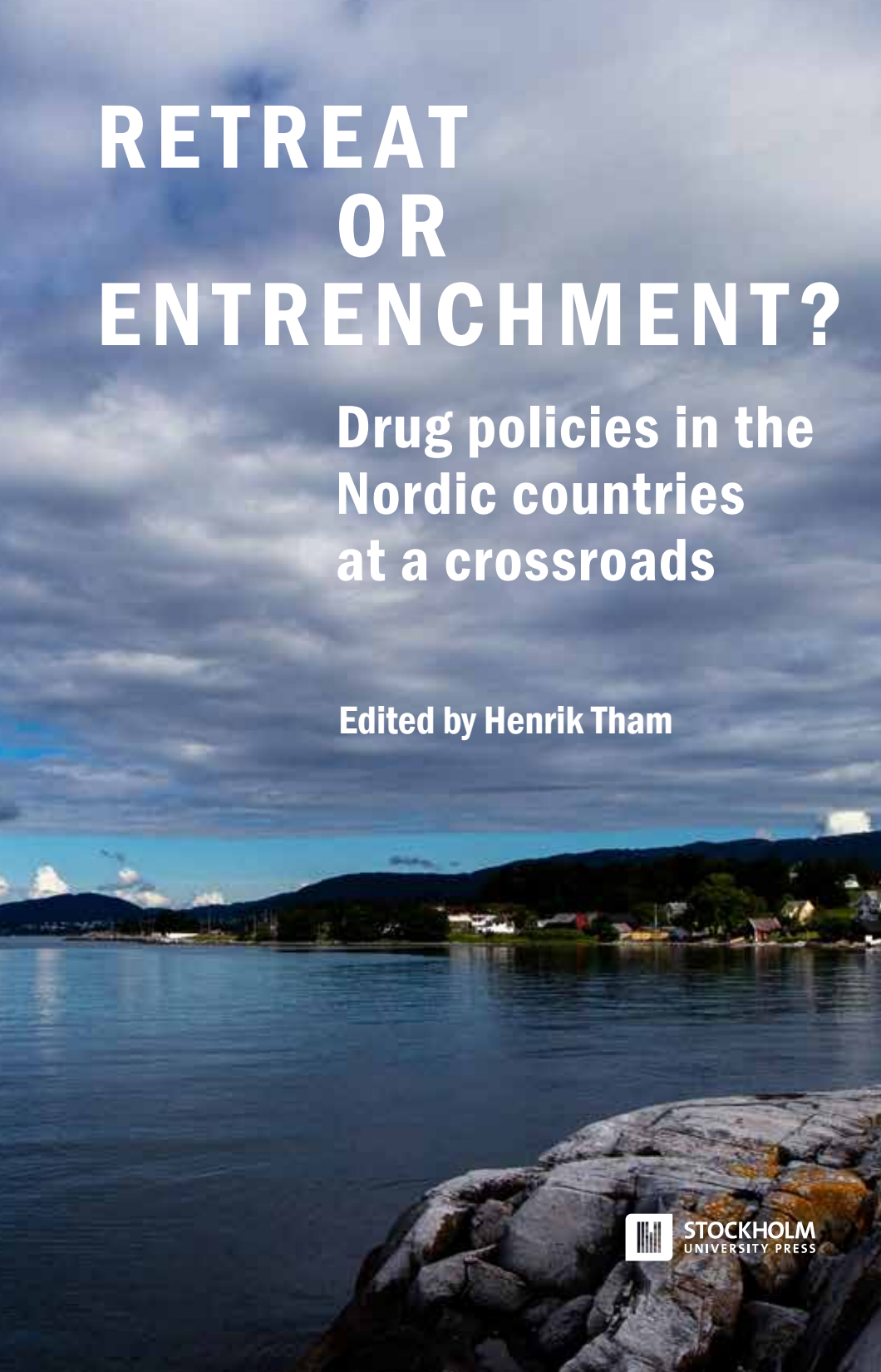
RETREAT OR ENTRENCHMENT?

Drug policies in the Nordic countries at a crossroads

Edited by Henrik Tham



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Preface

In 2014 the Nordic Research Council for Criminology commissioned a working group on drug policies in the Nordic countries. A year later a report appeared, *Drugs: What is the problem and how do we perceive it? Policies on drugs in Nordic countries*. Already four years later, the Council felt the need for a further working group on drug policies in the Nordic countries, now with a specific question: Should there be a change in Nordic drug policy? The reason behind the need of a new analysis is, of course, the fast-changing drug policies in several Western countries. Will the Nordic countries continue their relatively strict drug policies or will they adapt new policies when 'the war on drugs' is being challenged internationally?

The project has been most stimulating, not least the comparisons between the Nordic countries that have led to reflections on the drug policy in each of the countries. The question formulated by the Council has, however, also been problematic to answer in a satisfying way. The reason is the fast pace of change that takes place in the Nordic countries. Every change has meant updating and rewriting the manuscript. We are aware that the book might already be history when it is published. But history has its own value.

We thank the Nordic Research Council for Criminology for a generous grant to the working group that also made open access publishing possible. We also want to thank the editorial committee and two anonymous reviewers for their high ambitions for the book, the copy-editor for most meticulous work and Stockholm University Press for support throughout the process.

Stockholm, August 2021
Henrik Tham

1. Introduction

Henrik Tham

In 1989, the German author Hans Magnus Enzensberger wrote an article about the heroes of the retreat. Statues of kings and generals who have bravely fought battles, sometimes winning, sometimes losing, can be seen in most large European cities. However, not much praise has been bestowed on those who organized the retreat of a lost campaign. In politics, this means negotiating, making compromises and showing compliance. This might even include violating your own earlier principles and admitting the ambivalence of a new situation. To take such a position is hardly seen as heroic but, nevertheless, often as more important and healthier for society than the stand of the celebrated firm warrior (Enzensberger 1989).

Nils Christie took this article as a starting point for the application for a research project. In the 1980s he had already, together with Kettil Bruun, written *Den gode fiende* (*The Good Enemy*), criticizing the repressive drug policies of the Nordic countries (Christie & Bruun 1985). Christie now wanted to study the drug policies in Norway and Sweden, but not their construction but rather their *de*construction. These two countries, both 'hawks' in European drug policy, were being criticized by other countries and had drug policies that did not deliver.

Christie was convinced that Norway and Sweden had to revise their policies and retreat. If so, what forms would the retreat take? How would it be justified? Would the costs of the drug policy now be put forward as being too high? Would scapegoats be pointed out? Would organizations disappear or just reorganize,

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re-interpreting the old policy? Or would there be no change – would the two countries just continue the war, e.g. stick to their old drug policies?

The research application did not get any funding, possibly because Christie was ahead of his time when the question was formulated. Today the situation is different. A drug policy based on penal legislation, police and prisons has now even more clearly shown its limits. At the same time, the costs of violated legal principles, police resources, imprisonment and suffering for the drug users have increased. The same development outside the Nordic sphere has caused a number of countries to rethink their drug policies. The question is then: Have the Nordic countries started a retreat, and if not, why?

In an analysis of a possible change in drug policies in the Nordic countries the prevelance of drugs and problematic use as well as existing penalty levels should be taken into consideration. Depending on the situation, different policy reactions could be expected. Some indicators can be compared to the situation in other countries. In the European School Survey project on Alcohol and Other Drugs (ESPAD 2015) the life-time prevalence of the use of cannabis in the Nordic countries is markedly below that of the other European countries. Last year prevalence of cannabis use among adults, 15–34, in the Nordic countries was, on average, about the same as in Europe as a whole. In all five Nordic countries there has been an increase among young adults who use cannabis (Nordic Welfare Centre 2019a: 11). Problematic use cannot be compared due to lack of data. However, all the Nordic countries report high numbers of drug-related deaths (EMCDDA 2019).

The drug policies in the Nordic countries have been described as relatively repressive. Per Ole Träskman (2004) has noted how drug use has been reidentified from a medical problem to a criminal problem, how consumption has been criminalized in most of the Nordic countries, and how police control of drug users has developed with the goal of being annoying and stressful. This development also leads to an inconsistency in relation to the general criminal policy, whereby the Nordic countries have been characterized by relative leniency and small prison populations (op. cit.). Sten Heckscher (1985) has pointed out that the punishment scales

for drug crimes were raised sharply in all the Nordic countries early on. In contrast to other crimes, where the lower part of the penalty scale is usually used for punishments, the whole scale was applied to drug crimes. The countries have also referred to each other when increasing the severity of sanctions and justified it in the name of Nordic harmonization (op. cit.).

In relation to the overall penalty scales in the Nordic countries the maximum penalties for drug crimes are high. The highest maximum is found in Norway, at 21 years, which is the maximum for any crime in the country. This doesn't mean that Norwegian courts mete out the highest sentences among the Nordic countries. Such a comparison must be based on the data on actual punishments for drug crimes of the same seriousness.

Some data for such a comparison can be found in a Nordic project on the general sense of justice, where data were collected in 2009 and 2013. The project included vignettes where persons in nationally representative samples indicated what sanctions they found appropriate after reading a description of a specific crime. The sanctions were chosen from a pre-formulated list. The same forms were sent to a panel of judges who, on the basis of the vignettes, were asked to indicate what they believed would be the sentence given in those cases. One of the vignettes concerned a young man who had smuggled 250g of heroin. The results from the evaluations of judges in the five countries are shown in Table 1. The highest penalties are meted out in Sweden, where the maximum sentence for a drug crime is 10 years. Denmark has the lowest penalties for the same crime among the Nordic countries.

Table 1. Judges' assessments of the sanctions that would be awarded in connection with smuggling 250g of heroin in Denmark, Finland, Iceland, Norway and Sweden for an offender with no prior record in surveys in 2009 and 2013.

	Denmark	Finland	Iceland	Norway	Sweden
5 years +					X
3–5 years		X	X	X	
2–3 years	X				

Source: Balvig et al. 2015: 348; Olaussen 2013: 52 f.

Table 2. The size of fines for possession of cannabis in Denmark, Finland, Iceland, Norway and Sweden.

Denmark	Hashish < 10 gram/marihuana < 50 gram	€270
Finland	Hashish < 10 gram/marihuana < 15 gram	€420*
Iceland	Cannabis 15 gram	€700
Norway	Cannabis 15 gram (average)	€600
Sweden	Cannabis 15 gram	€2000*

* Finland and Sweden use day fines, here converted to an amount based on median wage in 2017.
Source: Nordic Welfare Centre 2019a: 139 ff.; Borgeke & Månsson 2018: 1120.

A study of the praxis of penalties for possession of cannabis has been carried out by the Nordic Welfare Centre (2019a). The figures are presented in Table 2. The data given are not always directly comparable. Sanctions will vary with the type of cannabis and if the lawbreaker is a previous offender. Some of the countries also have the possibility of issuing a caution as an alternative sanction. On the whole, the figures seem to reproduce the results in Table 1. Sweden has the highest fines for possession of small amounts of cannabis while Denmark has the lowest.

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) supplies some comparisons of data on drug use and criminal justice reactions to drugs. Table 3 shows a somewhat higher consumption of cannabis, which is by far the most commonly used drug, in Denmark. Sweden and Iceland have the highest number of drug-related deaths. The high Icelandic figures can be attributed to an ongoing opioid crises and were previously lower. Finally, in the comparison of the number of drug crimes reported to the police, Sweden again is in the lead.

The Nordic countries also show both similarities and differences when it comes to other legally defined policies and practices concerning drugs. Table 4 shows that all the countries have syringe exchange programs and substitution programs. Only one country, Denmark, has a heroin maintenance program. For Iceland, such programs are not relevant since heroin consumption has not been a problem in the country. Denmark and Norway have supervised consumption rooms for self-administrated injections, and

Table 3. Cannabis use, reported drug crimes, and drug-related deaths in Denmark, Finland, Iceland, Norway and Sweden, 2016–2018.

	Denmark	Finland	Iceland	Norway	Sweden
Cannabis use, last year, 15/17–34, %	15.4	13.5	9.1	10.1	9.6
Drug deaths per 100 000	4.15	3.63	8.3	5.36	6.26
Reported drug crimes per 100 000	462	502	600	633	1004

Source: EMCDDA 2019; Iceland: cannabis use in 2017, 18–44 old and drug-related deaths; National Commissioner of the Icelandic Police 2020.

Table 4. The existence of different drug programs and penal practices in Denmark, Finland, Iceland, Norway and Sweden.

	Denmark	Finland	Iceland	Norway	Sweden
Substitution treatment	yes	yes	yes	yes	yes
Syringe exchange	yes	yes	yes	yes	yes
Heroin maintenance	yes	no	no	no	no
Supervised drug-consumption rooms	yes	no	yes	yes	no
Criminalization of consumption	no	yes	no	yes	yes
Body liquid tests	no	no	no	no	yes

permission for such a practice was granted in Iceland in 2020. Denmark and Iceland have not criminalized use as such. Finland and Sweden are the only countries in 2021 that in practice sanction the use of cannabis. The fines are the same as that for the smallest possession, which in Finland is €420 and in Sweden is €880. Sweden is, however, the only one among the Nordic countries that uses body liquid tests to establish use.

A similar pattern emerges from the four tables. Denmark is relatively more liberal in terms of harm reduction and penal sanctions, while Sweden occupies the opposite position with the

severest sanctions and most intrusive police practice. Other indicators, particularly 'the law in action', might show a partially different picture, but here the pattern seems clear. These differences, both between the Nordic countries and in relation to other countries, provide the starting point for an analysis of the possible retreat to a drug policy less marked by criminal control and more by treatment or non-intervention. If the countries are to retreat, they will retreat from different positions. Today's positions have, however, not always been the same. The drug policies have changed over time and the development in the direction of an expansion or contraction of penal and other compulsory measures have not been unambiguous.

Chapters 2 to 6 give overviews of the development of drug policies in the respective countries. The presentations cover, to different extents, indicators of recreational use and problematic use, police interventions, sentences and drug-related deaths. The indicators are discussed in relation to whether the drug policies can be judged as successful or not. The analyses show a fluctuation of focus on the big shark and organized crime, and the user as the only indispensable link in the drug market pyramid. The drug user, in turn, has switched between a person who is seen as sick and in need of treatment and a criminal who is responsible for his drug use. There has, in the Nordic countries, been an increase in treatment for use of the most common drug, cannabis. The reason for this increase is, however, not obvious (Nordic Welfare Centre 2019b).

The different chapters also address the question of the actors in drug policy. Ultimately it is the political parties, and particularly those in government, that decide the policy. The policies, however, must be justified. References are made to the public, which is claimed to demand a strict control of drugs. Media plays an important role in describing a problem that most people do not have first-hand knowledge of. The police force is also a central actor in all the countries. An important role in the policy debates has been played by different non-governmental organizations (NGOs) – arguably a particularly strong agent in the Nordic context. These NGOs have, however, taken quite different positions, as have experts, civil servants and different professional groups.

Part II contains five chapters from four of the countries dealing with specific drug policy issues. The first study, Chapter 7, concerns Denmark, traditionally the most liberal of the Nordic countries when it comes to drug policy. Lately, there is a change in the direction of moralization of the drug user, not the one with a problematic use but the young, recreational user. This change is interpreted as a result of perceiving drug use in a neo-liberal framing. The drug user is seen as selfish, not regarding the negative consequences of drug use in a wider sense while at the same time being able to make a choice to use or not to use drugs. In line with this new way of interpreting drug use, legislation has been sharpened.

The relatively strict Finnish drug policy is in the next study, Chapter 8, described as a paradox. After the Second World War, Finnish criminal policy, in terms of the use of prison, deviated from the other Nordic countries that had much lower levels of inmates. Finland set a goal to reduce the size of its prison population, to mark its belonging to Western rather than Eastern Europe. This effort was successful, and Finland today resembles the other Nordic countries. However, in relation to the overall goal to liberalize Finnish criminal policy and reduce the use of imprisonment, drug policy developed in the opposite direction.

The third special study in Chapter 9 concerns the possible change of drug policy in the direction of care and help for the drug user, illustrated by an analysis from Norway. The drug policy debate in the Nordic countries, as well as elsewhere, has focused on the question of punishment or treatment. Particularly for the Nordic welfare states, an approach of care would seem natural to put forward rather than a criminal, policybased control. An abolitionist or non-interventionist policy, on the other hand, would seem unnatural. A treatment or welfare state approach to drugs can, however, be as controlling as a policy based on legal punishments. This is particularly important to observe in a situation where earlier drug policies based on criminal law are becoming criticized and where changes in the direction of a welfare-based policy is instead proposed.

Traditionally, the Nordic countries have had quite strict alcohol policies. This concern has now, however, ended up in the

background, being replaced by the issue of drugs. The fourth of the special issues that are covered in Part II, Chapter 10, asks why the issue of two intoxicants, alcohol and narcotics, have been constructed so differently in Sweden. While narcotic drugs have led to increasing control, the control of alcohol has decreased. Different restrictions on the sale of alcohol are lifted and taxes are reduced. A prognosis is made about the future of drug policy in Sweden based on the development of alcohol policy – the market will ultimately decide.

The fifth and final of the chapters dealing with special issues, Chapter 11, is also a study from Sweden. It can be said to be concerned with the question of an evidence-based drug policy. Three groups are interviewed: treatment staff, youth cannabis users and adult cannabis users. Representatives of the three groups discuss the risks of taking drugs. They all mobilize arguments for their standpoints, including references to scientific studies, and arrive at quite different conclusions. Different perspectives clash and the position on drug policy becomes 'a matter of concern rather than a matter of facts'. The study clearly shows the problem of arriving at a consensus even when the most needed facts are brought into the issue of drug policy. That facts are used differently and selectively will, of course, have a bearing on the issue of a changing drug policy.

In the concluding Chapter 12, an attempt is made to draw the lines together. A clear prediction of the development of the drug polices of the Nordic countries will not be possible to make. Different and even contradictory developments are demonstrated, as well as differences between the five Nordic countries. What is quite clear, though, is that the situation is much more open than just a few years ago. The question that inspired this comparative project, 'will there be a change in the Nordic drug policy?', has clearly become relevant.

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PART I
POLICY ANALYSES

2. Danish Drug Policy: Between Repression and Harm Reduction

Esben Houborg & Kim Møller

In a Nordic perspective, Danish drug policy has traditionally been considered to be fairly liberal (Bruun & Rosenqvist 1980; Moeller 2019). This has been due, among other things, to a depenalization of the possession of drugs for personal use between 1969 and 2004, and early and extensive use of opioid substitution treatment (OST). However, in recent years this picture has become more complicated. On the one hand Danish drug policy has moved in a more repressive direction, but on the other hand, Denmark has also introduced two of the most controversial harm reduction measures: OST with heroin and drug consumption rooms. It appears that priorities in Danish drug policy have become rather contradictory. In this chapter, we will discuss the recent developments in Danish drug policy with a perspective on the background of the history of modern Danish drug policy.

In this chapter we analyse Danish drug policy from the point of view of how it defines the drug user as a social citizen and, in close relation to this, how it affects the distribution of drug-related harms and risks, and the responsibility for handling them.

Different drug policies and policy instruments affect drug-related risks and how these risks are distributed in society (Mugford 1991; Benoit 2003). Some risks are intrinsic to specific drugs. Cannabis, heroin, and cocaine have different risk profiles. A drug policy that reduces the number of people who use these drugs will therefore minimize the number of people who are exposed to these risks. However, risks are not just intrinsic. There

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are also extrinsic risks, which are caused not by the drugs but by the circumstances under which the drugs are used. How drug policy affects the conditions under which drugs are used will therefore either increase or decrease such extrinsic risks. Rigorously enforced drug prohibition will increase this type of risk, while harm reduction measures will reduce them. The risks and harms mentioned here are the ones that affect the drug user, but there are also risks and harms that affect those other than the drug users. Families, local communities, and societal institutions can also be harmed by the presence of illicit drugs and an illicit drug market. Drug policy can also reduce the risks of such indirect harms in different ways. Making controlled substances legally available can, for example, reduce certain types of organized crime, depending on the specific way this is done. It should therefore be apparent that drug policy involves a number of not just technical decisions, but also political priorities about which harms to reduce and which trade-offs to accept in terms of increasing the potential for other harms and exposing parts of the population to such risks.

Drug Policy and Social Citizenship

Benoit (2003) argues that the way a state's drug policy addresses drug-related risks may be influenced by the way it addresses other socio-economic risks such as illness and unemployment. With reference to welfare-regime theory (Esping-Andersen 1990), she argues that some states make it an individual responsibility to manage and bear the costs of socio-economic risks, while others, to different extents, make it a collective responsibility. A residual welfare state like the one in the USA, where the responsibility for managing socio-economic risks is, to a large degree, delegated to individuals and families, will, according to Benoit, also tend to individualize drug-related risks. On the other hand, welfare states like the Nordic welfare states, where the responsibility for managing socio-economic risks is, to a large extent, collective, will also tend to collectivize drug-related risks.

The way that drug policy distributes drug-related risks, and the costs of reducing such risks, can be seen to be part of the practices that define and give form and content to social citizenship. According to Turner (1993), citizenship can be defined as 'the set

of practices (juridical, political, economic, and cultural) which define a person as a competent member of society, and which as a consequence shape the flow of resources to persons and social group' (op.cit. p. 2). Citizenship involves two dimensions: the constitution of social membership and the allocation of resources within a population. These two dimensions are affected by the drug control policy (drug legislation and its enforcement) and the prevention, treatment, and harm reduction policies of a country. Does drug policy criminalize the drug user and constitute him or her as a deviant? Does it recognize risks related to drug use and, if so, to which extent does it do so? Does it, for example, recognize risks associated with being an active drug user by providing different kinds of harm reduction measures? The association between drug policy and citizenship is not unfamiliar in drug policy analysis. Some analyses, for example, associate harm reduction with new public health as a way to promote a neo-liberal, health conscious, and self-responsible citizen (Fomiatti, Moore, & Fraser 2019; Tammi and Hurme 2007), while others have seen drug policies as both promoting and restricting social citizenship (Benoit 2003; Houborg & Bjerge 2011; Houborg, Søgaard, & Mogensen, 2020). Therefore, when we analyse Danish drug policy we will study how different drug policy initiatives have affected the rights and obligations of drug users; the extent to which such initiatives have served as mechanisms of inclusion and exclusion of drug users; and how they have influenced drug users' access to resources.

1950s: The Birth of Modern Danish Drug Policy and Criminalisation of Drug Users

In the following sections we will present a history of Danish drug policy based on previous research and historical sources. In the appendix we provide a table of the sources.

Modern Danish drug policy can be said to have been born in 1955 when the Danish parliament passed the law on euphoriant substances (lov om euforiserende stoffer). This legislation made possession of illicit drugs for personal use a criminal offence in Denmark. Previously, criminal and administrative sanctions were only aimed at regulating the supply of drugs, mainly through the regulation of doctors and chemists. During the Second World

War and its immediate aftermath, the first drug scene developed in Denmark when groups of mainly marginalized people in Copenhagen started to buy, sell, and use drugs that were procured from criminal activities like prescription fraud and burglaries. The white paper that was the basis for the new legislation distinguished the members of this drug scene from people who got addicted to drugs, mainly morphine, after receiving medical treatment. This old group of drug-dependent people were called 'morphinists', while the new group of drug users were called 'euphomaniacs' because they were seen to have developed a taste for the intoxicating effects of drugs rather than self-medicating. Another difference was that drug users were no longer isolated individuals who mainly used drugs as self-medication because of what was seen to be physical dependence or mental defects, but a social phenomenon that grew out of the seediest parts of the city's vice and bar districts (Indenrigsministeriet 1953). Furthermore, the new phenomenon was seen to be contagious because experienced drug users would introduce novices to drugs, in part to create new avenues to get access to drugs (Indenrigsministeriet 1953; Jepsen 1966). This was part of the reason why drug users for the first time came to the attention of the criminal justice system, in the form of the vice police. Another reason was that drugs were mainly procured through criminal activities. The new phenomenon was considered to be a problem, to the extent that in 1949 a drug unit was established under the health (and vice) police in Copenhagen. This unit started a register for these 'euphomaniacs', with around 300 persons included on the register in 1950.

Drug use was, therefore, associated with crime for the first time and became an issue for the criminal justice system in Denmark. However, because the drug legislation did not criminalize possession of drugs for personal use, the police lacked the tools to control the new drug scene, particularly because they found it difficult to make cases against distributors. The fear was that the lack of proper tools would lead to more organized drug trafficking. For this reason, the police wanted to be able to raise drug cases against drug users, not to criminalize drug users but to make cases against distributors (Indenrigsministeriet 1953: 124f). This may also be the reason why *drug use* was not criminalized,

only *possession* for personal use was. The intention of the legislators to use criminalization of drug users mainly to criminalize distributers was stated in the preliminary legislative work, which came to have important consequences for later developments of Danish drug policy. The drug legislation from 1955 made it possible to sentence offenders to up to two years imprisonment, but in law enforcement practice imprisonment would not be used in cases that only concerned possession for personal use (Jepsen 1966). But the new legislation did provide police in Copenhagen with legal instruments that made it possible to control the new drug scene (Jepsen 2008). However, in practice, the drug policy was more nuanced, because while the 'euphomaniancs' were criminalized and registered by the police, 'morphinists' were registered by the health authorities and this group was mainly controlled by the medical system. In other words, underclass drug users were constituted as 'criminals' while middle- and upper-class drug users were constituted as patients (Jepsen 2008: 156). The policy constituted and handled the drug problem as two limited problems. First, the development of 'euphomania' in a particular anomic social environment in Copenhagen that could be controlled by the police. Second, the development of 'morphinism' among people who were mentally and/or emotionally disposed to becoming dependent on drugs, which could be reduced by controlling the medical system. In both cases drug users were constituted as deviant. The drug policy was mainly designed to control and contain these rather marginal forms of deviancy in Danish society.

1960s and 1970s: A Dual Track Drug Policy – Decriminalization of Drug Users

From the early 1960s a new drug phenomenon started to emerge in Denmark that differed from the known 'morphinists' and 'euphomaniacs'. This involved young people who used cannabis. It was at first mainly associated with the 'youth rebellion', but later also as a more mainstream phenomenon. The new phenomenon was called 'youth-euphomania' or 'youth-narcomania', and in 1968 an advisory board of experts was established called the 'Committee on youth-narcomania' to advice the government on

the issue. This committee initiated the production of knowledge about the new phenomenon, mainly through surveys of drug use among young people in different parts of the country, often populations of young people attending school or other kinds of education. Outside the committee the new drug phenomenon also became the topic for more theoretically based sociological and criminological research (Manniche, Holstein, & Boolsen 1972a; 1972b; Ulff-Møller 1971; Ulff-Møller & Jørgensen 1972; Voss & Ziirsen 1971; Winsløw & Holstein 1972). The studies showed an increase in young peoples' exposure to drugs, experimentation with drugs, and use of drugs. From 1968 to 1970 the proportion of young people who participated in school surveys that had tried cannabis increased from little over 10% to around one fourth, regular use of drugs had risen from 1% to 4%, and while less than one in four had been in favour of cannabis legalisation in 1968, it was a little under half in 1970 (Jepsen 2008; Storgaard 2000).

'The young drug user' also started to appear in the different institutions that dealt with young people and drug users: the child and youth care services, the psychiatric system, and the prison system. Within these institutions, the young drug users constituted a type of client, patient, or prisoner that they had never seen before, and for which they were neither epistemologically nor methodologically, and particularly not culturally, prepared to deal with. As a consequence, both public and private drug treatment institutions for young people started to develop, which soon became a new and specialized drug treatment system in Denmark (Houborg 2008). This system, sanctioned by the majority of the parties in the Danish parliament, was based on an understanding of drug use as a symptom of other social problems and of maladaptation to society. Drug treatment would involve resocialization and social rehabilitation, but the main instrument to reduce drug demand would be a social welfare policy that would, more broadly, prevent drug experimentation and the development from drug experimentation to problematic drug use (Houborg 2006, 2008; Kontaktudvalget 1969, 1970).

The surveys and the ideas governing the treatment system constituted young people as being exposed to drugs through their social networks, and drug experimentation as being determined by micro and macro social processes. Drug use was not as much a

consumption choice as it was a product of being a young person in contemporary Danish society. Drug use was no longer something that developed in a particular anomic social environment or something that mainly involved mentally and emotionally afflicted individuals. Rather, it was a practice that developed in the normal social environments and through the normal social relations among young people in Denmark.

In 1968, the government proposed new drug legislation to prevent organized crime developing on the market for illicit drugs. This was partly due to pressure from Norway and Sweden that Denmark needed to introduce a stricter drug policy to match the development in these countries (Jepsen 2008; Storgaard 2000). With this background, a new section was added to the penal code (§191) that would mean imprisonment for up to six years for violations of the drug legislation involving professional distribution and trafficking of drugs. However, during the political process in the parliament, a policy of depenalization of drug users and a differentiation between cannabis and 'hard' drugs was introduced to accompany the new legislation (Houborg 2008; Jepsen 2008). This policy outlined that the attorney general would issue a circular (no. 144 of 15/7 1969) that instructed the police and prosecution, as a main rule, not to initiate criminal proceedings that involved possession of illicit drugs for personal use. Were such proceedings initiated the main rule should be to limit the sanction to a caution and confiscation of the drug. The idea that drug use was socially determined played an important role in the development of this policy, along with reference to the legislative process when the Law on euphoriant substances was enacted where criminalization of drug users was defined not as an end in itself, but as a means to stop drug distribution.

The day that the parliament passed the new drug legislation it also debated Danish drug policy in general. One of the issues raised in this debate was whether or not to legalize cannabis. A majority of the members of parliament did not outright dismiss the idea. Rather, it was decided that in two years' time, in 1971, parliament should revisit the issue when hopefully more knowledge was available (Storgaard 2000). In 1971, when the issue was revisited, parliament decided to maintain the prohibition against

cannabis. However, at the same time parliament confirmed the policy of depenalization of drug users.

The drug policy that was developed during the late 1960s and early 1970s can be said to be a 'dual track' drug policy (Hakkarainen, Tigerstedt, & Tammi 2007), where the criminal justice system should reduce drug supply while the social welfare system, including the new drug treatment system, should reduce drug demand. This policy was based on the idea that drug use and drug problems were not something 'alien' to Danish society but were a 'normal social problem' (Grapendaal, Leuw, Nelen, & Nelen 1995; Houborg 2006; Leuw 1991), that is, something that had structural causes, particularly associated with social and cultural change and the social conditions of certain groups of children and young people in Denmark. For the majority of parliament, this came with concerns about the potential exclusionary and alienating consequences of a policy of criminalization in relation to the many 'normal' young people who experimented with drugs. The state therefore collectivized much of the responsibility for reducing drug demand and, rather than excluding drug users, the drug policy aimed to include drug users in society by addressing the social problems that caused drug use. It is, however, important to note that the policy aimed at use reduction, not harm reduction. This means that reducing the risks associated with active drug use was not included in the drug policy as public responsibility. Harm reduction did not become a part of Danish drug policy until the 1980s.

1980s: Introducing Harm Reduction, 1990s: Increase in Drug Use

The most significant development in Danish drug policy during the 1980s was the introduction of the idea of harm reduction in 1984 – although this concept was not used, 'graduated goals' treatment goals were used instead (Houborg 2006). During the 1970s and early 1980s a growing number of problematic drug users could not, or would not, make use of the social treatment institutions that had been developed during the 1960s and 1970s. These institutions conducted abstinence-oriented

psycho-social treatment, but an increasing number of 'older' drug users found the treatment paternalistic or could not meet the requirements (abstinence) for receiving treatment. A consequence of this was an increasing number of older, untreated drug users, who instead became a growing part of the population of institutions for homeless people and other institutions for socially marginalized people.

Since the early 1970s methadone had been a contested issue in Danish drug policy. Some drug users, their relatives, and some doctors argued that methadone maintenance treatment should become part of the drug treatment system. But the drug treatment system and drug experts, including the committee on youth-narcomania, rejected this as medicalization of a social problem (Houborg 2006, 2013). As a consequence, a kind of dual treatment system developed: drug-free public treatment and medical private treatment provided by general practitioners. In 1984 the Alcohol and Narcotics Council (which has replaced the committee on youth-narcomania) issued the report 'At møde mennesket hvor det er …' [To meet the person where they are at] (a quote from Kirkegaard) (Narkotikarådet 1984) as a response to the growing number of untreated (older) drug users who were increasingly affected by severe medical, mental, and social problems. The report recommended that the treatment system should provide services for these drug users, even if they continued to use drugs. Rather than only aiming for abstinence, the treatment system should work with 'graduated goals', which meant that it should work towards improvements in all aspects of the clients' social, medical, and mental situation, or prevent these areas from worsening. The Council said:

> Drug abusers who do not feel an immediate need to stop the [drug] abuse [misbruget] – or who are not capable of doing it at a particular moment of time – should not fall outside the help of the treatment system. The treatment options should therefore not only aim at 'curing' the [drug] abuse, but also provide rehabilitating measures while the [drug] abuse goes on.
>
> (Narkotikarådet 1984: 133)

One of the instruments for doing this could be methadone maintenance treatment. The policy change that the Alcohol and Narcotics

Council proposed required that Danish drug policy, and hence the Danish state, would take responsibility for mitigating some of the risks and harms associated with the lifestyle of a marginalized *active* drug user. In effect, the policy would mean extending the meaning and content of social citizenship for this part of the population by giving them access to new and more societal resources.

The new policy was met with scepticism by the drug treatment system and may not have been implemented if the HIV and AIDS crisis a few years later had not changed the parameters for drug policy discourse in Denmark. With the advent of HIV/AIDS, drug use through injection was no longer mainly a risk for drug users but became a public health risk for the entire population. For this reason, the Alcohol and Narcotics Council increased its efforts to roll out methadone treatment in Denmark. This was done, partly, by issuing new methadone guidelines that were much less restrictive than the previous ones (Narkotikarådet 1988). However, this being said, it is important to have in mind that the introduction of harm reduction thinking in Denmark did not originally rest on public health concerns about reducing the risks associated with HIV/AIDS, but on a broader social welfare goal of providing care for a marginalized part of the Danish population. With these changes to Danish drug policy the state took responsibility for reducing and ameliorating some, but not all, of the risks and harms associated with being an active drug user in Denmark. One of the conditions for receiving methadone maintenance treatment was, for example, that the client did not use illegal drugs. If the client used illegal drugs, he or she could be expelled from drug treatment.

With regard to the other policy elements, the basic configuration of Danish drug policy as a 'dual track' policy was maintained. In the 1980s no new initiatives were introduced in relation to 'minor' drug offences (possession with intent of distribution and possession for personal use under the law on euphoriant substances). In relation to drug trafficking, the 1980s and 1990s saw the implementation of a number of initiatives that would give the police access to various 'untraditional' investigative tools (wiretapping, use of agents). During the years before the 1980s the number of less serious cases under the Law on euphoriant substances had been declining, while the number of more serious cases under the

penal code had been increasing. However, from 1980 the number of 'minor' cases started to increase, continuing to increase during most of the 1980s and until the early 1990s, when there was a decline. The reason for the increase during the 1980s may have been that the police allocated more resources to drug law enforcement (Storgaard 2000; Jepsen 2008).

Drug law offenses are not registered by type of drug (Mounteney et al. 2016), but the composition of police seizures provide an indication. From 2000–2016, amphetamine seizures have amounted to around 12% of seizures, cannabis resin (hash) about 60%, cocaine around 12%, and heroin around 5% (Moeller 2019).

The increase during the early 1990s, and the decline that followed, may be attributed to targeted police efforts against drug scenes in Denmark, particularly at Vesterbro in Copenhagen. In 1990 the Copenhagen police department introduced a stress-strategy against the open drug scene at Vesterbro. However, in 1994 the Minister for Justice intervened and had the attorney general issue a statement that affirmed the depenalization policy from 1969 (Storgaard 2000: 149). This led to a decline in the number of cases (see Figure 1).

We thus see how the police challenged the dual track policy by increasing their activities against minor drug law violations, but also that this resulted in a political reaffirmation of the basic

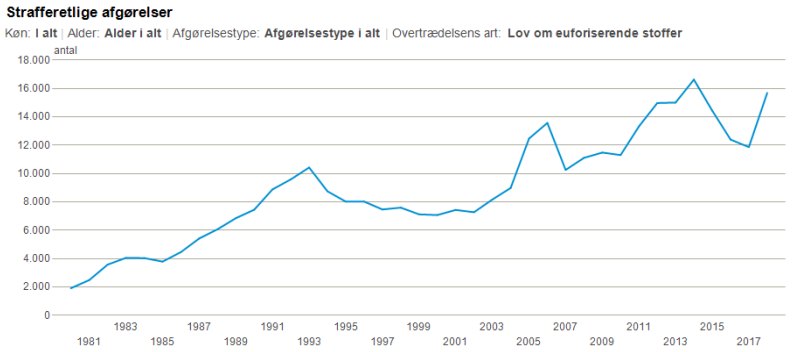

Figure 1. Criminal sanctions for violation of the Law on euphoriant substances 1980–2017.
Source: Statistics Denmark, Statistikbanken Table: STRAF40.
Note: It is not possible to separate cases involving possession and cases involving distribution under the Law on euphoriant substances.

ideology of Danish drug policy as it had been established during the 1960s and 1970s.

