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## NATIONAL REPORT: DENMARK

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### WP5 2<sup>nd</sup> Country Report

### EPPIC – Young Peoples' Perspectives

October 2018

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## Contents

<b>Introduction .....</b>	<b>4</b>
<b>1.0 Recruitment and sample .....</b>	<b>6</b>
<b>2.0 Results.....</b>	<b>12</b>
2.1/ Onset of drug use patterns .....	12
2.2/ Drug use patterns in the CJS.....	14
2.2.1/ Prison drug policy and drug use patterns.....	17
2.3/ Drug use patterns outside the CJS.....	18
2.4/ Increasing factors on drug use .....	21
2.5/ Decreasing factors on drug use .....	24
2.6/ Young people's opinions and experiences relevant to prevention.....	28
<b>3.0 Concluding remarks.....</b>	<b>32</b>
<b>4.0 References.....</b>	<b>34</b>

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## Introduction

The aims of this second WP5 report are to provide in-depth descriptions of young people's narratives about:

1. Their drug use and offending behaviour, and particularly how they describe their trajectories in and out of drug use and offending behaviour.
2. Their experiences with prevention and/or treatment interventions aimed at young people with drug use and offending behaviour.

The present report can profitably be read together with the first WP5 report on two innovative interventions in relation to young people in touch with criminal justice system and who use drugs, and the WP4 report on prevention policy and drug use and offending behaviour prevalence among Danish youth, and interventions aimed at this target group.<sup>1</sup> In these earlier EPPIC reports, we established that only few interventions exist that are aimed directly at young people who have contact with the criminal justice system, while also using drugs. In the WP4 report we show that in Denmark, overall, there is a holistic approach to prevention, early intervention and treatment of young people. This means that the focus of such interventions is typically not exclusively on drug use or crime, but also on the everyday lives of these young people, including work, education, social relationships and housing. The first WP5 report show how a holistic approach is differently understood and practiced in the two innovative interventions: POM (Da.: Projekt Over Muren / Eng.: Project over the Wall) and *Fundamentet* (Eng.: The Foundation). We argued that how 'a holistic approach' is practiced depends on how it is situated, e.g. within the CJS (*POM*) or in the community (*Fundamentet*).

In the following, we first describe both our recruitment strategy and our sample. Following from this, in the result section, we focus on 1) onset of drug use, 2) drug use in the CJS and drug use outside the

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<sup>1</sup> The first WP5 report is available here: <https://www.eppic-project.eu/wp-content/uploads/2018/06/WP5-Danish-National-Report-2018.pdf>. The WP4 report is available here: [https://www.eppic-project.eu/wp-content/uploads/2018/04/WP4-report-DENMARK\\_PDF.pdf](https://www.eppic-project.eu/wp-content/uploads/2018/04/WP4-report-DENMARK_PDF.pdf).

CJS and, 3) what the young interviewees report as increasing and decreasing factors in terms of drug usage. This part of the report is particularly important in terms of reaching a better understanding of the young people's own perceptions of their problems, i.e. their ways in and out of drug use and their offending behaviour. In the last part of the report, we focus on the young interviewees' experiences with (prevention) interventions.

## 1.0 Recruitment and sample

Our recruitment process started with asking The Prison Service for approval of our project. After approval was granted, the Prison Service recommended prisons and remand prisons that would cooperate with us. While the Prison Service has to approve research projects and data collection in prison settings, it is the particular prison and prison-based treatment or prevention initiative in question that decides whether they would like to participate or not. Several prisons, remand prisons, and other Prison Service institutions were willing to assist with recruitment (see list below). However, recruitment of young people to participate in the qualitative interviews, on which the present WP5 report is based, did not solely take place through Prison Service institutions, but also through municipal services and private organisations. We will describe this process in more details below. The recruitment and interview process took place between May 2017 – December 2018.

The two case studies of innovative interventions that were described in our first WP5 report were also our first entry to interviewing young people. One initiative (*POM*) operates in a remand prison in Copenhagen. While there were initial challenges to get to interview young people here, these challenges were related to the prison structure and regulations. These included having a spare room where the interviews could take place, and having personnel to escort the interviewee/inmate from his/her cell to the room where the interview would take place. After these challenges were solved, the recruitment process went smoothly and *POM* professionals were very helpful in the recruitment process. The second case study (*Fundamentet*) is run by a private organisation and is community based. Challenges related to recruitment from this initiative primarily revolved around the fact that it has a broader target group than *POM*, and thus fewer of its participants match the inclusion criteria of the EPPIC project. This meant that we had to be extra careful to follow up on our inquiries, to ensure that we were available when a young person were willing to be interviewed, whilst at the same time matching the target group criteria for the EPPIC project. We initially contacted *Fundamentet* by email and they were immediately interested in cooperating with us and have

been very helpful with the recruitment process. Most of the interviews with young people in contact with these two case studies were performed from November 2017 – February 2018.

After these initial recruitment initiatives, we contacted other institutions in the Danish Prison Service. We established contact via phone calls followed up by email where we further explained the purpose of EPPIC and attached written information about the project aimed at potential interviewees. We followed up with further phone calls, sometimes several times. We ended up interviewing young people in Aarhus Remand Prison, in Kragshovede open prison, in Sdr. Omme open prison and in KIF Fyn (local CJS office in the community that help prisoners on parole).

At the same time, we started to contact private and municipal organisations aimed at young people with complex problems, including being in contact with the CJS while also using drugs. The procedure was the same as described above. We have been in contact with two organisations *Dusinet*, a municipal intervention offering workout and basic school teaching sessions, and *Malmøgade*, a municipal intervention offering temporary place of residence for vulnerable youths.

All interviewees were recruited through gatekeepers, either in the Prison Service or in private or municipal services targeting young people with complex problems. Some gatekeepers were very busy, and in order to keep in touch with them, we made sure to have ongoing contact through phone calls, emails and text messages. Moreover, some gatekeepers were also contacting us, when they had a new young citizen in their project that matched our target group.

