
- **I:** Yes, how much do you use now?
- **User 7:** Two grams, three grams per day. [...] (254-256)

Financing drug use

Interviewees describe different ways of financing their drug use. Influenced by the respective using patterns, acquisition measures include buying as a group (User 3&4, 303-310), dealing (e.g. User/dealer 1, 111 & User/dealer 6, 223), shoplifting (e.g. User 7, 111), and selling one's own body (e.g. User 7, 121). Amongst User 7's group of rough sleeping, heroin dependent young Afghan men the latter two seem common.

- **User 7:** Yes they sell their body to get it. It's nothing else. They are not gay from the beginning. [...] They are forced. There are many who cannot steal, who don't know how to fix money, they sell their body. [...] And sex, there are many who have a Swedish passport, but because they have, they couldn't go to school [...] or a bad situation that they could not find a job, they are forced to start doing drugs. And then when they do drugs they have no money, they have to sell their bodies. [...] (121)

The young man's account indicates that while a residence permit is of key significance for the young persons' wellbeing, life can also be very challenging with a Swedish passport (see also User 8, 91-97).

Paths into & functions of dealing: Existential needs, peers and exploitation by criminal gangs

This young man describes his situation without a residence permit having to find accommodation and a way of earning money.

- **User/dealer 6:** In the beginning when I came to Malmö I had no friend, no one could help me for a place or food or anything and I didn't get money from the Swedish Migration Board. But I found some friends, they sold and used, and I have also only started using since they said "okay, you can also sell, you can make money like us". From the beginning, I started with them and became friends, selling and smoking. Then I found the social welfare office and could get help from the social welfare office [...], but not an apartment. I found an apartment myself, but in that apartment there also live the guys who sell and use. [...] I sold and used hashish and tramadol [synthetic opioid]. (31-40)

The following young man describes how he and other newly arrived UM were recruited by a gang to sell drugs and how he later also became dependent on drugs.

- **User/dealer 9:** [...] They moved us to Småland. Then where we had an accommodation, we lived, after a few days, a car with two people in it, inside the car. And they walk around, they walk in the accommodation, do you understand? [...] We had no residence permit nothing, no income, nothing. Then they told us, "come work with us", like with drugs, selling and stuff. Then, so first I was a little scared then, I didn't know who they were. But I started, it was 2016 for the first time, until 2020. [...] So I started selling, for those I worked for. Then later I also became addicted to drugs. (35-42)

Dealing to cope with *not having a real life*

This young man explains that he and his pals take the risk of being caught selling drugs due to a lack of alternatives. Interestingly, also he uses the expression *not having a real life*, entailing not being able to go to school, get a job, engage in healthy leisure activities etc.

- **User/dealer 1:** [...] Last year, 1 ½ years before, you maybe could buy tramadol for 6 or 7 crowns, and you sold them for 20 crowns. It's a little difficult to buy and to sell, both is difficult. All is a risk. But we do it because we ***don't have a real life***. You never know if those who sell are sent back. The response from the migration office - no, no, no three times. And we say, okay, but I can earn money as much as I can. If they then send me back, doesn't play a role. But now I'm tired of all. They kill me, I kill myself or I kill someone, it doesn't play a role. For I ***don't have a real life***. I came to Sweden and waited for four years, couldn't go to school, couldn't exercise, couldn't do anything. I've been to prison. I'm here, yes, I can just go out, do this, same thing every day, nothing special. If you can go to school, it means you can try and go on. (111-115)

As already indicated by User 7 before, mastering school and education can be a great challenge even with a residence permit (User 8, 91-97).

Discussion & conclusions

- Acc. to Swedish researchers, many UM turned 18 while waiting for outcomes of their asylum processes and age determination and deportation became main foci of public and political debates on UM in Sweden whereby losing sight of this group's overall well-being (Çelikaksoy & Wadensjö, 2019)
- Swedish research suggests UM to use substances to cope with psychological stressors and unmet needs (Kaunitz & Jakobsson, 2016; Nyberg, 2016) and cannabis most common, followed by alcohol, opioids, cocaine, and benzodiazepines (Dahlberg & Anderberg, 2017) with an increase of heroin use (Ivert & Magnusson, 2019)
- As stated by a German study, UM typically beginning consumption first in host country and young Afghans more likely than other UM to use heroin and crack (Zurhold & Kuhn 2019)
- Danish research found UM/UFM being exploited by criminal gangs to sell and/or prepare drugs, conduct burglaries and theft, and transport drugs across Denmark or to other countries such as Sweden (Friis Sjøgaard et al., 2021)
- Derived from in-depth interviews with Afghan UFM in Sweden, social connectedness, support, education, employment, and leisure activities significant for integration => Promotion of integration through peer-involved interventions, meaningful activities, relationships, and concrete support (Hosseini & Punzi, 2021)

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Thank you for your attention 😊!

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