During the 1990s a number of legislative initiatives were implemented in relation to drug distribution, the most important of which was was the 'pusher act' (1996), which made it easier to sanction street dealers and expel foreign nationals for even minor drug law violations (Jepsen 2008).

Like all other western countries, Denmark saw an increase of drug consumption during the 1990s, followed by a stabilization of the prevalence rates from 2000 to the 2010s (see Tables 5 and 6). Compared with European levels, Danes have a high lifetime prevalence ('ever'), but a past year prevalence close to the average European level (EMCDDA 2017).

This increase was primarily for cannabis prevalence, but the introduction of a series of new amphetamine-like substances spurred further worry of a 'normalization' of illicit drug use and cultural accommodation (Parker et al. 1999).

During the early 1990s Denmark saw a sharp increase in the number of drug-related deaths (it has remained at this high level since then) (see Figure 2). From 115 drug-related deaths in 1990, the number rose to 188 in 1991, before rising even further during the following years to 268 in 1996 (Schmidt 1997: 135).

Explanations that have been put forward for this include higher lethality among problematic drug users and purer and cheaper drugs (Schmidt 1997). This situation led to discussions and increasing demands to introduce harm reduction measures, such as OST with heroin and drug consumption rooms. These discussions continued into the 2000s.

2000s: Criminalization and Harm Reduction

The 2000s has seen a rather contradictory development of Danish drug policy. On the one hand, harm reduction policy was expanded with the introduction of maintenance treatment for heroin in 2008 and drug consumption rooms in 2012. This was the continuation of a development that began in the 1980s, with more and more risks associated with being an active drug user having been collectivized by offering public services. On the other hand,

Table 5. 16–44 year olds in Denmark who have used cannabis in the past month, past year, and ever, between 1994 and 2017 (pct.).

Used cannabis	1994 (n = 2.521)	2000 (n = 6.878)	2005 (n = 4.440)	2008 (n = 2.219)	2010 (n = 5.013)	2013 (n = 5.013)	2017 (n = 4.571)
Past month	2.4	4.3	4.0	3.5	3.5	4.6	4.6
Past year	7.4	9.8	8.4	9.1	8.9	12.2	11.0
Ever	37.2	42.4	46.1	45.1	41.5	44.2	44.8

Source: Sundhesstyrelsen (2018a).

Table 6. 16–44 year olds in Denmark who have used drugs other than cannabis in the past month, past year, and ever, between 1994 and 2017 (pct.).

Used cannabis	1994 (n = 2.521)	2000 (n = 6.878)	2005 (n = 4.440)	2008 (n = 2.219)	2010 (n = 5.013)	2013 (n = 5.013)	2017 (n = 4.571)
Past month	0.2	1.2	1.1	1.1	0.9	1.0	1.9
Past year	0.5	3.4	2.7	3.6	2.4	2.6	4.0
Ever	4.4	11.3	13.5	13.4	12.5	13.6	14.7

Source: Sundhesstyrelsen (2018a).

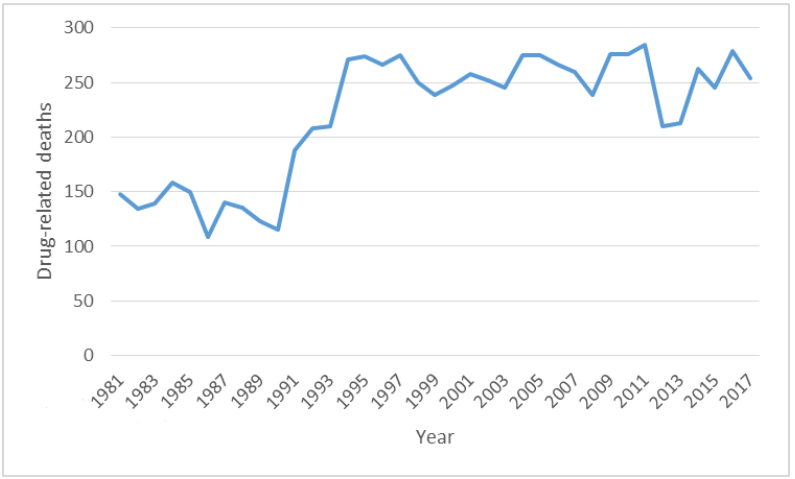

Figure 2. Drug-related deaths in Denmark, 1981–2017.
Source: Sundhesstyrelsen (2018b).
Note: Based on the definition of a drug-related death from National Police: Any death where drugs were involved. This definition includes overdoses and other incidents, such as traffic accidents with fatal outcome, suicides, and homicides, where drugs were involved.

in 2004, an amendment of the Law on euphoriant substances repealed the policy of depenalization of drug users by making all possession of illegal drugs subject to punishment (except in special cases, which we return to). This meant that Danish drug policy, in part, turned away from the 'dual track' policy, whereby the social welfare system should reduce drug demand while the criminal justice system should reduce drug supply.

Various developments led to this policy change. The most important reason given was concern about a high level of consumption of both alcohol and illegal drugs among young people in Denmark compared with young people in other European countries. The policy change should, however, also be seen in the context of more general political strategy that aimed to 'responsibilize' the citizens and which included a stricter criminal justice policy. In the government whitepaper that accompanied the new policy it clearly expressed that the government wanted to send a signal that the use of illicit drugs was a criminal offence and that there were 'legal consequences' to violating the law (Houborg, Søgaard, & Mogensen 2020).

Through this policy, and the way it was ideologically framed, a new way of defining drug demand was articulated that differed from the definition that had been the basis for the dual track policy. Drug demand was now defined as partly a 'moral' problem and not, as it had previously been, as a 'social' problem. This meant that consumption of illicit drugs was now, to a larger extent, defined as a deliberate choice by the drug user and, to a lesser extent, seen as being structurally mediated, as it had been previously. Even if the policy change could be seen as an attempt to maintain a coherent drug policy in a situation with more drug users (Moeller 2019), it should not be ignored that it was also an ideological change of how the relationship between drug users and the state was defined and how drug users were defined as citizens.

The introduction of zero tolerance has meant an increase of criminal sanctions for violating the Law on euphoriant substances (see Figure 1). The decrease in 2007 is most likely caused by a large reform of the Danish Police that took place that year. After the introduction of zero tolerance, the proportion of cases that are settled with a caution has, as would be expected, decreased significantly, from 30% of the cases before 2004 to 1–2% after 2004 (see Tables 7 and 8) (Houborg & Pedersen 2013).

These figures show how Danish drug policy during the 2000s has become significantly more punitive than it used to be, and suggest the end of a more 'purely' defined 'dual track' policy.

There is, however, one important exception from the punitive approach in the new policy. This involves people who are dependent on drugs and who, at the same time, have very few economic means (in effect, live on social assistance, early retirement pension, and the like). Such persons can still be let off with a caution. It is not completely clear from the law preparation work and the parliamentary debate why this exception was made. There were arguments that such drug users would not be able to pay fines and would then have to be imprisoned instead, at huge costs to Danish society. There were also arguments that their drug use was not (no longer) the result of a choice but was caused by their dependence, for which reason they should not be held legally accountable like non-dependent drug users.

In practice, the continued depenalization of 'poor and addicted' drug users has not been fully realized. Research conducted at the

Table 7. Number of possession cases and how they have been settled, 2002–2008.

Year	2002	2003	2004	2005	2006	2007	2008
Number of cases	6440	7263	8087	11,293	12,531	9342	10,103
Sanction	61%	63%	76%	94%	94%	94%	93%
Caution	30%	30%	18%	1%	1%	1%	2%
Acquittal/ charges dropped	9%	7%	6%	5%	4%	5%	5%

Source: Houborg & Pedersen (2013).

Table 8. Number of possession cases and how they have been settled, 2009–2013.

	2009	2010	2011	2012	2013
Number of cases	10,321	9889	12,037	13,515	13,447
Sanction	93%	92%	93%	94%	95%
Caution	2%	2%	2%	1%	1%
Acquittal/ charges dropped	6%	6%	5%	4%	4%

Source: Houborg & Pedersen (2013).

Centre for Alcohol and Drug Research has shown that this category of drug users is punished almost to the same extent as other drug users. The research compared convicted drug users who received social assistance or early retirement pension, and who were receiving, or had received, drug treatment, with other convicted drug users.[1]

[1] This was how the target group for receiving cautions for 'social causes' was constructed in the research project, where drug treatment or drug treatment history was used as proxy for being drug dependent. But of course, it is not all drug users who are dependent on drugs – and who are 'poor' – who receive drug treatment. This means that the target group for cautions is larger than the one in the research project.

Table 9. How cases involving persons receiving social assistance or early retirement benefit and who had been in drug treatment were settled, 2002–2008.

Year	2002	2003	2004	2005	2006	2007	2008
Number of cases of persons receiving social assistance or early retirement benefit and who had been in drug treatment	854	970	1167	1538	1617	1057	1295
Fine	71%	73%	80%	88%	89%	88%	84%
Suspended sentence	3%	2%	2%	2%	2%	3%	2%
Caution	19%	16%	12%	3%	4%	4%	9%
Acquittal/charges dropped	7%	8%	6%	6%	5%	5%	5%

Source: Houborg & Pedersen (2013).

Discussion and Conclusion

Drug policy involves political priorities about the distribution of risks and costs associated with the presence of psychoactive substances in society. Closely related to this it also involves how drug users are defined as social citizens. Different drug policies involve different trade-offs with regards to risks, costs, and social membership. It is important for the development of drug policy that these political, and hence also ideological, dimensions of drug policy become explicit.

When looking at the development of Danish drug policy since the 1960s, it becomes apparent how drug policy reflects historical changes of the political rationalities that have dominated welfare and penal policy.

When addressing the new drug problem of the 1960s, the drug policy was dominated by a political rationality that also informed the development of the welfare state at the time. The drug problem was defined as a normal social problem that should be addressed like other social problems, through social welfare policy. It was

an integrative drug policy that aimed to prevent young people becoming part of drug using subcultures and help individuals who had become part of such subcultures to leave them and become part of normal society. The policy explicitly rejected the criminalization of drug users because this was seen to work against the social integration of drug users in society.

The development of harm reduction as part of Danish drug policy during the 1980s can be seen as an anticipation of a more general development in Danish social welfare policy that started during the late 1980s. This development involved coming up with alternatives to the idea of social integration through normalization in the face of what came to be defined as 'social exclusion'. During the 1980s, it had become apparent that not all citizens benefited from normalizing treatment and social rehabilitation, and would instead live socially marginalized lives excluded from the institutions that were meant to help them. From the late 1980s, new methods and institutions were developed that aimed to provide differentiated services to socially excluded groups, with the aim of improving their everyday lives. The introduction of 'graduated goals' in Danish drug policy in 1984 can be seen as part of this development. With it, new resources were allocated to the most marginalized drug users in Denmark, including access to methadone maintenance treatment, which previously had been very restricted because it was not seen to work towards social integration through normalization. With the graduated goals the Danish state took responsibility for addressing some of the risks and harms that were associated with being an active drug user in Denmark. From a drug policy point of view, it is significant that this introduction of harm reduction in Denmark was not mainly based on a public health ambition about reducing the spread of contagious diseases (HIV/AIDS), but on an ideology of care for a marginalized group in society.

The re-penalization of drug users in 2004 happened in a context where responsibilization of citizens was an important political goal and during a period where 'governing through crime' (Simon 2007) became an important governmental rationality. This meant that increasing emphasis was put on the moral habitus of citizens as autonomous and responsible individuals, and less on how

social and structural conditions can influence how people act. During this period, criminal sanctions were increased. For example, parallel to the recriminalization of people who used illegal drugs, new sanctions were also introduced against violence near nightlife venues. The criminalization of drug users can be seen as the introduction of an exclusionary element in Danish drug policy that had previously been refrained from. The political rhetoric that accompanied the new legislation clearly signalled that punishment should delimit acceptable and non-acceptable behaviour in Danish society. In this way, the new policy introduced practices that did not include drug users, but rather excluded drug users as competent members of society.

This development can be seen as an articulation of a neo-liberal ideology (O'Malley 1999). But what about the introduction of controversial harm reduction measures like OST for heroin and drug consumption rooms? The introduction of these measures did expand the drug-related risks that the state defined as a collective responsibility to handle. These measures, particularly drug consumption rooms, could be seen as measures that included the active drug user *as an active drug user* in society as a social citizen.

In this way, we see both excluding and including tendencies in Danish drug policy at the same time. This may, however, not be as contradictory as it seems because, as numerous researchers have shown, harm reduction can be seen as being informed by a neo-liberal ideology (Farrugia 2014; Fraser & Moore 2008; Moore 2004; Moore & Fraser 2006). Harm reduction has been an important and empowering development for drug users. They are no longer defined as passive victims of drug-related harms and passive clients of expert interventions – they have become active, responsible, and autonomous agents in the management of risk. However, researchers have also pointed out that this empowerment can come with a price in two ways. First, particular normative assumptions about what constitutes good health and a responsible citizen in relation to health. Second, narrow definitions of the determinants of health, where focus is on the actions of the individual and the immediate environment of such actions, and not the more general social and structural conditions that affect the health and welfare of citizens.

A distinction is sometimes made between harm reduction as a specific measure aimed at the reduction of particular harms, such as overdoses, HIV, Hepatitis, or other health harms, and harm reduction as a more general public health rationality that informs policy, for example, drug control policy. A number of countries have embedded public health into the foundation of their drug policies. This is not the case in Denmark. Successive governments have maintained the zero-tolerance drug control policy along with the harm reduction policy described. The history of Danish drug policy shows that public health is not the only path to drug policy reform. It is also possible, not as an alternative but as a supplement, to revisit the broader welfare policy ambitions that were used to inform drug policy in a much more prominent way than they do today.

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3. Drug Use, Public Debate and Increasing Pressures for a Drug Policy Reform in Finland

Pekka Hakkarainen & Heini Kainulainen

Introduction

In Finland, drug control was included in the criminal law for the first time at the beginning of the 1970s, when the 1972 Narcotics Act was enacted. In the Parliament, the government bill for a new legislation created a fierce political debate on drug policy, especially on the issue of whether or not the use of drugs should be a punishable offence (Hakkarainen 1999; Kainulainen 2009). In the government bill, the use of drugs was not proposed to constitute a criminal offence, but the Parliament Legal Affairs Committee recommended criminalization. The Commerce Committee supported the government's stand, whereas the Grand Committee – after drawing lots – decided to support the recommendation of the Legal Affairs Committee.

Among the MPs, opinions regarding the criminalization of drug use largely divided along the axis between the political right and left (Hakkarainen 1992). The left opposed criminalization, considering the drug problem to be a consequence of other social problems, and, rather than a criminal, saw a drug user as a sick person needing help and treatment. Supporters of criminalization stressed that the Parliament should show young people that drug use is not accepted by society. The criminalization of drugs was, then, seen as a preventive measure and it was believed that the risk of punishment would deter young people from experimenting

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with drugs. In the crucial vote in the Parliament, the government bill was defeated by 92–80 votes, and the use of drugs was defined as a narcotics offence.

The time period from the 1960s to the beginning of the 1970s was characterized by active and relatively open political discussion about drug policy, but when the basic lines of policy were debated and drawn the criticism of the criminalization policy suddenly disappeared, even among the leftist parties. Instead of active discussion, political parties and politicians took a cautious and reluctant attitude towards any drug policy discussion other than that supporting current criminal control policy and the work of the police.

In the 1980s, Nils Christie and Kettil Bruun, in their well-known book *Den gode fiende. Narkokapolitik i Norden* (1985), proposed radical changes in Sweden and Norway, but not in Finland. Due to a lower prevalence of drug use and control costs, changes in the Finnish drug policy were not necessary, they argued. Although there were a considerable number of people who used drugs in Finland at that time, it was generally assessed that the authorities had the situation under fairly good control, and the problems were regarded to be far less extensive than in Sweden, Norway or Denmark (e.g. Olsson et al. 1993). However, viewing this from a long-term perspective, this was just wishful thinking.

In the beginning of the 1990s, acceptance of drug use among the Finnish population was still very low and attitudes towards experimenting and use were unfavourable. In the media, images of drug users were entirely negative. Juha Partanen (2002) even described Finnish public attitudes towards drugs as 'narco-phobic'. In drug policy, Finland followed a restrictive line and the police intervened effectively not only in drug markets but also use and users (Kainulainen 2009; Kinnunen 2008). However, despite these circumstances a dramatic shift in the scale and nature of drug problems occurred later in the 1990s, with thorough changes in the whole panorama of drug-related issues – the prevalence and patterns of use; the number of socially excluded, multi-problem drug users; social harms and health hazards associated with drug use, such as drug-related criminality, morbidity and fatal overdoses.

In the context of alarming developments, the Ministry of Social Affairs and Health appointed a cross-governmental committee to prepare a national strategy for tackling drugs more effectively. In contrast with the language of public debate at the time, the committee's report, *Drug Strategy 1997*, broadened notions of the object of drug policy by describing the issue as a complex and contradictory phenomenon. In the report, drug use was defined not only as criminal behaviour, but also as a social issue and a threat to public health. The committee also distanced itself from the concept of a 'drug-free society', which was seen as an unrealistic goal for a reasonable and sustainable drug policy. Consequently, the committee report counterbalanced the prevalent crime policy approach by stressing pragmatic health policy measures aimed at prevention, treatment and harm reduction (such as substitution treatment and needle exchange programmes), social support and advisory services. In summary, the Drug Strategy 1997 created the new paradigm in the Finnish drug policy, *the dual tracks model*, where both harm reduction and criminal control approaches became well established and expansive (Hakkarainen, Tigerstedt & Tammi 2007; Tammi 2007).

Responsibility for the coordination of drug policy was given to the Ministry of Social Affairs and Health. A multi-ministerial group containing representatives from six key ministries in the areas of social affairs and health, justice, education, interior, finance and foreign affairs was founded for synchronizing activities. The strategy was followed and updated in governmental decisions in principle (Plan of Action) every four years. However, the Drug Strategy 1997 has never been critically evaluated or renewed as a whole. Furthermore, during the years, the documents of the plan of action have become more and more general and ritualistic in nature. One can ask, then, how well a strategy that is more than 20 years old can meet the challenges of today, when drug use and related harms have reached a new record level.

In this chapter, we will discuss the pressures for a drug policy reform in the context of increasing drug use and its consequences, which are seen in a growing number of drug deaths during the last decades in Finland. First, we will draw a picture of the expansive growth in drug use by presenting survey results on the prevalence

of drug use and illustrating some key indicators of drug-related deaths. A conclusion to be drawn from this section is that the drug use situation in Finland has changed totally since the mid 1980s when Christie and Bruun (1985) presented their analysis. The Drug Strategy 1997, with its dual-tracks policy, has not succeeded in stopping the unfortunate development of increasing drug use and related harms.

In the second part of the chapter, we move to different kinds of pressures towards a policy reform. We will start this section by showing survey results on how public opinion and attitudes towards drugs and drug policy have recently changed. Then we will review the demands and initiatives for a policy change claimed in different arenas of public discussion. The contributions to be scrutinized in this second part of the chapter involve contributions presented by the police, treatment experts, researchers, non-governmental organizations (NGOs), drug policy advocates and politicians. Data to be used in this part covers citizens' initiatives, blog posts, newspaper articles and other media coverage in the political debate.

At the end of this chapter, we will highlight the key findings of the paper. We will argue that urges for a retreat (Enzensberger 1989; see Tham's Introduction in this volume) from the position adopted in the criminal law in the beginning of the 1970s are growing. Consequently, decriminalization of all drug use should be thoroughly reconsidered. That would not mean legalization of drugs, nor that drug use would be acceptable or recommendable, but replacing punishment of drug users with an approach based, first of all, on social support and health care (Eastwood, Fox & Rosmarin 2016; Stevens et al. 2019; Unlu, Tammi & Hakkarainen 2020).

Increased Prevalence of Drug Use

In Finland, the development of the drug use issue has been monitored with the help of population-based drug surveys, which were conducted approximately every four years since 1992, the latest survey being from 2018 (Karjalainen, Hakkarainen & Salasuo 2019; Karjalainen, Pekkanen & Hakkarainen 2020). Representative random samples of the population aged between 15 and 69 years old were drawn from the Finnish Population

Information System. The institutionalized population, those without a permanent address, and the Åland Islands were excluded. In each survey, data were collected by self-administered, anonymous postal questionnaires, which the respondents received by mail and were asked to return in a prepaid envelope. Since 2010, responding via the Internet has also been possible. The content of the questionnaire has concerned drug use and drug-related opinions and attitudes. The data was collected by Statistics Finland. The number of respondents has varied between 2143 and 3485. The response rate for the drug surveys decreased from 71% in 1992 to around 50% in the last three surveys (2010, 2014 and 2018). However, a non-respondent study conducted in connection with the 2014 survey showed that the prevalence of illicit drug use was very similar among non-respondents and respondents of the original survey (Karjalainen, Pekkanen & Hakkarainen 2020). Figure 3 shows how the prevalence of any illicit drug use has developed between 1992 and 2018.

As seen in Figure 3, the use of drugs has been constantly increasing. From 1992 to 2018, the lifetime prevalence of any illicit drug use increased from 6% to 24%, last year prevalence from 1% to 8% and last month prevalence from almost nothing to 3%. Hence, in 2018, almost one quarter of the Finns surveyed had some experience of illicit drug use. As seen in the figure, the use of drugs has been more prevalent among men than among women. In 2018, lifetime prevalence for men was 28% and for

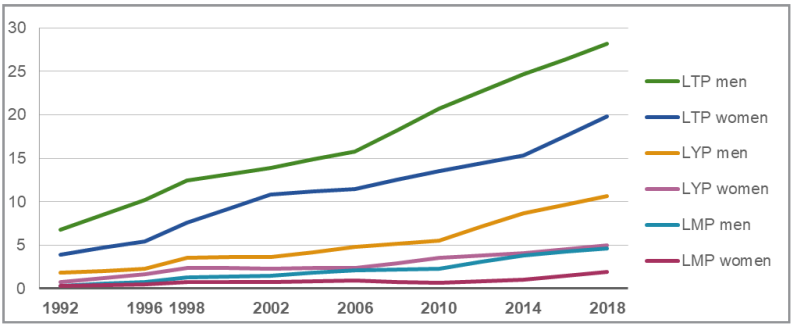

Figure 3. Lifetime prevalence (LTP), the last year prevalence (LYP) and the last month prevalence (LMP) of drug use according to gender between 1992 and 2018 in Finland, %.
Source: Karjalainen, Pekkanen & Hakkarainen (2020).

women 20%, last year prevalence 11% and 5%, and last month prevalence 5% and 2% respectively.

The most popular choice of illicit drug is cannabis. Almost all who reported any drug use also reported cannabis use. The prevalence of the misuse of medicines (prescription drugs) was the second highest, followed then by amphetamines, ecstasy and cocaine, but all clearly at a lower level than cannabis. However, as shown in Figure 4, there are also upwards trends in the use of those drugs after 2010.

The spread of drug use varies largely across age groups. Lifetime prevalence of any illicit drug use according to gender and age is shown in Table 10. As can be seen, drug use is most prevalent among young adults aged 25–34 years. Almost half (45%) of them have tried illicit drugs at least once in their lifetime, one out of five reports use during the past year and one out of ten during the past month. In the Finnish context, these are high numbers. In the last 25 years, experimenting with drugs has turned from a relatively rare minority phenomenon to a wide-spread and rather normalized activity for young adults. Along with this development, in coming years we will have more experienced and 'drug wise' people in older age groups.

In the 1990s and 2000s it was usual that the highest prevalence of drug use was found in the youngest age group, especially in the last year and last month prevalence categories. Due to this, it has been typical to describe drug use as a youth phenomenon.

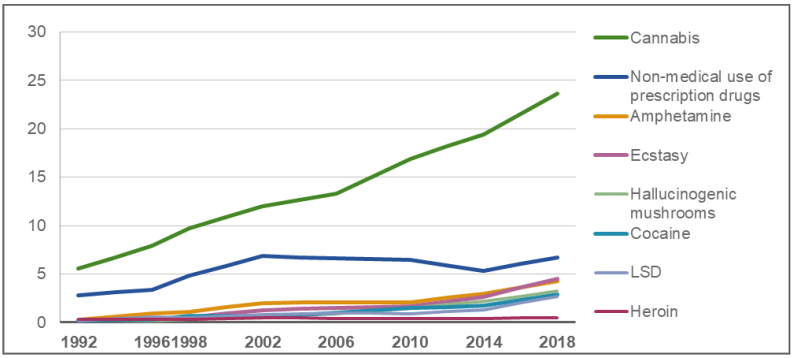

Figure 4. Lifetime prevalence of the use of different drugs between 1992 and 2018 in Finland, %.
Source: Karjalainen, Pekkanen & Hakkarainen (2020).

Table 10. Lifetime, the last year and the last month prevalence of any illicit drug use according to gender and age groups in Finland, 1992–2018, %.

Lifetime prevalence	1992 %	1996 %	1998 %	2002 %	2006 %	2010 %	2014 %	2018 %
All	6	8	10	12	14	17	20	24
Gender								
Males	7	11	12	14	16	21	25	28
Females	4	6	8	11	12	14	15	20
Age								
15–24	12	15	19	26	19	21	24	26
25–34	11	16	19	20	26	37	39	45
35–44	6	9	8	11	16	23	26	32
45–69	1	2	3	5	6	6	10	12
The last year prevalence	**1992 %**	**1996 %**	**1998 %**	**2002 %**	**2006 %**	**2010 %**	**2014 %**	**2018 %**
All	1	2	3	3	4	5	6	8
Gender								
Males	2	3	4	4	5	6	9	11
Females	1	2	2	2	2	3	4	5
Age								
15–24	6	9	12	12	9	13	16	15
25–34	2	3	3	4	8	11	13	18
35–44	1	1	1	1	2	2	5	7
45–69	0	0	0	0	1	0	1	1
The last month prevalence	**1992 %**	**1996 %**	**1998 %**	**2002 %**	**2006 %**	**2010 %**	**2014 %**	**2018 %**
All	0	1	1	1	1	1	2	3
Gender								
Males	0	1	1	2	2	2	4	5
Females	0	1	1	1	1	1	1	2
Age								
15–24	1	3	3	4	5	3	6	6
25–34	1	1	2	2	3	4	5	7
35–44	0	0	0	0	1	1	2	3
45–69	0	0	0	0	0	0	1	1

Source: Karjalainen, Hakkarainen & Salasuo (2019).

However, in the last 10 years the development of drug use seems to have turned this pattern upside down. For example, a study comparing the spread of drug use among minors and young people aged between 18 and 25 concluded that the increasing trend of drug use was prevalent only in the older part of this age group, while the development among minors remained stable (Karjalainen, Hakkarainen & Raitasalo 2019). Figure 5 shows the trend in the prevalence of cannabis use in the last year in 15–24-year-old and 25–34-year-old males and females.

In 2018 there were 3.8 million inhabitants between 15 and 69 years old in Finland. Based on the survey results then, it can be estimated that close to 1 million Finns have tried illicit drugs at least once in their lifetime. However, it is important to note that most of them are not active users, rather, the question is about past experiences in some earlier phase in their life. The number of those having used in the past year is around 300,000. Every month more than 100,000 Finns use illicit drugs. The vast majority of the people included in these figures are just experimental or occasional users, typically smoking cannabis a couple of times in a year when cannabis happens to be available. The number of those who smoked cannabis at least once a week was estimated at around 45,000, the number of daily users being roughly 12,000.

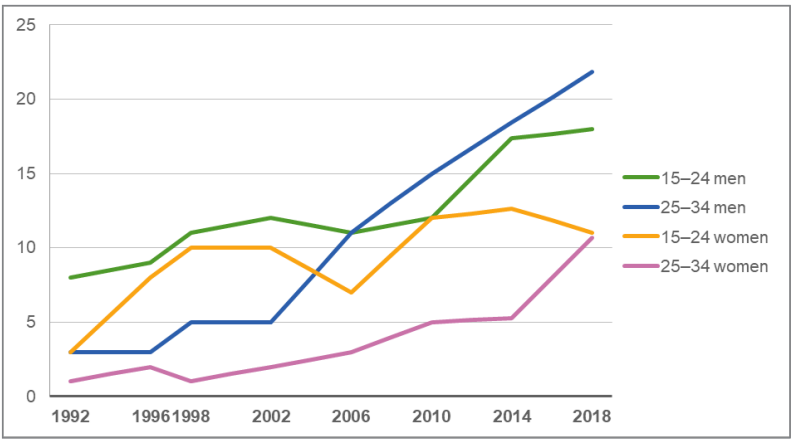

Figure 5. Last year prevalence of cannabis use between 1992 and 2018 in age groups below 35 years, according to gender, %.
Source: Karjalainen, Pekkanen & Hakkarainen (2020).

Regarding the use of hard drugs, a register-based study estimated the number of problematic users of amphetamines and/or opioids in 2012 to be 18,000–30,000 (Ollgren et al. 2014). Five years later, in 2017, the estimate was 31,100–44,300 (Rönkä et al. 2020). Findings of waste water studies conducted in Finnish cities between 2012 and 2018 support assessments of the register-based study by showing a continuous increase in the samples of amphetamines, methamphetamines and cocaine found (Gunnar, Kankaanpää & Kuoppasalmi 2019; Kankaanpää et al. 2016).

Growing Number of Drug Deaths

Following the Drug Strategy 1997, opioid substitution treatment (OST) was approved in Finland in the late 1990s and early 2000s (Selin et al. 2013). Since then, OST has become an integrated part of Finnish drug policy. In 2015, around 3300 people received OST in Finland (EMCDDA 2019). The first Needle Exchange Program (NEP) was opened in 1997 in Helsinki and, despite a hard public controversy in the beginning, the practice spread rapidly (Tammi 2007). Today, the Communicable Disease Decree prescribes municipalities to provide health counselling services for injecting drug users, including the exchange of injecting equipment. In 2017, 5.8 million syringes were given out. The purposeful adaptation of NEP was a success story, since it has caused the number of HIV infection diagnoses to fall or remain at a low level since the beginning of the 2000s (Arponen et al. 2008).

While Finland has invested in OST, NEP and other low-threshold services, the number of drug-related deaths has increased markedly. From 2015 to 2017 the number of registered drug-induced deaths increased from 166 to 200. Hence, in 2017, there were 53 drug-induced deaths per million inhabitants aged 15–64 years in Finland, which was clearly higher than the European average (22) but lower than the neighbouring countries of Estonia (130), Sweden (92) and Norway (75) (EMCDDA 2019).

The latest information reveals that this unfavourable trend has continued, with the number of drug-induced deaths jumping to 261 in 2018 (Yearbook of Alcohol and Drug Statistics 2019). An increase in mortality rate was greatest in the 20–29 year age group (OSF 2019). Figure 6 shows upwards trends in the number of

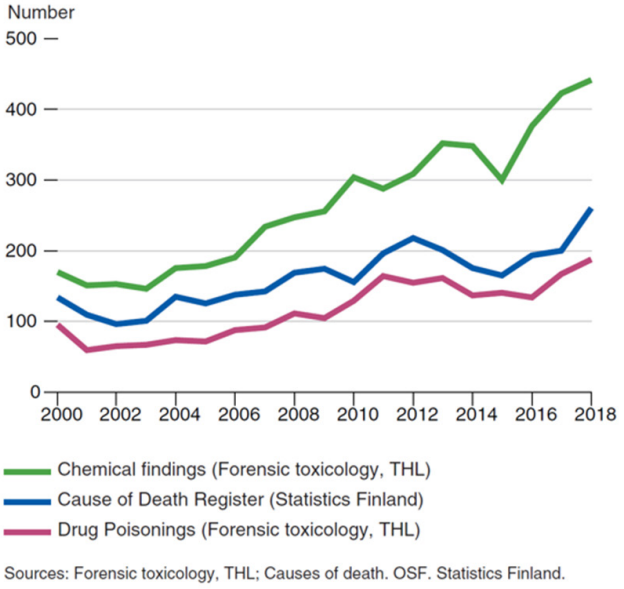

Figure 6. Drug-related deaths according to drug poisonings (overdose deaths), cause of death (drug-induced deaths) and chemical findings in forensic autopsies, 2000–2018.
Source: Yearbook of Alcohol and Drug Statistics (2019).

cases with confirmed findings of drugs in forensic autopsies, cases whereby drugs are given as the cause of death on the death register (drug-induced deaths) and cases of drug poisonings. Drug-induced deaths are deaths that can be attributed directly to the use of illicit drugs. The category of chemical findings in forensic autopsies provides an even higher death rate, while limiting just to poisonings and overdoses gives a somewhat lower rate. All of them, however, show an upward trend.

Most of the deaths are caused by simultaneous polydrug use (Salasuo et al. 2009). Toxicological data indicate that buprenorphine, usually in combination with alcohol or benzodiazepines, was involved in the majority of deaths. What is typical to the Finnish drug scene is that buprenorphine is the most popular opioid in use, while the use of heroin is almost non-existant. Furthermore, high mortality rate among drug users is associated with marginalization and social disadvantages like lower education, long- or

short-term unemployment, early retirement, divorce and inadequate housing conditions (Rönkä 2018). Among men under 40 years old, drugs are now the most common cause of death.

In sum, the prevalence of drug use and related harms are not at an insignificant level anymore, as estimated some 30 years ago (Christie & Bruun 1985; Narkotikasituationen i Norden 1993). In concert with increased drug use, problem drug use and different kinds of drug-related harms, the societal costs of drug problems have also expanded. According to the Yearbook of Alcohol and Drug Statistics (2019), the direct costs of harms caused by drug use totalled €299.1–369.5 million in 2016. The increase from the total costs in 2014 was 10.2%. Taking account of the increase in drug use and related harms after 2016, we can state that the costs today are much higher. If taking indirect costs (e.g. a loss of productivity and working hours) into consideration, the total costs of drug problems might come up close to a billion.

Pressures for a Change

Public opinion and attitudes towards drugs and drug policy

Public opinion and attitudes towards drugs have eased and liberalized substantially during the last years. This holds especially true for attitudes towards cannabis. In 1996, no more than 26% of the Finnish population aged 15–69 years old was of the opinion that experimenting with cannabis once or twice would be risk-free or include only a slight risk. In 2018, a similar belief was shared by a good half of the population (52%). At the same time, acceptance of regular use of cannabis has increased, but attitudes towards the risks of experimenting with heroin remain very critical. This indicates that a growing amount of people in Finland make a clear distinction between cannabis and hard drugs. Among the young adults, almost 75% see the risks of experimenting with cannabis as insignificant, with one quarter of them (26%) regarding the risks of regular cannabis use in the same way (Karjalainen, Pekkanen & Hakkarainen 2020).

Relaxed views on cannabis are reflected also in the opinions about criminal policy. In 2018, 42% of Finns thought that the use of cannabis should not be punished. In the beginning of the 1990s,

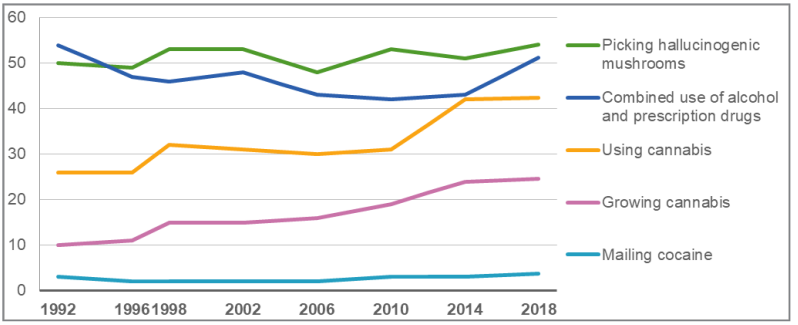

Figure 7. Attitudes towards punishment for various drug-related behaviours: no punishment, 1992–2018, %.
Source: Karjalainen, Hakkarainen & Salasuo (2019).

this outlook was shared by one quarter of people. In Figure 7, attitudes towards the punishment of cannabis use are shown in relation to some other forms of drug behaviour.

Among the people of Finland, picking mushrooms for the pot is a popular hobby connected to the right of common access to woods and forests. Perhaps due to that folk tradition, picking hallucinogenic mushrooms was not seen as a punishable action by the majority. Conversely, opinion regarding mailing cocaine from abroad to Finland was seen almost unanimously as a punishable act. Actually, in Figure 7, only attitudes towards using or growing cannabis show a trend of relaxation.