**Table 1. Recruitment**

<i>Recruitment channel and city</i>	<i>No. of interviews</i>	<i>Case study</i>
POM: A special intervention placed in the prison service and is run by the prison service, Copenhagen	11	yes
Fundamentet: A semi-independent, voluntary, privately run community based intervention targeted to young people with different issues including drug use and in contact with the CJS, Jutland	5	yes
Open prison, Jutland	2	no
Open prison, Jutland	4	no
Remand prison, Jutland	3	no
A municipal, physical workout and basic school teaching intervention targeted to young people on welfare dependency with different issues including no education and in touch with CJS, Jutland	2	no
The prosecution in freedom, Funen	1	no
A municipal, temporary place of residence for young people with different issues including drug use and in touch with the CJS. Housing support included, Jutland	1	no

The interviews lasted between 1 and 1½ hours. They were audio-recorded and transcribed verbatim. We used a semi-structured interview guide including a visual graph on drug trajectories and life events. This visual tool allowed the interviewees to draw their own timeline. Just like the interview guide, the coding guidelines were developed by and shared across the six EPPIC countries. The actual coding process was carried out using Nvivo12, a computer-assisted qualitative data analysis software. Taken together, this approach facilitates comparability across the participating institutions and countries.

The sample for this report consists of 29 individual interviews. In order to reach 40 interviews with young people, 11 interviews will be conducted from October to end December 2018. Out of the 29 interviews, 2 are young women. 13 of the sample are young men with another ethnic background, however, all, except two, are born in Denmark. One came to Denmark when he was 3 and the other when he was 2. All interviewees with another ethnic background were fluent in Danish.



**Table 2. Sample description – Socio demographic data**

<i>Gender</i>		<i>Age</i>		<i>Partner</i>		<i>Children</i>		<i>Education</i>		<i>Other ethnic background</i>	
Male	27	18-24	23	yes	12	yes	3	none primary	2 23	yes	14
Female	2	25-30	6	no	17	no	26	secondary <sup>2</sup>	4	no	15

It was particularly difficult to get interviews with young women. This is not surprising since we know that women represent only a small percentage of the target group for EPPIC (see WP4 national report)<sup>3</sup>.

All the interviewees were willing to talk about their past and present drug use, and most were also willing to talk about their experiences with the criminal justice system. We did not ask the interviewees details about their offences, but we systematically asked about how long their sentence were. Furthermore, particularly for young interviewees who were remand prisoners, we were not allowed to ask about their charge.

<sup>2</sup> Additional four of the participants had started a secondary education, but dropped out or not finished it at the time of the interview.

<sup>3</sup> [https://www.eppic-project.eu/wp-content/uploads/2018/04/WP4-report-DENMARK\\_PDF.pdf](https://www.eppic-project.eu/wp-content/uploads/2018/04/WP4-report-DENMARK_PDF.pdf)

**Table 3. Sample description – Information about crime and penalty**

<i>Crime</i>		<i>First penalty</i>		<i>Measure</i>	
Robbery (street, home, armed)	5	Yes	7	Prison	2 1
Violence resulting in death	2	No	2 2	Alternative measure	5
Violence	6			Home arrest	2
Threats	1			Community	1
Kidnapping	1				
Attempted murder	3				
Drug dealing/crime	4				
Aggravated drug dealing/crime	1				
Shooting	2				
Handling stolen goods	1				
Fraud	1				
Car thief	1				
Many diff. offences - none about narcotic	3				
Person dangerous crime	2				
Not informed	4				

It is important to notice, that only seven out of the 29 interviewees were first time offenders. Thus, most of our interviewees have been in touch with the CJS more than once. It is moreover important to notice that the majority of offences mentioned by the interviewees are not directly drug related, i.e. having to do with either drug use or drug dealing.

The young people in our sample can be described as having complex problems. Besides having been or currently in touch with the CJS and having experiences with drugs, some had been placed outside the family home, in a youth institution or with foster parents,

for some period of time. Furthermore, some grew up in deprived areas and almost all had only finished either primary or secondary education. Some had experienced periods of homelessness and many had experiences with drug dealing. Some are affected by psychiatric diagnoses (e.g. ADHD or a personality disorder) and some grew up with parents who had problematic drugs and alcohol use. Finally, besides being enrolled in POM, some interviewees have received drug treatment earlier in their lives. Drug use and offending behavior is, therefore, not the only problems that most of these young participants face.

## 2.0 Results

### 2.1/ Onset of drug use patterns

All of the young interviewees, except one, began their illegal substance use with smoking cannabis. Therefore, when mentioning onset in the following, we refer to cannabis use. We did not ask specifically about alcohol and tobacco, and therefore we do not have consistent data on how legal substance use is related (or not) to onset of illegal substance use.

Table 4 shows that about  $\frac{1}{4}$  of the interviewees began their illegal substance use when they were between 10–12 years of age. More than  $\frac{1}{2}$  of the interviewees were between 13–15 years of age.

**Table 4**

Onset age	10-12	13-15	16-18
Frequency (count)	8 (27,6 %)	16 (55,2 %)	5 (17,2 %)

The most significant theme in the young peoples' narratives about onset of cannabis was that their initial use had occurred in the company of friends. This could be friends, who were also inexperienced at smoking cannabis at the time, or friends who were more experienced. In any case, these friends were often either school- or classmates. Thus, onset of illegal drugs, in this case cannabis, is described as a social thing and related to friendships and friendship groups.

