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# **Social capital, political trust and experience of cannabis smoking: A population-based study in southern Sweden**

Martin Lindström<sup>1</sup>

1 Department of Clinical Sciences  
Malmö University Hospital  
Lund University  
S- 205 02 Malmö  
Sweden

Tel. +46-(0)40-333003

Fax. +46-(0)40-336215

E-mail: [martin.lindstrom@med.lu.se](mailto:martin.lindstrom@med.lu.se)

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**Title: Social capital, political trust and cannabis smoking: A population-based study in southern Sweden**

**Abstract**

**Objective:** To investigate whether political mistrust in the Riksdag (the national parliament in Sweden) is an independent characteristic of cannabis smokers, or whether it reflects low confidence in people in general, and therefore low social capital.

**Method:** The 2004 public health survey in Skåne is a cross-sectional postal questionnaire study answered by 27,757 respondents aged 18-80 with a 59% response rate providing data on political trust, cannabis smoking, and potential confounders.

**Results:** 13.9% of the men and 8.3% of the women had smoked cannabis; 17.3% of the male and 11.6% of the female respondents reported no trust at all in the Riksdag, and another 38.2% and 36.2%, respectively, reported a moderate political trust. Young age, high education, unemployment, low generalized trust in other people, and lower levels of political trust were associated with cannabis smoking, even after multiple adjustments. The groups men with no trust at all in the *Riksdag*, and women with high trust, not particularly high political trust and no political trust at all had significantly higher odds ratios of cannabis smoking than the very high trust reference category. The results thus somewhat differed between men and women.

**Conclusion:** Low political trust is associated with cannabis smoking, independently of trust in people in general.

**Keywords:** Social capital, trust in institutions, political trust, trust, cannabis smoking, Sweden.

## **Introduction**

Cannabis is the most prevalent illegal drug in many Western countries (Smart and Ogborne, 2000). Cannabis use is most common in late adolescence and early adulthood (Chen and Kandel, 1995). In Sweden cannabis is mainly consumed by smoking, and cannabis smoking is more common among men (National Public Health Report, 2005). Cannabis use is also an important precursor for use of other drugs (Dupre et al., 1995). The proportion of male and female adolescents who had ever tried drugs for non-medical reasons increased dramatically during the 1990s in Sweden until 2003/2004 (National Public Health Report, 2005), the year when the survey reported in this study was conducted. This might be interpreted as a general symptom of more liberal and individualistic attitudes towards cannabis and other drugs. The role of politicians as policy agenda setters seems to be questioned in accordance with such individualistic attitudes, norms and values.

Values and attitudes influence health, especially through the pathway of health related behaviours. Value systems include the needs and goals that guide human behaviour (Rokeach, 1973). Most values and attitudes are formed during adolescence and early adulthood. Antisocial beliefs and values are positively associated with cannabis use (Wells et al., 1992). Social factors such as lack of parental monitoring (McArdle et al., 2002), certain peer groups and schools, and attachment to substance abusing peers (Dupre et al., 1995) have been shown to be significantly associated with the risk of early initiation. Change in maternal marital status, particularly when the child is 5-14 years old, is also associated with an increased risk of cannabis use (Hayatbakhsh et al., 2006). Some people who experience cannabis smoking or other forms of cannabis get into a causal pathway leading to use of other drugs (Becker, 1973).

Only few theoretical models concerning the effects of social factors on cannabis use have been suggested. Social capital has been suggested to promote health by several causal pathways including a decreasing effect on psychosocial stress, a stimulating effect on healthy behaviours mediated by health related norms and values, an increasing effect on access to health care, and a decreasing effect on violent crime (Kawachi et al., 1999).

Social capital is defined as high social participation among citizens, high generalized trust in other people, high levels of trust in the institutions of society, and generalized reciprocity (Putnam, 1993; Putnam, 2000). Social capital works both horizontally, i.e. between

individuals and between groups of individuals, and vertically, i.e. between individuals/groups and institutions (Narayan, 2002; Narayan and Cassidy, 2004). Social capital has been analysed as a contextual characteristic (Putnam, 2000; Woolcock, 2001), but also as social relations in the local environment and trust between individuals (Coleman, 1990; Fukuyama, 1995).