When respondents were asked whether or not they agreed if drug use of any kind should be punished, only 20% of them were in favour of stopping punishment. That was more than in 2002 (14%), when it was previously asked. These results reinforce the fact that the Finnish people are making a distinction between cannabis and other drugs. Furthermore, results indicate that it seems to be more difficult to show tolerance towards all drug users than towards cannabis users. Indeed, it might be more challenging for the general public to feel and show similar understanding towards problematic polydrug users who are visible in public places than towards cannabis smokers who mostly represent ordinary young people (Hakkarainen & Karjalainen 2017; Savonen et al. 2018). Due to the special nature of the cannabis issue, Figure 8 focuses on public opinions regarding cannabis legalization.

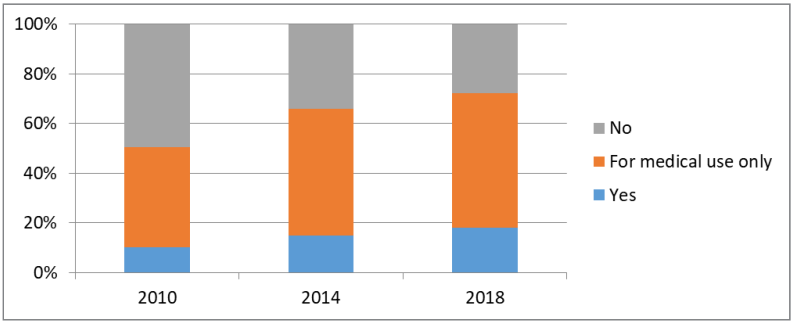

Figure 8. Opinions on whether cannabis should be legally available, 2010–2018.
Source: Karjalainen, Pekkanen & Hakkarainen (2020).

While attitudes towards cannabis have relaxed remarkably, support for the legalization of cannabis has remained at a moderate level among the general public. Between 1998 and 2010, endorsement for legalization stayed very stable, at 10–11%. However, during the last eight years approval has grown to 18%. At the same time, the share of people who are in favour of legalization for medical use only has grown from 40 to 54%. Hence, acceptance of medical cannabis covers 72% of the general public altogether. Consequently, the proportion of people who are against any forms of legal access has dropped from 49 to 28% – less than one third of the Finnish population (Karjalainen, Pekkanen & Hakkarainen 2020).

In summary, from studying these figures, it is reasonable to conclude that the public opinion on policy issues did not start to change until recently. During the last eight years, however, policy attitudes regarding cannabis have relaxed quite rapidly. This has been most obvious among young people. Around one quarter of young adults in Finland think that the use of any drug should not be punishable, and a narrow majority of them would remove punishment from the use of cannabis.

Citizens' initiative

A change in the social position of cannabis, which is reflected in public attitudes, can also be seen in increased political activism with relation to drugs. The most important indication of the public

emergence of cannabis advocacy is a citizens' initiative calling for the decriminalization of cannabis use, which had received 59,609 certified signatures by the 1 November 2019, and then succeeded to qualify to the Parliament proceedings. There have also been some citizens' initiatives on cannabis issues in previous years, but the number of supporting signatures has remained below 50,000 – the number demanded to advance to the Parliamentary proceedings. Hence, this is the first time the Finnish Parliament will deal with cannabis policy based on an initiative prepared by cannabis activists and supported by a relatively large number of citizens. Because of the Covid-19 pandemic, parliamentary readings of the initiative did not start until late autumn 2020, and the process will continue in the Committee of Law in 2021.

In addition to the use of cannabis, the initiative proposes decriminalization of possession of small amounts of cannabis for own use and growing of four cannabis plants for personal use (see also Eastwood 2020). In the initiative, it is argued that decriminalization of cannabis is needed because current drug policy has not succeeded in reducing the number of drug-related harms. It is also said that control of cannabis users randomly focuses only on a small group of users, wastes police resources and interferes with the everyday life of users. Furthermore, it is stated that removing cannabis from under legal control would diminish the growth of organized crime. Home grown cannabis plants for own use without legal sanctions is seen to provide safer and better quality cannabis than buying it from illicit markets.

THL blog posts

Another, and earlier, impulse for a public discussion on drug policy was published in February 2018, when in a blog post of the Finnish Institute for Health and Welfare (THL) researchers proposed that Finland should decriminalize all drug use (Hakkarainen & Tammi 2018). With reference to the statements of international organizations, such as the World Health Organization (WHO) and the Global Commission on Drug Policy, it was stated that drug use should instead be tackled by means of social and health care, rather than criminal law and punishment (see also Das & Horton 2019). The blog also made clear that decriminalization should apply to

all drugs. The legalization of cannabis and its trade is, however, not timely in Finland, researchers stated in the blog.

One of the main arguments given in the blog post was that it would prevent harm caused by criminal control in the lives and careers of young people. As known, occasional use of cannabis in a circle of friends is a wider-spread practice in some age groups. Since almost a half (45%) of young adults aged 25–34 in Finland have tried cannabis at least once in their lifetime, it is not reasonable that the current legislation defines and treats them all as criminals. Another argument was that it would reduce the stigma of drug use and support problem drug users to attend treatment. When a person who uses drugs does not have to fear punishment or other criminal sanctions, it is much easier for him or her to attend social and health services for help. Also, talking about drug use in various services, such as health services at schools, occupational healthcare and general healthcare services, would become more natural for both parties if drug use was no longer labelled as a criminal behaviour.

In general, the blog post argued that the criminal sanctions work poorly in the prevention of the use of drugs, and the related harms, and they are also ill suited to the values of today's society or to public health thinking. Instead of being punishable, new means and procedures are needed to prevent drug use and reduce harm. Lessons can be drawn, for example, from how smoking has been reduced without criminalization. Furthermore, the authors referred to positive experiences of decriminalization in Portugal in 2001 (Greenwald 2009; Hughes & Stevens 2010), and the plans to apply that model by our neighbouring country, Norway (NOU 2019).

Later in June another blog post was published where authors reviewed the discussion and proposed that a reform of national drug strategy should be taken in the agenda of the next government (Eskola et al. 2018). This blog post also paid attention to a relatively high number of drug-related deaths in Finland. In general, authors argued that there is evidence showing that strictness of drug policy seems to have a stronger impact on how drug users are treated rather than on the prevalence of drug use (e.g. Reuband 1998), and that individuals in countries with more

liberal approaches to drug use are showing a greater confidence in engaging with services and in seeking help than individuals living in countries with harsher approaches to drug use (Benfer et al. 2018). This blog post was signed by Juhani Eskola, the general director of THL, expressing an official stance of the institute.

Media and increased public discussion

The February 2018 blog post immediately created a lively discussion. It was downloaded over ten thousand times in a couple of weeks and it was widely reported in newspapers, on radio and on television. It evidently was a kind of surprise for the public that this kind of proposal was delivered from the institute, which is a respected national body and the Finnish government's leading health and welfare agency working under the Ministry of Social Affairs and Health. In social media, THL was given credits due to the radical opening of the discussion and it was also stated that the blog justified the criticism of current drug policy and made it easier for other people to express alternative views too.

The blog was reviewed and commented on in editorials of six newspapers. For example, Helsingin Sanomat, the biggest and most influential newspaper in Finland, provided its editorial with the headline, 'Required contribution'.[2] The newspaper described the content of the blog but didn't take a stance for or against decriminalization. Editorials of five other newspapers also saw the blog as a welcome input for discussion, but expressed their reserved attitude by emphasizing that drugs are dangerous[3] or that decriminalization would increase liberal attitudes towards drugs, especially among the youth.[4] Furthermore, Savon Sanomat, Kaleva and Huvudstadsbladet stated that in Finland it would be

[2] *Tarpeellinen puheenvuoro*, Helsingin Sanomat 15.2.2018 (editorial).

[3] *Huumeet eivät ole harmittomia – rangaistuksista luopuminen lisää käyttöä*, Ilta-Sanomat 16.2.2018 (editorial) and *Harmitonta huumetta ei ole*, Länsi-Suomi 22.2.2018 (editorial).

[4] *Huumeiden salliminen synnyttäisi uusia ongelmia*, Savon Sanomat 17.2.2018 (editorial), *Huumeita vastaan uusin tavoin*, Kaleva 17.2.2018 (editorial) and *Straff eller vård – är avkriminasering en lösning*?, Hufvudstadsbladet 13.5.2018 (editorial).

reasonable to wait and see what happens in Norway if drug use is decriminalized there.

In the following weeks, innumerable newspaper articles were published and TV and radio programmes broadcast. In addition to the authors, the media interviewed different kinds of experts in drug issues. Academic researchers and experts specialized in addiction problems in health and social care were mostly supportive of arguments for decriminalization, while police authorities expressed a lot of reservations and were mostly against any liberalization of drug policy or control of drug users. For example, academic experts of criminal law stated that criminal penalties are unnecessarily harsh and ineffective measures in the control of drug use, and also violate the usual practice of the Finnish judicial system.[5] Social workers in drug treatment were accompanying the experts of criminal law by emphasizing how stigmatization of drug users creates shame and delays them in seeking help and treatment.[6] Police authorities, on the other hand, stressed that due to general deterrence it is important to intervene in drug use, especially among young people.[7] In general, the police tend to argue that control of use and users is useful for them in uncovering and investigating more serious drug crimes, such as drug dealing and smuggling. Hence, contrary to treatment experts, the police were clearly not ready for a retreat in criminalization of drug use, not even if it also emphasized the importance of drug treatment.

In November 2019, when the citizens' cannabis initiative qualified to be submitted to Parliament for consideration, public debate on drug policy increased again. Actually, the whole process around the citizens' initiative has been accompanied by lively public discussion in newspapers, radio, television and social me-

[5] *Pitääkö huumeista rangaista vai ei?*, Helsingin Sanomat 15.2.2018, *'Rikoslakia huudettu apuun ähkyyn asti' – professori poistaisi rikoslaista liikennerikkomuksia ja huumeiden käytön*, Rikos–Uutiset–MTV.fi 17.3.2018 and *Kriminaalipolitiikka vaatii visiota*, (rikosoikeuden professori Kimmo Nuotion syntymäpäivähaastattelu), Helsingin Sanomat 18.4.2019.

[6] *Pitääkö huumeista rangaista vai ei?*, Helsingin Sanomat 15.2.2018.

[7] *Huumausaineiden käyttörikoksista suureen osaan liittyy muita, vakavampia rikoksia*, Savon Sanomat 6.5.2018.

dia. Since the case is not yet closed, the initiative will also fuel policy discussion in the long term.

Mobilization of NGOs

Proposals for the decriminalization of drug use and re-evaluation of the national drug strategy got support from key NGOs working in the field of drug problems. These organizations were A-Clinic Foundation,[8] Sininauhaliitto,[9] EHYT ry,[10] Humaania päihdepolitiikkaa-yhdistys (HPP) ry[11] and Irti Huumeista ry.[12] Some of them didn't want to commit to decriminalization yet, but they all agreed that it would be time to update and re-evaluate the national drug strategy. For example, EHYT ry. included a claim for a new national drug strategy in its four objectives suggested for the new government after the Parliamentary elections in spring 2019. Sininauhaliitto visited all parliamentary parties while lobbying for a new drug strategy, and the head of the organization was an advocate for the decriminalization policy. HPP was extremely active in social media, and they also arranged a successful seminar 'Drug Policy – Now!', with foreign speakers from Portugal, Norway and the UK. The seminar also included a panel discussion with Finnish politicians from all Parliamentary parties and the Pirate-party.

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[8] The A-Clinic Foundation is a non-governmental and non-profit organization and service provider that was founded in 1955. The central office is involved in national and international activities in the fields of prevention, information, development and training (see more https://a-klinikkasaatio.fi/en).

[9] Sininauhaliitto is a member of the The International Federation of the Blue Cross, which is a politically and denominationally independent Christian organization consisting of about 40 member organizations engaged in the prevention, treatment and after-care of problems related to alcohol and other drugs (see more https://www.sininauhaliitto.fi/).

[10] EHYT Finnish Association for Substance Abuse Prevention is an NGO working in substance abuse prevention with a broad and collaborative approach. EHYT's membership comprises around one hundred national, regional and local organizations (see more https://ehyt.fi/en/).

[11] HPP, Society for Humanistic Drug Policy is a member of the International Drug Policy Consortium (IDPC) and is promoting a drug policy reform in Finland (see more http://hppry.fi).

[12] Irti Huumeista ry is a voluntary NGO founded 35 years ago with the aim of preventing drug use and supporting parents of drug users (see more https://irtihuumeista.fi/).

In a small country with good cooperation between government and civil society like Finland, NGOs have had good opportunities to influence official politics, to be included in working groups and in the drafting and implementation of the national action plans. Consequently, mobilization of NGOs dealing with drug issues had a very important role in furthering discussion on drug policy at different levels of civil society. In addition to their own initiatives, representatives of the above-mentioned organizations were often interviewed as experts or used as news sources in different forums of mass media.

Politicians

When the first round of the debate got started by the THL blog post, relevant ministers, the Minister of Justice and the Minister of the Interior were interviewed about their standpoints by the media. They were all reserved and not in favour of decriminalization. The Minister of Social Affairs and Health, representing a party in political Center, was afraid that decriminalization would lead to an increase in drug use.[13] The Minister of Justice, representing a party in political Right, accompanied this by saying that drug use should not be made easier in any way, while his party mate, the Minister of the Interior, stated that the police should focus on drug markets and supply.[14]

However, on the second round of the debate, the setting had changed because of the parliamentary elections and a new government appointed in spring 2019. The new government, consisting of Social Democratic Party (SDP), Centre Party, Green League, Left Alliance and Swedish People's Party (RKP), have shown interest in updating at least some drug policy. In the government programme it undertakes an updated and joint strategy for alcohol, drugs, tobacco and gambling, as well as a decision in principle for drug treatment and harm reduction (Osallistava ja osaava Suomi 2019). In the public debate, three ministers of the new government said they supported decriminalization of all drug use,

[13] *Ministeri Saarikko THL:n huumekananotosta: Suomessa rangaistusten poisto voisi lisätä käyttöä*, Ilta-Sanomat 15.2.2018.

[14] *THL:n johto toivoo keskustelua huumeiden käytön laillistamisesta – kokoomusministerit eri linjoilla*, Talouselämä 15.2.2018.

while the Prime Minister and the Minister of Justice took a reserved view by saying that this government will not move forward in that direction. A statement supporting the decriminalization of all drug use presented by the Minister of Interior and the party leader of the Green League got special attention due to the fact that she is also a responsible minister of the police.[15]

There were also opposite views between political parties.[16] Those most strongly against decriminalization seemed to be the Christian-democratic Party, right-wing populist Finns Party and right-wing liberal-conservative National Coalition Party, who are all in opposition in the Parliament at the moment. Social democrats have also been reluctant with regards to decriminalization, but they have stressed the importance of developing better treatment and harm reduction measures. The Green League has made a decision in their political programme that they support decriminalization, while the Left Alliance Party has defined it as a question of consciousness that leaves freedom to choose to individual MPs. The Minister of Justice and the party leader from RKP has opposed decriminalization, but the official mouthpiece of the party, Huvudstadsbladet, has taken a stance supporting decriminalization in an editorial.[17]

Furthermore, drug policy reform has been debated in the youth organizations of the parties and some of them (Green League, Left Alliance and RKP) have taken a supportive stance towards decriminalization.[18] Also, some individual members of youth

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[15] Ohisalo: *Vihreät kannattaa huumeiden käytön rangaistavuudesta luopumista*, Yle.fi 30.10.2019.

[16] *Katso puolueiden kannat: Vihreät haluaa, ettei huumeiden käytöstä rangaistaisi – Li Andersson ehkä -linjalla*, Iltalehti 27.2.2018. *Vihreä aalto etenee maailmalla, mutta milloin kannabis laillistetaan Suomessa? Näin vastaavat puolueet*, Yle 18.3.2018, https://yle.fi/uutiset/3-10663151, and *Haavisto ja Andersson luopuisivat huumeiden käytön rangaistavuudesta – Halla-aho eri linjoilla: Huumeet aiheuttavat selkeitä ongelmia ja lisäävät rikollisuutta*, Suomen Uutiset 8.4.2019.

[17] *Cannbisdiskussionen gick upp i rök*, Huvudstadsbaledet 26.11.2019 (editorial).

[18] *Fler ungdomsförbund för avkriminalisering: 'Kriget mot drogerna har inte fungerat'*, Yle 2.5.2018, https://svenska.yle.fi/artikel/2018/05/02/fler-ungdomsforbund-for-avkriminalisering-kriget-mot-drogerna-har-inte-fungerat.

organizations of other political parties (Centre Party, National Coalition Party and SDP) have publicly defended reforming views. This indicates that younger generations, who see drug issues differently from older ones, are pushing changes in their parties.

Retreat: A Redistribution of Labour between Social and Health Care and Criminal Control Policy

At the time of writing this chapter, solutions are still open. Preparation of the national strategy for alcohol, drugs and addictions (including tobacco and gambling issues), and the decision in principle on drug treatment and harm reduction have been going on for a while under the Ministry of Social Affair and Health, but have not yet been launched. Debate in the Parliament about the citizens' initiative calling for the decriminalization of cannabis use has just started. In the first public hearing arranged by the Committee of Law in February 2021, THL proposed decriminalization of all drug use and got support from a professor in criminal law at the University of Helsinki, while a representative of the police was against any decriminalization. Whatever the coming resolutions will be, it is evident that the debate on drug policy will be continued.

When studying the central trends of the development of the drug situation in Finland in the past two decades it becomes apparent that, regardless of the strict criminal policy and the dual-tracks reform done in the late 1990s, drug use and related harms have been continuously increasing. In fact, a growing number of young people experimenting and using drugs makes them the targets of police control and vulnerable in terms of exclusion from schooling and the labour market. As reported by drug users, the criminal control has a stigmatizing effect that is difficult to escape (Heinonen 1989; Kainulainen, Savonen & Rönkä 2017; Kontula, Aleskerov & Neuvonen 2020). Having a recorded history of drug use often has a negative impact on a person's life, and its disclosure can be a barrier to access to education or employment. A growing number of experimenters and occasional users may also lead to an increasing number of problematic drug users in need of support and services. However, the criminalization of drug use clearly makes it difficult to seek help,

support and treatment. Avoiding or delaying seeking help exposes individuals to fatal overdoses and other detrimental consequences. Altogether, this unfavourable development gives us a reason to ask whether the Finnish society should seriously consider *a retreat* in the drug policy field. As Enzensberger (1989) states, although a retreat might include violating earlier principles and moralities, it might bring along solutions that are more important and healthier for the society than stubborn refrain in old models and holding back from doing something.

How probable would this kind of development be in Finland? Are we ready to retreat from old principles and conceptions of drug policy and try to find new directions? We think that there are some signs and processes going on that call for chance.

First, in the creation of novel drug policy lines a very basic aim was to protect youth, especially minors, and keep them off of drugs. Today, however, the core of drug use lies in the young adult age group – a more independent, resourceful and self-assertive group of people to be controlled than teenagers. They want to judge and decide their personal habits and pleasures by themselves, and many of them see current control policy as unjust or irrelevant. Defining half of the age cohort as criminals is also problematic from the point of view of society.

Second, young generations think about drugs and sustainable drug policy lines differently than old generations who have been responsible for deciding the current drug policy (Hakkarainen, Karjalainen & Salasuo 2020). A majority of young people and young adults personally know people who have used drugs, and many of them have also experimented with cannabis or other drugs themselves. This makes young generations more drug-wise than older generations, meaning that demonizing and narco-phobic images of 'the war on drugs' do not affect them in the same way (Parker, Aldridge & Measham 1998). In the coming years, these young generations will be in leading positions in society. Their appearance is already evident in public discussion.

Third, attitudes among the parents of young people are also changing, especially regarding the risks of experimenting with cannabis. Similarly, their opinions on drug policy may also be changing as they realize the consequences of the present criminal

control and insufficient availability of treatment services for their offspring.

Fourth, regarding values, principles of fundamental and human rights are becoming more important in society and policy-making. The current calling is for equality and personal integrity instead of control and surveillance. Avoiding stigmatization and promoting equality and uniform rights to treatment and services are also demanded for people with problematic drug use. A question about equality between citizens of different countries might also rise in importance if decriminalization policy, or even more radical reforms like legalization of cannabis, continue to spread globally (Decorte, Lenton & Wilkins 2020; Eastwood, Fox & Rosmarin 2016; Unlu, Tammi & Hakkarainen 2020).

Fifth, different kinds of reforms, like decriminalization in Portugal (Greenwald, 2009; Hughes & Stevens 2010) and some other countries (Unlu, Tammi & Hakkarainen 2020); and legal access to medical cannabis and legalization of recreational cannabis in Canada, Uruguay and several US states (Decorte, Lenton & Wilkins 2020), are followed with great interest among the media and people in Finland. If Norway, as a neighboring Nordic country, will decriminalize all drug use as proposed by the government, it will surely create a lot of attention in Finland, as already mentioned, for example, by some editorials commenting on the first THL blog post. All in all, public discussion and the general drug policy climate in Finland seem to be changing in concert with wider international trends. Consequently, there is now much more room for a rational drug policy debate and different alternatives in public discussion than in previous decades.

Sixth, the present legislation complicates the development of harm reduction measures (Kainulainen 2020). Enabling new measures in the prevention of drug deaths creates a challenge to the current criminal control policy. For example, recently, the City of Helsinki began an initiative to establish a drug consumption room in its area, but no action has been taken since the Criminal Code was seen to be an obstacle (Unlu et al. 2021). The same obstacle was met in a project known from some other countries (e.g. Measham 2019) that would have tested drugs in order to give people who use drugs information about potentially dangerous

content of the substances. These cases show how local actors who are dealing with drug problems and related harms can – and nowadays will – challenge the national authorities and policy (Blickman & Sandwell 2020; Jauffret-Roustide & Cailbault 2018).

Even though it is too early to declare that a change is coming, it is less likely that nothing will change. As previously said, when Finland defined its drug policy line for the first time the emphasis was put almost entirely on criminal control policy. Remarkable changes in the drug situation in the 1990s forced the state to counterbalance the criminal control policy with prevention, treatment and harm reduction. In the present context of increasing drug use and related harms, one possible option to develop Finnish drug policy would be to take a further step and put the emphasis clearly on social and health care regarding personal consumption of drugs. This would mean a retreat from the criminalization of drug use. In the redistribution of labour, collaboration between the police and other authorities in preventing drug use would still be important, but the real focus of police work would be redirected towards the markets and drug dealing. At the same time, this would need new investments and efforts in prevention, social and health care, and treatment services from society.

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4. Drug Controls in Iceland: Any Retreat in Sight?

Helgi Gunnlaugsson

Introduction

The majority of nations, including the Nordic countries, still penalize the production, distribution, and personal possession of certain types of drugs. In this chapter, the Icelandic drug situation and drug legislation will be examined (pop. 370,000). Iceland has, over time, adopted a restrictive response to the production, possession, and sale of drugs modeled after international legal policy measures. The study draws on official documents, such as police and local public health statistics, survey data, records of parliamentary debate, media accounts, and previous research. The legal situation regarding drugs is described, depicting both historical and current legal changes that have, and are, taking place in Iceland. Noteworthy events in the local debate on drugs during two different time periods are presented and discussed. First, the period of 1980–2000, followed by later developments in the new millennium. The number and nature of drug cases known to the police is examined during the period of 2010–2019, in addition to what substances have been seized by police during the same period. Prevalence of cannabis use among adults over time, the most frequently used drug in Iceland, is presented and analyzed, with a focus on what local research indicates as characterizing drug use in general. The opioid crisis recently hit Iceland, dominating the public debate on drugs. Figures presented involving drug-related deaths show how much opioids are implicated in these deaths.

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In the wake of a public debate about drug abuse in society, signs of a retreat in the control of drugs can be detected in the most recent years in Iceland. Instead of a predominantly criminal justice response toward possession of drugs, abuse of drugs is increasingly being viewed as a public health problem. A case in point demonstrating this shift is a recent legal change allowing safe havens for drug addicts, in addition to a 2021 proposal, yet not passed, from the Minister of Health decriminalizing the possession of drugs for personal use. However, a major shift toward a radically different drug policy is contended to be unlikely in Iceland unless a broader legal change occurs internationally. Finally, an attempt is made to explain why concerns about drugs have become so profound in recent decades.

Concern Over Substance Use in Iceland

Iceland has a long history of national concern over substance use. Alcohol, for example, was prohibited from 1915–1922 and beer was illegal until 1989 (Gunnlaugsson 2017). However, the revoking of beer prohibition did not signal the end of the struggle against intoxicating substances in Iceland. A rejuvenated rigor took over Icelanders' battle against drugs, which has not yet faded. Interestingly, the arguments used to justify the ban on beer are not dissimilar to those we observe today to justify the prohibition of drugs (Gunnlaugsson 2012). The advocates of beer prohibition repeatedly argued that beer posed a threat to the health and well-being of society, primarily to young people, just as is currently seen today with cannabis and other drugs.

Several different kinds of measures have been employed in the fight against drugs in Iceland over time. On one hand, we see various non-punitive measures being adopted – drug prevention drives, educational programs, peer group efforts in school, etc. – all with the objective of teaching young people to say *No to Drugs*, or political campaigns such as *Drug Free Iceland by 2000*, to cite a few examples (Einarsson & Björnsson 2001). Substance use treatment has also been readily available for decades in Iceland. Accessibility to treatment is believed to be high, resulting in a smaller treatment gap than in most other countries (Hansdóttir, Rúnarsdóttir, & Tyrfingsson 2015). More than two

thousand individuals are admitted to treatment clinics for alcohol and drug related problems in Iceland each year, including about six hundred new admissions.

In most recent years, Iceland has been internationally recognized for its success with the *Youth in Iceland* project (see, for example, Young 2019). The project includes several components linking together research, policy, and practice. Local social scientists play a key role in mapping out the scope of the substance use problem and in identifying different risk factors. Moreover, state funding for organized leisure activities among youth was increased and children banned from being outside after specific hours at night, to name a few of the measures adopted in the program. Teenage consumption of alcohol, drugs, and tobacco was significantly cut in the new millennium. This positive development has predominantly been linked to the various prevention measures employed among youth in Iceland in cooperation with their parents and local community. Non-punitive policy measures against alcohol and drug use are presumably associated, with satisfying results.

Contrarily, various punitive policies are also being employed. This refers to criminal justice responses: drug possession for personal use being sanctioned by the special penal code; importation of drugs; and production and sale being heavily sanctioned by criminal law (Gunnlaugsson & Galliher 2000; Gunnlaugsson 2015). Many of the drug police enforcement practices have been shown to be influenced by US drug control policies, not only in Iceland but throughout the world (Gunnlaugsson & Galliher 1995; Nadelmann 1993). Undercover practices were encouraged by US agents to be integrated into drug police investigations, and Icelandic drug police officers were sent to the US for training in American methods of narcotics control (*Mannlíf* 1992).

Legal Status of Drugs in Iceland

Icelandic legislation on controlled substances dates back to 1923, when an international drug convention, of which Iceland was a member, passed what has been referred to as the opium laws. These laws, in charge of the Ministry of Justice, were largely unenforced, but in the late 1960s, with international concern about

drug use among the young heating up, Iceland's narcotics laws were revised and extended to make cannabis and LSD illegal also (Gunnlaugsson & Galliher 2000). In 1974, new drug laws were passed by Alþingi (the Icelandic parliament), which were intended to replace the old opium laws by imposing more severe penalties for major drug violations. These laws were officially intended to unify and coordinate laws against the alleged 'use of drugs which is becoming a serious social problem manifested in scientific revelations of the harmfulness of these substances' (preamble to law no. 65/1974). For major violations, a person could be sentenced to a maximum of 10 years in prison, instead of six years, as provided for in the opium laws.

In contradiction to a 1951 legislation separating the police and the courts, in 1973 Alþingi established law no. 52, a specialized drug police unit to be supervised by a separate drug court. The creation of this joint police–court apparatus in Reykjavík demonstrates the degree of concern associated with this new and frightening problem in Iceland. The total number of drug police officers was seven in 1984 and had increased to approximately 20 by the new millennium, making it the largest specialized police force in the nation (Gunnlaugsson & Galliher 2000). Complete separation of the executive and judicial powers was not achieved until 1992. Consequently, the independent drug court in Reykjavík was disbanded in the same year. Still, the separate drug police force was operational until 2016, when a centralized police investigation unit was established to deal with different types of crime. One of the primary tasks of this new unit was to investigate the importation and distribution of drugs.

The maximum penalty for drug offenses as of 2021 is 12 years in prison, with the upper limit being increased from 10 years in 2001 in the wake of the entrance of ecstasy in the country. The possession of drugs for personal use is prohibited in Iceland by the local special penal code (law no. 65/1974). Blood or urine samples are not used by police to establish pure use of drugs, apart from in instances involving the driving of a vehicle – only possession of drugs is punishable. The violation of this article, until 2018, was followed by a note in the criminal record of the offender and maintained for a period of three years. Despite this

three-year period, a violation of this code was accessible to local authorities for longer than three years – up to 10 years (*Mbl.is* 2014). Local employers are increasingly asking for the criminal records of job applicants; thus, being on record for a drug violation can easily jeopardize future job prospects of those caught for the personal possession of drugs.

Drugs in Iceland during 1980–2000

The criminal justice approach to drugs has been supported by politicians and members of Alþingi from the beginning. Criticism of the punitive approach was hardly ever voiced in the 20th century in Alþingi and alternative policies have only been introduced in the last few years. A case in point from the 1980´s is an Alþingi resolution following two relatively large cases of importation of cannabis to Iceland, which was passed unanimously. The proposal called for increased cooperation and coordination between customs and other control agencies, and an improvement in all investigative police methods. As stated by the sponsor of this bill, '… we have seen terrifying figures which strongly suggest that there is enormous consumption of drugs in society and that only a tiny portion [is] being seized by control people … drug use ruins the lives of a number of young people' (Alþingi Debates 1983–1984a: 2). Another MP noted during the debates that 'Powerful crime cartels have reached Iceland, and ruthlessly their drug dealers bring their nets to grab young people who, suspecting no evil, subsequently become addicted' (Alþingi Debates 1983–1984b: 1).

An example of a punitive practice is police searches of private homes, which have occurred frequently over the years (Gunnlaugsson & Galliher 2000). In the 1980´s and 1990´s, up to 200 such searches were conducted annually by the police, either with a warrant or without. On average, approximately 500 persons were arrested each year from 1987 to 1994 on suspicions of drug violations, when the total population of Iceland was approximately 250,000 (Gunnlaugsson & Galliher 2010). Most involved private possession (75%), and the remainder involved sales and importation. Wiretapping has also routinely been employed. During a three-year period in the early 1990´s, the courts

issued a total of 29 warrants permitting the police to tap a total of 42 telephone numbers for up to 2 months, all cases involving drug violations.

A deputy director of the local drug police had previously stated in a local media interview that the drug problem had intensified in recent years in Iceland, or since drugs first appeared in Iceland around 1970 (*Morgunblaðið* 1979). He stated that since the creation of the drug police, a total of 4000 young people had been implicated in drug investigations, that young people had died because of drug use, and that heroin had made its entry into Iceland. News reports, such as this one, have been frequent over the years in Iceland. Escalating drug use among youth, large-scale drug seizures, mass arrests for drug smuggling and sales, and long-term prison sentences typically make the headlines (see, for example, Gunnlaugsson & Galliher 2010). Nevertheless, in 1979, when the news report was published, no official evidence suggested the deaths of young people were due to drug overdoses (Kristmundsson 1985) and very few signs indicated the existence of heroin in Iceland, which is still the case today (see Table 11). Even though this news reporting appears exaggerated today, suggesting a moral panic, as often seems to be the case with drug media reporting (Goode & Yehuda 2009), this news report can also be viewed as a public warning and a call for serious steps to be adopted by local authorities toward this new social challenge facing the nation.

The most notorious drug police case resolved during this era, which was inspired by US undercover techniques, was an agreement made in 1992 with an ex-convict who was asked to operate as an agent provocateur (Gunnlaugsson & Galliher 1995). The agent was asked to purchase 1.2kg of cocaine from an acquaintance whom he had met in prison the preceding year. The acquaintance was reportedly not interested in selling the drugs in Iceland. However, the informant was persistent and the acquaintance grudgingly agreed to sell most of the drugs he had in his possession, even though it was originally planned for sale in Denmark. The director of the drug police and several of his officers, with none of the latter being informed of the complete story, subsequently initiated a major drug bust. This involved a car chase in which an officer was seriously injured. An Icelandic

law school textbook argues that such law enforcement practices are hardly within legal limits and, by all means, it is better that a police officer be an agent rather than an ordinary citizen, with it not being feasible to use convicts to meet the demands of an investigation (Þórmundsson 1980). However, the Supreme Court confirmed the seven-year sentence against the suspect, even though the court recognized that the director had not consulted sufficiently with the Reykjavík police. Despite this lack of consultation, it was not believed to be enough to grant acquittal or reduction of the penalty (*Morgunblaðið* 1993).

According to police records, cannabis was the most common of the illegal substances seized in Iceland in the 1980´s and 1990´s. LSD occasionally popped up, with amphetamines in powder form being stable on the market and cocaine entering the market in the 1990s (Gunnlaugsson & Galliher 2000). Close to 150kg of cannabis, or more than 80% of the drugs seized by the drug police during the 1985–1995 period, involved cannabis, approximately 15kg of amphetamines, less than 4kg of cocaine, and a few thousand doses of LSD.

In the mid 1990s, with the entry of ecstasy in Iceland, the drug problem escalated to new dimensions. Soon after the substance appeared, its use created a major public uproar and insecurity in Iceland. Jónasson and Gunnlaugsson (2015) have identified all the elements of a moral panic in Icelandic society with the appearance of the ecstasy tablet. Initially, it was the police, media, and other interest groups that predominantly focused on ecstasy use and the threat it posed to the Icelandic society. The public, subsequently, demanded through various grassroots efforts that the government act promptly, painting drug dealers as *folk devils* who should receive much harsher punishment. The state, consequently, responded to this public outcry by making punishment heavier, promising more funds to the drug police, and agreeing on new police laws.

Drugs in Iceland in the 2000's

In the new millennium, drug cases increased in Iceland, with a variety of different drugs being seized by the police. During 2002–2007, the police seized more than 200kg of cannabis, more than

100kg of amphetamines, and approximately 30kg of cocaine. The number of doses of ecstasy and LSD seized were also in the tens of thousands during the same period (National Commissioner of the Icelandic Police 2008).

In 2007 and 2009, the total amount of drugs seized from two boats on the east coast of Iceland exceeded all the drugs seized by police during the entire 2002–2007 period. In the 2009 boat case, labeled as 'skútumálið' (the yacht case), the police seized a total of 55kg of amphetamines, 54kg of cannabis, and about 9000 ecstasy tablets. The six people implicated in the case received a total of 40 years in prison for this attempt to smuggle drugs into Iceland (Supreme Court 2009). Moreover, reportedly home-grown marijuana was increasingly replacing importation of cannabis, with hundreds of plants seized by local police and numerous individuals arrested (*Visir.is* 2007).

During 2014 to 2018, wiretapping was used even more frequently than before by the police, and requests for the same were very seldom rejected by the courts. A total of 251 permits were issued to the police to tap phones, with about one quarter involving drugs (Böðvarsdóttir 2020). Police searches of suspicious persons for drugs and at random have routinely been resorted to by the local police, in addition to the use of sniffer dogs for looking for drugs, especially where young people hang out, at local music festivals, etc. (Mbl.is 2018). Dog sniffing of passenger baggage at airports and docks is also customary, with international mail and parcels from abroad being scrutinized by customs in local post offices.

In 2016, two persons were sentenced to eight and four years in prison for the importation of 193g of cocaine, 10,000 MDMA doses, and 9kg of amphetamines through the international airport in Keflavík. This case was labeled as 'burðardýrsmálið' (drug mule case) and included smuggling from Holland (Supreme Court 2016). The person who received eight years in prison, a Dutch woman, attempted to help the police in catching the principal offender but to no avail. The stiff sentence she was awarded for simply being a drug courier was reportedly due to the amount of hard drugs being smuggled. How many of the inmate population in Iceland have served time in prison for drug-related offenses?

In the 21st century, about one third of the entire inmate population has routinely been serving time in prison for drug-related offenses. In 2018 and 2019, the ratio of drug offenders reached a historic high of 40% of the total inmate population (Prison and Probation Administration 2020). In 2016, a total of 100 inmates served time in prison for drug importation, production, or sale. In the 1980s, and well into the 1990s, the rate of drug offenders in prison was considerably lower, less than 10% of the prison population (Gunnlaugsson & Galliher 2000).