Furthermore, most interviewees described their first experiences with smoking cannabis as fun, as cosy (Da.: *hyggeligt*) and as cool. INT.01, for example, says: *"I smoked cannabis together with some friends; it was fun to get high"*. Only a few interviewees recounted initial experiences with being sick, and when such forms of discomfort were mentioned, they furthermore stressed that this did not keep them from smoking with friends, at least not in the long run. Many emphasized that they got into a better mood and that they were more prone to experience different things as fun after they started smoking. For example INT.25: *"I thought it was very cool*

*and it was fun to smoke it and I enjoyed (DA: hyggede) myself a little more, you know, I was high [...] I had a more cosy time [when smoking]".* In other cases, narratives about onset of cannabis use revolved around wanting to 'test limits', including that smoking was perceived as tempting and exciting because it was both illicit and new to them.

When talking about onset of cannabis use, the young interviewees also talked in different ways about easy availability of cannabis and of cannabis use as 'normal' or at least as something they had been exposed to. Cannabis-using friends was one of the most frequently mentioned sources to get hold of cannabis when the interviewees talked about the onset of use. INT.25 and INT.09, for example says:

*I had a friend, who invited me to a small private party [...] he told me that 'I will prepare something to smoke, and you can join us'...". (INT.25)*

*There is a boy from my class, who used to hang out with some older friends, and one day he introduced me to it... (INT.09)*

Some of the interviewees also mention family as a way of obtaining cannabis and becoming familiar with cannabis use:

*Cannabis was easily available for me. I have family members who have always had it and sold it in larger amounts. Well, it has always been easy to get hold of. (INT.01)*

*I was stealing cigarettes from my older sister. I thought it was a cigarette hidden behind the closet in the bedroom, so mom and dad could not see it. However, it was a joint. And from then on, I quickly learned how a joint looks like and how it felt to use it. (INT.06)*

Some interviewees describe how the environment they grew up in was marked by easy access to cannabis. This was especially the case for interviewees with experiences of growing up in a deprived neighborhood, being removed from home and placed in either a youth residential institution or a secured institution for under-aged youth. INT.17, for example, tells us about experiences from a youth institution:

*At that time, I lived at the youth residential institution and a lot of the others smoked cannabis, and then I also tried it. (INT.17)*

Similarly, INT.11 tells about his onset of cannabis use while doing time in a secured institution:

*Well that's how it started, when doing my time in the secured institution. It all started with people showing me how to make my own bong... (INT.11)*

INT.24 refers to growing up in a deprived neighbourhood as an environment where cannabis is easily accessible:

*The older kids did it, and the socially disadvantaged area where I grew up means that you will experience these things in a younger age than you would elsewhere. (INT.24)*

**To sum up**, the young interviewees primarily connect the onset of use to friendships and friendships groups. In their narratives, they describe their use as lifting the atmosphere, as fun, cosy, and cool. All interviewees found access to cannabis easy, especially through friends, but also through family members and within the broader environment in which they grew up. As we shall see in the following, some of the interviewees continued to use cannabis regularly, while others moved on to smoke occasionally for a longer period, and first started to smoke more regularly at an older age.

## 2.2/ Drug use patterns in the CJS

As mentioned previously, most of our young interviewees have been in touch with the CJS more than once. Therefore, many of them talk about using drugs within CJS contexts and relate this to using outside of the CJS. Importantly, they do not talk about their drug use pattern in a linear way (i.e. from extensive use to decreased and then non-use). Instead, they describe it as being shaped by the different circumstances in which they are placed. In the following, we will therefore focus on their descriptions of their drug use patterns when being within the CJS, especially when imprisoned. Two main changes are emphasized in the interviews: 1) a change in patterns of use and when entering the CJS, and 2) a change in drug used.

Many of the young people have experiences with a variety of illegal substances, and especially cocaine and cannabis. Some use

cannabis more often than cocaine, some use cocaine more often than cannabis, the latter especially when not imprisoned. However, when imprisoned they tend to stop using cocaine and shift to using particularly cannabis, but also to other substances (such as non-medical use of benzodiazepines) that can get one to relax and calm down<sup>4</sup>. Due to their calming effects, these substances are seen as 'more suitable' for prison life, than central stimulants as for example cocaine or amphetamines, because they typically cause feelings of being energetic and speedy. INT 22, for example, says: "*I took some speed yesterday, and I was up all night, couldn't sleep*". In the prison setting, feeling speedy or not being able to fall asleep is not a desired effect of drug use (cf. Frank et al 2014, Kolind et al 2016). Rather, the young interviewees use drugs and especially cannabis while imprisoned to relax and calm down<sup>5</sup>:

*It calms me down and it is something that makes me sleep, and times passes by more quickly. .... When I smoke [cannabis] I sleep maybe 12 hours a day. (INT. 08)*

*I did smoke cannabis when imprisoned. There was nothing to do! I got through the everyday prison life by smoking. (INT.24)*

Together, these quotes summarize what the interviewees emphasize as the main reasons for using cannabis in the CJS:

- To be able to sleep, particularly in the evening.
- To 'kill time', especially when imprisoned in remand prisons where most hours are spent in the cell. Boredom is a major reason for using cannabis.
- To stop thinking too much, to stop 'a racing mind'.
- To have a good (or, '*hyggelig*'/cosy) time with other inmates.

We will get back to the fourth reason, but the first three reasons have also been noted by Kolind, Frank & Dahl (2010): Drug use within the CJS is (also) motivated by a need to be able to cope with and getting used to prison life, and therefore some substances are preferred over others. Being imprisoned, and especially the first experience of being imprisoned, is in general described in the litera-

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<sup>4</sup> We did not ask specifically about how and/or from whom the young people got cannabis when inside CJS institutions. We can therefore not say anything about the drug market within CJS institutions.

<sup>5</sup> None of the interviewed young people mentioned NPS or use of NPS in CJS settings.

ture as being hard on most people. Among other things, it is associated with feelings of anxiety, shame, stress, a sense of loneliness and/or the loss of being close to family/friends (e.g. Wooldredge, 1999; Maruna, Wilson & Curran, 2006; Massoglia, 2008; Johnson Listwan et al., 2010; Crewe et al., 2014). Therefore, using cannabis to sleep, to avoid thinking too much, and to 'kill time' makes sense in this context. The last reason (to have a good time with other inmates) was mentioned by some interviewees, especially interviewees who had been in open prisons. Here, the possibility to watch a movie together in the evening were mentioned as an event where sharing a joint could make prison life more 'cosy'.