The associations between social capital and health have been extensively investigated (Kawachi et al., 1997; Ali et al., 2006), although the results are still debated (Lindström and Lindström, 2006). The association between horizontal trust and social participation, and health related behaviours such as tobacco smoking, high alcohol consumption and cannabis use have also been investigated (Lindström, 2003; Lindström, 2004a; Lindström 2005). However, comparatively few studies have investigated the associations between the vertical aspects of social capital, i.e. trust in institutions, and health and health related behaviours. This is remarkable because macro level politics in general, the welfare system and the general health care system are regarded to have important effects on public health (Walt, 1994). In Sweden the association between trust in the health care system and self-rated health has been investigated (Mohseni and Lindström, 2007). Previous studies have shown that horizontal trust but not social participation was negatively associated with experience of cannabis smoking (Lindström, 2004a), but no investigation has been conducted concerning the association between political trust and experience of cannabis smoking.

The hypothesis of this study is that there is a negative association between political trust in the national parliament (*Riksdag*) and experience of cannabis smoking. There are several arguments in favour of such an association. One direction of causality may go from low political trust to cannabis use. At least two mechanisms behind such a direction of causality are plausible. First, cannabis use is prohibited by law in Sweden, and politicians in the *Riksdag* have established these laws. There may be resistance against the norms imposed on society by these laws particularly in the segments of the population with low trust in national politicians and the national parliament. One such population segment may for instance be the postmodernists with extremely individualistic, anti-authoritarian and libertarian values, which have been shown to have more prevalent experience of marijuana use than other population segments (Inglehart, 1997). Second, the sense of belonging to the community in general and

its authorities is lower among those who report low political trust. Civic engagement in general has been shown to be associated with political engagement and political participation (Verba et al., 1995). People with low political trust may thus also be more inclined to test cannabis because they are less integrated with the norms and values sanctioned by society. However, for this second plausible causal mechanism the effects of political trust needs to be separated from the effects of generalised (horizontal) trust in other people. The direction of causality may also go in the reverse direction, i.e. cannabis use may have an effect on political trust. Some people who experience cannabis use may have sought health care, but may have been disappointed with the way their demands were met by the health care system. Such associations have been demonstrated for trust in the health care system (Mohseni and Lindström, 2007), but it may also affect the level of trust in politicians responsible for important decisions concerning health care and the welfare system in general.

In this study both political trust in the *Riksdag* and horizontal trust have been assessed by asking individuals in a postal questionnaire. Even though these aspects of social capital may be regarded as institutional and societal aspects of social capital it is only possible to directly assess them at the individual level.

The aim of this study is to investigate the association between political trust in the *Riksdag* and experience of cannabis smoking, taking generalized (horizontal) trust in other people into account.

## **Study design and setting**

### *Study population*

Data from the 2004 public health survey in Skåne in southern Sweden were used. A postal questionnaire was sent out to a random sample of persons aged 18-80 years during the autumn of 2004. Two letters of reminder were sent to the respondents, and a subsequent phone call was made to the remaining non-respondents. A total of 27,757 respondents returned complete answers. The response rate of this cross-sectional study was 59%. The random sample was weighted by age, sex and geographic area in order to increase the statistical power in some smaller administrative areas. This has been corrected by a weighing variable, so that the

representative prevalences for the entire Skåne region are given. The differences in prevalences between the uncorrected and corrected data were very small.

### ***Assessment of variables***

#### ***Outcome variable***

*Experience of ever having smoked cannabis* was assessed by the item “Have you ever smoked cannabis?”, with four alternatives: “No”, “Yes, earlier but not this year”, “Yes, earlier this year”, and “Yes, within the last month”. This variable was dichotomised, with the first alternative defined as “No” and the three latter alternatives defined as “Yes”.

#### ***Explanatory variables***

*Age* was divided into five age intervals 18-34, 35-44, 45-54, 55-64, and 65-80 years.

All analyses were stratified by *sex*.