Drug Crimes Known to the Police

Figure 9 indicates the number of drug violations recorded by the Icelandic police each year since 2010, followed by Table 11, which shows the type and amounts of drugs being seized by the police. Both show an increase in the new millennium.

As can be seen in Figure 9, the total number of drug offenses increased markedly during 2010–2014, from about 1500 offenses in 2010 to about 2400 offenses in 2014, a peak year. Since 2015,

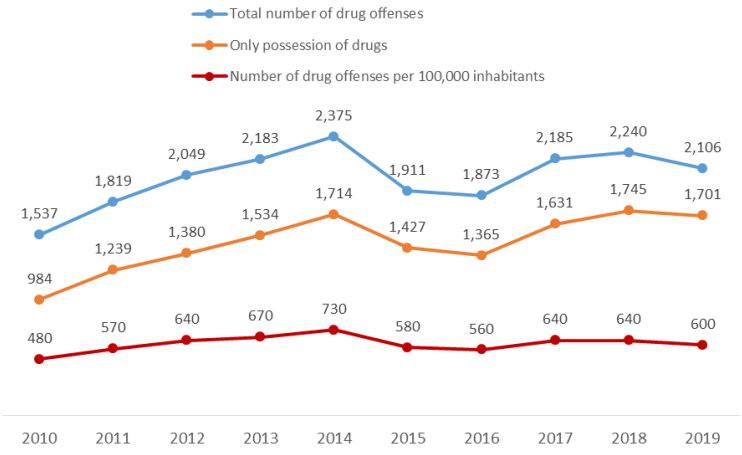

Figure 9. Total number of drug offenses in Iceland, 2010–2019, including only possession of drugs, and the number of offenses per 100,000 inhabitants.
Source: National Commissioner of the Icelandic Police, annual reports, 2020.

Table 11. Types and amounts of substances seized by police, 2011–2019.

Type of drugs	2011	2012	2013	2014	2015	2016	2017	2018	2019
Hashish (gr.)	1.827	594	680	1.329	9.353	6.097	24.337	11.793	23.519
Marijuana (gr.)	29.834	20.728	32.871	63.571	7.221	12.805	19.997	22.517	12.030
Amphetamines (gr.)	31.839	12.169	34.189	4.784	32.849	9.838	13.588	4.890	55.360
Amphetamines (ml)	1.588	0	2.110	41	0	16	14.408	1.788	9.463
Metamphetamines (gr.)	17	4	81	105	343	1.014	518	72	2.043
Cocaine (gr.)	3.888	5.273	2.535	1.736	9.738	8.035	26.924	18.634	40.618
E-tablets (gr.)	287	1.176	116	149	11.003	2.059	4.593	1.032	1.173
E-tablets (pieces)	78.099	2.100	14.824	1.454	213.660	2.258	2.699	8.428	1.454
Heroin (gr.)	0	0	1	0	0	0	9	28	0
LSD (pieces)	4.489	14	115	2761	741	427	1.021	2.967	381

Source: National Commissioner of the Icelandic Police, annual reports, 2020.

the total number each year has become more stable, with about 2000 offenses registered annually in Icelandic police records, including cases under police investigation for suspicion of drug violations (National Commissioner of the Icelandic Police 2020).

These offenses, as before, consist predominantly of possession of drugs and, in smaller portions, of importation, production, and distribution of drugs. About 70% of these offenses involved the possession of drugs for personal use. As can also be seen in Figure 9, the number of drug offenses known to the police has been hovering around 600 offenses per 100,000 inhabitants during most recent years.

As can be seen in Table 11, a variety of drugs have been seized by police in the past few years. The total amount of drugs apparently increased during the time period 2011–2019. The most notable increases included cannabis, cocaine, and amphetamines, with a peak year in 2019. Most of the drugs seized by the police in 2019 comprised of amphetamines (55kg), cocaine (40kg), cannabis (hashish/marijuana) (35kg), and about 2500 ecstasy doses. Heroin was hardly ever seized by police during this time period.

The minimum fine stipulated for possession of drugs is approximately €350 for cannabis and more for ecstasy and cocaine. If the amount of cannabis seized is 10g, the fine is approximately €650 (Ministry of Justice 2018). Many of the drug offenses for possession of drugs occur during routine police checks on the road or while investigating criminal cases where drugs are found on crime suspects etc. With the legal change in 2018, drug fines of less than 100,000 Icelandic kronas (approximately €700) are no longer registered on the criminal record. The Justice Minister reported in Alþingi to a query by a *Pirate Party* member of parliament, that if the legal change had been made 6 months earlier, more than 100 persons only registered on criminal record for a minimum drug fine would have escaped this notification (Ministry of Justice 2018).

The ratio of those driving while on drugs has increased significantly in recent years (National Commissioner of the Icelandic Police 2020). In 2014, the total number of cases of driving while intoxicated (and not inebriated) was slightly short of 1500. In 2018, the number had reached almost 2500. In 2018, the number

of cases of driving while intoxicated on alcohol was about 1700 – or a significantly lower number than the cases involving drugs. The overall rate of driving while intoxicated from alcohol or other drugs had previously been found to be comparatively high in Iceland (Gunnlaugsson & Galliher 2000).

Nature and Extent of Drug Use in Iceland

International surveys indicate that drug use among 10th graders is generally lower in Iceland than in most other European countries (ESPAD 2020). The average in Iceland for lifetime prevalent use of cannabis, by far the most frequently used illegal drug, was, for example, 6% in 2019, while the European average (16%) was significantly higher. Iceland had the lowest levels of cannabis use among Nordic nations, with Sweden (8%), Faroe Islands (9%), and Norway (9%) coming close to Iceland. Finland (11%) and Denmark (17%), however, reported higher levels. As mentioned above, the *Youth in Iceland* project has been cited as being decisive in the positive development of drug use among youth in Iceland, with lower rates in 2019 than in previous ESPAD surveys.

Surveys of cannabis use among Icelandic adults (citizens over 18 years old) have not been measured as regularly as among adolescents. Population surveys conducted by the Social Sciences Research Institute, affiliated with the University of Iceland, during 1997–2019 suggest an increase in the lifetime prevalence of cannabis use (Figure 10) in this time period. Approximately 33% admitted to using cannabis at least once in 2019, with close to 5% admitting to its use in the last 6 months (Gunnlaugsson & Jónasson 2019). As Figure 10 shows, this suggests an increase from 2013, when the lifetime figure was 23%, and 2002, when the figure was 19%.

Therefore, use of cannabis among youth appears to be going down over time but, at the same time, increasing in the adult population. According to the 2019 survey of cannabis use among adults in the last 6 months (5%), as shown in Figure 10, it can be roughly estimated that up to 15,000 might be active cannabis users in Iceland, out of a total population of around 370,000 citizens. In comparison, active users of alcohol have been estimated to be at least half of the adult population (Directorate of

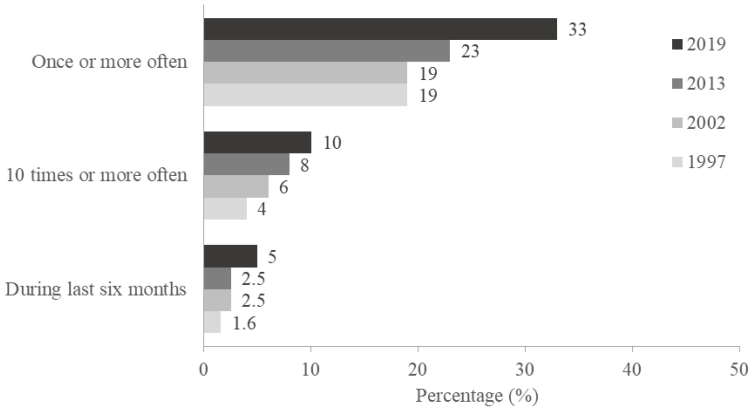

Figure 10. Percentage among adults (18 yrs and older) admitting cannabis use in their lifetime in 1997, 2002, 2013, and 2019.
Source: Gunnlaugsson 2018; Gunnlaugsson & Jónasson 2019.

Health 2017), or much higher than levels of cannabis use. The apparent pattern of cannabis use among adults is described in the section below.

As Figure 11 suggests, most lifetime use seems to take place among younger age groups. Use appears to be experimental, temporary, perhaps most out of curiosity, many discontinuing its use altogether when they grow older as work and family obligations gain precedence (Gunnlaugsson 2018). Prevalence of this type of use over time probably linked to fashion waves, music taste, and other cultural fads – mostly international in nature – among younger age groups. Occasionally, experimental and social use appear to be trendy in popular culture and accompanied by increased access to drugs and more use, sometimes being less trendy with less use. The next sections further analyze drug abuse in this group.

Only a minority of these temporary users seem to require help from the social and health care services because of their use, i.e. the vast majority of this group are not drug abusers. These users are, for the most part, ordinary citizens who are not involved in any other forms of criminality, apart from using illicit drugs. However, all of them are at risk of being pursued by the police and criminal courts. Understandably, none of them want police involvement or criminal indictment for their use of drugs.

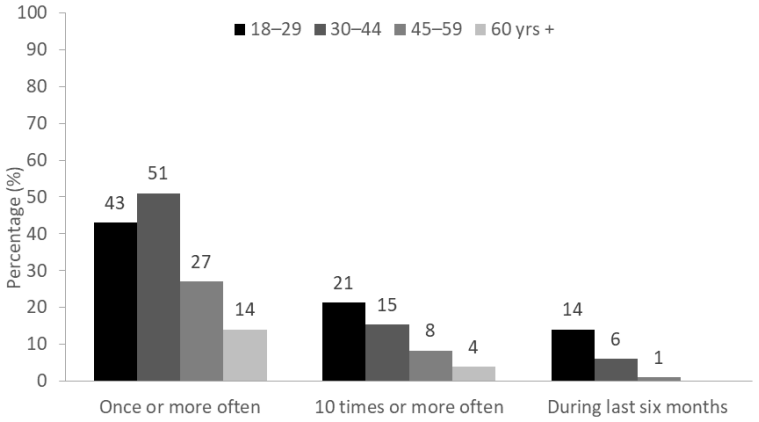

Figure 11. Percentage of adults older than 18 yrs who, in 2019, admitted cannabis use in their lifetime, by age.
Source: Gunnlaugsson & Jónasson (2019).

Therefore, a pressing question emerges: Where is the drug abuse problem most pronounced? Interestingly, the most pressing and recent drug problem in Iceland has not only involved illegal drugs but also drugs originating mostly from the pharmaceutical industry and the medical profession.

Icelandic Opioid Crisis

With respect to legally prescribed drugs originating from the pharmaceutical industry, the picture for Iceland becomes more complicated than that suggested from the above picture of experimental and temporary drug use in Iceland (Gunnlaugsson 2019). The use of prescription drugs, or other synthetic drugs, seems to be widespread across different social groups, rather than being found only among socially distinct groups.

Apparently, a lot of prescription drugs are in circulation in Iceland. According to *Nomesco* (2017), more opioids are prescribed in Iceland than in any other Nordic country. Iceland also appears to be the leading Nordic country with respect to prescribing medical treatment for ADHD and in terms of antidepressant consumption. In the last decade, the use of antidepressants reportedly increased by about half in Iceland, and the use of

ADHD prescription drugs exhibited a whopping 165% increase (Arnórsson 2018). Even though prescriptions for insomnia and of sedatives have decreased somewhat in the country in the last decade, Iceland still leads Nordic nations for consumption of these drugs, also ranking among the highest in the world. Moreover, close to 20% of all women and about 10% of all men in Iceland received a prescription for an antidepressant in 2017. Most of the increase for these prescriptions in recent years has been among those who are 40 years old or younger (Jónsson 2018a).

Some of the opioid prescriptions end up on the black market. In addition to other sources, the smuggling of medical drugs from other countries is also prevalent. According to the head physician at a local rehab center, access to different types of drugs – both legal and illegal – is easy in Iceland and their prices have remained stable or reduced (Ólafsdóttir 2019). A new comparative Nordic study on drug dealing over social media platforms observed a high degree of drug dealing activity in Iceland. All kinds of drugs are available in closed groups, including prescription drugs in addition to illegal drugs (Demant et al. 2019). A total of 30 private Facebook groups with several thousand members were found online in Iceland. One seller in these groups stated in an interview, 'my customers are just ordinary citizens.' Recently, news reports have shown large seizures of cocaine by police (see Table 11), with cocaine reportedly flooding the market like never before (Brynjólfsson 2019; Helgason 2019).

High Number of Drug-Related Deaths

The medical drug situation in Iceland described above may come as a surprise since Iceland is a country of low drug use according to the ESPAD study of young students mentioned above. Furthermore, this claim might be unexpected since Icelanders consume less alcohol than most western nations, even though the gap between Iceland and other countries has been shrinking (OECD Health Statistics 2020). The opioid situation in Iceland has created significant national concern because opiates are highly addictive and can easily result in different types of health risks, in addition to other problems, such as accidents on the roads.

Moreover, opiates are often used with other substances, such as alcohol and other drugs, thereby creating toxic cocktails.

Resultantly, numerous drug-related deaths have been reported in Iceland. From 2015 to 2017, a total of 85 drug-related deaths from different drug-related intoxications were reported (see Figure 12), including a total of 42 citizens dying due to opiate abuse. Opiate abuse was the most frequent cause of deaths due to intoxications for this time period, exceeding deaths due to illegal drugs by a large margin. The opiates mostly consisted of morphine, codeine, demerol, tramadol, and fentanyl (Jónsson 2018b). In 2018, as can be seen in Figure 12, a total of 39 related deaths in Iceland were reportedly related to drug overdoses, and more than half of them were opioid-related (Magnúsdóttir 2019; Yaghi 2019). According to the *New York Times*, deaths due to opioid drug overdoses are comparatively high in Iceland, and about half of the rate in the US (Katz 2017). This rate translated to 6.6 deaths per 100,000 Icelandic citizens in 2018. The total rate of drug-related deaths during 2010–2019 was however higher, as can be seen in Figure 12. The total rate of drug-related deaths during 2010–2019 was from 7.1–11.1 deaths per 100,000 inhabitants, as can be seen in Figure 12. Moreover, as shown in Figure 13, males had a higher drug-related death rate than females for most of this time period.

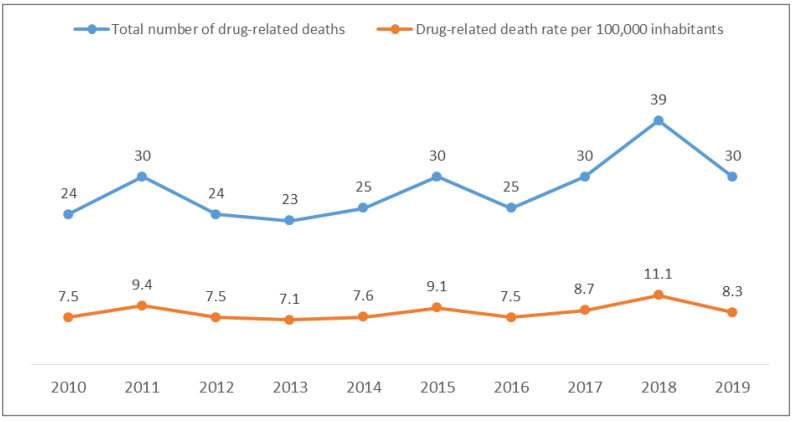

Figure 12. Total number of drug-related deaths and drug-related death rate, 2010–2019.
Source: Directorate of Health 2021.

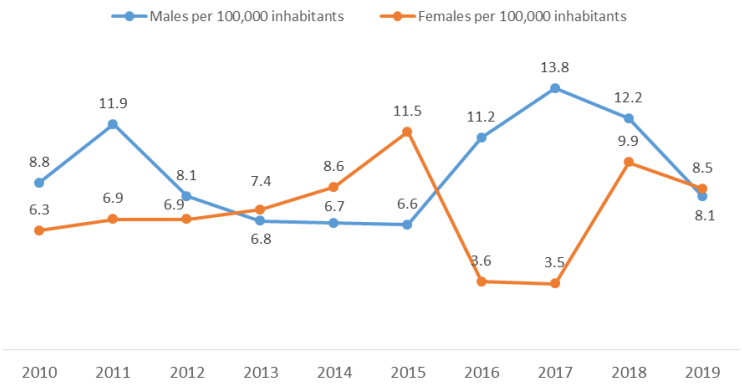

Figure 13. Drug-related death rate per 100,000 inhabitants in Iceland by gender, 2010–2019.
Source: Directorate of Health 2021.

Why does the situation of prescription drugs and drug-related deaths appear so grim in Iceland? Perhaps prescription drugs are more accessible in Iceland than, for example, in the other Nordic nations. The Directorate of Health in Iceland, therefore, established an online prescription database for physicians in 2016 to prevent people from receiving multiple prescriptions for medications from different doctors. In July of 2018, regulations concerning prescription drugs were tightened further, making it more challenging than before to legally obtain drugs of this type. The impact of tighter regulations has indeed resulted in fewer opiate prescriptions in most recent years, yet Iceland is still leading Nordic nations in the number of prescriptions (Directorate of Health 2021). However, if drugs are smuggled in large quantities from abroad, such measures might not show much impact on local black-market availability.

The supply and availability of drugs do not account for the high demand for these types of drugs in Iceland. Prescription drugs probably carry less stigma than illegal drugs and, therefore, may appear more attractive to larger groups of ordinary citizens than illicit drugs. As for legally prescribed drugs, alternatives to drug use, such as consulting and therapy – increased access to social and psychological services – are options that perhaps have not been utilized to the same degree as in other Nordic nations.

Risk Factors and Drug Abuse

Studies show that alcohol and drug dependence can affect anyone; for instance, alcoholics seem to belong to all walks of life. Nevertheless, research indicates that a significant section of those who hit rock bottom due to heavy drug abuse, especially those who inject drugs, face various personal and social problems (see, for example, Curry 1994 and Zilney 2011). Low formal education, limited work experience, health care problems, and crime-prone lifestyles are all factors associated with drug abuse (Goode 2015), and to a much larger degree than found in the general population. Research findings of this type on drug abuse in Iceland, fueled by the local opioid crisis, have raised questions about the most effective way to respond to the problem of drugs.

A recent study conducted in Iceland seems to support the above social portrayal of heavy drug abuse. Based on data from a national rehab clinic in Iceland, where information about close to 200 patients suffering from hard drug abuse (use of needles) was utilized during a two-year period, Aradóttir located (as cited in Gunnlaugsson 2015) a distinct social pattern. About half of the sample admitted upon entrance to the clinic that they had earlier been diagnosed with a disability of some sort and had limited work experience. The majority had only completed compulsory education. About 60% of the hard drug users in this study had previously been arrested or charged for drug violations, while only 25% of other patients at the clinic had the same experience. About one third admitted to having prior police history of thefts, frauds, or violence. Thus, it is evident that most hard drug users are crime-prone with prior police history. The vast majority suffered from mental health problems, depression, anxieties, and tension. More than 70% of these drug users had considered suicide and about half had attempted suicide. More than half had been diagnosed with liver problem C and a few with HIV. Of the females, the vast majority had experienced violence and about 75% of them reported having been sexually victimized.

Admissions to the national rehab center are in the thousands each year, as previously mentioned. Increasingly, more patients in this group are admitted due to drug dependence, and the rate of alcohol abuse alone has diminished in recent years (SÁÁ 2021). In

2017, close to 40% of those admitted did not have any permanent housing, thereby suggesting poor social conditions, and about one quarter resided with their parents.

A survey conducted in Icelandic prisons in 2015 indicated similar results of poor standing among prisoners. The vast majority of inmates suffered from serious alcohol and drug problems and had been diagnosed with a variety of personal and social problems, including ADHD and reading and writing difficulties (Hlöðversdóttir 2015; Gunnlaugsson 2018).

Therefore, there seems to be a high polarization of drug users in society. A large part of the population, particularly young people, appear to be willing to experiment and use drugs recreationally without apparently harming themselves. A large minority, however, end up becoming serious drug abusers with multi-faceted personal and social problems, posing a risk to themselves and others. Research, both in Iceland and elsewhere, roughly seems to draw up this polarized picture of the drug problem.

Is the criminal justice response the appropriate measure to deal with the kind of behavior described above? Is an unregulated black market of drugs, including opioids, where consumer protection obviously is limited and appropriate education on how dangerous these drugs can really be not available, acceptable in modern-day welfare societies? In the wake of a public debate where questions of this type have appeared, harm reduction principles have slowly emerged in Iceland in recent years to tackle this profound problem with a new approach. The long history of treatment availability in Iceland, and wide recognition of its success in dealing with substance use, has undoubtedly helped in paving the way for an alternative approach.

Consequently, local harm reduction programs have been established in Iceland. As early as 2009, the Red Cross in Iceland launched a project on wheels, *Frú Ragnheiður* (Mrs. Ragnheiður), driving around the streets of the capital for six evenings a week (Frú Ragnheiður 2020). The vehicle is a specially equipped medical reception for the homeless and people with drug addictions, offering medical care and general health advice to individuals, as well as a service that exchanges old needles for new. In 2018, approximately 450 individuals sought assistance from this program.

New Drug Alternatives in Iceland?

A widespread consensus to continue with the firm stand against drugs has existed for a long time among Icelandic authorities. The public, at large, seems to support this national effort and moral sentiment. As population surveys have repeatedly indicated, there exists widespread opposition in Icelandic society toward drug use. In 2014, the vast majority of Icelanders were in favor of offering more rights to the police to investigate drug crimes. Most respondents believe drug use to be the most serious crime in Iceland and substance use to be a decisive factor in the genesis of local crime (Gunnlaugsson 2018). In May of 2019, about 26% of all respondents favored the legalization of cannabis and 35% were in favor of the decriminalization of the possession of drugs for personal use (Gunnlaugsson & Jónasson 2019), so the significant majority of Icelanders were against both the legalization of cannabis and the decriminalization of drug use.

However, support for alternative drug policies has increased somewhat in recent years, suggesting a retreat from the punitive stand. As a case in point, about 80% of all respondents opposed the legalization of cannabis in 2012, with fewer, or less than 70%, opposing legalization in 2019 (*Mbl.is* 2019). Local efforts such as *Frú Ragnheiður* and evidence on the nature of drug abuse, as for example reflected in the opioid crisis, have paved the way for new approaches to the drug problem. Resultantly, the notion that drug abuse should be defined and treated as a public health problem instead of a criminal justice issue has become more prominent (for example, Holm 2015). In the last few years, alternatives to current drug legislations have consequently appeared in Iceland. Proposals have been introduced in Alþingi, with the intent to revise the local narcotics legislation. The primary focus has been on softening the ban on drugs to some extent, i.e., decriminalizing personal possession and use of drugs, particularly cannabis (see, for example, Alþingi 2012–2013). These proposals have typically generated widespread public debate in society. Even though not put into immediate effect, they still served to open up the drug debate in society, providing a platform for alternative actions adopted by the government later.

More active public debate on drugs can indeed be detected in Iceland. Different opinions have been raised on tackling the

local drug issue, with seminars and conferences critically dealing with the drug problem (see, for example, *Heilsutorg* 2014). Local grassroots groups (for example, *Snarrótin* 2020) offering alternative perspectives on the drug problem have also emerged. Individual political parties, such as the *Pirate Party* and young members of the *Independence Party*, have increasingly voiced alternative approaches in their party agenda.

In 2014, the Minister of Health from the *Independence Party* publicly announced at a meeting with young members of his party that decriminalization of personal possession of drugs should be seriously considered by the local legal body. Subsequently, an expert committee was established to revise and introduce new drug legislation on the issue (Bjarnar 2014). This move by the Minister of Health was unusual because drug controls and drug legislations, as previously mentioned, are formally located within the Ministry of Justice, and so this possibly reflects new voices in society that believe drug abuse to be a public health problem rather than a crime problem.

A report from the committee was eventually submitted to Alþingi in the name of the Minister of Health (2016). The most noteworthy recommendation in the report was the discontinuation of registering minor possession of drugs on the criminal register and stopping the use of urine tests to determine whether individuals are driving while intoxicated. In 2018, as previously mentioned, provisions concerning the criminal register notification were revised by the state prosecutor. Moreover, a proposal establishing a safe place for needle change and drug use was also included in the report. Such a safe site for those most affected by serious drug abuse would enable health workers to step in and assist them.

In May of 2020, Alþingi passed a new legal provision permitting local governments to open safe places for drug addicts (Alþingi 2020). However, as of early 2021, this place had not yet been opened, apart from the Red Cross program *Frú Ragnheiður* mentioned above. A critique raised belonged to the capital area police chief. Drugs used by addicts are controlled substances, and the local police are obligated to confiscate them. The police cannot look the other way and do nothing while illegal possession and the use of drugs are occurring in front of their eyes (Pétursson

2019). Despite opposition from the Icelandic police, a legal change allowing safe places for drug addicts was still approved by the local legal body.

As for driving while intoxicated, since 2018, drug residuals found in urine samples cannot serve as a basis for conviction; only blood samples can be used (Icelandic Transport Authority 2018). In the past, many drivers who had drug residuals in their urine sample, such as THC from cannabis, which may have been consumed up to a month earlier, were at risk of being convicted for driving while intoxicated. Currently, only those who exhibit signs of drug intoxication at the time of driving, as shown in blood samples, can be convicted for driving while intoxicated (DWI).

These legal actions can be considered a sort of policy shift from the punitive stand against drugs and a minor step toward the decriminalization of the personal use of drugs, in addition to only punishing those who are shown to be intoxicated while driving a vehicle. This suggests a retreat in the battle against drugs, moving away from restrictive policies to a somewhat softer approach. However, possession of drugs for personal use is still punishable by Icelandic law, resulting in a fine.

In the fall of 2019, a new drug bill was introduced in Alþingi (Alþingi 2019a). Nine MPs out of a total of 63 members, representing five of the eight political parties in Alþingi, introduced a proposal calling for the decriminalization of possession of all drugs for personal use. The type and quantity of drugs were not specified in the preamble of the bill. Under this bill, receiving and buying drugs above an unspecified limit for personal use will continue to be illegal. Possession of drugs for personal use will only be regarded as a public health issue and not a penal one. The importation, production, and distribution of drugs continues to be prohibited. If this bill is passed, according to the preamble, supervised drug sites for serious drug abusers will become possible for the first time. An important reason for not establishing such sites earlier was that the possession of drugs for personal use is prohibited and punishable by at least a fine. This makes it challenging, if not impossible, for health care workers to provide the necessary health services to hard drug abusers. The positive outcome of the Portugal experience of decriminalization was cited as a source to

justify the objectives of the proposal. However, as previously noted, safe places for drug addicts have now been allowed by the legal body.

This new proposal was finally defeated in an Alþingi vote by a large margin in late June of 2020 after a heated debate (Hrönn 2020). Realistically, it did not seem likely to be passed. Two of the political parties in the present coalition government in Iceland did not have representation among the sponsors of the bill. A proposal originating from the opposition is not likely to be passed. However, a proposal departing from the punitive stand on drugs had reached the legislative agenda in Alþingi and so symbolizes new voices and directions in dealing with the country's drug problem. An editorial in the most-read local newspaper openly supported the proposal, stating that the war on drugs had been lost (Sigurþórsdóttir 2019).

Interestingly, in January of 2021 the Minister of Health announced plans to introduce a new bill in Alþingi calling for decriminalization of small amounts of drugs for personal use (Pearson 2021), based on the assumption that drug addiction is more of a public health issue than a crime problem, similar to the earlier bill defeated in June of 2020. As a possible obstacle, the Directorate of Health repeatedly opposed a legal change of this type (see, for example, Alþingi 2019b). Yet in January of 2021, a new direction could be detected. In a formal statement about the new bill, the Directorate of Health revealed a favorable stand on decriminalizing small amounts of drugs for drug addicts (Þórisdóttir 2021), although added a reservation that this was only to be approved if the legal reform was to be properly placed within a broader social policy on drugs. Therefore, it can be argued that a possible paradigm shift in dealing with drug abuse might be in the making in Iceland. However, the bill did not make it to a vote before the Alþingi recession in June of 2021, and therefore did not pass.

Concluding Remarks

The free market is a fundamental doctrine of the European Union, the World Trade Organization, and other powerful institutions (Sulkunen 2009). However, the free-market ideology has

not yet penetrated to any significant degree into the market for illegal drugs that are mostly used for recreational purposes in the western world. Punitive measures in the area of drug use are vigorously and morally defended by western authorities, including Nordic nations, as shown in this book, using the state apparatus to seek out and prosecute both drug producers and sellers – and in many countries, also drug users.

These efforts by the state are, in one way or another, justified by the principles of protecting the public – a similar battle to the one western authorities lost a long time ago in the struggle against alcohol (Gunnlaugsson 2012). Even though actions adopted by governments to curb drug use contain the potential for subverting legal traditions of individual freedom, they are still believed to be necessary for ensuring public good.

Why has the state been able to both introduce and maintain this punitive grip over drugs in modern society? The relatively short history of the influx of drugs to the western world in the 1960´s and 1970´s most probably has something to do with the intensity of punitive state reactions today. As a case in point, tobacco and alcohol have a much longer history in western societies, with both being legal despite posing immense health risks. For Iceland, a small island nation far away from neighboring countries, drugs have been seen even more as an outside imposition threatening the nation, especially the young, possibly undermining the future of the nation. Drug use is risky and regular media reporting on devastating stories of drug abuse understandably alarms the general public.

A recent United Nations *World Drug Report* was blunt in its conclusion, claiming that criminal sanctions for drug use are not beneficial (*World Drug Report* 2014). It is certainly worthwhile and interesting to speculate on what future drug legislation developments will occur, or will look like, in Iceland or other Nordic countries. Is it probable that many recreational drugs, such as cannabis, will be defined and regulated by law in the same manner as we define alcohol today, or even tobacco, as has been the case in, for example, many US states and Canada? General alcohol and tobacco prohibition seem somewhat out of place in modern-day society and are incongruent with our ideas of freedom and human

rights, despite alcohol problems and the harms of tobacco both being well-known and serious (Gunnlaugsson 2012). Will, similarly, the current prohibitive drug legislations be perceived in the future as both archaic and unjust, and perhaps even futile? In this respect, it is noteworthy that the use of tobacco has significantly decreased in recent years in many western societies without punitive measures. Perhaps the same can happen with recreational drugs, with its use being regulated through social and cultural norms instead of resorting to action by the criminal justice system.

If some of the drugs currently banned will eventually be regulated, or even legalized, will this inevitably result in increased public use with more health-related risks than we experience today? By allowing free-market forces to realize their full impact, legalization of the most common drugs – for example, cannabis – will most probably result in more general use of the drug, just as was the case previously with alcohol use (Gunnlaugsson 2017). The temporary and experimental use of drugs, which primarily characterizes use today, as shown in this chapter, will most likely be replaced by more widespread and permanent use of drugs in older age groups. Preliminary results from the legalization of marijuana in the US have been followed by lower prices, a dual legal and illegal market, and – in some instances – more problematic use (Savona, Kleiman & Calderoni 2017). Yet, it is probably too early to be conclusive about the outcome of the recent legalization in the US and Canada. Nevertheless, we might still expect that these changes are not altogether unproblematic.

Contrarily, it is not self-evident that the legalization of drugs necessarily includes free marketization and increased drug use. The supply of drugs and market availability could instead be regulated through similar sources as common medicines and drugs. Even state monopoly on alcohol sale restrictions, as are currently present in several Nordic nations, are also possible options for distributing recreational drugs. Sale arrangements, however, rely on political decisions and, obviously, many different policy choices are open to policymakers if the ban on drugs is relaxed, or even lifted, in the future.

As for the decriminalization of the possession of drugs for personal use, it is evident that it does not include the free marketization

of drugs. The production and sale of drugs continue to be banned and will, therefore, not be placed on the free market with decriminalization. As early signs suggest (Drug Policy Alliance 2019; Hughes & Stevens 2010; Quintas & Arana 2017), decriminalization policies do not necessarily result in increased drug use where these policies have been enacted.

As for Iceland, which only legalized beer in 1989, a major legal change might seem unlikely. More liberal alcohol policies, including the legalization of beer, have indisputably increased the total amount of alcohol consumed in Iceland in recent years (Gunnlaugsson 2017). Alcohol use among youth, however, has not increased as many beer opponents had feared. Some new, local signs pointing toward a retreat of the firm punitive stand against drugs have, nevertheless, appeared in Iceland, suggesting a possible paradigm shift in the future. This retreat has largely centered on reacting against drug abuse, fueled by the local opioid crises. As the review above indicates, the notion that drug abuse is a public health issue instead of a crime problem has increasingly gained a foothold in Icelandic society. This has been most clearly shown in the legal change allowing safe havens for drug addicts in 2020 and a new decriminalization proposal from the Minister of Health in 2021.

However, recreational drug use as a legally and socially accepted policy in Iceland might seem farther away, as public opinion surveys have repeatedly shown. Social and cultural aversion of drugs in Iceland, revealed in local surveys, do not suggest immediate public support for decriminalization proposals. Nevertheless, more active public debate on drug policy alternatives in most recent years might possibly change the public mind in the foreseen future. Legal reforms, including reduced punishment for the importation, production, and sale of drugs, not to mention legalization of all drugs, have moreover not yet appeared in the legislative body of Alþingi. The criminal courts routinely mete out relatively harsh punishments for these types of drug offenses without any notable opposition from the public or government officials alike. Recent prison figures of drug offenders show no retreat of punitive practices, reaching a historic high in 2018 and 2019 with about 40% of the total inmate population serving time for drug-related offences.

A thorough restructuring of the Icelandic drug laws toward a non-punitive drug policy, where the production, sale, and use of drugs are legally regulated, seems more likely to be adopted in Iceland as part of a broader multi-nation effort, rather than Iceland acting alone. Nordic nations, being internationally recognized welfare societies, could be ideal candidates to adopt alternative and more humane drug policies in the future. Nordic nations, however, currently offer different drug policies, as shown in this book, which might make a unified Nordic drug policy seem unlikely.

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5. From Medicine to Morals, and Back Again? The Changing Perceptions of 'the Drug Problem' in Norway since 1965

Paul Larsson

This article will deal with how the public and political discourse has changed in Norway during the last five decades concerning the 'the drug problem'. The basic idea is that these changes are related to the ways the drug problem is perceived and presented in the public discourse and official publications. The reasons for these changes in perception are related to factors such as external pressure to implement penal regulations of the field but also changes in youth culture and how it is conceived by the public, media, and the political elite (NOU 2019: 26; Ot.prp nr. 5 1971–72; Skretting 2013; St.meld. 66 1975–76).

Hauge (2009) and Lind (1974) stated that, until the mid 1960s, Norwegian state officials implemented the international laws concerning drugs, such as the single convention, without giving them too much attention. Drugs were not seen as a substantial problem in Norway, at least *not a crime problem*, so the effects or relevance of these laws did not cause much worry. The main strategy towards the drug problem from the 1930s until the early 1960s was health oriented (Lind 1974; Pedersen 2020). Drugs were not a hot topic in the press or in politics, they was mainly regarded as a medical problem for experts to deal with. The first two police officers working part-time with drugs were appointed in the Oslo PD in 1965. This relaxed approach was to change dramatically in the years to come. One of the most interesting features of this process of penalization was the creation of the drug user as deviant

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and criminal, and the development of new and expanding categories of crime. Drug users used to be conceived as a health problem, in need of care and assistance. The criminalization of drugs was a move from medicine to morals. The normal reaction towards drugs changed to one of police involvement, sentence – normally a fine – and an attached stigma. In line with classic stigma theory, deviance is not something that originates from the person itself or the act, but instead our way of reacting to certain acts under certain circumstances by certain people (Franko 2020). The criminal drug addict became associated with youth with certain traits – long hair and often with social, mental, and health problems. As Lind points out as early as 1974, the ones who came to be labelled as drug addicts and rounded up by the police were not the average youth experimenting with drugs, but a sad representation of marginalized segments of Norwegian society.

Table 12 shows the growth in cases investigated from 1968 to 1998. There are no other forms of reported crimes that are even close to this rate of expansion. The numbers continued to grow until 2013, when they peaked at an all-time high with more than 47,000 cases reported (Table 13).[19] Since this time there has been a marked decline, as with other forms of registered crime. The numbers show the most dramatic increase in the 1990s.

Table 12. Investigated drug cases, 1968–1998.

year	total	drugs	theft
1968	51,830	201	41,933
1973	86,992	1,262	73,795
1978	105,263	1,617	88,108
1983	159,598	3,793	133,052
1988	220,338	6,229	181,314
1993	248,203	11,739	194,907
1998	292,233	30,291	206,786
1998:1968	5,6	150,7	4,9

Source: Haslund (1999).