Many of the young interviewees also talk about a reduction in cannabis use when imprisoned, in comparison to their levels of cannabis use before imprisoned. INT.10, for example, says:

*Well, even though I smoke in here, you need to look at the circumstances. The amount I smoke in here in a week is what I can smoke in a day outside.  
(INT.10)*

Even though almost all interviewees say that it is easy to get cannabis when imprisoned, they also mention shifts in access to cannabis, and refer to periods with lots of cannabis and periods where it is more difficult to get hold of. Descriptions of changing use patterns in the context of entering prison or remand prison resembles previous research in Denmark on drug use within prison settings (Frank et al 2014; Giertsen et al 2015; Kolind et al 2016; Kolind et al 2010).

All interviewees, who have been serving time in prison, talk about periods of *not* using when imprisoned. Only a few, however, talk about cessation as being permanent, or as self-chosen. For example INT.12:

*I could suddenly see that I looked like a big loser. I was in a ward where we could use the gym a lot. I started spending a lot of time there, and became good friends with someone my age, who also trained a lot. We helped each other a lot. (INT.12)*

It is important to notice that because of his emerging interest in his body and in using the gym facilities, this young man had something (else) to do - a way to spend time - during his imprisonment. He was in an open prison ward where it is easier to get around and



where more spare time activities are possible, as for example physical training in a gym. Moreover, being able to hold a job inside is mentioned as a motivating factor to not use:

*It is 100 percent possible to smoke in here, but I choose not to do it. I have a good job [inside the prison] and if they catch me consuming, I will lose the job opportunity. So, when imprisoned, I do not want to consume. (INT.09)*

These examples stand in sharp contrast to some of the young interviewees who spend time in remand prison waiting for their sentences to be passed. They experience themselves to be in 'limbo', because their futures are still uncertain, e.g. in terms of whether they will be imprisoned and/or for how long.

#### 2.2.1/ Prison drug policy and drug use patterns

Drug use in the CJS was talked about, however, as something fluctuating and all narratives revolved around use as well as none-use. Particularly, many talked about none-use in relation to their usual cocaine habit outside the CJS. Furthermore, as mentioned above, some talked about the unstable availability of cannabis, which made their use fluctuate. Most importantly, however, the interviewees related their fluctuating use, their (temporary) cessation or their lower levels of use to prison drug policy.

Therefore, in order to understand the young peoples' reasons for using drugs or for stopping using drugs in the CJS, we will briefly outline the prison drug policy. Any kind of drugs (including alcohol, illegal drugs and non-medical use of prescription medicine) is illegal in Danish prisons. Dealing, possession or use of any of these substances will be sanctioned if detected by prison guards. Sanctions can, for example, be solitary confinement, suspension of weekend leave, and/or suspension of parole (for details, see Frank & Kolind, 2008; WP4 report). Every day, the Prison Service takes random urine tests from 2 % of the prison population. People with an electronic tag also have to deliver urine tests regularly. If any illegal substance is detected, the inmate will be sanctioned accordingly. There are also random cell searches, often with the use of sniffer dogs. If any substance is found, sanctions are also given. It is in many cases these sanctions, which the young interviewees bring forth as motives for cessation whilst in the CJS, or for changing their ways of using:

*I can't smoke in here. If I deliver a 'dirty' urine test, they will suspend my weekend leave. .... I stopped*

*because otherwise, I would not be able to get parole. I had to deliver a 'clean' urine test. (INT.20)*

*The first year I was imprisoned, I smoked a lot. I did not care, since my sentence was not passed yet. But when I got my sentence, I stopped smoking and did not smoke for 2 years. Only when I was released, I started to smoke again. You have to stop smoking when you have got your sentence. (INT.06)*

*I have cravings now and then. But I know, that if I touch it, I will not get out on leave again. This is why I keep away from that shit! (INT.16)*

Self-regulation strategies, therefore, have to be understood vis-à-vis prison drug policy. Even though some interviewees say that the decision to stop using is an individual decision, this decision is also in many cases intimately (and explicitly) related to prison drug policy and the possible sanctions that drug use can give. Particularly the young people in remand prison, who waited for their sentence to be passed, did not care about the possible sanctions. Many of them were not allowed to go on weekend leave anyway, and the sanction for violating prison drug policy was 'only' solitary confinement.

**To sum up:** Getting hold of drugs within the CJS is generally considered to be easy by the interviewees, however, general drug use levels are likely to decrease, particularly due to lower drug availability in prisons. Changes in drug use is especially mentioned in relation to cannabis use, but also other kinds of relaxing drug, e.g. non-medical use of prescription drugs, while effects of central stimulants are typically not sought after in the prison setting. Prison drug policy is the greatest motivator to stop using drugs.

### 2.3/ Drug use patterns outside the CJS

The young participants describe cocaine and cannabis as the most frequently used drugs, when they are not part of the CJS. They are all experienced cannabis users. Almost all have used cocaine. Of these, only few have used cocaine on an experimental level (i.e. a few times on a non-regular basis), while most are experienced cocaine users and have used the drug on a regular basis for longer periods. Most of the young people thus have a regular use of both cocaine and cannabis.

Most dominantly, the interviewees report using cocaine only in social situations and together with friends or friendship groups (cf. the

previous section on ‘onset of drug use’). Using drugs in social situations entails among other things ‘a night out’ with friends, as part of school or work settings, and as part of broader social environments of their everyday lives such as their (often disadvantaged) home areas, youth institutions, hostel for homeless youths, etc. Cocaine use is motivated by the following effects:

- To ‘top the atmosphere’ of a night out.
- To stay awake (e.g. during a night out, or in a work situation).
- To perform better in school.
- To avoid boredom.
- To have a ‘cosy’ (*‘hyggelig’*) time in the company of friends, e.g. while playing Play Station.