*Country of origin*. All persons born in countries other than Sweden were merged into one category, yielding the categories “Sweden” and “other”.

*Education* was divided by length of education into 9 years or less, 10-12 years, and 13 or more years.

*Unemployment* was assessed by an item containing the alternatives employed (including self employed) on the labour market, on parental leave, students, unemployed, old age pensioners, contractual pensioners, sick leave pensioners, people on long-term sick leave (more than 3 months but not pensioners), and homeworkers. This item was dichotomised as unemployed (actively seeking employment) versus not unemployed (all the other groups).

*Generalized (horizontal) trust in other people* is a self-rated variable that encompasses an individual’s perception of generalized trust in other people. It was appraised by the item “Generally, you can trust other people” with the four alternative answers: “Do not agree at all”, “Do not agree”, “Agree”, and “Completely agree”. It was dichotomised with the two first alternatives depicting low trust and the two latter depicting high trust.

*Political trust* is a self reported item which reflects trust in the Swedish *Riksdag* (national parliament). The question “What trust do you have in the *Riksdag*?” entailed the four

alternative answers “Very high trust”, “high trust”, “Not particularly high trust”, “No trust at all”, and “No opinion”.

### *Statistical analyses*

Prevalences (%) stratified by sex of experience of cannabis smoking, demographic, socio-economic, unemployment, generalized (horizontal) trust in other people, and political trust variables were calculated (table 1). Prevalences (%), crude odds ratios and 95% confidence intervals (OR, 95% CI) were also calculated in order to analyse associations between the demographic, socio-economic, unemployment, generalized (horizontal) trust in other people, and political trust variables, and experience of cannabis smoking (table 2). The relationship between political trust and experience of cannabis smoking was assessed with odds ratios and 95% confidence intervals in multiple logistic regression models adjusting for various confounders (age, country of origin, education, unemployment, and generalized trust in other people) (not shown in tables). All analyses were stratified by sex. All data were analysed with the SPSS statistical software package (Norusis, 2000).

### **Results**

Table 1 shows that a 13.9% proportion of the men and 8.3% of the women reported experience of ever having smoked cannabis. Almost 12% of the respondents were born in other countries than Sweden. The prevalence of high education was 32.5% among men and 38.9% among women. The proportion with 9 years of education or less was somewhat higher among men than among women (43.5% compared to 37.3%). A prevalence of 4.3% of unemployment was observed among both men and women. The prevalence of low generalized (horizontal) trust in other people was 40.7% among men and 44.3% among women. The level of political trust ranged from 4.4% with very high, 30.2% with high, 38.2% with not particularly high, to 17.3% with no trust at all in the *Riksdag* among men (9.9% having no opinion). The corresponding numbers among women were 3.6%, 29.2%, 36.2%, 11.6% and 19.4%.

Table 2 shows that the odds ratios of cannabis smoking experience were significantly higher among the young, persons with high education, the unemployed, persons with low generalized (horizontal) trust in other people as well as among men with no trust at all in the *Riksdag* and women with high trust, not particularly high political trust and no political trust at all.

The odds ratios remained significant after multiple adjustments in the regression models (not shown in tables).

## **Discussion**

The results of this study suggest that political trust may be negatively associated with experience of cannabis smoking, although the direction of causality is impossible to disentangle cross-sectionally. Both political trust in the *Riksdag* (a form of vertical trust) and low generalized (horizontal) trust in other people are significantly and negatively associated with cannabis smoking experience. Cannabis smoking experience was found to be significantly higher among the young, people with high education, the unemployed and people with low generalized trust in other people. After multiple adjustments including generalized (horizontal) trust in other people, this association remained.

Several pathways may explain the association that was found in this study. Cannabis use is prohibited by law in Sweden, and politicians in the national parliament have founded these laws. There may be resentment against the norms imposed on society by these laws particularly in the segments of the population with low trust in politicians and the national parliament. Second, the sense of belonging to the community in general and its authorities in particular is lower among those who report low political trust. Civic engagement is associated with political participation (Verba et al., 1995). People with low political trust may thus also be more inclined to test cannabis because they are less integrated with the norms and values sanctioned by society. Both effects are plausible, given the results of this study, because the association between low political trust and cannabis use is independent of generalised trust in other people. The direction of causality may also go in the reverse direction, because some people who experience cannabis use may for instance have sought health care due to their drug problems, but may have been disappointed with for instance the medical treatment.