[19] Table 12 represents investigated cases while 13 deals with reported cases. The numbers of reported cases will be higher than those investigated since cases will be dropped for different reasons.

Table 13. Reported drug cases, 1993–2017.[20]

1993	1996	2001	2004	2009	2013	2017
12,714	26,532	46,251	37,259	39,280	47,286	33,585

Source: Reported Crimes.[21]

Not only did the number of cases and police resources increase, so too did the severity of punishments and sentences. Christie and Bruun (1985) document the developments in the scales of punishment, from a maximum of two years imprisonment in 1964 to 21 years in 1984. This raises two questions: what can explain these numbers? How can we make sense of them?

The common response to this growth in numbers is that they simply reflect the developments of the drug problem. 'Look at these numbers, something must be very wrong in society when we create harsher laws but numbers still keep rising.' The answer to this claim has often been that we need still tougher laws and more police resources to scare off traffickers, pushers and users.

Another response is that the numbers primarily mirror the control activity in the field. The more police and customs resources that are used, the higher the number of cases detected. In this perspective, drug-related crimes are a more or less inexhaustible resource where police 'round up the usual suspects'. This is pointed out by Lind (1974) when she documents that approximately 5% of the cannabis users in Oslo were apprehended by the police. In general, users reflected the general population, however the ones caught more often had personal, social, and medical problems. They confirmed the stereotypical image of the 'drug addicts'.

We know from data on self-reported use that there was a clear increase in drug use in the 1970s (Haslund 1999). This increase was not in any way close to the growth in the number of investigated cases. The alarming development in the 1990s, with an increase in reported cases of approximately 300%, cannot be

[20] In the period 1993 to 2013, the percentage of drug cases compared to all recorded crimes increased from 5.5% to 18%. There has been a drop since 2013, not only in drug reports but all reported crime (Larsson).

[21] Tabell 4 Lovbrudd anmeldt, etter type lovbrudd. 1991–2001 (ssb.no).

explained by the rise in use alone – the main explanation is related to policing. The period was characterized by stability and a sharp rise in the use of ecstasy and pills at the end of the century, often linked to the techno and rave culture, which later went down again (Stene 2003).

When it comes to sentencing, Hauge (2008 and 2015) documented that the peak came early, in the 1980s. Since that time there has been a move from imprisonment towards fines for users. Today, fines dominate (Larsson 2011; NOU 2019: 26). Sanctions against traffickers and dealers are still severe and disproportionate compared to the levels of punishment for other crimes in Norway (Träskman 2012).

Towards a Moral Panic?

Christie's article, 'Long haired life-style' (1968), described the reactions of panic by parts of the establishment concerning the small groups of strange looking, highly visible youngsters in Oslo at the end of the 1960s. As researchers in the field have pointed out, drug use is nothing new, but the visible presence of long-haired, weirdly dressed youngsters smoking cannabis, combined with a growing interest in drugs among the public, media, and politicians, created an atmosphere verging on panic (Skretting 2013). As Lind (1974) pointed out, there was indeed a growth in the use of some substances from the mid 1960s, but the way the media presented this blew it way out of proportion. Drug use was depicted as epidemic and youngsters could get hooked after more or less one puff of the pipe. The result was not only wasted lives and early death but also a threat to our morals, society, and culture. 'The point is that the development only goes in one direction, towards moral and physical decay, loss of sense of reality, a dissolution of the self … Sadly there are thousands of examples that just one little try might lead to dependency and damage done …'[22] (Lind 1974: 39). The debate and the reactions seem to have all the basic ingredients of a moral panic, as Stanley Cohen described, with a clear enemy, a threat to society and norms, a black-and-white, exaggerated, and one-sided

[22] These arguments are from one of the first interpellations on drug problems in the Norwegian Parliament in 1967.

depiction of the problem in media and strong societal reactions (Cohen 1972/2009). Drugs shifted from medicine to morals. The level of punishment was raised. The main legal argument then, as now, was a general preventive one – that the threat of punishment would scare off users and the wider normative effects it would create (Christie & Bruun 1985). But we also see clear traces of another penal logic – punishment as social defence (Flaatten 2014). The drug situation at the time was described by many as an epidemic[23] wildfire, with strong measures seen as appropriate to stop the destruction of the youth and save society.

Use and possession was criminalized in 1965. As mentioned, Legemiddelloven of 1964 came as a follow-up to the UN Single Convention and was adopted before the 'new' drug problem came to Norway. In accordance with the Convention, the law was aimed at the illegal possession and sale of drugs, and contained no explicit provision for use. Prohibition of use, however, was included in the 1965 regulation, and was used as a legal basis to impose penalties for use in the first drug cases that came to court this year (Skretting 2013). Lind (1974) points out that the legal status of punishment for use was disputed. The dispute ended with a Supreme Court decision in favour of using punishment in May 1967.

The end of the 1960s was a time of change and flowering of counterculture. The use of different substances was often associated with radical changes and seen as a general threat to established society by more conservative elements of society. It is pointed out that Nixon's war against drugs was more a war against blacks and radical groups (Hari 2015). By chasing drug use among certain visible groups the police activity had aspects of 'cleaning up' elements seen as threatening, unwanted, and deviant.

An interesting detail is that this more or less coincided with the removal of the vagrancy paragraphs that made consumption of alcohol in public illegal in Norway (the vagrancy law). This highly discriminating law, which more or less without exception punished poor drinkers, was abolished in 1970 (Mathiesen 1975). The public was waiting for the streets to overflow with drunkards.

[23] The Norwegian director of health, Karl Evang, and the Swede Nils Bejerot were among the proponents of the idea of an epidemic perspective.

Instead, what happened was that the police changed from pursuing old-sailors, helpless drunks, and vagrants and started to catch a new group of deviants, the long-haired youths associated with drug use.

1970s and Early 1980s – Hunting the Drug Shark!

The repeated raising of the level of punishment during the 1970s and 1980s was not primarily aimed at the drug users.[24] Instead, the cynical Mr. X or drug shark became the main enemy. This started in 1972 with the raising of the maximum punishment for drug related crimes to 10 years. We were told there was a drug industry – we are not talking of the legal, multibillion-dollar drug industry – controlled by cynical criminals with immense powers and riches. In Nordic language they were known as bakmenn, literary *men behind the scenes*. These facilitators speculated in turning people into drug slaves to reap even higher profits. The goal of the police was to 'take out' these sharks, and Denmark was the first Nordic country with its own police force dedicated to this goal.[25] Arresting these villains would stop drugs from entering the streets and deter others joining the trade. They were nothing but plain killers peddling their poison on kids and turning them into slaves of 'lifelong torture'.[26] Severe punishment would make it less 'attractive' for drug traffickers to search out the Norwegian market and would have a deterrent effect (Lind 1974; Skretting 2013). Therefore, heavy penalties and wide police powers were appropriate and needed.

The problem with this approach, based on commonly shared beliefs, was that it had some basic flaws. Drug markets are not controlled by a handful of people. Instead, they are flexible and

[24] The belief in the deterrent effects of punishment towards users may have been a constant, but the idea of how punishment was having such an effect has varied. There have been periods when a 'scared straight' idea has been dominant, with the threat of police action seen as keeping kids away. Today, however, there is a belief in the *normative effects* of punishment, usually described as 'sending the right signals' (often underlined by the police) and as a '*last threat*' in preventive policing (described below).

[25] Statsadvokaten for særlig økonomisk kriminalitet, known as bagmandspolitiet, was established in 1973.

[26] From Ot. tidende nr. 49, sak, nr. 4, 1967/68 (Lind 1974: 50).

highly adjustable. The police and customs confiscate tons of cannabis, heroin, cocaine, and other drugs, but there are always plenty more and the market also adjusts with the production of new drugs, often more dangerous than the original ones (Bewley-Taylor 2012; Nutt 2012). The level of punishment seems to have a marginal effect on smuggling, production, and consumption (MacCoun & Reuter 2001; Paoli, Greenfield, & Reuter 2009).

Once in a while, a drug baron controlling at least parts of the drug trade in some countries pops up (Zaitch 2002). But research has documented, at least since the time of Bødal (1982), that the 'sharks' that end up in prison are users themselves, with few exceptions, often with dire problems. They look confusingly similar to the ordinary prisoner – people with multiple social, health, and medical problems.

Even more depressing was the fact that removing actors that seemed to be big time players of central importance made little difference at all (Woods 2017). Arresting a trafficker (Gjermund Cappelen, known as GT) who admitted to having smuggled 20 tons of hash to Norway in a 20-year period made no visible difference to the market. The number of big drug cases in Norway before 2000 was very few. Still today, 97–98% of the cases handled by the police are concerning use, possession, and small-time dealing (Larsson 2011).

Mid 1980s to 2000 – Cracking Down on the Users, 'Stress Policing'

The 1990s saw an explosion in the number of reported drug cases that is hard to explain (Stene 2003). There might be different factors contributing, such as changes in registration practices and drug use, but most of the increase seems to be connected to police activity. So, what happened? At a time when reported crimes started to drop, the drug cases sky-rocketed while the level of consumption increased moderately.

> The State Institute of alcohol and drug research have asked youth in the age 15–20 years if they ever have used cannabis. The proportion giving a yes answer increased from 5 to 18 percent in the

> period 1986–1998. In the same period the numbers of investigated drug crimes increased by seven times.
>
> (Haslund 1999)

Some of it might have to do with new routines for reporting crimes and the implementation of a new digital system in the police (Ellingsen 2001). But there must be other factors. One such factor is priority and resources allocated to the police. Another might be that the police were better organized, the Norsk narkotikapolitiforening (NNPF), a mighty organization for the Norwegian drug police, was established in 1994. The police were impressed by the Danish 'uropolitiet' (stress police). Both the Danish and the Norwegian uropolitiet worked in the streets in plain clothes by infiltration, provocation and other 'creative' methods (Jensen 2015). Money was never a problem when it came to policing drugs in this period. No political party would cut the budget of the drug police. The work was seen as saving lives and of high importance.

Police got more professional and specialized in the drug field. There have since been courses and training programs in how to detect narcotics and substance use, with the number of drug sniffer dogs also having increased.

This coincided with the implementation of New Public Management ideals in the police force. With new management ideals there was a pressure to register more activity (Lomell 2018). Police officers are quick to point out that this created a pressure to register cases easily solved and with high clear-up rates. Therefore, there might be evidence that a substantial part of the increase seen was a result of the drive towards cooking the books for better scores (Reiner 2010). Drug numbers are well known fixers of police statistics, with an extraordinarily high clear-up rate and a short processing time. In many countries, drug statistics are not included in the general crime statistics for this reason,[27] but not in Norway. There are plenty of examples of the unintended consequences of the stressing of certain management goals (Wathne 2015). One well-documented example was the manipulation

[27] Example is the Crime Statistics of England and Wales. https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingmarch2019#overview-of-crime.

of drink driving tests by the Swedish police by blowing the tests themselves,[28] or getting the correct numbers in other ways (Granér 2004). Doing the real test could be hazardous – if they actually caught a drunk driver there was lots of paperwork, so the best thing would be to do the test in low-risk areas and at times when there was less chance of drunk driving.

The Increased Focus on Organized Crime

A major shift occurred in the mid 1990s when organized crime was introduced as a major threat (Larsson 2018). Serious drug crimes were re-labelled. For many police officers, organized crime was more or less synonymous with drug crimes. This is still reflected in priorities and resources used and in what the police register in their intelligence files (Eidet 2019). There was a move from policing the streets towards more analytical approaches based on intelligence work (intelligence-led policing) and the use of hidden and coercive methods, such as wiretapping, infiltration, and the use of informers (NOU 1997: 15; NOU 2009: 15). A new group of police specialists and experts evolved with more analytical skills. They worked in more pro-active ways to build cases (Fyfe, Gundhus, & Rønn 2018). In the words of Murji (1998), there was a move from low-level to high-level policing. Resources were diverted from street work to catch importers and traffickers of drugs. Working on the streets with 'stress policing' used to be of high status in the police, however, now there has been a move towards experts in analysis and intelligence-led policing (Larsson 2015, 2018).

Policing drugs has been the spearhead of substantial changes in policing for the last 50 years (Sheptycki 2000; Larsson 2014). Some of the most important changes are a growth in international policing, a wider use of coercive methods, more effective co-operation with other agencies of policing, the development of intelligence-led policing and analysis, new investigative methods, and a growth in the numbers of civilian experts in the police

[28] By blowing the tests themselves, they avoided catching any drunk drivers, and so also avoided all the extra paperwork and other nuisances that went with this.

(Larsson 2018). Policing drugs has been one of the most central contributors to changing the role of the police and introducing new methods that have implications for society far beyond the police force itself.

The Sick Drug Addict and the Problematic Youth

Norway have been described as one of the hawks in the drug policy field. This has only been a partial truth (Bewley-Taylor 2012; Skretting 2013). There have always been groups of users treated in more health-oriented ways, but the health focus has become more visible since the turn of the century.

Norway have had treatment facilities established for drug users since the early 1960s, but they were for 'traditional users' – doctors, health personnel, and patients with dependency problems (Lind 1974, NOU 2019: 26). A wider move towards a health approach came as a result of the HIV/AIDS epidemic of the 1980s. Harm reduction now became a central term (Bewley-Taylor 2012). The spread of LAR[29] to a substantial number of heroin users and the opening up of injection rooms in 2004 are examples of a turn towards *health* (Olsen 2020). For a short period in 2004, the Police Chief of Oslo and the minister of Justice at the time, Dørum, declared that it was not the task of the police to chase sick and tired drug users, resulting in falling numbers of reported crimes. However, subsequently, things more or less returned to normal.[30]

The tired heroin user on the street has gone from being a prime example of 'the usual suspect', dangerous criminal, and police property, to being seen as sick and in need of help and rehabilitation. This process has taken years and one should not under-

[29] LAR is short for Legemiddelassistert rehabilitering. It is the use of opioid treatment for drug users, usually heroin users with a long history. Also known as substitution treatment.

[30] https://www.aftenposten.no/osloby/i/5E671/doerum-og-lae-lover-aa-ikke-jage-de-narkomane. The message was repeated by the General attorney in 2014. Police shall not chase worn-down drug users, but prioritize serious crimes. https://www.dagsavisen.no/nyheter/innenriks/politiet-skal-ikke-lope-etter-slitne-narkomane-1.278016.

estimate the roles of Nini and Thorvald Stoltenberg[31] in giving a face to the user and the relatives. Thorvald was one of the first top politicians openly supporting the decriminalization of drug use, and the leader of the Stoltenberg Commission[32] and member of the Global Commission on drug policy. The high numbers of drug-related deaths have, for the last decades, been a fly in the ointment and embarrassment of the Norwegian welfare system. The highly visible, tired, and sick opioid addicts in the main streets and parks of Oslo and Bergen have been bad publicity for the world's best country,[33] and a thorn in the side of local politicians and businesses.

Considering the population of 5.4 million, the numbers given in Table 14 are high. The numbers were low until the end of the 1980s. There was then a sharp rise, peaking in 2001. Since 2003 the numbers have fluctuated round 275 a year. It is interesting to

Table 14. Drug-related deaths in Norway.[34]

Year	1985	1995	2001	2007	2013	2016	2020
Deaths	45	143	405	275	234	275	324

Source: Amundsen (2015); Narkotikautløste dødsfall 2020 – FHI.

[31] Thorvald Stoltenberg was former minister of foreign affairs and father of Jens Stoltenberg, prime minister and now General secretary of NATO. Nini was the daughter of Thorvald. She had a career in media before she became addicted to heroin. She was open with her problems and told the tale of the hard life of being a stigmatized addict. Thorvald got engaged in the drug case and was a strong believer in change. Nini died in 2014 and Thorvald passed away in 2018.

[32] https://www.regjeringen.no/globalassets/upload/hod/rappomnarkotika_nettversjon.pdf.

[33] I use this term with a slight potion of irony for 15 years Norway has been on the top of UNDPs list of the best nations to live in. Human Development Reports (undp.org).

[34] Drug-related deaths are divided into three main categories: poisoning accidents (72%), suicides (20%), and mental disorders and behavioural disorder in connection to drug use. 83% of the deaths are related to opioids, with 'other opioids' (morphine, kodein, and oxycodon) at 31%, heroin at 20%, synthetic opioids at 18%, and methadone at 14%. There are dark figures and the numbers of suicides are generally considered to be higher than what is reflected in the statistics (Narkotikautløste dødsfall 2019 – FHI).

note that these numbers seem like a mirror of the rise in reported drug cases (Table 13).

Skretting (2013) describes the Norwegian policy as basically schizophrenic – there are elements of a strong belief in punishment and severe penalties, but also in rehabilitation and health care.[35] Norway has a maximum penalty for serious drug crimes of 21 years of imprisonment. What is conceived as a serious case in a Norwegian context, however, might be viewed as small fry in The Netherlands, Spain, or the UK.[36] This might not be as schizophrenic as Skretting claims, but instead mirrors that some groups are labelled as 'deserving' drug addicts and patients, while others are seen as a threat and so are suitable candidates for deterrence and punishment. The schism also reflects the different professions operating in the field and their perspectives. Social workers, police, and health personnel will perceive the drug problem and its solutions in different ways. The drug question is like the well-known story of the blind man and the elephant – dependent on what part you see or feel, it will appear as a different animal. The so-called symptom theory, that drug use was basically seen as a symptom of problems related to the social, health, and economic sphere, was officially established in 1976.[37] This perspective underlines the *social causes*, while over the last decade we have gone a long way towards defining drug use in medical and health terms. We have moved from symptoms to illness. In this way, we have also gone from social to more individual causes as the main explanations. This might also reflect that the ones 'defining the solutions'

[35] 'Abuse is increasingly interpreted in a disease perspective, harm reduction has become more important, while people with drug problems are referred to as addicts. In this way, one could say that Norway is in a situation where we have developed a "schizophrenic" view of the drug problem, by on the one hand stressing the health aspects of abuse, while on the other hand seeming to be trapped in legislation, with severe penalties for drug offenses, which prevents a softening up if this is seen as appropriate' (Skretting 2013, translation Paul Larsson).

[36] One example, 80kg of cannabis is the limit for what is seen as a serious crime concerning smuggling of cannabis. When it is defined as a serious drug crime the maximum sentence is 21 years. 80 kg of cannabis in the Netherlands, Spain or UK will not be treated as serious drug trafficking.

[37] St.meld. nr. 66 (1975–76).

have moved from social workers to the medical and health care professions.

The cornerstone of policing drugs in Norway for the last decade has been coined preventive work. The last action plan by the police concerning drugs underlined the need to reduce the availability of drugs on the street and the recruitment to drug use (Politidirektoratet 2010; Larsson 2015). This plan is characterized by low policing and street work, the remnants of stress policing. For some reason, the policing of import and trafficking is not mentioned in the action plan – it might be because this is seen as combating *organized crime*. Another plausible explanation of this omission might be that the plan is not written for experts but for the local patrolling officer.

The plan points to the importance of police combating availability of drugs on the streets, hoping to reduce demand, and use. The means of 'how to achieve this' are well known, it is a combination of cracking down on known users (on the street), by information to the public, and the use of surveillance. The plan is rather vague when it comes to describe the practical aspects of these approaches.

The last decade new preventive strategies aimed at young drug users have become fashionable. They are named the *dialog of concern*[38] (bekymringssamtale) and *youth* and *drug contracts* (NOU 2019: 26). These are formally based on free will and consent[39] of the youngsters, and are presented as help. These reactions can be supplemented with the use of mediation in a Conflict Resolution

[38] The dialog of concern has been developed by Norwegian police. It is a formalized dialog that the police will conduct with youth that have committed a crime or those who are in a situation that the police believe makes it likely they will commit a crime. It is for youth under 18 years and is also primarily based on free will. Often the police will contact the parents to inform them about the situation. The effects of this alternative have not been documented by research (Lie 2020). Politiets bekymringssamtale – NUBU.

[39] There is a discussion about whether or not these measures are actually perceived as being of free will, as the pressure to join and the control in these 'alternatives' are such that it is openly questioned if they are for the good of the youth. There has so far not been any study of the effects of these alternatives.

board. These 'preventive measures' are backed by the threat of punishment and a heavy use of urinal tests (Lien & Larsen nd _PUB_Flinkiser_og_dropouts__orig.pdf (rus-ost.no)). They have a duration of eight months and the youngsters are obliged to attend talks with a nurse on a regular basis. Drug contracts are seen as suitable for youngsters and a low-threshold reaction. Even if the police label these measures as preventative, they view them as dependent on the threat of punishment. This, together with the normative argument (below), is among the main arguments against a decriminalization of drug use by the police and representatives of the political parties KrF (Christian Democrats), FrP (The Progressive Party, a populist party), and, to a certain extent, the AP (Social Democrats).

We are now in the rather strange situation where there is little resistance against a decriminalization and relabeling of heavy drug users from dope fiends to patients. At the same time, young experimental users will still be criminalized for the sake of the belief of punishment as prevention (Møller 2011). These preventive measures have not been evaluated for their effectiveness by any researchers. This is an echo of the Penal Code Commissions (Straffelovrådets) report from 1967: 'The fact that unjustified use is punishable must also be presumed to be *deterrent* to *some of those who might otherwise be willing to experiment with drugs*.' (Skretting 2013).

There is still the traditional belief in the symbolic normative value of punishment, which says it is wrong to decriminalize drug use because it sends the 'wrong signals' (Hauge 2008). Decriminalization is described as synonymous with the state approving drug use, however, strangely, the same argumentation is rarely used concerning alcohol or tobacco.

From Punishment to Health

Christie and Bruun (1985) described drugs as a suitable enemy. Suitable enemies share some characteristics making them ideal targets for societal reactions. Drugs have, for the last five decades, been a focal point not only in criminal politics but also in politics in general. A minority have, until recently, been openly questioning

the policy and the general rationality behind it, but the majority have supported the status quo.[40] But things are changing.

Slowly, the climate of discussion and action seems to have changed. New voices can be heard, most notably, the voices of the users themselves. Debates are still heated and fronts can be hard, but there are now a wide variety of alternative views expressed. The field flourishes with all types of organizations and pressure groups, drug users fighting for their rights to use drugs legally; self-help groups; movements trying to establish drug use as a human right; some working for the safer use of drugs and others for treatment. There are a wide plethora of associations supporting criminalization and the use of penal sanctions. The most important event was probably when, in December 2017, the Norwegian parliament declared that there was a political majority for a change[41] in the drug policy – from viewing drug use as a penal matter to defining it from a health perspective. Minister of health Bent Høie was crystal clear when he declared:

> Drug addicts shall receive healthcare and respect – not punishment and condemnation. We are now starting on the task of changing the Norwegian drug policy and the attitudes towards fellow humans that struggle with drug dependency. (https://www.regjeringen.no/no/aktuelt/utvalg-skal-forberede-ny-rusreform/id2594838/)

There was advice from the politicians to the committee working on the whitepaper of the drug policy was clear, *look to Portugal*. In criminological and penal law terms the advice was to move the reactions on drug use from penalization towards prohibition with civil penalties, or decriminalization (Bewley-Taylor 2012). What this meant in practical terms was rather open. Should all types of

[40] There has been some voicing of other perspectives. One is the Penal law commission that proposed a decriminalization of the use and possession of drugs and a reduction in the levels of punishment (NOU 2002: 4). The reaction from the Minister of Justice was to put this proposal 'in the drawer', commenting that the time was not ripe for even discussing such changes in Norway.

[41] Three parties go against this: FrP (Populist party), SP (Centrum party) and KrF (Christian democrats). FrP is split – the youth organization have for years been pro-legalization.

use be decriminalized? There is a big difference between worn-down heroin addicts, casual users of 'party dope' and youngsters experimenting or casual smokers of cannabis. Should it cover use of all kinds of drugs or just 'softer' drugs? What would help users and how should it work? Should there be civil sanctions, or even penalties for users who would refuse help and treatment? What is the role and tasks of the police in such a system? How would such a reform affect the working conditions and methods of the police? Parts of the police in particular aired scepticism on the whole idea of such a reform. Three days before the report the Police Director published a media article with the suggestive title, 'I am worried about the youth', showing her position against the reform.[42] She was anxious that a reform would result in a growth in the number of young users and moral decay, and believed punishment was needed, claiming the current policy of punishing users a success. These arguments, similar to the ones used in the 1960s, came to be central in the weeks to come.[43] But the stunt mainly backfired and was criticized as being built on a lack of knowledge and reflecting a moralistic stance.[44]

On the 19th of December, 2019, the report, *Drug-reform – from punishment to help*, was released (NOU 2019: 26). For those nervous about a toothless report, there was no need to worry.

The proposals were as follows: a decriminalization of the use of all types of drugs; using, buying, and possessing a certain amount of drugs for own use would be prohibited, but not a crime; and the sanction would be to meet for a board (rådgivningstjeneste) of municipal advisers. Users skipping such 'advise' should not be met with formal sanctions. The proposal when it came to the limits of drug possession was split. The basic argument was that the limit should be such that the users did not have to buy drugs every day, in this way reducing their contacts with the drug dealers

[42] https://www.nrk.no/ytring/jeg-er-bekymret-for-ungdommen-1.14821890.

[43] And also in the final rounds of the making of the new law in the spring of 2021.

[44] https://www.minervanett.no/benedicte-bjornland-rusreform/plag-oss-ikke-med-kunnskap/350229. Spring and summer of 2021 the Police Director was criticized for airing the views of the private organisation NNPF (Norwegian Drug Police Organisation) and mixing roles of the police and a pressure group strongly against reform.

on the street. At the same time, the police pointed out that the limit set would give a clear signal to the pushers of how much they will be able 'to get away with'. There are big differences in use, which reflect the users drug history. The majority proposed a limit of 5 grams of heroin, cocaine, and amphetamine, and 15 grams of cannabis. The minority had limits of 1 grams of heroin, cocaine, and amphetamine, and 5 grams of cannabis.[45] The report also proposed limiting the use of intervening police practices towards users.[46]

The main message of the report was the move from punishment to help (Pedersen 2020). In some ways this was a return to the policy in place before 1965. The report was 412 pages long, and the scope was wide. The reactions on the report were primarily positive, but there was, as seen above, also critical voices. The most debated issue was 'the youth problem'. Fear of an increase in use and a moral decay among the youth is probably the aspect most hotly debated, even though the report analyzed these topics in detail and showed there was little reason for alarm. The lack of sanctions for the ones not meeting for the advisory board was another debated aspect.[47] At this point, the report takes a different stance than that practiced in Portugal, where they have a wide spectre of sanctions, even if they are rarely used. Youngsters will not go to a consultation if there is no threat of a sanction or punishment, critics pointed out. The report argues, from a principal point, that when they do not propose sanctions, 'In the Committee's view, this would be unfortunate (the use of sanctions) in the light of the division of roles between the police and the health and welfare services and the trust between the individual and the public assistance services' (NOU 2019: 26).

The future of the drug reform is, at this time (March 2021), still uncertain. There have been major shifts in Norwegian politics

[45] This was changed and reduced during the process of making the law (Prop 92.L 2020–2021) to 2 gram of heroin and 10 gram of cannabis.

[46] This is a field with exceptionally wide police powers in Norway (Larsson 2014).

[47] This was changed in the process of making the law. It was proposed that a fine of 2400 nkr, that is approximately €230, could be given if the person did not attend the meeting.

since the release of the report that change the whole debate. The reform had a political majority because the ruling parties (Høyre, KrF, Venstre, and FrP) had decided at the Granavolden conference in 2019 to implement it. This decision was the result of tough political wrangling, as KrF and FrP were sceptical of the reform. The reform has been the baby of the liberal conservative party (Venstre) and Høyre (Conservatives). In January 2020, FrP (Liberal Populist Party) left the Government, the break officially a result of an Islamic State supporter being brought back to Norway from Syria with her two children for medical treatment. To get a majority in Parliament, the Government had to rely on FrP, who has now been openly critical. Today, the reform is dependent on the support of the Social Democrats, who are divided in their views. The Norwegian Labour Party (AP) are the ones that decide the destiny of the reform.[48]

Drug Reform as a Mixed Blessing

The slow progress towards drug use being perceived mainly as a health problem should come as no surprise – it has been in the making for quite a while. But this is far from stating that policies are on the way towards legalization. It was not in the mandate of the drug reform committee to think 'outside the box' about what to do with the sale and handling of drugs. Alternatives such as medical marihuana and state-regulated sale of drugs in coffee shops are rarely openly debated in Norwegian politics. Punishment is seen as necessary to restrict the trafficking and use.[49] Sentences in drug cases are still unproportionally severe. The idea that punishment works in restricting the volume of drugs in society, without taking into account the costs of this, are firmly held. Punishment is seen as necessary to deter new users, as expressed in 1967, while addicts are seen to need help instead of punishment. The problems

[48] The reform did not pass. In May 2021 AP decided not to support it. It was election year for Parliament and AP expressed the view that they would develop their own drug reform.

[49] There have been some representatives of Venstre, and hard-core liberalists in FrP and among the youth parties, that have argued for legalization. https://www.aftenposten.no/norge/politikk/i/e8X0QR/unge-venstres-kampanje-for-legalisering-vi-deler-ikke-ut-rusmidler; https://www.vg.no/nyheter/innenriks/i/P3ROd6/frp-forslag-om-statlig-salg-av-cannabis.

with this neat picture are that the majority use drugs in recreational ways and don't get sick or addicted (Hauge 2009; Møller 2011; Nutt 2012). Dependency, however, is a highly problematic concept in itself (Bramness 2018).

Maybe we have finally come to a point where other problems seem to attract more attention than drugs. The police have a wide array of 'suitable enemies' today, so drugs may seem to fall out of the picture – the immigration crisis, trafficking, cybercrimes, the war on terror, and environmental problems are examples from a long list[50] (Franko 2020).

The number of countries and states that have now decriminalized and even legalized the use of one or more drugs has increased. Many of these are states we often like to compare ourselves with. At the same time, there now exists research that shows that this does not end in chaos, an explosion in drug use, and a doomed youth (NOU 2019: 26). Norwegian politics have always been influenced by international trends – we have a tendency to follow, which is also seen in the area of drugs (Hauge 2015). As described in this chapter, the field has always been open to a wide array of approaches and perspectives. Maybe we are at a tipping point where it is time to shift from an approach that, to a large extent, relies on the belief in deterrence and punishment towards a more health-oriented approach.

But what does this mean? Such a development might be a mixed blessing. To depict the drug user as dependent and sick is not only to put him in a position where he might get help, it is also a way to disempower, to introduce new modes of control and discipline that might be more coercive and just as intrusive as what we have now. The wide array of so-called preventive measures, presented as soft alternatives, normally rely on the extensive use of control measures, such as urine control in youth contracts (NOU 2019: 26). Police and health personnel cooperate.[51] Youths on such contracts often experience these measures as degrading and

[50] https://pst.no/alle-artikler/trusselvurderinger/nasjonal-trusselvurdering-2020/.

[51] Not always – in some places the health workers do not want to take part as controllers taking urine tests. In these instances, private firms have taken the role of the health workers.

demanding.[52] These alternatives are presented as 'free to choose', but the stick is there if you do not cooperate. Encounters between youth and police when it comes to enforcement of the contracts can be highly unpleasant. The rights of users on such alternatives are in a totally different league than if they had been sentenced in court. These youth are not sick, what they have committed are more often minor acts, such as smoking cannabis. These dilemmas have been addressed in the drug reform report. The alternative presented in the report, the advisory board, might be a better solution. Anyway, its main function is to give advice and channel the problem users to the help system. There is political pressure to sneak in punishment in the reform by differentiating between the types of users and by using waiver of prosecution[53] in cases with adult drug users. It is pointed out time and again that the reform is dependent on substantial economic support to build up a working system of help and support, as is the case in Portugal (Hughes & Stevens 2012). Anyway, we should be aware of the dangers of re-labelling drug use, this might be a mixed blessing.

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[53] These proposals for 'modifications' stem from the Labour Party and SP, both of them in political opposition to the ruling party. It is an election year in 2021.

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6. On the Possible Deconstruction of the Swedish Drug Policy

Henrik Tham

Since 2006 the Stockholm Prize in Criminology has been awarded 'for outstanding achievements in criminological research or for the application of research results by practitioners for the reduction of crime and the advancement of human rights'. The prize is presented each year at a ceremony in Stockholm City Hall, usually by the Queen but sometimes by other official representatives of the state or the city. At the same time, the Swedish National Council for Crime Prevention organizes a symposium that opens with a panel where the Minister of Justice participates with the winners of the prize and other experts in discussing their research and views. In 2019, a renowned researcher on drug policy and a former President of Switzerland who has been active in harm reduction policy were awarded the prize. The year 2019 the Swedish state withdrew from both the panel debate and the prize ceremony.

Sweden has long been known as a 'hawk' in the war on drugs in comparison with other democratic countries in Europe. This reputation has hardly been seen as detrimental by Swedish governments, since the country has also claimed a successful drug policy. Fewer people than in other countries have tried drugs and the attitudes to drugs have been more negative. 'Sweden drug-free society' is the proud message that has been communicated both nationally and internationally.

Today, however, the situation is changing. Sweden's allied in the war on drugs, Norway, seems to be deserting by in a governmental

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investigation proposing a policy that excludes the police practice of chasing drug users in the streets. Sweden has been criticized by the UN for not upholding human rights in its drug policy. No plans have been put forward regarding what to do about the rise in problematic drug use and drug-related deaths. Several countries have started on the road to decriminalization. Nils Christie's question (see *Introduction*, this volume) can then be asked: Has Sweden started a retreat and if not, why?

In an attempt to answer this question, we will start with a short description of Swedish drug policy since the 1960s and its theoretical and political justifications. This will include the development of drug legislation, number of people sentenced for crimes related to drugs and drug consumption among school children – a central indicator in Swedish drug discourse. The results of the drug policy are then discussed in relation to indicators of the development of problematic drug use and drug-related deaths. This is then followed by a description of the costs of Swedish drug policy in terms of legislation, police interventions and imprisonment. Drawing the conclusion that the costs cannot justify the gains, an attempt is made to understand why the drug policy in Sweden is not changing in a direction that would be more effective and less costly.

The Construction of Swedish Drug Policy

In order to analyze the possible *deconstruction* of Swedish drug policy, it is necessary first to understand its *construction*. Drugs were identified as a social and political problem in Sweden in the 1960s, thereby disengaging the issue from an earlier medical and individualized perspective (Edman & Olsson 2014). Changes in penal legislation at this time were aimed at the big producers, smugglers and dealers. The maximum penalty was, in a few years, raised to 10 years imprisonment, the then highest penalty in Sweden except the life sentence. Drug users were looked upon as victims and the debate about the users in the 1970s concerned the issue of whether treatment should be voluntary or compulsory.

In the late 1970s the policy changed. The Swedish parliament, in 1978, stated that society would not accept any use of

narcotic drugs except for that which is medically motivated, and any other type of use would be strongly combated (Proposition 1977/78:105: 30). This stand was later formulated as 'Sweden drug free society' (Proposition 1983/84:100), which became the motto for the drug policy. As a result of the zero-tolerance position, the General Prosecutor abolished the earlier praxis of waiver of prosecution for possession of small amounts for personal use. In 1980, the Police launched a national campaign for arresting drug users in the streets (Brottsförebyggande rådet 1983). The number of drug offences in the police statistics trebled in two years, mainly due to the police increasingly arresting already known drug users more often (Rättsstatistisk årsbok 1993: 147).

This development was followed by a political debate about criminalizing consumption as such. The center-right parties in Parliament pressed the Social Democratic government to criminalize use, which was done in 1988 but only with a fine given as the penalty. The political opposition claimed that this was a useless law. Without imprisonment in the penalty scale the police had difficulties proving use. With the center-right parties in government a few years later, a law went into action in 1993 giving the police the right to take samples of body fluids by force in order to establish the use of drugs. The number of urine and blood tests carried out since then have increased sharply (Rättsmedicinalverket 2020). The number of drug offences reported to the Police in 2020 was 124,000, an increase of more than four times since the law was passed in 1993.

The increasing focus on the drug user meant that Swedish drug policy moved from supply prevention to demand prevention (Johnson 2021, p. 119 ff.). This change was influenced by a perception of the drug problem as an epidemic. The drug user was pictured as contaminating two or more others who, in their turn, would infect two or more, and so on. The drug user was also described as the only irreplaceable link in a chain of dealers, smugglers, producers and corrupt regimes in other parts of the world. If only just the users could be locked away, the whole pyramid would fall and the drug epidemic would come to an end (Bejerot 1975; Johnson 2021).

It was therefore argued that a strict policy directed towards the user was necessary. The policy was backed by a picture of drugs being a severe threat to the Swedish welfare state. This was the message of a doctor of social medicine, Nils Bejerot (1975), who was also the father of the epidemic theory. He was the central figure in the creation of the new drug policy and had hundreds of thousands of followers, in terms of the number of his books sold, articles written in the press and total audiences at his lectures. In 1979 he was bestowed the title of full professor by the center-right government.