Some of the participants also report to using cocaine when they have too much (illegal) money. Cocaine use is explained to be different from their everyday cannabis use, however, they describe many of the same reasons for using cannabis as for using cocaine. The only situation reported where they use drugs alone is when smoking cannabis before going to bed in order to be able to sleep or if they have a small dose ‘left over’ cocaine after a cosy night with friends.

As the above indicates, the interviewees mention different reasons or motives for using drugs, primarily cannabis and cocaine, but also experimenting with other kinds of drugs. Important reasons for continuing drug use are to stay connected with drug-using friends and drug-related communities. It is argued that using cannabis is a ‘normal’ activity, as INT.08 one of many interviewees describes about smoking cannabis: *“It is like smoking cigarettes”*. It is frequently emphasized that drugs are readily ‘available’, and that drug use is a ‘lifestyle’. As such, using drugs and especially cannabis is also talked about as a ‘habit’, or something you ‘just do’. Furthermore, several interviewees indicate that being part of drug using networks and friendship groups are important in terms of their sense of self, and that their drug-using friends form an important source of comfort and trust in their lives:

*Friends are important. They symbolize who you are or what you would like to be. (INT.03)*

*We can trust each other, and are loyal, not matter what. When I was a kid, I did not have a lot of friends. I had a hard time in school, so when I got older, I needed to form stronger friendships. And then, automatically, I got into criminal circles. (INT.12)*

Some of the most mentioned reason for continued cannabis use is the effect of the drug, e.g. calming down and relaxing before going to sleep, to be able to control a racing mind, to 'kill time', or to get away from an uncomfortable everyday life, and to avoid boredom. Thus, some of the reasons for using cannabis outside of CJS contexts are similar to the reasons given for using cannabis in the CJS.

A few report that they use drugs instead of prescription medication, for example:

*I don't take my ADHD medication. It gives me a 'downer', the medication. So, I have chosen not to use it, and smoke cannabis instead. It helps me when I smoke cannabis. (INT.18)*

Using drugs, and especially cannabis and cocaine, is in many cases emphasized as a more or less natural part of the interviewees lives outside of the CJS. Importantly, however, only a few report having experimented extensively with poly drug use, e.g. doing many different kinds of drugs, such as ecstasy, amphetamines, fantasy, different kinds of hallucinogens, benzodiazepines, or other kinds of prescription drugs. Such extensive experimental drug practice was reported only by a few of our interviewees. About 1/3 reported having experiences with other kinds of drugs besides cannabis and cocaine, however not in an extensive experimental way.

Furthermore, no interviewees report on heroin use or injecting drug use, and several associate heroin use with being a 'junkie', 'lost' or 'extreme marginalized'. An image of a drug user, who is out of control with his/her drug use, was associated with heroin use as well as injection as mode of administration. These images were used to say that they were not like that and that they did not identify themselves as that 'far out'.

No interviewees mentioned NPS use.

**To sum up:** Drugs used by the young interviewees are primarily cannabis and cocaine. Cannabis is presented as an 'everyday' drug, while cocaine is mostly used on special occasions. Friends and friendship groups form particular settings for using these substances, yet cannabis is also used e.g. for relaxation before going to sleep. The reasons for using drugs are variable, and contain e.g. having fun and coping with stressful situations. Finally, the interviewees tend to talk about especially cannabis and cocaine use as 'normal', while heroin use is associated with 'junkies' and severe social marginalization.

## 2.4/ Increasing factors on drug use

The young interviewees highlighted several situations and/or experiences as increasing factors of drug use.

First, they talk about 'tolerance' towards both the effect of drugs, and the expected outcome of drug use. For example, INT.05 and INT.19, state that:

*Every time we went out it increased. We did not only need two bottles, but four [of liquor], and we also need two bags more [of cocaine]. Next time we ordered 8 bottles, and four bags more. You know... it went all crazy. At the end, we did not share a bag [of cocaine] we bought our own bag. (INT.05)*

*If you smoke every day, you automatically need to smoke more and more cannabis to get high in the same way. (INT.19)*

Increased drug use was often talked about in combination with wanting the experiences to be 'wilder and wilder'. This is emphasized, for example by INT.12, when he narrates his 'nights out' with his friends. In general, young people occasionally aim to go out and use substances to have 'transgressive' experiences (e.g. Hackley et al., 2015). In the context of the EPPIC project, the young interviewees particularly talk about how the limits for what is 'transgressive', is being moved, pushed towards more intensive experiences.

Second, as we have already shown, the interviewees talk about becoming or being part of particular peer groups, but also about reviving old friendship groups (e.g. after prison), and how this relates to increased drug use. INT.10 and INT.01, respectively, for example says:

*I have a lot of friends, who do the same. And suddenly you use drugs every day, not only cannabis but also cocaine... I didn't see it as a problem. It was just something we did for fun. We laughed, and I had a great time with friends. (INT. 10)*

*Visiting friends I used to know and with whom I used to drink and smoke [cannabis] made me fall through, and suddenly I hadn't done anything else but drink and smoke for 2 weeks. (INT. 01)*

Thus, as these quotes indicate, friends do not only play a role in terms of onset of drug use, but also in terms of increasing use. However, as also shown previously in the analysis, drug-using friends are not merely experienced as 'risk factors' in terms of onset, continued use or relapse. Rather, in line with existing findings (e.g. Herold & Søggaard, 2018), our interview data suggest that they can also constitute significant emotional contexts for our young interviewees.