The young have less political trust in the *Riksdag* and its politicians (Holmberg, 1999). They are also significantly more likely to have ever experienced cannabis smoking. Both political trust and horizontal trust are formed mainly during childhood and adolescence. Political trust in the *Riksdag* has continuously declined in Sweden during several decades (Holmberg,

1999). Political trust and generalized trust in other people are mainly cohort phenomena in the adult population (Putnam, 2000). Cannabis smoking also seems to have increased in younger birth cohorts compared to older. It may be that the decline in political trust leads to less respect for the political standpoint still dominating the political establishment in the *Riksdag* to uphold the law to ban drugs including cannabis. The current trend in the new birth cohorts that reach adulthood would indicate that the attitude to test cannabis smoking would become even more prevalent in the future.

The association between political trust and the experience of cannabis smoking seems to be independent of horizontal trust. This is an interesting finding, because horizontal trust has previously been shown to be significantly and negatively associated with self reported experience of cannabis smoking (Lindström, 2004a).

There are at least two reasons for stratifying by sex. The first is that cannabis use is not equally distributed among men and women. The second reason is that political preferences and trust differ between men and women (Inglehart and Norris, 2003).

A previous study has demonstrated a significant and strong association between post-materialist values (as opposed to materialist values) and the experience of ever having smoked cannabis (Lindström, 2007). Future studies may combine the social capital, political trust and materialist/post-materialist theoretical approaches in order to disentangle the influence of social factors and their interactions on cannabis smoking.

### *Study limitations and strengths*

The participation rate is 59%, which is approximately the same as in most current surveys (Kuo et al., 2002; Lindström, 2004b). The study population demonstrates a similar composition according to age, sex, education and health care consumption as the Skåne population in statistical registers. The exception is the group born in other countries, which is under-represented by 4 per cent units compared to official statistics. Still, the risk of selection

bias was considered low in a previous study on a random sample conducted with the same sampling design and the same participation (59%) in 2000 (Carlsson et al., 2006).

Most studies have indicated that assessments of cannabis use are more reliable than assessments of other substances also including alcohol and tobacco. It seems that the cannabis smoking experience is more salient to many respondents (Clarke et al., 1999). The horizontal trust and the political trust items are self reported items which are difficult to validate. However, these items have been used in earlier nationwide investigations in e.g. the USA (Putnam, 1993) and Sweden (Rothstein, 2003). The political trust in the Riksdag item has been used earlier in other studies by political science scholars in Sweden (Holmberg, 1999) and elsewhere (Norris, 1999).

Age, sex, country of origin, education, unemployment, and horizontal trust might be confounders of the association between political trust and experience of cannabis smoking. Adjusting for these confounders produced change in the effect size associated with political trust and experience of cannabis smoking to a limited extent.

The cross-sectional study design makes it impossible to draw inferences with certainty concerning direction of causality. This study should be considered as exploratory concerning the important relationship between political trust and experience of cannabis smoking.

### *Conclusions*

The results suggest that political trust may be independently and negatively associated with experience of cannabis smoking, although the direction of causality is impossible to disentangle in a cross-sectional study.

### **Acknowledgements**

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**Table 1.** Prevalences (%) of self reported experience of cannabis smoking (dichotomous no/yes), demographic, socioeconomic, unemployment, horizontal trust, and political trust in the *Riksdag* variables. N=27,757.