The picture of drugs as a national threat to Sweden was supplemented by one of a successful policy. The Department of Justice seemed to have discovered that the proportion of school children using drugs was decreasing. After having stated in the central budget bill that drugs had emerged as one of the very largest social problems in the country (Proposition 1983/84:100), two years later they stated that 'Sweden leads a conscious and resolute drug policy' (Proposition 1985/86:100). The indicator of this claimed successful policy became the proportion of young people using drugs (Figure 14). The change in evaluating the development of drug policy could also be interpreted as a solution to a possible political problem. When the Swedish policy increasingly focused on the drug user by using penal law and the police, some success of this policy had to be demonstrated.

The claimed success of Swedish drug policy was spread in a government leaflet, which was translated into four languages (Swedish National Institute of Public Health 1993). Even though the situation was serious, Sweden claimed a more successful drug policy than that of other countries (Swedish National Institute for Public Health 1998). The climax of the claims, internationally, could be said to have been reached at the 1998 UNGASS (United Nation General Assembly Special Session) in New York, where Sweden appeared with a large delegation, including the Queen, claiming a successful drug policy (Regeringskansliet 1998).

From the turn of the century, however, fewer voices were raised to praise the Swedish drug policy. A government committee presented its report, *At the Crossroads*, in 2000 (SOU 2000:126). Problems were admitted, such as the fact that an increasing

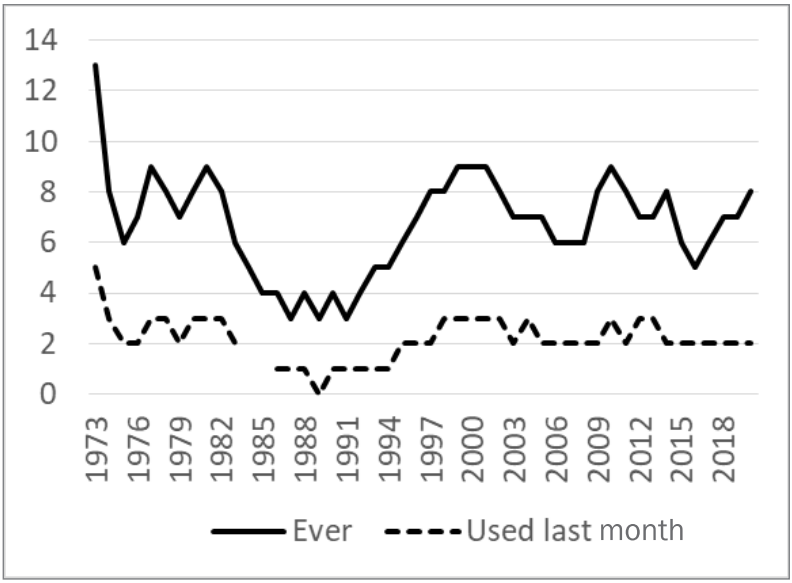

Figure 14. Proportion of pupils in 9th grade (15 years old) who have ever tried drugs and who have used drugs in the last month, 1973–2020, percent.
Source: CAN (2020).

number of pupils had tried drugs, that the attitudes had become more permissive and that the mortality rate was high in relation to other countries. However, backing away from the restrictive Swedish model would mean 'lowered ambitions and the acceptance of considerable drug abuse' (op. cit.: 11).

The government bill that followed the report reiterated the success of the Swedish policy, including in relation to other countries (Proposition 2001/02:91: 15, 23). The general repudiation of drugs in the Swedish population was stressed and the number of new recruitments and mortalities among young people were said to be lower than in other comparative countries (op. cit.: 10). The concrete outcome of the bill was the appointment of a national drug policy coordinator. The office of the coordinator, 'Mobilization against drugs', existed for seven years before being closed down. The drug issue became less visible in politics and debate. It also disappeared from the election campaigns (Olsson 2011; updated). It did, however, reappear in the 2018 parliament

Table 15. Drug legislation, 1967–2020.

1967	Possibility for committal to psychiatric care for drug abusers
1968	Imprisonment for aggravated drug crime increased from a maximum of 2 years to 4 years
1969	Imprisonment for aggravated drug crime increased to a maximum of 6 years
	Phone tapping for aggravated drug crime introduced
1972	Imprisonment for aggravated drug crime increased to a maximum of 10 years
1980	Limitations of waiver of prosecution for possession of drugs
1981	Imprisonment for normal drug crime increased from a maximum of 2 years to 3 years Imprisonment for aggravated drug crime increased from minimum of 1 year to 2 years
1982	Law on compulsory care for adult drug abusers
1985	Imprisonment for minor drug crime increased to maximum 6 months
1988	Criminalization of consumption of drugs, maximum fine1989 Increased time from 2 to 6 months for psychiatric care for drug abusers
1993	Consumption of drugs, maximum imprisonment 6 months
1999	Expansion of criminalization of synthetic drugs
	Zero tolerance for drugs in road traffic
2016	Extremely aggravated drug crime as new category in the Penal Drug Law

election when gang-related shootings in deprived areas became linked to the sale of drugs.

Some changes of the drug policy, in the direction of harm reduction, have been undertaken since the turn of the century. Substitution programs have expanded markedly. Syringe exchange was accepted on a general basis by the Parliament in 2006 and lately, other harm reduction measures have also been introduced, such as the use of nasal spray against the risks of overdoses and medical marijuana, albeit slowly and both on a restrictive base.

The dominating picture of Swedish drug policy is, however, a development in an increasingly strict direction. Penal and other types of compulsory legislation have expanded markedly, and so have both the numbers of crimes reported to the Police and sentences meted out in the criminal justice system. This is shown in Table 15 and Figure 15.

Has Swedish Drug Policy Been Successful?

The expansion of penal law, reported crimes, police resources and sentences could perhaps be justified if this had led to a decrease in the damage and suffering caused by drug use. This is the position taken by various governments claiming the relative success of Swedish drug policy. This possible success is, however, limited to the comparatively low proportions in the population that have ever tried drugs, use them recreationally or who are favorable to the use of drugs. These indicators refer to use and attitudes, not to problematic use in terms of social malfunctioning, sickness or death. Here the picture becomes different.

In Sweden, three case-finding studies of 'heavy' or problem drug use were carried out in 1979, 1992 and 1998. Estimates based on different indicators were then conducted up to 2007 (Olsson 2011: 36–38). Estimates since then have not been presented, neither in Sweden nor by The European Monitoring Centre for Drugs and Drug Addictions, EMCDDA, for Sweden. The picture that emerges is a doubling of the absolute number with problematic drug use since the late 1970s. The Swedish estimates at the beginning of the century are slightly below the European average as measured by EMCDDA.

Another measure of detrimental drug use is drug-related mortality. The Swedish figures can be compared both historically and with other countries. Figure 16 shows the development of drug-related mortality since 1969. The increase is considerable. The causes of the particularly sharp increase in the 1990s followed by a decrease in the early 2000s and then by a continued expansion is a matter of debate. First, a decline in resources for treatment after the economic crisis in the early 1990s and then an expansion of substitution programs has been mentioned.

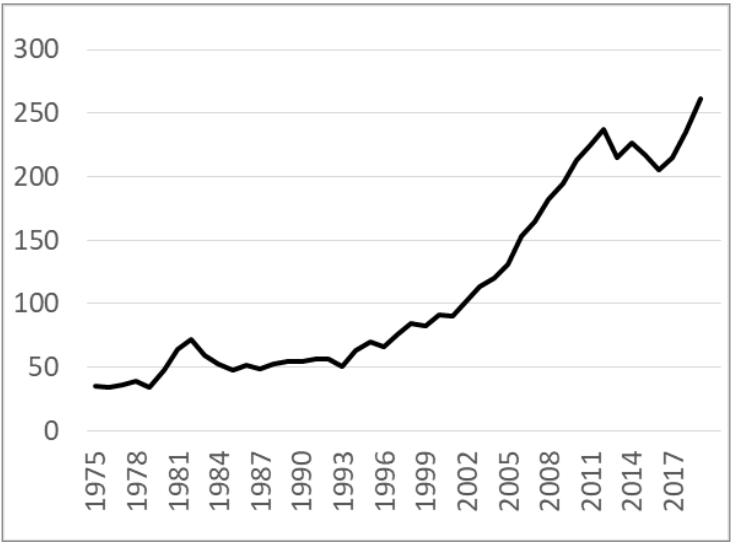

Figure 15. Number of people sentenced for drug crimes as major crime, 1975–2019, per 100,000 inhabitants.
Source: Kriminalstatistik.

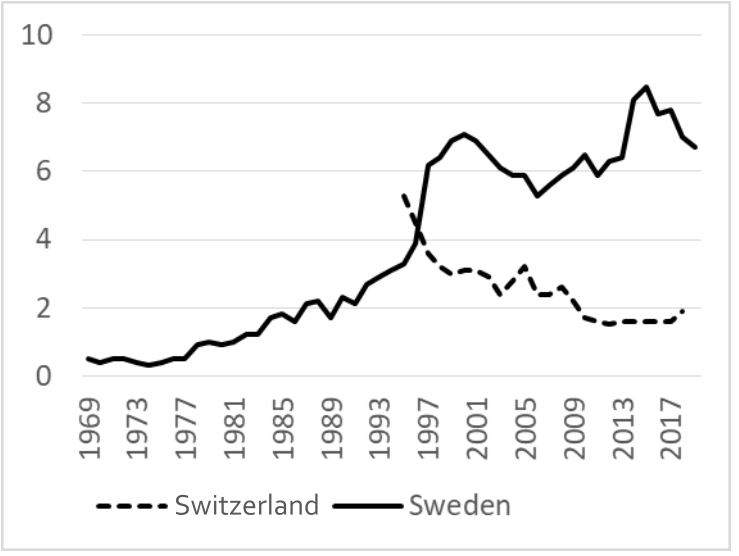

Figure 16. Drug-related mortality in Sweden, 1969–2019, and Switzerland, 1995–2018, per 100,000 inhabitants.
Source: CAN (2019) (updated); Swiss Health Observatory.

These explanations are of less importance to the overall development of drug-related mortality. Even the secular trend, however, has been a matter of debate. Inclusions and exclusions of various drugs in the definition of drugs have affected the speed of increase. A study of the development of drug-related deaths concluded that the rise is considerable even though the sharp increase at the years before 2015 is exaggerated (Leifman 2016). That there is a marked rise is also compatible with the fact that there has been a rise in the number of people who are considered as having a 'heavy' or problematic pattern of drug use.

Drug-related mortality in Sweden is also one of the highest in Europe (EMCCDA 2019). Figures from Switzerland are included in Figure 16, showing that an increase is not an unavoidable development taking place everywhere in Europe – a fact that the Swedish Minister of Justice was not prepared to discuss in connection with The Stockholm Prize in Criminology 2019. Switzerland showed a marked increase in drug-related deaths up to the early 1990s, but the trend then took a downturn with a change in drug policy (De Preux, Dubois-Arber, & Zobel 2004). In relation to other European countries there are, of course, difficulties involved in doing comparisons. The Swedish government is quick to point this out when criticized for the high number of deaths (Swedish drug policy nd.: 9). Sweden might also be making a rod for its own back by looking particularly carefully for indications of drugs in classifications of causes of death. Despite reservations of the possibility of making comparisons, a report to the Swedish government has admitted the high rate of drug-related deaths in relation to other countries in Europe (SOU 2000:126), which has been reiterated as late as 2021 (Proposition 2020/21:121).

The Costs of the Control of Drugs in Sweden

In politics, possible gains must be balanced against possible costs. In making an evaluation of different measures of reducing drug abuse, the costs of these measures have to be included. Typical costs refer to the penal legislation and to the criminal justice system, like resources spent by the Police, the prosecutors and the courts, and the number of people in prison for drug crimes, both in terms of economic costs and suffering for those in prison. As

costs related to the criminal justice system can also be counted, different types of discriminatory praxis and violations of integrity by the police should also be considered.

Penalization of an act is, in law, traditionally seen as a last resort, as a cost in itself, that should always be seriously considered before undertaking (Jareborg 1995). In the preparatory works from the Department of Justice that gave the Police the right to take blood and urine tests by force, it was pointed out that it was 'principally wrong to criminalize an act that was directed against the person him- or herself' (Ds 1992:19: 28).

The fact that using drugs, in itself, is a criminal offence in Sweden is a violation of this principle. It also produces a large number of crimes and criminals. The National Council for Crime Prevention made a rough estimate of the number of crimes that occurred as a result of the consumption of drugs in 2015 and came up with a figure close to seven million crimes (Brottsförebyggande rådet 2016: 10). The fact that the consumption of narcotic drugs is criminalized, an act without clear harm to others, has produced more than four times as many illegal acts as the total number of crimes reported to the Police. This can then possibly be regarded as a cost in terms of dark numbers or undetected crimes, the proportion of criminals in the population and recidivist rates.

Figure 17 shows the development of the number of years spent by the Police on drug cases in proportion to the total work force of police officers. The rise is particularly sharp from 1993, when the Police received the right to take samples of body fluids by force in order to establish the consumption of drugs. At most, the Police has spent almost one tenth of the total work force on drugs. The drop in the last few years can be attributed to a large police reform in 2015, however, whether it reflects a real drop in the use of police resources on combating drugs or just a change in registering activities is not clear. The drop in tests conducted by the National Board of Forensic Medicine is only seven percent and is back on the level it was at before the police reform in 2018. The figure for 2020 is 42,000 tests, which is an all-time high (Rättsmedicinalverket 2020). Disregarding the dip, which might not picture a real decrease in police resources, the development of police hours and sentences is fairly similar (Figure 15). Sentences

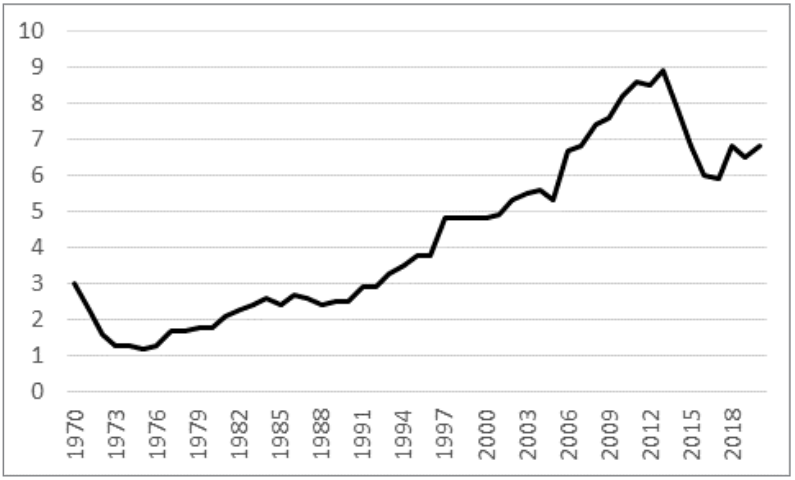

Figure 17. Number of years spent by the Police on drug cases in proportion to the total work force of police officers, 1970–2020, percent.
Source: CAN (2019), updated.

seem then to be produced by the amount of police resources put in, as drug consumption is an almost inexhaustible source in terms of increasing the overall clearance rate.

The violation of integrity caused by this police practice might be experienced as particularly offensive if the suspected person has not consumed any drugs. The National Council for Crime Prevention (Brottsförebyggande rådet 2016) has studied the urine and blood samples collected by the Police from 1998–2015 that have been analyzed by The National Board of Forensic Medicine. It is shown that the number of false positives increased during the period from 10 to around 20 percent. The false positives were also, throughout the period, by far the highest in the youngest age group (17 years), where they were close to half (op. cit.: 18). The National Council for Crime Prevention stresses the problem that such a negative test might be the first contact with the criminal justice system for a number of young persons (op. cit.: 22).

Out of all prisoners who are serving time, more than one quarter has a drug crime, including smuggling, as the principal offence. The proportion was higher before a number of decisions in drug cases were made by the Supreme Court. Whether a sharpening of the law by the government in 2016 in order to reverse the

decisions of the Supreme Court, and an announced sharpening by the government in 2019, will change this again remains to be seen. In addition, more than half of those in prison have been judged by the prison authorities to have a drug problem (Kriminalvården).

In a general expansion of the means of coercion available to the criminal justice system, the drug issue has played a central role. Secret wiretaps have been justified, particularly with reference to the suspicion of drug crimes. The wiretaps used quadrupled in Sweden from the 1970s to the 1980s – a development primarily explained by an increase in the police investigation of drug crimes (Svedberg & Svensson 1995). The majority of all wiretaps used concern drug crimes (Ds 2007:2). Since 2007, bugging has been legal in Sweden if there are suspicions of certain types of serious crimes. Central among these crimes are narcotic crimes.

The criminalization of drugs in itself produces criminality. The number of infractions caused by making the consumption of drugs illegal was mentioned above. The high economic costs of the consumption of narcotic drugs as compared to, for instance, the consumption of alcohol, can be expected to contribute to theft and other crimes against property. The high costs of drugs also lead to an illegal market where profits can be made. Such a market tends to be associated with high levels of violence. The case of Mexico is probably the most striking (Hari 2015).

A possible example from Sweden is the marked increase in shootings and homicides in socially deprived areas since 2013. The causes of the shootings were the object of a study carried out by The National Council for Crime Prevention (Brottsförebyggande rådet 2019), who interviewed young men who had been involved. The report discussing the causes of the conflicts states: 'The absolutely most common (cause) is that conflicts are tied to the drug market and particularly to the sale of cannabis …' (op. cit.: 55). Several interviewees pointed out that they entered the criminal setting through the cannabis market – cannabis being so common in the socially deprived areas that no active introduction was necessary (op. cit.: 116). The question could be raised as to whether the total ban on cannabis was a contributing cause of the fatal shootings.

Finally, there is the issue of discriminatory stop and search when it comes to drugs. The National Council for Crime Prevention

conducted a study of young people in the Stockholm area comparing the distribution of suspects of drug use and drug use reported in anonymous surveys. The two indicators did not correlate as expected. Those from less wealthy areas, whose parents did not have higher education, who lived in rented flats and who were foreign born were more often suspected by the police for drug use. Drug use according to self-reported data, however, was more prevalent among those who lived in private houses in the richer areas, where at the same time fewer were suspected of drug use by the police (Brottsförebyggande rådet 2018; see also Holgersson 2007). In another study it was shown that the police discriminated against non-Europeans in stop and search on suspicion of drugs in Stockholm (Pettersson 2005).

Even though there can be other explanations to this outcome than direct discrimination from the side of the police, it could be interpreted as an example of procedural justice not being upheld. As such, an obvious cost of applied drug policy could be diminished respect for the criminal justice system and the negative consequences that have been reported to follow from this (Doobs & Gartner 2017: A14). Regardless of discrimination, stop and search has, in several studies, been shown to create frustration and tensions between the police and citizens (op. cit.). Stop and search for whatever reason is also often justified by reference to the suspicion of drugs (Murray 2014).

Some Harm Reduction But Mostly a Fast Stand

Given the questionable success of Swedish drug policy, and the high costs of this same policy, a change in the direction of policy might be expected. As mentioned, there have been some examples of a harm reduction policy. These policy changes have, however, originally met with resistance. A substitution program where heroin users were given Methadone was already set up in 1966. In the early 1980s, however, no new admittances were accepted as a result of an unholy alliance between different interests. There were those who feared a medicalization of a social problem, those who opposed harm reduction as giving the wrong signals, and groups from the political left who regarded substitution programs as a pseudo solution in a capitalist society exploiting people (Johnson 2003: 117–128). The program, however, was later allowed to expand again.

Syringe exchange programs were also met with much resistance. Accepting syringe exchange was seen as a threat to the basic values of Swedish drug policy, and a program limited to two towns was the only one allowed as an experiment. The national drug coordinator worked hard to get the program accepted on a national level. The opposition was phrased in terms of risks of medicalization and that the goal of total rehabilitation would be abandoned. Syringe exchange was ultimately accepted by Parliament after guarantees of attaching social rehabilitation measures to the programs (Tham 2005: 67 ff.). The programs were, however, still met by local resistance and further legislation was needed to get programs established (Proposition 2016/17:15).

In spite of the introduction of some harm reduction measures, the main impression given is that of strong resistance to liberalizing the drug policy in Sweden. In a survey before the general election 2018, the question was put to the political parties of whether they were willing to decriminalize the use of narcotic drugs. Only the Left party was in favor of changes in that direction. None of the parties wanted to legalize drugs. When it came to penalty scales, most parties wanted to stay with the present legislation, with the Moderates (liberal-conservative) and the Social Democrats wanting to increase the severity of prison sentences, and the Left party wanting to consider lower prison sentences (Andersson & Ekeroth 2018).

In the party programs there is strikingly little about drugs. Neither has there been much on drugs in earlier party programs, although a number of special reports and information folders were published earlier. The relative lack of action today could be interpreted as the parties being on the defensive with regards to the drug issue. They do not want to leave the motto 'Sweden drug free society' behind, but at the same time, do not really know how to develop an effective drug policy. When the word 'drugs' appears in the party programs it is mainly used as a way of underlining the general seriousness of the crime problem. The Social Democrats in particular use drugs as an intensifier in statements about the threat of crime against the country. In the criminal policy program of the party, drugs are mentioned nine times and in general alarmist contexts: 'Shootings and open drug trafficking have been a problem for a long time', 'Problems with gangs of

thieves, an increase in reported sex crimes, and drug crimes are examples of problems that are found in all our country', 'Drug dealing, shootings, threats and violence have to get away from our streets' (Socialdemokraterna 2018).

The political parties watch each other for signs of liberalization of the drug policy, which are then used politically. Critique from non-political bodies could possibly, then, be used as an opportunity to look for new roads to take. In a number of rulings starting in 2011, the Supreme Court lowered the sentences for aggravated drug crimes. This was, however, not silently accepted by the government. First the center-right government and then the Social Democratic–Green government reacted against the new praxis of the courts and increased the penalty scale with a new category, 'extremely aggravated drug crime' (Proposition 2015/16:111).

The government, in a report to UNGASS 2016, explicitly defended why Sweden has criminalized drug consumption (Swedish drug policy nd.: 7). In a government communication on the strategy for alcohol and drug policy 2016–2020 the goal of a drug free society was repeated (Regeringskansliet 2016). The Social Democratic–Green government has declared that it will raise the penalty for drug crimes. In 2019, the government commissioned the Police to intensify its work against drug dealing (Justitiedepartementet 2019). The Minister of Social Affairs has, in 2020, refused evaluations of the law criminalizing consumption after recommendation both from the Parliament and the Public Health Authority. Finally, in an introduction to a conference on drug treatment held by Swedish regions in 2020, the Minster of Justice declared that he would not accept a decriminalization of consumption, that drugs are the roots of organized crime, that a decriminalization would be an enormous gift to the criminals and that the critics should speak up about their real motives for liberalization (Johansson 2020).

Obstacles to Change

The question to be raised then is why Sweden sticks to its old policy, a policy that also seems foreign to the general pragmatic politics of the country. A number of conditions and processes partly linked to each other can be distinguished.

A drug free society

The motto 'Sweden drug-free society' formulates possible positions in the drug policy debate as binary. It is either/or. You are against drugs or you are for drugs if you do not embrace the official motto. It makes it more difficult to try pragmatic, harm-reducing reforms. Such reforms, and particularly reforms in the direction of decriminalization, have been labelled 'a catastrophe' by the Ministeer of Social Affairs (Wallström 1998). Resistance against substitution programs and syringe exchange has been expressed in terms of not being compatible with the basic values on which the Swedish drug policy is founded. The 'Sweden drug-free society' perspective will not permit any distinctions between different types of narcotic drugs. The distinction between soft and hard drugs has officially been rejected by the government (Swedish National Institute of Public Health 1998:9). Those in the debate who have tried to articulate the difference have been accused of being 'soft on drugs'. The zero-tolerance foundation of Swedish drug policy has, in itself, become an obstacle to possible rational solutions to a social problem.

The tradition from the Temperance movement

That the prohibitionist Swedish drug policy has its parallel in the Temperance movement has been pointed out in an analysis by Leif Lenke (1991). This movement had been quite strong in Sweden, however, after losing ground since the 1960s it gradually incorporated the drug issue. The zero-tolerance tradition of the Temperance movement, with total abstinence from alcohol, also became the approach to narcotic drugs. The Temperance movement was in conflict with the official Swedish alcohol policy of regulated drinking through price policy and a rationing system. The theoretical foundation of this stand was the stepping-stone or gateway theory. The use of alcohol in any form, even of low strength, meant a risk – a risk of continued consumption. Beer led to hard liquor and therefore was condemned. The equivalence when it came to narcotic drugs, then, was that cannabis smoking led to hard drugs and social exclusion, and therefore had to be fought particularly hard.

The gateway theory has not been empirically supported when it comes to the development of drug use in Sweden. Low prevalence

or incidence of drug use has not been followed by a low number of people with problematic use or a low level of drug-related deaths. In comparison with other European countries, several have higher levels of recreational drug use without having as high levels of drug-related deaths as seen in Sweden (EMCDDA 2019). Still, the theory is used to justify a zero-tolerance drug policy. The indicators 'ever tried drugs' or 'have used drugs in the last month' continue to be referred to as proof of a successful drug policy.

The interventionist tradition

Identifying social problems and acting upon them with reforms is central to social engineering and the welfare state. Non-intervention is alien to this type of thinking. When the political parties before the election in 2018 were asked if they would consider decriminalization of the consumption of drugs, two of them, The Liberals and The Christian Democrats, said no to decriminalization but would consider changing the penalty to rehabilitation (Andersson & Ekeroth 2018). That people who use cannabis on a limited scale might not need drug treatment was not seen as an option.

The interventionist tradition could partly be understood against the background of the economic commitment of the welfare state to its citizens. The welfare state promises to take care of those who cannot take care of themselves. When unable to work because of sickness, disability, parental care or old age, for example, comprehensive social insurances will grant a reasonable standard of living. Such a system is costly and demands that as many people as possible work and contribute with taxes. The prospect that someone will never even enter the labor market because of heavy use of drugs and will need social allowances for his or her whole life might contribute to interventions, and sometimes even coercion.

This interventionist tradition is also related to a tendency to consider human rights in positive terms, stressing quality of life, rather than in negative terms, stressing the protection against the state. In the political debate in the 1980s about criminalizing consumption, the leader of The Liberals (then The People's Party) was pictured full size on advertising signs declaring that in the country of The Peoples Party using dope would be illegal. For the defenders of the forced tests by the Police, the question of

whether the state has any business examining the urine of its citizens has not occurred.

Before UNGASS 2016 Sweden was, as mentioned, criticized by the UN for not upholding the human rights of drug users (The Local 2015). The answer from the Swedish government gives a picture of how it perceives human rights and the duty of political interventions.

> The UN Convention on the Rights of the Child recognizes a child's right to grow up in a drug-free environment as a human right. The UN International Covenant on Social, Economic and Cultural Rights talks about the right to health. All societies attempt to protect their citizens from risks that they cannot foresee; these may be anything from additives in food to seat belts in cars. This is part of the duty of society and of governments to protect citizens from risks.
>
> (Swedish drug policy nd.: 9)

The Swedish government sets up two types of human rights against each other: the rights of the drug user as being protected against state force and the rights of children to grow up in a drug-free environment. Exactly how these two rights collide is not expounded. The document produced for the UNGASS also refers to the general duty of governments to protect its citizens from risks in connection with buying food and driving a car. In so far that such interventions justify penal law, it seems open to the possibility of fairly far-reaching restrictions on human rights as traditionally understood.

A general law and order climate

Sweden has moved in the direction of a criminal policy relying more heavily on punishment. Changes in the general criminal policy have been described in terms of an expansion of penal legislation, a shift towards an expressive approach to policy and symbolic legislation, an increasing stress on security, a pro-active Police and early interventions (Tham 2018).

These characteristics of the development are clearly shown in the drug policy. The expansion of penal law was shown in Table 15. The expressive character of penal legislation regarding drugs is quite visible in the preparatory works. Legislation should give the right signals and show that society does not accept

drugs. The issue of drugs also lends itself to symbolic criminal policy. Drugs are said to be a threat to Sweden, to democracy and the whole of society (Tham 2005). Such statements also fit well with the increasing stress on security in Swedish politics (Hermansson 2019). The rule of law has had to yield for security concerns, and 'unconventional police methods' have expanded with reference to drugs. Early interventions and pro-active policing are consequences of the overall strategy for criminal policy: crime prevention. In the case of drugs, for example, a law now gives the possibility for mandatory drug tests of legal minors (Proposition 2009/10:105).

The parallel development of criminal policy, in general, and drug policy is clear. The general development in the direction of a policy relying increasingly on punishment could therefore be seen as an obstacle to a liberalization of the drug policy.

A punitive public?

In the document presented by Sweden to UNGASS 2016 it was pointed out that the drug policy has been formed from below: 'Sweden's drug policy has been firmly established for a long time, both across political boundaries and with support of the Riksdag (the Parliament), but also through strong support from the general public' (Swedish drug policy nd.: 2).

In the process of criminalizing the pure consumption of drugs, popular support was claimed by referring to a survey sponsored by Lion's Club where 95 percent of the interviewed population agreed that all dealings with drugs ought to be prohibited (SIFO 1984). In the 1980s, the theme of the people vs the liberal elite was also clearly present in the drug discourse, and it was claimed that there was popular support for a tougher drug policy (Tham 1995: 117 f.).

If this is the case, Swedish drug policy could be said to be an example of democracy at work (Beckett 1997). This view can, however, also be questioned and systematic empirical support of a pressure from below is lacking. Most people would have rather limited knowledge of drugs – as compared to alcohol – and would therefore have to rely on the analyses put forward in the public debate. The picture provided of the drug situation is, to a

high extent, put forward from above: from politicians, the Police, experts, NGO's and the media. In the government bill launching a national drug coordinator in 2002, one of the tasks of the coordinator was to carry on public opinion work, engage authorities and youth organizations, and 'offensively' propagate the official policy of the government (Proposition 2001/02: 91, 90 f.). Alcohol, narcotics, doping and tobacco programs (ANDT) have also worked for several decades in schools.

A study of the Swedish drug policy carries the subtitle, *The opinion machine at work* (van Fessem 1996). The author writes:

> Public opinion doesn't appear out of the blue. Opinions are shaped by history and previous experiences. And in the Swedish case, opinions are shaped through 'opinion formation' by the government institutions. The National Institute for Public Health (Folkhälsoinistitutet) has a central role to play in the process of opinion formation.
>
> (op. cit.: 71)

The report also lists a number of other authorities, private companies and NGOs that have been involved in forming the zero-tolerance stand against drugs in Sweden.

Even if the framing of the drug problem comes from above rather than from below, it could be effective and constitute an obstacle to a liberalization of Swedish drug policy. Such concerns have been voiced. After more than 40 years of 'Sweden drug-free society', an intense zero-tolerance policy and massive information from the government and pressure groups, the public might not be swayed that easily.

Drug control as a national project

In criminological analyses of criminal policy there is a long tradition of interpreting development of policy in terms of possible latent functions. Theses explanations usually take the form of a national discourse (Cohen 1972; Gusfield 1963; Hall et al. 1978). A sharp and uncompromising reaction to a form of deviant behavior, and out of proportion to the seriousness of the problem, is seen as a means of strengthening a threatened national identity.

Magnus Linton makes such an interpretation of the tremendous popularity and influence of the leading figure of drug policy

in Sweden, Dr. Nils Bejerot. Drug use was, according to Bejerot, the most important sign of decadence following the lack of norms that was the result of 1968. The conscientiousness of the people of the working class who had built the Swedish welfare state was said to be challenged by dopes, sex liberalists, pop radicals and lovers of thievs – all alien to traditional Swedish culture. Bejerot then managed to focus the anxiety of large groups on the drug issue after the radical, and even revolutionary, 1968 and the stagnating economy after the oil shocks in the 1970s. The whole welfare state was said to be threatened but could still be saved if a strict policy of punishment and isolation was applied to people on drugs (Linton 2015: chap. 1).

The Swedish drug policy and discourse in the 1970s and early 1980s developed further but with a slightly different focus. The concept of 'The Swedish model', which earlier referred to an active labor market policy and generous social insurances, somewhat lost its ring in the 1980s when, along with the welfare state idea, it started to be questioned. The concept was then given a new meaning, referring to the Swedish drug policy. Swedes united behind a new model and explicitly tried to export it to other countries. The importance of making a stand against drugs became formulated in relation to 'the foreign': drugs are un-Swedish, drugs are not compatible with traditional Swedish morals, both drugs and ideas of liberalization come from abroad, and the solution to drug abuse would be farm work and mounting hiking in the north of Sweden. The control of drugs in Sweden could be seen as a national project when the welfare state project became less self-evident. A strict drug policy became a way of reinforcing Swedish-ness (Tham 1995).

Retreat?

The official line of the government is still 'Sweden drug-free society', repeated by the government in the action plan for 2021–2025 for alcohol, narcotic drugs, doping and tobacco (Proposition 2020/21:132). A governmental investigation in August 2021 presented a report proposing increased penalties for drug dealing after directives from the government (SOU 2021:68). Both the Minister of Justice and the Minister of Social Affairs have, as

mentioned above, come out quite explicitly against any type of decriminalization. A number of obstacles to a more liberal drug policy were also pointed out above: the claimed success of the drug policy and its nationalistic undertones, the long-term and massive anti-drug information from the government and NGO's and its influence on the public, the tradition from the Temperance movement and the gateway theory, and the aversion in a welfare state to not intervene actively in anything that is regarded as a social problem. So, returning to the question asked by Nils Christie: 'How will the retreat be organized', it presently looks like Sweden will not retreat but will continue the war on drugs and will fight decriminalization and legalization.

However, there are also signs and circumstances pointing towards a liberalization of the drug policy in Sweden. Organizations have been formed combating the official zero-tolerance policy (Föreningen Tryggare Ruspolitik). Debates are taking place in the national press and on the internet (Månsson 2017). Programs are appearing in the national television on the issue of decriminalization. The youth organizations of the political parties are nearly all in favor of decriminalization, with two even in favor of the legalization of cannabis.

The claim that the people want a strict drug policy could be questioned. A study of the general sense of justice in relation to different crimes in all the Nordic countries (Balvig et al. 2015) did not indicate a punitive population in relation to drug crimes. In Sweden, the result of a national vignette survey was that the population, on average, propose sentences far below that of the courts. In a focus group study including a video of a mock trial, where the accused had smuggled 250 grams of heroin and the judges wanted to give a five-year prison sentence, half of the participants opted for an alternative punishment to imprisonment (Jerre & Tham 2010). The people, if properly informed, would perhaps not be an obstacle to decriminalization.

Even public organizations and authorities have begun to question the present drug policy. Sweden's municipalities and county councils (SKL, Sveriges kommuner och landsting 2018) has demanded an evaluation of the law criminalizing drug consumption and an international comparison. In 2020 the Public Health Authority, the governments expert authority on drug policies,

published its report on the drug strategy for the next four years. It underlines the importance of syringe exchange as a probable means for reducing drug-related deaths and also suggests an investigation of the possibility of monitored drug consumption rooms as a further means for this purpose. The Authority also proposed an evaluation of the law criminalizing the consumption of drugs (Folkhälsomyndigheten 2020).

The Standing Committee on Social Affairs in the Swedish Parliament in February 2020 unanimously decided to demand an inquiry into the drug policy by the government. That such an announcement could be put forward at all is a result of the government parties not being in the majority in the Parliament, and the demand therefore became a decision by the Parliament. The committee, in its report, emphasized evaluation, treatment, harm reduction and a zero-tolerance vision for drug-related deaths (Socialutskottet 2019/20). The Minister of Social Affairs from the Social Democrats and the Social Democrats in Parliament, however, opposed an evaluation of the criminalization of consumption. An evaluation plan has still, more than one year after the announcement from the Parliament, not been presented. All in all, however, there has been a clear change in the debate on drug policy in the political parties during just a few years.

Finally, and hypothetically, a liberalization of the drug policy might have unintended consequences. Not only has the drug policy followed the general trend towards law and order, as was pointed out above, but it has also taken the lead in this development. Means of coercion and a pro-active Police have been justified with reference to the drug menace. The use of the whole penalty scale in sentencing for drug crimes has become a point of reference for politicians criticizing the courts for staying in the lower end of that scale. The general move towards expressive justifications of penal legislation has become a forerunner in drug legislation. The claimed organized crime behind drugs is now said to characterize almost every type of crime (Tham 2012).