Third, interviewees mention starting to sell drugs, especially cannabis, as an increasing factor. Reasons for starting to sell include for example becoming able to finance their own (increasing) consumption:

*I tried to stop, but it got worse. So much that I did not have any money to support my drug use. So, I began to steal, also from my parents, to sell stuff, to get money. In the end, I began to sell drugs, unfortunately. (INT.03)*

*I liked it a lot! [smoking cannabis]. But I couldn't afford it. I worked for my step-dad and earned money, but not enough to allow me to smoke everyday. Therefore, I started to sell drugs. (INT.19)*

Moreover, selling is reported to be 'for fun' and to earn some extra money, as one interviewee says:

*I never got anything extra from my day job. And then I met a guy who sold cannabis. I saw that it was quite fun, and I got a taste for it [selling]. ... It is about the money, but you also meet all kinds of people, and also, I am my own boss. (INT.09)*

INT.12 talks about selling in a different way that entails getting enrolled in more serious criminal circles and becoming involved in more serious crimes, as well as becoming affiliated with peers, who are also offending. Thus, dealing and peer groups become entangled:

*If you sell cannabis, you need to get hold of someone who sells e.g. 100 g. When you get to know people like that, the problems also get bigger. If you get into a fight, then someone uses a knife ... Things get a bit more organized, you get to know more and more criminals, and the criminal stuff you commit*

*becomes a bit more serious. Suddenly, when I was 19 years old, I only knew criminals! (INT.12)*

Selling drugs are thus reported to increase drug use, and furthermore, it is reported by a few of the interviewees to increase their offending behavior.

Fourth, interviewees highlights school and work as other increasing factors. INT.04, INT.13 and INT.11 say, respectively:

*I started to work in the construction business, and then my use increased a bit. I took some at work, to keep myself going. (INT.04)*

*I worked in a hardware store, as warehouse operative. I smoked a lot during the breaks. I could go outside and smoke a joint. But I was still focused, could still do the job, but it was a lot cosier! (INT.13)*

*Then I went to another school, and there were many who smoked cannabis at that place, I don't know if the school actually knew about it, but there was. (INT.11)*

Fifth, especially being placed in a (secure) youth institution is reported as an increasing factor, but also getting into CJS and the period after release from the CJS are as factors that encourage increased use:

*When I was in prison, the only thing on my mind was when I would get out of there so I could smoke a joint. Then it just escalated again. (INT.15.)*

*I moved to a different youth institution and everyone smoked a lot more there. So I just started to smoke every day. (INT.17)*

It is, however, important to underline here that most interviewees experience a decrease in drug use when entering the CJS, as shown above.

Lastly, we will highlight how the young people talk about 'bad periods' or particular life events as factors that potentially increase use. INT.10, for example, explains how not only his drug use increased, but also his offending behavior when he got into a 'bad period':

*I lost my job. Then I lost my girlfriend. Then my apartment, so I had to move back home to my parents. I felt very low. You are dependent on money to pay your bills, so I started to do all kinds of shit, burglary and so on, and got arrested. .... when it goes wrong, it also goes down. Then cannabis goes hand in hand with times when things go wrong. (INT.10)*

Similarly, interviewees emphasize an increase when they are subject to emotional stress that they cannot cope with in other ways:

*I lost a friend and I can't let go of it. In the evening when I can't sleep I take a joint. I saw one of my friends being killed right in front of me, I see him be run down by a car. It is like a headache. ... My head spins with pictures. A joint helps a lot. (INT.22)*

*If your head is filled up with stuff, then I smoke to push all the thoughts away. (INT.12)*

**To sum up**, reported increasing factors include 1) Tolerance towards a drug (especially cannabis). 2) Belonging to drug using friendships groups. 3) Being involved in drug dealing. 4) Needing to cope with school or work settings. 5) Being placed in youth institutions where peers are using, and being released from prison; and finally 6) 'Bad periods' and particular life events.

## 2.5/ Decreasing factors on drug use

Interestingly drug treatment is only rarely mentioned as a decreasing factor in terms of drug use. Instead, the interviewees highlighted the following situations and experiences as factors that could decrease use.

First, they frequently mention that romantic partners have a decreasing effect on their consumption:

*Had it not been for her, to be honest, I think I was still using drugs. (INT.03)*

*I was using a lot [drugs], and then we got into a relationship and only smoked [cannabis]. Then we go apart and all the old habits starts again e.g. partying. (INT.19)*



*My drug use changed so that instead of using every day, I only used a few times a week. INT.05)*

As such, spending time with a partner can be seen as an alternative to partying and using drugs with drug-using friends. While a few interviewees do stress that smoking a joint after a fight with their partners can be helpful and stress-reducing, they also emphasized that their daily consumption decreased as an effect of being in a relationship. For some of the interviewees, these effects become long-lasting, while for others it only lasts for a limited period of time. Further, becoming a parent is mentioned as an important and life-changing experience, which also affects the consumption of drugs:

*This is a responsibility you must take and you cannot just go out and get high on drugs when you have a son. Because he should not be a part of that environment... (INT.04)*

*Here [in prison], I aim to stop smoking, so I only smoke in the evening, because when I get out of here, I have a daughter to take care of, and I am also engaged. Therefore, when I get out, I don't want to smoke during the day. I want to be fresh for the whole day and only smoke in the evening. (INT.11)*

Second, interviewees talk about stepping out of drug using friendship groups, as well as becoming part of groups where drugs are *not* consumed, as a decreasing factor. For example, as INT.17 and INT.18 says:

*I had another friend, who also did not smoke, so it was easier to quit smoking. (INT.17)*

*After I stopped talking with them [...], I cut down on using cocaine. After that, my consumption dropped a lot, because [...] I didn't have that many friends anymore, and it was mostly with my friends that I was using. (INT.18)*

Several interviewees also talk about leaving drug-using friends behind as an active choice, however they also mention that this can be rather difficult for different reasons, for example because their former and still-using friends continues to contact them. Third, the interviewees mention work as a decreasing factor, for example INT.07 and INT.13 says:

*I did not have the time [to use]. I had a full time job and could not really handle anything else, besides work, because I was so tired. (INT.07)*

*When I was working, I used to only smoke every fifth day [because the job required] maximum concentration. (INT.13)*