	Men (N=12,626)	Women (N=15,131)	Total (N=27,757)
<b>Experince of cannabis smoking</b>			
Never	86.1	91.7	89.1
Yes, earlier but not during the last year	11.8	7.3	9.4
Yes, during the last year	1.2	0.6	0.9
Yes, during the last month	0.9	0.4	0.6
(Missing)	(465)	(428)	(893)
<b>Age</b>			
18-34	23.1	25.7	24.5
35-44	17.7	18.3	18.0
45-54	18.2	17.7	17.9
55-64	20.6	19.1	19.8
65-80	20.4	19.2	19.8
(Missing)	(0)	(0)	(0)
<b>Country of origin</b>			
Sweden	88.5	87.7	88.1
Other countries	11.5	12.3	11.9
(Missing)	(0)	(0)	(0)
<b>Education</b>			
13- years	32.5	38.9	36.0
10-12 years	24.0	23.7	24.0
-9 years	43.5	37.3	40.0
(Missing)	(1095)	(1589)	(2684)
<b>Unemployed</b>			
Not unemployed	95.7	95.7	95.7
Unemployed	4.3	4.3	4.3
(Missing)	(157)	(184)	(341)
<b>Trust (horizontal)</b>			
High	59.3	55.7	57.4
Low	40.7	44.3	42.6
(Missing)	(85)	(151)	(236)
<b>Political trust in the Riksdag (parliament)</b>			
Very high	4.4	3.6	4.0
High	30.2	29.2	29.6
Not particularly high	38.2	36.2	37.1
No trust at all	17.3	11.6	14.2
No opinion	9.9	19.4	15.1
(Missing)	(504)	(601)	(1105)

The Public Health Survey in Skåne 2004.

Sweden 2004. The *Riksdag* is the national parliament in Sweden.

**Table 2.** Prevalences (%) and odds ratios (OR) with 95% confidence intervals (95% CI) of experience of cannabis smoking (dichotomous) according to demographic, socioeconomic, unemployment, horizontal trust, and political trust in the *Riksdag* variables. N (men) =12,626 and N (women) =15,131.

	Men		Women	
	%	OR (95% CI)	%	OR (95% CI)
<b>Age</b>				
18-34	28.0	1.00	17.2	1.00
35-44	18.6	0.59 (0.51-0.68)	11.5	0.63 (0.54-0.73)
45-54	17.8	0.56 (0.49-0.64)	8.5	0.45 (0.38-0.53)
55-64	4.6	0.13 (0.10-0.15)	1.8	0.09 (0.07-0.12)
65-80	0.7	0.02 (0.01-0.03)	0.2	0.012 (0.006-0.03)
(Missing)	(465)		(428)	
<b>Country of origin</b>				
Sweden	13.8	1.00	8.6	1.00
Other countries	15.3	1.13 (0.96-1.32)	7.3	0.85 (0.70-1.02)
(Missing)	(732)		(653)	
<b>Education</b>				
13- years	19.2	1.00	12.8	1.00
10-12 years	15.4	0.77 (0.67-0.88)	8.6	0.64 (0.55-0.75)
-9 years	10.1	0.47 (0.42-0.54)	4.5	0.32 (0.27-0.37)
(Missing)	(1586)		(2025)	
<b>Unemployed</b>				
Not unemployed	3.7	1.00	4.1	1.00
Unemployed	8.0	2.26 (1.85-2.77)	7.2	1.80 (1.43-2.28)
(Missing)	(683)		(675)	
<b>Trust (horizontal)</b>				
High	13.0	1.00	8.0	1.00
Low	15.4	1.22 (1.10-1.36)	9.0	1.13 (1.00-1.27)
(Missing)	(605)		(624)	
<b>Political trust in the Riksdag (parliament)</b>				
Very high	12.0	1.00	5.9	1.00
High	14.2	1.22 (0.93-1.62)	10.1	1.82 (1.24-2.66)
Not particularly high	13.5	1.15 (0.87-1.52)	8.7	1.54 (1.05-2.25)
No trust at all	16.4	1.44 (1.08-1.93)	9.0	1.60 (1.06-2.39)
No opinion	12.2	1.02 (0.74-1.40)	5.9	1.00 (0.67-1.50)
(Missing)	(659)		(749)	

The Public Health Survey in Skåne 2004.

Sweden 2004. The *Riksdag* is the national parliament in Sweden.

## **Précis**

This study investigates the association between political trust in the national parliament in Sweden and experience of cannabis smoking. Political trust may be negatively associated with experience of cannabis smoking.