Could reversing the punitive trend in drug policy then be expected to influence criminal policy in general? A return to the rule of law, proportionality and *ultima ratio* as principles of criminal legislation in drug cases could have effects in general. A reduction in the length of prison sentences for drug crimes would markedly

lower the prison population. The recognition that more than half of those in prison are judged to be drug-abusers with a particularly difficult background could perhaps restore the insight of the typical prisoner as being socially disadvantaged, and not just a villain who refuses to take responsibility for himself and his acts.

This line of argument could then again be an obstacle to changes. Taking drug policy seriously means facing questions regarding classic principles of law, the right to privacy and self-determination, the roots of marginalization and social exclusion, and the costs of penal control. The years to come will show if Sweden is prepared for such a turn in criminal policy.

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PART II
SPECIFIC ISSUES

7. Gang Talk and Strategic Moralisations in Danish Drug Policy Discourses on Young and Recreational Drug Users

Thomas Friis Søgaard & Frank Søgaard Nielsen

Introduction

While Canada, Uruguay and several US states have legalised cannabis in recent years, and many European countries have implemented or are considering decriminalisation as an option, Denmark is one of the few Western countries that seems to be going in the opposite direction, away from a lenient decriminalisation policy and towards a more restrictive approach (Moeller 2020). In 2004, Denmark introduced a new drug policy that marked the end of a 35-year period during which possession of illicit drugs had been depenalised, meaning that although it was illegal to possess drugs, in most cases the police refrained from bringing charges for possession for personal use (Frank 2008). In government white papers and in political discourse, the novel and more restrictive approach was called a zero-tolerance policy on drugs, and it was accompanied by a legislative change, which meant that possession of illicit drugs should now always be punished with at least a fine, except in certain specific cases (Houborg 2010). Research has documented how this shift in drug policy was underpinned by a change in governmental rationalities from a 'welfarist' to a more 'neo-liberal/conservative' rationality (Houborg & Bjerge 2011), and by discursive changes in the way young people, youth culture and drugs were problematised in government reports, policy documents and in the public media (Houborg 2008, 2010; Houborg, Søgaard & Mogensen 2020). Until the early 1990s,

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youth drug use was largely framed as a social problem and seen as a symptom of structural social problems, but from the early 2000s it became increasingly associated with nightlife revelling and was depicted as a result of deviant consumer choices (Houborg 2010). Houborg, Søgaard and Mogensen (2020) thus argue that the re-penalisation of drug use in Denmark was intimately coupled with a discursive reconstitution of the young drug user in neo-liberal (autonomous, rational, self-responsible) and neo-conservative (morally compromised) terms.

In this chapter, we wish to build on and add to this previous research on drug policy changes and associated discursive 'framings' (Rein & Schön 1993) of the youth drug use 'problem' in Denmark. It has been well documented how the discursive framing of youth drug use as a deviant consumer choice set within the context of a particular risk environment – i.e. nightlife – became the catalyst for more restrictive policies in Denmark during the early 2000s. In this chapter, however, we analyse the emergence of a new discursive and politically potent framing of youth and recreational drug use. More specifically, we describe how recent years have seen a shift in Danish drug control policy debates, whereby young and recreational drug users are no longer merely framed as *consumers* of drugs and as wilful lawbreakers but increasingly also as *customers* in a criminal market, and hence as the market basis for organised crime.

We argue that this policy discourse, depicting young drug users as customers feeding a criminal market, involves a novel 'strategic moralisation' (O'Malley 1999) in which young drug users are now framed as morally deviant customers, who, through their purchasing of illegal commodities (drugs), are complicit in, and hence partially responsible for, organised drug-related crime. The shift in policy discourses about young drug users – from wilful lawbreakers to accomplices in organised drug crime – has not led to legal changes. However, we describe how this novel framing of the issue of youth drug use has been used as a lever for the development of intensified police campaigns specifically targeting drug users and led to the emergence of disciplinary discourses urging drug users to become responsible citizens who, by saying no to drugs, also say no to organised crime. Though reformers have

also drawn on the framing of drug users as complicit in organised crime to argue for the necessity of 'peace-time' resolutions to the fight against drugs, it remains the case that the discursive coupling of drug use/rs and organised crime has mainly functioned to push Denmark in a more restrictive direction.

In the analysis, we draw on existing research, key government reports, policy papers and content analysis of media accounts of policy and policing developments. The government reports and policy papers were retrieved from open public and ministerial homepages. Media searches have been made in the database Infomedia, which contains all national and local newspapers. Searches have been made especially for drug policy, drugs, youth culture, law enforcement, organised crime, gangs and Christiania from 2000 to 2020. Media accounts and policy documents have been subjected to content analyses (Braun & Clarke 2006).

Analytical Framework

Theoretically, we draw inspiration from critical policy analysis, holding that policies are not straightforward responses to objective problems but rather are active in the creation and shaping of those problems as particular types. More specifically, we draw on Rein and Schön (1993), who argue that policy actors construct and make sense of problematic policy issues through a process of discursive framing defined as 'a way of selecting, organising, interpreting, and making sense of a complex reality to provide guideposts for knowing, analysing, persuading, and acting' (Rein & Schön 1993: 146). Within this framework, the complementary processes of naming and framing not only define what is problematic about an issue, but also suggest what course of action and policies would be appropriate to address the 'problem' (Duke & Kolind 2020). As Houborg, Søgaard and Mogensen (2020) argue, 'problematisations' of young people, youth culture and drugs have been, and remain, central to much drug policy and practice, but the way they are framed has differed over the years, in turn giving rise to different policies and interventions. Based on existing research, the following two sections outline how the youth drug 'problem' was framed prior to and during the early 2000s.

Youth Drug Use as a Social Problem

Modern Danish drug policy was born in 1955 with the Law on Euphoria-Inducing Substances. The law made possession of illegal drugs for personal consumption an offence (Winsløw 1984). In connection with the promulgation of the law, policy-makers stated that penalisation of possession was not meant to criminalise users. Rather, the law was only meant to be a shortcut to criminalise possession with the intent to deal (Houborg, Bjerge & Frank 2008). During the 1960s, new drugs and new groups of users started to appear as part of the youth counter-culture and, as a result, drug use among young people became a very important public issue and policy problem (Houborg & Vammen 2012). In the 1960s, 1970s and 1980s drug use among young people was largely framed as a social problem. During this period, youth drug use was associated with an alternative youth culture that rebelled against established institutions, and with socially disadvantaged living conditions for certain segments of the population (Houborg 2008). The discursive framing of youth drug use as primarily a symptom of various underlying social causes became the foundation of a drug policy that took drug use to be a normal social problem, and one therefore best addressed through social policies and social expertise, including drug prevention and treatment. The aim of this drug policy was to tackle the causes of the problem and to integrate users into society (Houborg 2010).

The framing of drug use as a social problem also came to influence Danish criminal justice policy on drugs. In 1968, the Danish government proposed an increase in the legal sentencing for professional drug trafficking and drug dealing. Representatives from the police and the public prosecutor were among the strongest supporters of increased criminalisation of professional drug traders. They argued that since Denmark had lower sentences for drug offences than neighbouring Norway and Sweden, international professional drug traders were likely to be attracted to the Danish drug market (Houborg & Vammen 2012). To prevent this, supporters argued, a legal correspondence between the Nordic countries was needed (Storgaard 2000). Critics, on the other hand, were concerned that increased criminalisation of professional drug traders would have a spillover effect on the

sentencing of minor drug offences, which would lead to increased criminalisation and alienation of drug users (Storgaard 2000). Critics also argued that increased sentences for professional drug trading were likely to be counterproductive, in that they would result in rising retail-level prices on cannabis, which would in turn make the Danish cannabis market even more attractive to professional criminals. According to critics, the best way to prevent organised crime was to legalise access to cannabis, as this would make the cannabis market less economically attractive to professional criminals (Houborg & Vammen 2012). In June 1969, the parliament reached a compromise. While deciding to amend the Penal Code (§191), increasing the penalty for professional drug dealing and trafficking, a majority of the parliament wanted to avoid further criminalisation of the large number of young people experimenting with drugs, particularly cannabis (Houborg 2010). The parliamentary majority therefore made it a condition of the passing of the Bill that the Attorney General would instruct the police and prosecutors not to charge drug users for possession of illegal drugs for personal use. Such cases should instead be settled with an administrative or court caution (Frank 2008; Houborg, Bjerge & Frank 2008; Houborg 2010). For drugs other than cannabis, this applied only to first time offences, while for cannabis it also applied to repeat offences. The instruction thus created a de facto decriminalisation of possession of illicit drugs for personal use. In this way, a dual track policy was enacted which not only distinguished between cannabis and other drugs, but which also distinguished between drug suppliers and drug users (Storgaard 2000). While the former were framed as criminals, and therefore to be dealt with via law enforcement, the latter were framed as social clients, whose use of illicit drugs was better addressed through welfare means such as treatment, education, social services and prevention (Houborg, Bjerge & Frank 2008).

The Young Drug User as a Rational Consumer and Wilful Lawbreaker

Due to the depenalisation of possession of drugs for personal use, Danish drug policy was for many years considered relatively liberal by international and Nordic standards (Storgaard 2000).

During the early 2000s, however, this began to change. As with the drug policy reform during the 1960s that led to depenalisation, it was drug use among young people, and the discursive framing of this as a particular kind of 'problem', that in 2004 led to a repenalisation of drug possession for personal use (Houborg, Søgaard & Mogensen 2020).

Debates on drug policy in Denmark in the late 1990s and early 2000s were characterised by intensive discussions about the role of alcohol and drugs in youth culture (Houborg 2010). The background for this was the publication of comparative survey studies showing that young Danes consumed more alcohol than young people in other European countries, and were among the group of young Europeans with the highest prevalence of cannabis use (Houborg, Søgaard & Mogensen 2020). This new concern about youth drug use was heightened by intensive media reports about young people's excessive use of ecstasy in nightlife. According to Houborg (2010), two very influential reports – one by the National Board of Health and one by the Chiefs of Police – came to play a key role in a re-framing of the youth drug 'problem' during the early 2000s. Rather than depicting youth drug use as a symptom of social problems and societal changes, and users as subjects in need of help, the two reports instead represented youth drug use as a problem rooted in flawed consumer choices and a lack of moral respect for the law.

The report by the National Board of Health (2000) concluded that a more liberal attitude towards illegal drugs had developed among young people generally, which meant that drug use was becoming an integral part of a new youth culture, especially the urban nightlife party scene. The discursive framing of youth drug use as indicative of a new 'culture of intoxication' (Measham & Brain 2005) was also evident in the report by the Chiefs of Police (2002). This report described the emergence of new youth culture characterised by individualisation, event culture, party culture, intoxication, experimentation and anomie. As outlined by Houborg (2010), the report by the Chiefs of Police not only depicted young drug users as economically resourceful (deviant) consumers in a nightlife leisure scene, but also attributed this new drug problem to the policy of depenalisation that had been in force since 1969,

which had allegedly led many young people to believe that use of illegal drugs was not prohibited.

On the basis of this discursive framing, the centre-right government, which had come to power in 2001, formulated a new policy programme in 2003 under the headline 'The Fight against Drugs' (Government 2003a). The policy programme was indicative of a broader shift away from welfarism and explanations that emphasised social determination and towards neoliberalism and neo-conservatism. It articulated the idea that young people's use of drugs was rooted in a new culture of intoxication and essentially a matter of individual consumer choices (Houborg, Søgaard & Mogensen 2020). Within this policy discourse, young drug users were thus framed as rational and autonomous consumers who deliberately chose to break the law. Against this background, the white paper emphasised that it was important to send a 'clear signal' to young drug users that this kind of behaviour was unacceptable and would have legal consequences. Couched in the rhetoric of 'zero tolerance', 'deterrence' and 'respect for the law' (Frank 2008; Houborg, Søgaard & Mogensen 2020), the new drug policy led to a legislative amendment in 2004 that reintroduced penalties for all personal possession of illicit drugs. The government hoped that the repenalisation of possession for personal use would deter young consumers from exercising their freedom in an irresponsible and deviant way, and instead foster a new moral order characterised by respect for the law (Houborg 2010). The shift towards an understanding of young drug users as individualised and rational consumers was also evident in subsequent parliamentary debates, which in 2007 led to an increase of the fines for possession of illicit drugs. On this issue, Karsten Nonbo from the liberal government party Venstre said: 'We are tightening the penalty for possession of euphoric drugs. We are doing this because we have too many so-called "rich kids", that is, we have too many people who go to discos, those who have their pockets full of money' (Folketingstidende 2006/07).

The neo-conservative framing of youth drug use as a consumer- and choice-based moral failure has played a key role in the production of young recreational drug users as objects of a zero-tolerance governance approach in Denmark.

The Drug User as an Indirect Accomplice in Organised Crime

While the early 2000s saw a move towards a neoliberal and more moralistic point of view, where the use of illicit drugs was explained in terms of consumer-based wilful transgressions in a new kind of risk environment (i.e. nightlife), during the mid and late 2000s a new discursive framing of youth drug use started to gain prominence. In the following, we outline how recent Danish drug control policy debates have become increasingly dominated by a discursive framing that depicts young and recreational drug users as complicit in organised crime. Linked to this shift is a new moral configuration of young drug users, as well as the deployment of police campaigns specifically aimed at targeting young and recreational drug users.

The present day discursive framing of young and recreational drug users as complicit in organised crime is part of a longer process. In 1982, the Copenhagen Police Department released a report describing how outlaw bikers were involved in the cannabis market in the Free Town of Christiania, Copenhagen (Copenhagen Police 1982). Based on their observations at Christiania, the police gave voice to the perspective that the selling of cannabis was becoming more professionally organised, and that drug trading was the key economic basis of outlaw biker groups. These ideas gained prominence in public debates during the 1990s, especially during and after the 'Big Nordic Biker War' (Strand 2011). In 2003, when the centre-right government launched its new drug policy, The Fight against Drugs, it highlighted criminalisation and intensified policing as the best ways to combat cannabis-related organised crime. As part of its new tough-on-drugs policy, the government made the dissolution of the cannabis trade in Christiania – the biggest open drug market in Scandinavia – a key priority (Government 2003a). In the policy paper, the government repeated the argument that close links existed between the cannabis trade at Christiania and organised crime. The Government also emphasised that intensified policing was important as a means of combatting the organised crime groups believed to be responsible for the cannabis trade at Christiania. The policy paper, and a later action plan (Government 2003b), specified that the intensified

police approach would involve 1) an increased police presence, with more raids, drug seizures and arrests of sellers and backers, and 2) a physical removal of sales stalls in Pusher street, the main cannabis sales area at Christiania. Furthermore, the action plan stated 3) that the police should increase their targeting of 'the recipients' of cannabis (i.e., the users) at Christiania, as this would make it more difficult for drug traders to sell their commodities (Government 2003b: 8999). The action plan outlined that the latter process should involve increased use of stop and search methods, sniffer dogs and traffic stops to check if potential customers going to or coming from Christiania were in possession of cannabis or driving under the influence of cannabis.

In the media, the Minister of Justice, Lene Espersen, explained that the police had been instructed to actively target the 'buyers' frequenting Pusher street in Christiania because this would 'result in a situation where the buyers will no longer find it attractive to go to Christiania to source hash' (Berlingske Tidende 2003a). Similar to the debates about young peoples' use of ecstasy and cocaine in nightlife, the Minister of Justice thus invoked a notion of the cannabis user as a rational actor who could be deterred into conformity. However, rather than describing the rational cannabis user as a *consumer*, as had been the case in debates regarding the much talked about new youth nightlife culture, in policy documents and in the debates addressing the situation at Christiania, cannabis users were now described as 'recipients of cannabis', 'buyers' and 'customers', and as the 'customer-base' for criminals (Berlingske Tidende 2003a; DR.DK 2003; Jyllands-Posten 2003a). This change of vocabulary was indicative of the gradual emergence of a new dominant discourse in which drug users were increasingly framed as market actors, whose 'demand' for drugs constituted the economic basis for the criminal drug trade: 'Hash customers – all the more or less ordinary and decent people, including tourists, who are the basis for Pusher street's existence – can look forward to a more tough police approach' (Berlingske Tidende 2003b).

While Danish drug policy had traditionally rested on a dual track policy that distinguished between drug suppliers and drug users (Storgaard 2000), the new policy discourse not only

dissolved this distinction, but also framed drug users, in their capacity as economic customers, as (indirectly) complicit in drug-related organised crime. The emerging framing of youth and recreational drug use as the economic driver underpinning criminal drug trading was not only evident in discursive reconfigurations of 'drug users' into 'drug buyers' and 'drug use' into 'drug demand'. It was also evident in the fact that the tough-on-crime rhetoric, such as the terms 'to stress' and 'stress strategies', which had hitherto been used to describe the 'pulling lever tactics' (Kennedy 1997) used by Danish police to make life difficult for outlaw bikers, gangs and drug sellers (Volquartzen 2009; Strand 2011; Rowe & Søgaard 2020), was now also being used by police to describe their approach to cannabis users at Christiania: 'Now we have been stressing the sellers and the buyers for some time. We will continue doing so, but at some point, we will take it to the next level. We will come in hard and demolish Pusher street when it suits us' (Copenhagen Police Chief Inspector in Jyllands-Posten, 2003a).

In the months following the launch of the government's new Christiania strategy, the police intensified their targeting of drug users frequenting the cannabis market at Christiania. As part of the new buyer-directed 'stress strategy' (Berlingske Tidende 2003c), in the first month, the police searched 459 persons and 2448 cars. Two hundred and forty-eight persons were fined for being in possession of illegal substances, and 557 were fined for traffic violations in and around the Christiania area (Jyllands-Posten 2003b). In 2004, the police launched a major crackdown, during which bulldozers and armed police entered Christiania and removed the stalls where cannabis was being sold. Fifty cannabis dealers and 'security guards' were arrested (Frank 2008; Moeller 2018). While the police had hoped that this crackdown would effectively put an end to the Christiania cannabis market, history has shown that this was not the case.

Over the following years, however, the discursive framing of young and recreational drug users as the economic basis for criminal and organised drug trading grew in prominence. Not only did this discursive framing spread beyond the Copenhagen context, it also came to include other drug users, such as recreational users of cocaine, ecstasy and amphetamine. This development was part

of a broader process where policies and police approaches that were originally developed to target the specific cannabis market at Christiania spread to other areas and domains. As an example of this, Moeller (2020) has documented how, since 2003 – the year the government launched its first Fight against Drugs-policy (Government 2003a) – there has been a remarkable quantitative increase in the enforcement intensity of the Law on Euphoria-Inducing Substances. While the period between 2004 and 2010 was characterised by a quantitative increase in enforcement intensity, stemming mostly from crackdowns on cannabis retail sales in Copenhagen, from 2011 to 2017 police districts outside of Copenhagen came to drive the overall increase. This development coincided with the launch of the government's second drug action plan in 2010 – The Fight against Drugs II (Government 2010). While this action plan emphasised the importance of maintaining and increasing the intensity of drug law enforcement against possession offences and against organised drug trading, it no longer contained references to the specific cannabis market in Copenhagen (Moeller 2020). Across the different police districts in Denmark, the average increase in reported Law on Euphoria-Inducing Substances offences rose by 42% from 2007 to 2017, with some provincial police districts, such as Mid- and West Sealand Police, and North Jutland Police, registering increases of 127% and 122% respectively (Moeller 2020).

Both in Copenhagen and elsewhere, police have often drawn on discourses that frame young and recreational drug users as the economic basis for organised drug trading to publicly justify their intensified targeting of drug users:

> We target those who want to buy hash, because we want to combat the criminal backers, by making it unsafe for their buyers, which means that they lose their customer base.
>
> (Head of Task Force Pusher Street in DR.DK 2012)

> [We target people who buy cannabis and other drugs from mobile dealers] because we want to get to the root of the problem. When there are buyers, there will also be sellers, and while the police make a great effort to combat the organised drug trade, it is a fundamental problem that there is still a demand.
>
> (Police Commissioner in Mid- and West Jutland Police 2019)

A New Moral Configuration of the Drug User

The intensified policing of drug users as a means of combatting organised crime has been coupled with a new moral configuration of young and recreational drug users. During the 2000s, many Danish cities experienced a growth in gang conflicts and shootings, resulting in an intensified media focus on the linkages between drugs and organised crime (Houborg & Enghoff 2018). In this climate of heightened public concern about gang-related crime and violence, Danish police became strong public promoters of a moralistic discourse, in which young and recreational users of cannabis and other drugs were blamed for the ongoing gang conflicts. As illustrated in the above, drug users are sometimes identified as the 'root of the [gang] problem'. In 2011, for instance, the Chief of Danish Police, Jens Henrik Højbjerg, made a public appeal in which he emphasised that the authorities could not by themselves combat the crime and violence committed by outlaw bikers and gangs. Ordinary Danes also needed to take responsibility.

> If we all showed responsibility and didn't allow ourselves [to] be tempted, things would be very different (…). Citizens should stop buying stolen goods, and they should not buy amphetamine or cocaine on a night out at the weekend (…). Think about what kind of people you are supporting when buying stolen goods or drugs.
>
> (TV2 Lorry 2011)

In recent years, the morally condemnatory tone and the argument that 'if you *choose* to buy illegal drugs you *support* criminal gangs' have recurred consistently in public statements by the police, as the following quotes illustrate:

> Those who buy hash at Pusher street support organised crime and thereby the criminals, who repeatedly defend their crime with violence against the police.
>
> (Chief Police Inspector, Copenhagen Police, in DR.DK 2018)

> People just need to realise that when you buy hard drugs, ultimately you are underpinning organised crime in one way or the other.
>
> (Police Inspector, Mid- and West Jutland Police, in TV Midtvest.dk 2019)

> By buying hash from these people you are underpinning the gangs in Esbjerg, and thereby also the continuation of the gang conflict.
> (Vice Police Inspector, South Jutland Police, JydskeVestkysten 2020)

While leading politicians and the police have been the key moral entrepreneurs promoting condemnatory discourses that attribute responsibility for gang criminality and violence onto drug users, such discourses are today also replicated in the broader media, sometimes under headlines such as 'Hash-smokers support gangs' (B.T. 2009) or 'The coke-sniffing upper class has a responsibility for gang crime' (Information 2019). In such accounts, young and middle- and upper-class drug users are sometimes depicted as hypocrites who care much about how their actions impact on the climate but little about how their drug habits supposedly feed gang violence (see Information 2019).

The above illustrates how recent drug control policy debates in Denmark have involved a strategic mobilisation of morality (O'Malley 1999) encapsulated in a discourse where the young and recreational drug user is reconfigured from a consumer and wilful law-breaker to a customer and indirect accomplice in organised drug crime and related violence. Hence, drug use is no longer framed merely as an individualised moral failure to comply with the law, but increasingly also as a moral failure to be a responsible citizen. From this perspective, drug use is not seen as a victimless crime. Rather, it is represented as a key driver of gang-related violence. By implication, drug users are depicted as hedonistic and selfish people who 'support' criminals and who do not care about how their practices are indirectly exposing others to risks – i.e., the potential victims of drug-related violence. Moralisation against drug users is thus deliberately mobilised not only to justify police use of user-directed punitive approaches, but also as a governmental strategy to 'responsibilise' (Garland 1996) young and middle-class people. This is carried out by communicating the message that apparently harmless drug use has dire consequences for others in the drug supply chain, and that, as moral citizens, would-be users therefore ought to demonstrate a societal responsibility and care for the wellbeing of others by choosing to abstain from buying illicit drugs.

Gang Talk and Cannabis Legalisation

In Denmark, the discursive framing of young and recreational drug users as the economic basis for criminal drug trading has predominantly been used to promote user-centred punitive approaches. In the following, however, we briefly outline how this framing has also been used in recent years by reformers to argue for the necessity of a legalised cannabis market.

While the early 2000s was characterised by relative political consensus, both at municipal and national levels, about the usefulness of a punitive zero-tolerance approach, 2009 marked a turning point in cannabis policy debates (Houborg & Enghoff 2018). During 2008 and 2009, the gang-related violence in Copenhagen reached a peak, and its effects on the lives of ordinary citizens were widely reported by the media. As part of his campaign for the 2009 municipal election, the incumbent mayor of Copenhagen, Frank Jensen, from the Social Democrats, therefore proposed introducing a three-year trial period where all cannabis users above 18 years of age should be legally able to purchase cannabis from shops in Copenhagen run by the state (Politiken 2009). The Liberal-Conservative government, however, immediately rejected the proposal. Nevertheless, from 2009 onwards, references to the gang conflicts have been central in political discussions about cannabis and the possibilities for legalisation (Houborg & Enghoff 2018). Representatives of the Copenhagen municipality have played a key role in these debates. As outlined by Nygaard-Christensen and Frank (2019), in January 2017, the Social Democrats in Copenhagen argued for a legalisation trial by suggesting that legalisation would 'remove some of the economy of the criminal gangs who today profit from cannabis being illegal'. This line of argument has also been adopted by national politicians. In 2016, the parliamentary party Radikale Venstre noted the following in their proposal for a trial legalisation of cannabis:

> The illegal cannabis sale at Christiania and elsewhere is controlled by organized criminals and gangs (…). Therefore, it is necessary to rethink and explore the possibilities for a responsible and controlled way of legalizing cannabis, so that cannabis sale does not continue to remain a lucrative business for organized criminals.
>
> (Quoted in Nygaard-Christensen & Frank 2019: 6)

As outlined earlier, in the policy debates that in 1969 led to an increase in the legal sentencing for professional drug trading, critics had warned that increased criminalisation was likely to result in rising retail-level prices on cannabis, thereby fertilising the ground for a growth in organised drug trading (Houborg & Vammen 2012). In the 2010s, reformers argued that the turn towards more punitive policies, both in 1969 and especially after 2004, had indeed come to act as a criminogenic driver resulting in increased gang activities. Coming full circle, reformers today argue that legalisation of cannabis is the only way to prevent the continuous popular demand for cannabis, and its economic revenue, ending up in the hands of organised criminals. Importantly, advocates arguing for the need for cannabis policy reform have not challenged the discursive framing of drug users as market customers whose purchasing practices feed organised crime. On the contrary, their argument for cannabis legalisation seems to reinforce this discourse. The solution reformers point to, however, is very different from the punitive one that dominates today. While the cannabis reform movement has gained momentum, in the Danish parliament there is still an overwhelming majority opposed to legalisation or decriminalisation (Nygaard-Christensen & Frank 2019).

Conclusion

In this chapter, we have outlined how changes in Danish drug control policy have been underpinned by discursive changes in the way youth and recreational drug use is framed in government reports, policy documents and the media. While previous studies have described how the discursive framing of youth drug use as a deviant consumer choice set within a nightlife context became a catalyst for more restrictive policies in Denmark during the early 2000s (Houborg 2008; Houborg 2010; Houborg, Søgaard & Mogensen 2020), in this chapter we have analysed how recent decades have seen the emergence of a new discursive and politically potent framing of youth and recreational drug use as feeding organised crime. While this discursive shift has not led to legal changes, it has functioned as the foundation for an increase in the intensity of drug law enforcement, often used specifically to target and 'stress' drug users. Within this new discourse, intensified police targeting of drug users is justified as a means of combatting

organised crime, and young and recreational drug users are morally configured as selfish persons who allegedly do not care about how their drug habits feed gang conflicts and thus expose others to risk and harm. In this way, recent years have seen an intensification of the moral condemnation of young drug users in Denmark.

Similar tendencies today characterise drug policy debates in countries such as England and Sweden. In England, the National Crime Agency launched a campaign in 2015 entitled '#everylinecounts', which aimed to raise awareness among middle-class individuals about how their seemingly harmless drug use had dire consequences for others in the drug supply chain, for local communities and for the environment (National Crime Agency 2015). The campaign not only attributed blame for the harm done by the drug trade onto users, it also sought to responsibilise young and recreational users through slogans such as 'Your choices can change everything'. In the UK, this discourse has been promoted by government representatives and leading politicians. In 2018, the Mayor of London, Sadiq Khan (The Guardian 2018a), the most senior UK police chief, Cressida Dick (The Guardian 2018b), and the British Justice Secretary, David Gauke (Independent 2018), all publicly argued that individuals who consume cocaine at dinner parties are to blame for street violence in cities across the UK. More recently, UK politicians and the media have also singled out middle-class cocaine users, often depicted as selfish individuals who lead privileged lives, as the key people responsible for the emergence of highly exploitative criminal county-line supply models (Spicer 2021). In a similar vein, Swedish Prime Minister Stefan Löfven recently argued that middle-class drug users in the more affluent parts of Swedish cities are partly to blame for the gang-related violence in the more marginalised neighbourhoods (Expressen 2019).

The above illustrates how recent drug control policy debates in Denmark mirror developments in some other European countries, where 'gang-talk' has taken centre stage in arguments for more punitive approaches (see Spicer 2021). However, a notable difference exists. While the framing of drug users as complicit in gang crime in the UK has mainly focused on cocaine users, in Denmark (and in Sweden) today, this framing also dominates discourses about cannabis users. So, while Canada, Uruguay and several US

states have legalised cannabis, and many European countries have implemented or are considering decriminalisation of cannabis as an option, Denmark is one of the few Western countries that is going in the opposite direction, away from a lenient decriminalisation policy and towards a more restrictive approach (Houborg, Søgaard & Mogensen 2020; Moeller 2020). As demonstrated in this chapter, discursive linkages between cannabis use/rs and concerns about organised crime have played a key role in this process.

As our analysis has shown, Danish police have, at times, described the intensified policing of drug buyers as a way to address the 'root' of the drug market problem. Contrary to this, Spicer (2021) has argued that contemporary discourses allocating blame and responsibility for the harms of the drug trade onto drug users represents a form of surface scapegoating that functions to divert attention away from the underlying structural and social conditions that drive drug markets. In Denmark, it remains the case that most street gangs are composed of socio-economically marginalised men (Pedersen 2014), and that men of lower socio-economic status are also the primary users of cannabis (Bloomfield, Elmeland & Villumsen 2013) and the demographic most likely to be targeted by police for possession of illegal drugs (Houborg, Kammersgaard & Pedersen 2016). Yet, in Danish drug control policy debates on young peoples' use of drugs, socio-economic factors and issues related to social marginalisation are increasingly silenced, and instead replaced by a focus on morality and individualised choices.

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8. Drug Control as an Exception in a Humane and Rational Criminal Policy in Finland

Heini Kainulainen & Pekka Hakkarainen

Three Stages of the Modern Finnish Criminal Policy

Following the criminological analysis of David Garland (2001), three different stages in the development of Finnish criminal policy can be identified: mitigation of repression, the punitive turn and conflicting policies. In this chapter, we will scrutinize how these general trends of criminal policy are reflected in the development of drug control policy.

We will begin our examination from the 1960s, when the conditions for humane and rational criminal policy were laid out in Finland. The motivation behind such a policy was to temper the role of the criminal justice system in the resolving of societal issues. From this perspective, the issue of drugs is seen as an anomaly; it has been termed a paradox, since anti-drug measures have been primarily repressive.

In the 1990s, the criminal policy took a punitive turn, which could be partly attributed to increased concerns about organized and international drug-related crime. Governments clamped down and stringent measures were implemented not only in drug control but also within the criminal justice system in general.

Thirdly, it can be concluded from Garland's analysis that the concept of conflicting policies describes the current system rather well: the punitive turn has *not* become predominant since measures intended to reduce or mitigate the role of the criminal justice

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system have also been implemented.[54] However, we will show in this chapter that such reductions or mitigation have barely had any effect for drug offenders. We will explore how the special role approach reserved for drugs has been evident in a strong reliance on the criminal justice system and, in particular, the directing of strict control over those who use drugs.

Towards a Humane and Rational Criminal Policy during the 1960s and 1970s

During the 1960s, a lively debate began in Finland over control policy. The debate drew attention to how the exercise of power in society resulted in the isolation of marginalized groups of people for extended periods of time without guarantees of due process (Eriksson 1967). This debate questioned the use of a punitive penal system. In the Nordic context, one of the most vocal critics was Nils Christie (1968), who pointed out that the rate of imprisonment in Finland was many times higher than in the other Nordic countries.

The debate over criminal policy was ideologically linked to the emergence of a welfare state that sought an equitable allocation of costs and benefits. This approach formed the basis for a humane and rational criminal policy that sought to minimize the suffering and other costs of crime, and of the control of crime, and to allocate these costs fairly among the various stakeholders (Lahti 1972; Lappi-Seppälä 2001; Törnudd 1996: 33–36).

The aim of humane and rational criminal policy was to reduce repression and to use criminal law as sparingly as possible in the management of social problems (Anttila 1967; Lång 1966). In the spirit of a welfare state ideology, particular attention was paid to vulnerable members of society and services provided by social policy were to be enhanced (Lappi-Seppälä 2007). This was also considered a priority within the framework of the tools of criminal

[54] Similar developments have been found in various Western and Nordic countries, but their manifestation, intensity and timing tend to vary, see e.g. Lappi-Seppälä 1998; Lappi-Seppälä 2016; Snacken & Dumortier 2012; Tham 2019; Tonry 1998; Ugelvik & Dullum 2012; Victor 1995. For critique on Garland's analysis, see e.g. Matthews 2002.

policy. The slogan, 'Good social policy is the best criminal policy' expresses the essence of this approach (Kinnunen 2008: 69). The criminal justice system is not the only or even the most important system for controlling crime. Better results can be achieved by reducing social marginalization and welfare inequalities (Lappi-Seppälä 2001: 107–109; Joutsen, Lahti & Pölönen 2001.)

One of the concrete objectives of a humane and rational criminal policy was to reduce the number in the prison population, which had proven to be high in comparison to the other Nordic countries. In this spirit, a fundamental reform of legislation began in the 1970s. The scaling back of the use of imprisonment was widely accepted in legal praxis, and the prison population began to decline. Compared to the 1950s, the number of Finnish prisoners decreased almost by one half during the 1970s, and by the end of the 1980s the prison population had fallen to the same level as in the other Nordic countries (Lappi-Seppälä 2016: 18, 26).

From an international perspective, achieving such a change is exceptional. Tapio Lappi-Seppälä (2001) has found several different explanations behind the change. One explanatory factor he has suggested is that, at the time, criminal policy was not of general political interest in Finland, and instead the debate was expert-driven. Many of those who criticized the repressiveness of control policy played important roles in society during the 1970s and were actively involved in the liberalization of the legislation on criminal justice and the system of sanctions (Lappi-Seppälä 2007). It was also at this time that a reform was undertaken of the outdated criminal law, which had originally been drafted in the 1800s. It is very clear from the report of the Committee on Criminal Law (1976) that the *ultima ratio* principle on which criminal law was built was taken seriously, and the intent was that the use of criminal law was to be the last resort. The purpose of the overall reform of the Criminal Code was to provide a critical assessment of the content of all penal provisions, seek to reduce the number of criminalizations and reduce the penalties for them (Anttila & Törnudd 1992; Lahti 2017.) From this point of view, the drug issue can be seen as an exception. This has been called the paradox of Finnish criminal policy (Kinnunen 2008), which still remains unsolved.

Total Ban on Drugs

The special way in which drugs were dealt with had a long history. When the first wave of drugs washed over Finland (among other Western countries) in the 1960s, new legislation was passed to combat the situation. When the 1972 Narcotics Act was enacted, the need to criminalize the production, trafficking and distribution of drugs was widely recognized, while the question of whether or not drug use should be criminalized became a matter of controversy. The Single Convention on Narcotic Drugs of 1961 did not require parties to make drug use a punishable offence; rather it encouraged treatment and care.

At various stages in the drafting process, views were expressed both for and against the criminalization of use. Following a series of very close votes, in 1972 it was finally decided to criminalize the use of drugs (Hakkarainen 1992; Hakkarainen 1997: 131–150; Kainulainen 2009: 42–59; see also chapter Hakkarainen & Kainulainen in this book). It was recognized that the criminalization of use would cause harms, and in order to avoid these, the police, prosecutors and judges were encouraged to apply the provisions on the waiving of measures so that users would not be punished for their personal consumption. In spite of the recommendations to interpret the legislation thus – with a heavy focus on depenalization[55] – waiving the measures was rare throughout the 1970s and 1980s (Kainulainen 2009: 62–65, 73–82).

The Narcotics Act showcased a repressive stance towards the issue of drugs, which was further enhanced by the strictness of its implementation. The end of 1960s saw the police force improving its skills to the effect that it could detect drug-related crimes that would have been otherwise left uncovered. Drug crime investigation became a special branch, new investigation methods were adopted through foreign influence, undercover operations were attempted, interrogation skills were developed and good relationships were established with the actors working in the illegal markets. The increased number of drug offences in the statistics was the reason why the police was allocated more

[55] Depenalization means that the use of drugs remains a criminal offence but punishment is, in practice, no longer imposed.

human resources and equipment to drug units (Kainulainen 2009; Kainulainen, Savonen & Rönkä 2017; Kontula 1986). However, the number of drug offences was pretty small when looking at recorded crime as a whole.