Furthermore, INT.07 explains that in addition to keeping herself busy with work, and changing her use patterns due to this, she was able to form new friendships through work, which also meant that her use of drugs decreased. A small number of interviewees moreover talk about school or education as decreasing factors, e.g. because they would avoid using drugs before noon or after school. As INT.20 says:

*My friends used to smoke a joint in the morning, but I would not do that anymore, because then I was stoned the whole day [...], and I wanted to stay fresh for the first lessons [...]. I would smoke during the break instead in order to get something out of the day. (INT.20)*

Fourth, as mentioned in the above sections on drug use in and outside the CJS, being imprisoned is narrated as a decreasing factor, but only whilst being *in* prison. This effect is mainly ascribed to prison drug policies and sanctions, and it often does not last after release. As also mentioned earlier, other reasons for decreasing the use of drugs in prison settings include varying availability of drugs, and having the possibility of keeping yourself busy with other things than using drugs, e.g. being able and motivated to go to the gym, or having a meaningful prison job. Finally, while the use of some substances (particularly central stimulants) tends to drop in prison settings, the use of other substances might increase, depending of course on drug use patterns before entering the prison setting (particularly cannabis and other substances with calming effects). Finally, in terms of considering the decreasing effects of being imprisoned, it is also mentioned that the prison setting as such impacts how much cannabis it is necessary to smoke in order to obtain the desired level of intoxication:

*In here, I smoke about 0,2-0,3 grams a day, whereas I need to smoke 2 grams a day when I am outside [...]. I get the same effect, even though the amount I smoke is much lower. In that sense, my use is the same, but I don't need to smoke the same amount. (INT.11)*

This suggested connection between amount and effect may be ascribed to the lower drug availability in prisons as compared to outside, and thus to lower tolerances of cannabis. But, it may arguably also be ascribed to the atmosphere or materiality of the prison, and how this affects the young prisoners and thus their experiences of intoxication in this setting.

Fifth, the interviewees mention experiencing 'good periods' or positive life events as something that leads to decreased drug use:

*At that time, I started to get myself together, and then it [drug use] I didn't use as much. And when I am having a bad period, my use follows. (INT.10)*

*I used to smoke daily until I got my drivers license. Then I started to cut down, and eventually I stopped. (INT.21)*

Other interviewees emphasize a decrease in drug consumption as an effect of having had contact with other people (e.g. fellow inmates, or friends), who have had their lives very negatively affected by drugs and/or living a hard life in criminal networks:

*I know it's a bit sad to put it like this, but I am actually glad that I was around people who were older than me, some who had kids, and who could tell me about where I would risk ending up [if I continued the same lifestyle]. I really wanted to avoid that, and decided that I would not live like that. (INT.11)*

**To sum up**, very few of the interviewees explicitly mention drug treatment as a decreasing factor of their use of drugs. Instead, certain relationships, particularly having a romantic partner, and in some cases children to take care of, are emphasized. Also, having or building especially drug-free friendships are mentioned as important in this regard. Furthermore, work, but also school, is mentioned along with some aspects of imprisonment such as being able to engage in meaningful activities and wanting to avoid sanctions due to use of drugs. Finally, the interviewees mention experiencing 'good periods' and life events as something that causes them to use less. It is important to notice, however, that a number of factors, which, for some young people and in some situations, have a decreasing effect, might for other young people and in other situations, have an increasing effect.

## 2.6/ Young people's opinions and experiences relevant to prevention

In the interviews, the young people were asked directly about their experiences with interventions that they had been offered or enrolled in. Interviewees, who were enrolled in the chosen case study interventions described in WP4, were also asked directly about their experiences with these particular interventions. In the Danish context, these interventions were POM and Fundamentet, respectively. The interviews showed that the young people were often uncertain about exactly what kind of interventions they had been offered (besides the case study interventions), although a few talked in length about a particular intervention that meant a lot to them. This uncertainty was particularly related to services offered when they were underage. Instead of referring to specific interventions, in many cases, they refer either to specific persons (e.g. a 'contact person', 'municipal worker', 'mentor', 'psychologist', 'social service counselor', 'SSP worker') with whom they had had contact, or more broadly to 'the authorities', or 'the system'. In general, this leaves the impression that the young people had difficulties getting an overview over the often many services and initiatives they have taken part in, how these were related to each other, and where to seek help for which problems (see further below).

In the following we use the overall term 'professional' to cover all kinds of welfare service professionals, from schoolteachers, social workers, psychologists, drug treatment providers, to what they call mentors. We use the term 'intervention' to cover whatever kind of intervention the young people had been in contact with, and thus not only drug related interventions.

Different themes came up in the interviews in relation to experiences with professionals. First, how different professionals approached them, was mentioned by many of the interviewees, e.g. INT.01, INT.03 and INT.05:

*It means a lot to many young people that a professional do not say 'you have to do this or that'.  
(INT.01)*

*She doesn't see me as a bad person or anything. She is really nice. We talk, about my drug use, but also about life in general. And, this is how I see it: if you give me respect, then I give you respect.  
(INT.03)*

*He [the professional] started out saying that the glass is full of trust. 'My confidence in you is 100 %*

*and every time you screw up, it will empty a bit'. But others, they say: 'Here is an empty cup, and then you have to proof that I can have faith in you'. But, he started with trusting in me, and that calmed me. He trusts me, so why shouldn't I try?(INT.05)*

The interviewees generally emphasized the great importance of the professional's attitudes towards them, e.g. how they talked to the young person and about things in their life situation, as well as whether or not they were able to show understanding and empathy for the young person's situation, e.g. that they might experience their lives as 'normal' and not 'vulnerable' or 'marginalized'.

A second theme was 'frustration' with the 'system' and/or a 'professional'. Several narrated how they got frustrated if professionals could not help them. One central frustration revolved around having to show up in one 'system', being told it is the right place to get help, but then you meet up and get the message that it is not the right place, and are asked to go to somewhere else: another place, another 'system':

*It is so annoying to go somewhere for help and then you are passed on to another place. In the end, you give up, you feel like an idiot. (INT.04)*

*I went to a treatment place, but it was in the wrong municipality or something, and therefore they couldn't help me. I had to go to another place, but then I gave up. (INT.11)*

The interviews show that these young people often have mobilized a lot of energy to seek help in the first place, and that being directed to a different 'system' easily causes them to give up. In the first Danish WP5 report, we describe how the case study interventions (particularly Fundamentet) focus explicitly on helping citizens, who have these challenges, to navigate in a welfare system, which is experienced as stiff and opaque by young people.

Another frustration revolved around the experience that first and foremost 'rules must be complied with' rather than experiencing to actually receive help:

*They had a hunch that I was smoking cannabis, and they did confront me that I was not allowed to smoke cannabis on the premises, that they had a*

*zero tolerance policy. But they did not ask if I smoked cannabis or if I needed help. (INT.11)*

Yet another frustration revolved around having to do something 'meaningless':

*At the job center, they tried to send me in activation [job training]. Even though she [the professional] helps you with writing job applications, and so on, she suggests that I get a cleaning job. But, what do I learn from that? I don't need my social security if this is what I have to do! (INT.08)*

He finds social security quite low, and this interviewee also suggest that he could earn money more easily than taking a cleaning job to fulfill the demands to get social security.

Finally, some of the interviewees who had been imprisoned were frustrated by the lack of help they could get after release:

*When I was released, no one helped me find a place to live, an apartment. I was just lucky I had my girlfriend and could stay with her. (INT.06)*

*When you are released, you are just thrown into society again. There is no one who cares about you. And some of us need to be taken care of. (INT.15)*

These kinds of frustration was especially related to circumstances, where the interviewees had started a process of change when imprisoned, i.e. thinking differently about their drug use and offending behavior in a different way, cutting down on drugs and/or stop offending. It was frustrating for them that support for this process 'just' ended after they had been released.

In general, many negative experiences with welfare services, the CJS as well as social services, are reported in the interviews. The interviewees overall express a great amount of distrust towards the 'system', or even stated that they 'hated' the system, as some interviewees put it.

However, particularly in relation to the two chosen case studies (POM and Fundamentet), several good experiences were brought up by the young people we interviewed. Interestingly, similar experiences were expressed across these two interventions, despite of

the fact that they are substantially different (see the Danish WP5 report for details).

First, interviewees emphasize that it was possible, and often even comfortable, to talk and interact with the professionals in these two interventions, for example about their feelings, handlings of their everyday life, how to tackle their family, child or girlfriend, their difficulties in managing being imprisoned, and also about their drug use. This experienced open-mindedness towards their lives is also something that the young people themselves suggests as being important, along with the possibility, that there is always a professional to talk to, especially when imprisoned - someone who they can talk with freely, without getting sanctioned (see WP4 report on sanctions in prisons). The young interviewees similarly emphasize the importance of not being judged by professionals, and that they are not faced with overwhelming demands. Instead, they stress that it is important that professionals take as a point of departure the young people's situation, aims and needs. This relates to another point that was raised in the interviews, namely that they need professionals to help them navigate the sometimes overwhelming and complex welfare system that they are set in. Interviewees enrolled in Fundamentet especially emphasized this final point. As shown in the first national WP5 report, this is one of the main services that Fundamentet offers to their participants. It was, however, also emphasized by several of POM's participants.

**To sum up**, these experiences and perspectives on what could inform future prevention strategies and interventions directed at young people enrolled in the CJS who are also drug-experienced, were emphasized in the interviews: 1) Professionals should approach these young people with respect, trust and without prejudice (vs. demands and distrust). Furthermore, it is important that they take point of departure in what matters to the participants. 2) Interventions should include services that support these young people in navigating 'the system'. Social services and how these are structured in different areas are often too complicated to navigate and handle for young people in need of help. 3) Particularly when imprisoned, it is crucial to be able to get help after released, e.g. in terms of living arrangements, drug treatment, and emotional support. Finally, 4) Professionals need to focus on *helping* the young person, including 'bending the rules' if this is necessary in order to provide the needed help and support.

### 3.0 Concluding remarks

We have in the present report focused on the young interviewees' perspectives and how they describe their experiences with their drug use but also their experiences with welfare initiatives. Some of these themes are not only relevant for drug using youth in contact with the CJS, as for example friendship in relation to onset and use; these are also relevant to youth experiences with drugs in general. There are also differences, most importantly that the target group for this report is youth with complex problems. Focusing only on drug use and offending behavior leaves us with a too narrow perspective of the complexity of problems these young people faces.

Even though we have emphasized different themes that came up in the young people's narratives, we are not able to say anything about causality or offer a more nuanced understanding of how these themes are linked together. As we have shown, a number of factors, which, for some young people and in some situations, have a decreasing effect, might for other young people and in other situations, have an increasing effect. We therefore need to look more into how factors are situationally intertwined with other life circumstances of young people with complex problems.

Overall, the young people do not differentiate between different kinds of interventions they have been enrolled in but talk about the 'system'. Exceptions are, when they talk about the two case study interventions. In general, however, they have huge difficulties navigating in the welfare system and what they can or are entitled to get in terms of help. Also, they do not differentiate in general between different kinds of professionals from different kinds of services, but talk about professionals more generally as representatives of the 'system'. Again, with an exception of the two case studies, this is most likely related to a methodological issue (we asked directly about their experiences with the two case studies), as well as the two case studies tries to approach the young people in ways they appreciate. Not knowing the 'system' and not being helped when they approach the 'system' for help creates frustrations and makes the young people distrustful of the 'system'.

NPS is not an issue for the young people in this sample. They do not mention it at all. They do engage in using different kinds of drugs,



especially cannabis and cocaine, and they have almost all experimented with other kinds of drugs as well, more or less extensively.

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