When the 1972 Narcotics Act was enacted, some experts in criminal law had opposed the criminalization of drug use. Since drug use was criminalized despite this opposition, a few experts continued to raise the issue. Recommendations were presented on how the provisions on the waiving of measures should be applied, but they had little effect on enforcement praxis. For example, within the practices of the police and prosecutors, it was de facto a dead letter (Kainulainen 2009: 73–82).

From the 1980s there was increasing criticism in the legal literature. The criticism was directed in particular against the way in which the Narcotics Act was applied. What faced criticism in the literature alongside strict user control was the way criminal responsibility was established in cases of more aggravated crimes pertaining to drug distribution. Some criminal law experts were also concerned with the possibility that criminal liability was being extended too far with respect to drug offences. The case-law seemed to be consistently producing cases in which exceptions were made to the general doctrine of criminal law, and the principles limiting criminal liability in general were compromised on the grounds of the 'special nature' of drug crime (Lahti 1985; Träskman 1995; Utriainen & Hakonen 1985). The question was also raised whether quite heavy sentences were being imposed on defendants for drug offences with a very low threshold of evidence. When a person was convicted of a drug offence, the quantity of drugs involved was generally not determined by what had been found in his or her possession but on what his or her accomplices had said about the quantity of drugs that he or she had handled (Kainulainen 2007: 49; Kainulainen, Savonen & Rönkä 2017: 137–139; Kontula 1986: 235).[56]

[56] From this point of view, it can be noted that during the 1990s, after the police were gradually permitted to use a variety of undercover policing methods (like phone tapping), the evidence pertaining to the quantity of drugs has diversified and the legal protection of defendants has, to some extent, improved.

The way in which drugs were being controlled was also criticized in criminological studies that dealt with police, prosecutorial or court practice. The police played quite an active part on the drug front. Drug users were observed, arrested and brought before courts for punishment (Kainulainen, Savonen & Rönkä 2017). Attention was paid to the intensity of the use of coercive measures in criminal proceedings, for example in the form of the very long periods that individuals could be held under arrest (Kontula 1986: 57; Träskman 1986: 22–23). Indeed, it was only after Finland acceded to the European Convention on Human Rights in 1989 that the maximum period of arrest was shortened. During the 1970s and 1980s drug users could be held under arrest for up to 17 days, but in practice it could be even longer before a court ruled on whether or not the suspect could be held in pre-trial detention (Heinonen 1989: 76–79; Kainulainen, Savonen & Rönkä 2017: 126–129).

Furthermore, in addition to the fine imposed on the drug offender, he or she was ordered to pay the state for the value of the drugs that the offender had used. This practice was not abolished until the criminal law was amended in 1992. The purpose of the Narcotics Act was to concentrate crime control around the distributors, who were seen to represent professional and organized crime. However, the research of police practices shows that for decades the police control has focused on catching drug users (Kainulainen 2009; Kinnunen 2008; Kontula 1986). Interviews of those who had been apprehended for using drugs showed that they objected to the prohibition on drug use and stated that being the subject of control had had many negative consequences. Indeed, there was an accumulation of official and unofficial sanctions, which easily initiated a process of exclusion that was difficult to reverse (Heinonen 1989; Kainulainen, Savonen & Rönkä 2017).

A Punitive Turn: The Tightening of Control in the 1990s

Like in many other Western countries, the Finnish criminal policy remained fairly moderate during the 1980s, but the 1990s brought a shift in the debate on criminal policy.[57] The ideological

[57] The punitive turn seems to be similar in Western societies, but when analyzing more closely, differences between countries can also be found (see

basis of the welfare state began to crumble due to the economic depression in the 1990s. The criticism stated that welfare states increase problems rather than solve them, and that such states are too expensive, inefficient and passivating. Also as part of the discussion, the starting points for humane and rational criminal policy began to be undermined (Lappi-Seppälä 1998).

One way in which this policy was undermined was criticism of the fact that the participants in the debate on criminal policy had been limited to a small and influential group of experts who shared one another's views. For example, some right-wing politicians were vocal in airing their views in the media on the need to tighten control. Their demands received some political weight and support, which was reflected in more punitive amendments to the Criminal Code. One example of this was that the statutory definitions of violent offences were made more punitive and the accompanying penal latitudes were raised, which was soon reflected in an increase in the number of prisoners (Lappi-Seppälä 2007; Lappi-Seppälä 2012; Lappi-Seppälä 2016).

When the repression was being mitigated in the 1970s and 1980s, drug-related crimes received wide coverage in the press and generally sparked public interest, but they were *not* at the centre of criminal policy decision-making. The number of cases and 'drug convicts' was relatively low compared to other types of crime, such as property crimes or drink driving. For example, the report of the Committee on Criminal Law (1976) contains only a few scattered references to drugs. Achieving the main goal of criminal policy, which was the reduction of the prison population, was to be done by focusing, above all else, on those offenders who were filling the prisons, such as those who had been convicted of property offences.

However, in the debate on criminal policy, the focus was now turned to the drug issue from another angle, since the control of drugs appeared to have an impact on the choice of tools used in other areas of criminal policy. One of the drivers of this debate was 'Den gode fiende', the book written by Christie and Bruun (1985) that was published in Finnish in 1986. In their critical analysis, the authors highlighted how drug-related crime had been

Garland 2001; Hermansson 2019; Pratt 2007; Tham 2019; Victor 1995; von Hofer & Tham 2013).

at the forefront as the grip of the mechanisms of control had been strengthened and the range of measures used by the control authorities had been expanded (see also Träskman 2004).

In an article published by Per Ole Träskman in the joint Nordic book, 'Varning för straff' ('Beware of Punishment'), he uses the term 'dragon's egg' to illustrate the phenomenon identified by Christie and Bruun. According to Träskman (1995), organized drug crime was used as the rationale for injecting elements into the criminal justice system that were foreign to the Finnish legal system and that seriously jeopardized the legal protection of suspects. Pressure was soon exerted to expand the scope of these elements to other types of offences. In the end, according to Träskman, the control of drugs has had a significant impact on the entire criminal justice system and on the punitive turn in this system (Träskman 1995; Träskman 2003; Träskman 2004).

The police took an active role in defining the nature of illegal drug markets, which further consolidated the linkage between drugs and criminal activity. The review of law enforcement authorities painted the picture of professional, organized and international drug crime, which in turn called for an increase in the coercive measures available for use. Consequently, the police were given a set of new undercover policing methods, like cellphone surveillance, bugging, undercover operations, pretended drug purchases, use of data sources and controlled delivery.

After the mid 1990s, the prisoner rate in Finland, which had remained low, began to grow again. This was the result of stricter policies, starting with drug offences and later including violent offences. The change could be seen not only in the growth of the number of prisoners convicted of drug offences and violent offences, but also in the longer length of sentences given (Lappi-Seppälä 2012). According to Lappi-Seppälä, this was a clear consequence of the punitive turn, which had led to a tightening of control (Lappi-Seppälä 2001; Lappi-Seppälä 2007). However, the increase in the number of prisoners convicted of drug offences is also explained by changes in the drug market.

The significance of drugs in the criminal justice system also increased due to the considerable changes that took place in

the amount and nature of drug crime. This was influenced by a second wave of drug use (Partanen & Metso, 1999; Partanen 2002), which resulted in an expanded drug market. This, in turn, could be seen in an increase in the supply of drugs, the emergence of new drugs on the market, and a strong increase in the demand for drugs. According to the police, drug-related criminality in the 1990s began also to have more common features with organized crime, and its connections to international criminality deepened. The changed drug situation was soon reflected in the criminal justice system. The number of drug offences recorded in the statistics increased. The number of seizures multiplied, as did the quantity of drugs seized. The movement of large quantities of new substances classified as dangerous, such as ecstasy and buprenorphine products (generally, Subutex), which was later used in drug substitution treatment, was reflected in the penal system. The number of prisoners serving sentences for drug offences increased, and they were being sentenced to very long terms of imprisonment (Kainulainen 2007).

Drug Control Remains Strict

The penal provisions on drug offences were reformed at the beginning of the 1990s as part of a comprehensive reform of the penal code. The 1988 Vienna Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances also played a part in improving international cooperation to combat illegal drug sales. It required the extension of criminal responsibility to facilitate the access to the factors that uphold the drug industry. One of the key aims was the prevention of money laundering.

In terms of drug use, there was no strong attempt to carry out a critical assessment of the justifications for the criminalization of the use of drugs. The main debate at the time was over what would be the appropriate penal latitude for the use of drugs. The Working Group on Drug Offences, chaired by Träskman, proposed a petty form of the basic offence – a drug infraction punishable only with a fine. The Minister of Justice was concerned that such an approach would convey the wrong message – that the

control of drugs was being eased – which would, in turn, tempt young people to become new users of drugs and would bring in more people as drug dealers. Also, members of Parliament joined in the debate. In the total reform of criminal law, offences were generally set out on three levels of seriousness, with a petty form, a basic form and an aggravated form, however a different approach was adopted with respect to drugs. The use of drugs remained part of the basic drug offence, for which the penal latitude continued to range from a fine to imprisonment for two years. However, the rationale for the possibility of the waiving of measures was regarded as so strong that a special provision on this was taken into the criminal law. The intention was that measures would be waived more often, particularly in cases where a drug user sought treatment, but also in other petty cases of drug use. Thus, depenalization now received strong support by penal code (Kainulainen 2009: 95–122; Kainulainen 2017).

This time there was a change in the application of law, and prosecutors began to decide much more frequently to waive measures in the case of drug offences. The increasing use of the waiving of measures prompted lively debate. Some deemed it a good way to prevent the exclusion of drug users, in particular of young people, while others were concerned about the blurring of the line between what is allowed and what is prohibited. The Finnish Prosecutor's Association proposed to the Ministry of Justice that a petty form of the offence be incorporated into the Criminal Code. Since this would have a narrower penal latitude, offences involving the use of drugs could be dealt with through summary penal proceedings (Kainulainen 2001; Kainulainen 2009: 134–137; Kainulainen 2017).

Indeed, the provisions criminalizing the use of drugs were amended at the beginning of the 2000s, but this reform did not call into question the need for criminalization. Nonetheless, an approach based on fundamental and human rights had increasingly gained ground in the debate on criminal law, even though this was not reflected in the formal opinions given by criminal law scholars on the use of drugs as an offence. It is possible that a form of *Realpolitik* thinking may have been behind this approach. Although some experts might well have opposed the criminaliza-

tion of the use of drugs, they did not raise the issue because they did not believe that this view would have prevailed in political decision-making.

Setting the use of drugs apart from the basic drug offence, as a petty form of the offence, is in itself a positive development. Under pressure from the police, the penal latitude was set as a fine or imprisonment of up to six months, so that the police retained the right to carry out searches of the premises of people suspected of drug use. From a criminal law perspective, the severity of the penal latitude should be based on the reproachful nature of the conduct in question, and not on the needs of the police. However, the amendment of the law to provide for a separate, petty offence of drug use led to a tightening of the penal system, with the good start that had been made towards a shift to the wider use of the waiving of sanctions quickly ending (Kainulainen 2009: 359–360; Kainulainen 2017.)

Hence, following the amendment of the law to provide for a separate offence of drug use, the penal system was tightened. The simplification of the procedure for imposing fines has led to the police imposing a fine for drug use in a rather schematic manner. Following the amendment, it has been very rare that measures have been waived. When the amendment was enacted, the authorities were encouraged to waive measures, particularly for two groups of people. The Office of the Prosecutor General and the National Police Board jointly drafted guidelines for the implementation of this position, and the guidelines have recently been revised (VKS 2018: 2). Young people who were apprehended experimenting with or using drugs should be cautioned rather than fined. Problem drug users should be encouraged to seek treatment, in which case they would not be fined. Studies of enforcement practices have shown that various arrangements for cautioning minors have been organized in different municipalities and in general they have not been fined. On the other hand, the diversion of adult problem drug users to treatment has not succeeded and, consequently, the number of such decisions to waive measures has remained very small (Kainulainen 2009: 346–380).

For decades, the police have considered it important to tackle drug use. This is also stated in recent instructions to the police: ‘In

order to maintain both general and special deterrence, it is important that the police intervene in all cases of drug use and that these also be recorded as criminal offences known to the police' (PO-2018-49612). These same instructions refer to the possibility for the police to decide to waive measures. A caution by the police is considered sufficient for very petty incidents of drug use involving the possession of a small quantity of drugs or where the drugs have been used only at home. The police do not publish statistics on the number of cautions it has issued. According to police, such decisions are rarely made, even if suitable cases for the waiving of measures can be found among drug offences. Indeed, since the 1960s, the police have been reluctant to waive measures for drug use (Kainulainen 2001; Kainulainen 2009; Kainulainen 2017).

Indicators of the Control of Drugs

Drug offences are graded according to three different degrees of severity, according to the seriousness of the offence. Drug offences involve the illegal production of drugs, import, export, transport, distribution and possession of drugs. The sanctions are a fine or a maximum of two years imprisonment. The drug offence is aggravated if it involves very dangerous drugs or a big quantity of them, if substantial financial profit is sought, the offender acts as part of organized group, the offence causes severe danger to the health or life of several people, or the drugs are distributed to minors or otherwise in un unscrupulous manner. The penalty is imprisonment from one to ten years. In the reform of 2001, the new prerequisites were introduced for petty drug offences. It includes the use of drugs and the possession of drugs or attempt to acquire minor quantities for own use. The least severe drug offence, the use of drugs, may be punished with a fine or a maximum of six months imprisonment. In addition to this, the Penal Code contains penal sanctions for the preparation and promotion of drug offences (see Penal Code 50:1–4).

Recorded drug offences increased steeply during the 1990s, and the increase has continued. Figure 18 shows that the majority of drug offences recorded by the police continue to involve drug use. In recent years, the police have recorded around

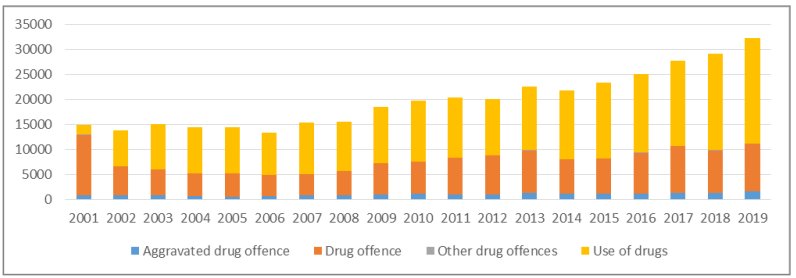

Figure 18. Recorded drug offences (unlawful use of drugs; drug offence; aggravated drug offence; other) in Finland, 2001–2019.
Source: Statistics Finland (1).

30,000 drug offences, of which about 20,000 have been drug use. This means that more than half of the drug offences recorded by the police have involved drug use. The punishment has usually been a fine imposed by the police. Very few decisions have been taken to waive measures.

Since the 1960s, police have kept statistics on the number of drug seizures they have made and on the quantities of various drugs seized. Data on drug seizures (see Table 16) can be used to form a picture of changes in the drug market, such as the availability of different drugs or fluctuations in the amounts. However, the reliability of a timeline analysis is undermined by the lack of statistics on the potency of the drugs that have been seized. For example, if one year the amphetamine found on the market was typically low-grade, but in the following year very strong amphetamine was seized, this information is not revealed by the statistics, and the data on amphetamine seizures from one year to the next cannot be compared.

In the Finnish drug market cannabis has been the most commonly seized by the law enforcement agencies. Also, amphetamine and methamphetamine, ecstasy and buprenorphine-based opioid substitution medications (especially Subutex®) are common, whereas heroin and cocaine are rarer, although this seems to be changing.

Very little statistical information is available on coercive measures used by the police. In addition, the police do not keep statis-

Table 16. Quantities of seized drugs in Finland, 2015–2019.

	2015	2016	2017	2018	2019
Cannabis (inc. hashish kg)	271	332	1.015	399	612
Cannabis-plant (N)	23,000	18,900	15,200	13,100	15,900
Amphetamines (kg)	300	192	259	202	177
Ecstasy (tablets N)	23,660	127,680	66,420	219,350	265,510
Heroin (kg)	0.42	0.3	0.36	0.08	7.8
Cocaine (kg)	9.2	18.5	7.3	10	223
Subutex® (tablets N)	42,950	73,670	24,510	63,130	56,470

Source: Police.

Table 17. Drug offenders* apprehended, arrested and remanded in Finland, 2016–2020.

	2016	2017	2018	2019	2020
Apprehended	1959	2418	2574	2866	3192
Arrested	1614	1747	1749	1857	1906
Remanded	565	555	520	558	496

(*) unlawful use of drugs, drug offence, aggravated drug offence and other drug offences.

Source: Statistics Finland (2).

tics on whether they only stop drug users on the street and seek to determine whether or not they have drugs in their possession. It is only if a person is brought to a police station and he or she, or his or her clothes, are searched in order to detect drugs that there is usually a record of the apprehension. The number of persons apprehended, arrested and remanded for trial each year can be seen in Table 17. In 2020, a total of 3200 apprehensions were made. The number of arrests was 1,900 and remands 500. In traffic, the examinations to detect drug use have increased markedly. From 2013 to 2020 the number of examinations increased from 4,500 to 12,000.

The police publish selected data on their use of undercover policing methods, such as interception of telecommunications or

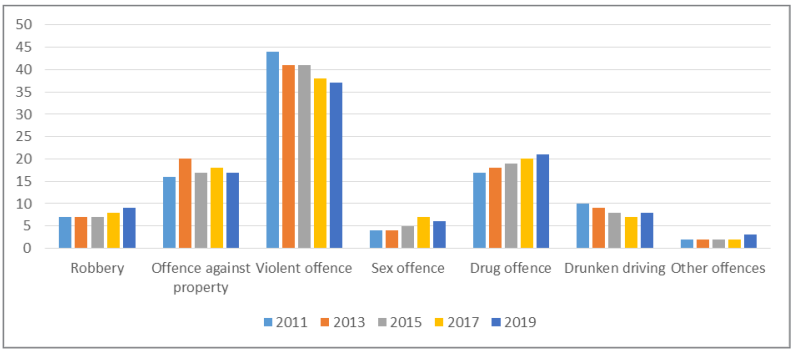

Figure 19. Prisoners in Finland, 2011, 2013, 2015, 2017, 2019 (100 %) (principal offence of sentenced prisoners).
Source: Criminal Sanctions Agency.

technical surveillance. An annual report on the use of covert coercive measures is prepared for the Parliamentary Ombudsman. According to these reports, very many of these cases have involved the investigation of drug offences. According to the assessment of the police themselves, the use of covert coercive measures has been very useful in the detection of drug offences. The police are not at all forthcoming on their covert activity and the use of pseudo-purchases. They also do not report on their covert collection of intelligence.

During the 1990s, the number of prisoners serving a sentence for a drug offence as their main offence began to increase (see Figure 19). In 2019, 20 per cent of prisoners had been convicted of a drug offence as their main offence (N = 464). The number of all sentenced prisoners was 2260. Of the prisoners with a foreign background, almost one half had been convicted of a drug offence. The conversion of unpaid fines into imprisonment was reduced by a reform implemented in Finland in 2008. However, the law is once again being tightened and the trend is reverting to what it was before. No statistics are available on what offences had led to the original unpaid fine, which was subsequently converted into imprisonment. Nonetheless, it can be presumed that some of the offenders serving a sentence of imprisonment for unpaid fines had been guilty only of drug use.

Surveys of the health of prisoners show that a significant proportion of them suffer from alcohol and drug problems

(Obstbaum-Federley 2017). From the mid 1990s there was a relatively rapid change in Finnish prison services and rehabilitation programs were introduced. As the number of drug-using inmates continued to rise, as did the number of inmates sentenced for drug offences, there was a strong need to establish drug treatment programs in prisons (Kainulainen, Kinnunen & Kouvonen 2001). The programs reflect a dual-track policy in which drug-using inmates are seen either as criminals who are to be punished and controlled more harshly, or as rehabilitating drug users who are entitled to welfare services (Kolind et al. 2013). The substance control of prisons has been intensified significantly in recent years. In addition, measures related to training, information, rehabilitation and health care have been implemented.

Statistics do not necessarily provide information on the intensity of the control of drugs. From this point of view, studies that examine those involved in control are of interest. There have been a few studies on the drug police. There have also been a few studies that have contacted those who have been the subject of control. For decades, the police have attached great importance to intervening in the behavior of drug users. In addition, the police have rather intensively monitored those people that they have identified as being of interest (Kainulainen 2009; Kainulainen, Savonen & Rönkä 2017; Kinnunen 2003). This explains, in part, how the police are able to apprehend drug users, as does the fact that some of those involved in the illegal drug market are quite active in the commission of many different types of offences. However, the criminal justice system has succeeded rather poorly in responding to the needs of those who are caught in a cycle of drugs and crime.

The Failure to Lower the Level of Repression in Respect of Drugs

With respect to drugs, it has proven to be difficult to launch a debate that would provide a critical assessment of drug control and its consequences, as well as alternatives to the use of the penal system and criminal law. Träskman (2004) has pointed out that while the prevailing severe control of drugs and its harmful effects have indeed been criticized, it has not had a positive influence in

the development of criminal policy, since politicians have not been convinced of the need for mitigation. On the contrary, for a long time, the trend has been towards a tightening of control rather than a relaxation of it. In addition, international models and the need for amendment of the law in line with EU requirements have typically been referred to precisely when a tightening of controls has been desired.

During the 1990s, when a general debate arose that emphasized fundamental and human rights, it would have been a good opportunity for criticism of the control of drugs and, in particular, for easing the prohibition on the use of drugs. Fundamental and human rights were no longer just an internal constitutional issue. Instead, human rights thinking pervaded all areas of law, including criminal law (Melander 2008; Pirjatanniemi 2011). When examined from the point of view of fundamental and human rights, it would have been very difficult to justify, for example, a prohibition on the personal use of drugs.

Amnesty International has examined drug control and prohibition from the human rights perspective, and came to the conclusion that the current repressive control has been inefficient, leading to numerous violations of human rights. On a global scale, the violations include capital punishment; the coercive use of arms; and corruption and repeated questionable actions by the law enforcement that have been either unlawful or 'in the grey area', leading to the neglect of legal protection. The vulnerable people in society are typically those who resort to drug use and suffer from it. However, the current repressive control does not focus on seeing to their social rights or right to health, but rather exacerbates the issues through stigmatization, alienation and marginalization of users (Amnesty 2019).

The criminal justice system can be developed not only by amending legislation, but also by changing the way in which the law is interpreted or applied. For example, the Supreme Court has sought to reduce the sentences imposed on persons who had been apprehended in the smuggling of drugs on the grounds that they had not been responsible for the planning of the drug trafficking (Supreme Court precedents 2017:9; 2018:45; 2020:45). However, the Supreme Court has upheld a strict attitude towards

the penalization of drug use – the scope for waiving of measures has been narrowed to a great extent (Supreme Court precedents 2002:111; 2003:62).

Conflicting Policies in the 21st Century

Garland (2001) states that one of the characteristics of the current state of affairs is that, after the punitive turn, there has been no unified vision of criminal policy. Societies have conformed to high levels of criminal activity and the public sector no longer strives to solely prevent crime. Today, we simultaneously resort to numerous different criminal policy measures that are based on very different ideological starting points – even at odds with one another.

Nordic criminal policy has been characterized as extraordinary, since it has remained humane and rational in spite of the punitive requirements (Pratt 2008a; 2008b). The Nordic penal exceptionalism has gained admiration in international discussion, but it has also engendered criticism, according to which such exceptionalism does not exist. The tone of the discussion varies based on which countries are used as points of comparison, what kinds of questions are being asked and to whom the message of the current state of criminal policy is directed. Moreover, when the focus is placed on the target of the repression, more aspects are revealed that are open to criticism. For example, the UN Committee against Torture has drawn the Nordic countries', and especially Finland's, attention to the large amount of time individuals spend on remand and the harsh circumstances at the police station cells (Barker 2013; Ugelvik & Dullum 2012). Minors are rarely found in Finnish prisons, but the number of out-of-home placements has been on the increase.

Lappi-Seppälä argues that various structural and cultural factors can be found behind the moderate criminal policy. The question is about a constant commitment to the Nordic welfare state, which aims for solid safety nets and an even distribution of income. Citizens and the government trust each other, and politics strives for consensus rather than conflict (Lappi-Seppälä 2007). Although there have been signs of a chilling of the criminal policy climate in Finland, it should be noted that the debate in Finland

does not seem to be as emotional or politicized as it is in many Anglo-Saxon countries, or even in Sweden (Hermansson 2019). This has been reflected in the program of many political parties and in the criminal policy initiatives of politicians, which have not sought to appeal to the general public through populist crackdowns (Boucht 2020; Häkkinen 2020; Kainulainen, Honkatukia & Niemi 2021; Lappi-Seppälä 2012; Lappi-Seppälä 2016).

The general public, in turn, does not seem to be getting very heated about crime. This can be seen, for example, in a recent study of public attitudes towards punishment, according to which the respondents would, in general, have imposed sentences that were even lighter than the prevailing sentencing practice (Balvik et al. 2015; Kääriäinen 2017). Many respondents also welcomed the idea of developing treatment-oriented alternatives to prison for offenders with substance abuse problems. The general debate on criminal policy in recent years seems to have focused on certain limited crime themes, such as offences committed by immigrants, in particular, sexual offences. On these issues, the tone of the debate has become sharper.

Using Garland's idea on conflicting policies we can point out that the punitive turn has manifested itself as strict continuous amendments to the Criminal Code: the scope of penal provisions has been broadened and the sentence scale heightened. This trend is especially visible for violent crimes and sex offences, which have been made stricter several times during the last few years. The number in the Finnish prison population began to rise at the turn of the millennium, but it levelled off shortly after and has since reduced. Lappi-Seppälä sees that this is partly due to the development of the sanctions system, which has been on par with the approach of humane and rational criminal policy. When the Criminal Code has been made more severe, the common reaction has been to mitigate the sanctions system. According to Lappi-Seppälä, in many cases, changes and innovations in the system of sanctions functioned as a safety valve, easing the pressure created by politically motivated reforms in the realm of criminalization (Lappi-Seppälä 2007: 219, 2016: 31).

Indeed, in the penal system, legal experts have actively begun to seek alternatives to imprisonment. Community service was the

first such alternative to be introduced, followed by the juvenile penalty for young offenders, and the most recent reform that introduced a form of supervision as punishment, which offenders serve in their own home. Intensive abuse of substances or drugs, or homelessness, can be a bar to community service or supervision. Thus, the relaxation of the penal system in recent decades has not been to the benefit of vulnerable persons who have been apprehended for drug offences.

The more lenient approach in the system of sanctions is also represented by the use of mediation in the case of less serious offences; successful mediation usually results in a decision to waive prosecution. Mediation is not possible at all in the case of drug offences because there is no victim in the offence who would be the other party to the mediation. Some years ago, plea bargaining was introduced in an attempt to reduce the expenses incurred by the criminal process, whereby the perpetrator could participate in defining the proceedings he or she is prosecuted in, which would mitigate the punishment. Plea bargaining is applied only in more serious charges; however, the bargaining is not applicable to aggravated narcotics offences.

The number of imprisoned drug addicts is considerable. The Imprisonment Act, which was introduced in 2006, placed an emphasis on drawing up an individual sentence plan. The number of rehabilitation programs in prison has been increased, but their implementation has been met with many problems, for example, not all drug addicts are recognized or are deemed to profit from such programs (Obstbaum-Federley 2017). The programs also rarely accept those on remand, convicts serving short sentences and those who are serving a conversion sentence due to unpaid fines in prison.

Discussion

New participants have entered the debate of criminal policy, and the debate has become more diverse. This is also reflected in drug policy. The 'role' of drugs is being redefined internationally, which can be seen particularly with regard to cannabis. The need to control the distribution of drugs is generally agreed on in the

EU, which in turn has strengthened international cooperation. However, the member states are not in full agreement as to the view towards the use and users of drugs. Some states emphasize the role of penal control, others the need to weaken adverse effects. However, several member states have depenalized the use of drugs, which ensures that punishments are not necessarily included in the political agenda: it is understood that there are ways to apply the criminal legislation and simultaneously employ mitigation and leniency in the proceedings (Chatwin 2011; Hughes & Stevens 2010).

The drug control policy in Finland has been built on the criminal justice system ever since the 1960s. Compromises have been made to the principles of humane and rationale criminal policy. The penal provisions regarding drug-related crimes have been broadened, more efficient drug control has been enforced and the application of Criminal Code has been extremely stringent. When the sentence scale was narrowed down in an amendment pertaining to drug abuse, the penal practices were, in turn, made stricter. Even though mitigation has been employed within the criminal justice system (e.g. with mediation and plea bargaining) and alternatives have been devised for imprisonment, those convicted of drug-related crimes have hardly been able to benefit from these changes. The number of such convicts has been on the increase in prisons, and generally the number of addicted people has been shooting up. It has been noted that these people usually come from poorer circumstances than those who end up applying for non-prison rehabilitation services. Bringing rehabilitative elements into the practical life of prisons is not simple, however, and hitherto there has not been enough political will in Finland to adopt, for example, the contract treatment (kontraktsvård) model used in Sweden.

From the perspective of humane criminal policy, the use of the penal system should not be discriminatory. Regardless, penal control has been concentrated on drug users who are in vulnerable positions. Some of these people are constantly involved in criminal proceedings, both because of their drug use and because of other crimes. The dominant repressive system of control has an adverse effect on drug users. A ban on drug use can make it more difficult

to get help, support or treatment, as well as remain in treatment when the relapses during a normal treatment process are defined as criminal. Mistrust, control and sanctions can easily make their way into the common practices of drug user rehabilitation. The current ban on drug use has numerous adverse consequences, and it makes it more difficult for drug users to act as full members of society. Now would be a good time to assess the necessity and fairness of the ban, and to set the wheels in motion to achieve a decriminalization reform. Concurrently, there is a need to fully assess the content, expenses and effects of the current repressive drug control system.

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9. Street Users in Drug Policy: On the Underestimated Role of Welfare Institutions

Nicolay B. Johansen

Introduction

A wind of liberalization has been manifest in drug policy for decades, while the political establishment has stubbornly refused to give in with regards to the penal regime. But how would liberalization change the situation for drug users in Norway? In this chapter, I argue that a reform decriminalizing drug use would not alter the major structure of the controlling environment for street users.

In 2018 the Conservative government announced that they had prepared a 'drug-reform', and in late 2019 a committee gave their white paper on how to decriminalize minor drug violations. In 2021, the process again stops short of any significant reform on the political level. Penalization of any association with illegal drugs has been a cornerstone in Norwegian drug policies and one of the most important legal resources for policing for decades, as is broadly the case in the other Nordic countries. In Nordic criminological circles there has been a widespread consensus that a move away from the penal regime is long overdue (Christie & Bruun 1996; Houborg, Asmussen & Bjerge 2008; Ólafsdóttir 2001). This chapter argues that criminology has been too focussed on the penal aspects of current drug policy. Expectations for political improvements of a decriminalization reform overlook the fact that it is the welfare state, in all of its institutional forms, that define the conditions of drug users. I make the claim that

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the proposition to decriminalize possession of minor amounts of illegal drugs will not alter the situation for street-level drug users. I will not discuss consequences of such a reform on prophylactic activities regarding younger people.

In the next section I present a review of recent changes in drug policy. I open up with a broader view of what drug policy is, and then provide a more precise conception of the welfare state: the state 'takes care' of its citizens. The development of drug-related deaths indicates that the obligation to *take care* is not taken as literally as in other political areas. A fundamental example is found in the area of knowledge production, which forms the basis of political activities. Whereas the state takes a keen interest in the health of the population at large, the equivalent interest in the health of drug users is conspicuously absent. To make sense of the divide between drug policy and other areas of the welfare state, I highlight an understanding of the welfare state as an 'institution of curtailment'. A brief overview of drug treatment is offered in the last section to exemplify how the welfare state is both a provider and an executioner in contemporary drug policy. This example is based on the experience of a user and also serves as a substitute for the gap left by the research community. The absence of more knowledge about these aspects of drug treatment reveals that the research community is more or less completely absorbed in the prevailing knowledge regime (Campbell & Pedersen 2014) defined by the perspectives of the treatment sector. To prepare this argument, however, it is necessary to explain why the term 'drug policies' is sometimes used in plural tense and attend to the shortcomings for understanding this political field.

Theorizing Drug Policies

The argument presented here does not rely on a specific method, other than putting pieces together in a somewhat unfamiliar way. The target of the argument is understanding – my contribution is not to add data to a hypothesis. Thus, this chapter concerns the *sphere of discovery*, and not *the sphere of justification* in Swedbergs terms (Swedberg 2014; see also Johansen 2018b). I argue that drug policy needs to be theorized, again with Swedberg, with a more profound understanding of the welfare state. Thus,

the story to which I refer towards the end of the argument is an example, illuminating the questions and experiences omitted in the research community. It should not be considered as data.

Theorizing implies a focus on concepts and uses of words. In this chapter, I switch between the terms drug policy and drug policies. 'Drug policies' covers a wide range of administrative areas. In the most recent white paper discussing drug policies in its broadest definition, a number of areas are listed (Meld. 30 2011): employment, housing, rehabilitation, health care, social benefits and programmes, the treatment sector and legal status (any association with illegal drugs is defined as a criminal offence, and thus suggests drugs are a police matter). All of these areas are part of the field understood as drug policies in administrative circles. What matters here is that drug policies consist of contributions from a wide array of politico-administrative areas.

In Norway, the term for drug policies is 'ruspolitikk'. *Ruspolitikk* translates directly as 'intoxication policy' (see Edman, Chapter 10, this volume). Intoxication policy is broader than the concept of 'drug policy'. The term 'intoxicating substances' includes alcohol, whereas 'drugs' in this context are understood as illegal substances. Alcohol policies are, however, left out as a separate field of politics, distinct from 'drug policy'. Policies regarding illegal drugs are separated not merely by a distinct status defined by its illegality, but also by the fact that users of illicit substances are regarded, and treated, differently from other people asking for assistance. Welfare institutions distinguish between people worthy and unworthy of assistance. Drug use is generally a disqualifying attribute (apart from being punishable). Drug users report that they encounter rejections all across the welfare and health sectors (Skyggeutvalget 2020). Accordingly, any regulation does, in principle, relate to users of illicit drugs. Thus, the relevant rules are those that relate to people using drugs and having social and health problems. This is also why it is sometimes referred to as laws and regulations in plural, as drug policies.

Uses of words and concepts reveal underlying ideas. The argument forwarded here challenges some ideas apparently underlying some Nordic criminological circles. Perhaps it is described in too simple terms, but I call it 'the carrot-and-stick paradigm'.

The Carrot-and-Stick Paradigm

Christie and Bruun (1996) labelled Norway and Sweden the Nordic 'hawks' of drug policy. Hawks promotes heavier use of punishment, but what is the alternative? Is it treatment? This question is left unresolved by Christie and Bruun. This chapter takes issue with the unclear and contradictory images of the area of politics sometimes referred to as drug policy. I argue that it is necessary to avoid an implicit understanding of drug policy as a binary field defined by punishment and treatment. This is 'the carrot-and-stick paradigm'.

Within the carrot-and-stick paradigm, punishment is seen as the hard measures (sticks) typically advocated by cynics. On the other side, treatment is seen as a soft measure. Both punishment and treatment come in different guises. Punishment is, to some extent, meshed with rehabilitative activities. Through the 20th century, penal ideologies have shifted back and forth between classical liberal ideals of pure responsibility deterrence on the one hand, and welfarist social engineering in the name of treatment and rehabilitation on the other. 'Treatment' is also a fluid term. It is sometimes referred to as day care in institutional settings with some sort of psychological rehabilitation techniques, sometimes as harm reducing activities such as opioid substitution treatment (OST), and sometimes as welfare in general.

In criminology, the tension between punishment and treatment has been a recurring theme. The founding father of Norwegian sociology of law, Vilhelm Aubert, famously argued that the medical and the penal spheres are inherently incompatible systems of thought and action (Aubert 1958). Aubert analyzed the difference between psychiatry and punishment and commented on the contemporary debate over 'treatment ideology' that prevailed in penal administrative circles at the time. Forty years later this work was still seen as a relevant starting point for a meeting of Nordic drug researchers. This meeting gave occasion for a host of different analyses of contemporary drug policy, and fortunately these contributions were published (Ólafsdóttir 2001). This publication harbours different views, but on the whole, it is clear that the participants do not agree on a common understanding of what the field of drug policy is or how it should be interpreted. The

contributors mostly refer to some sort of bipolarity of punishment and treatment, but the terms are not fixed or agreed upon. Svensson (2001) states that punishment and treatment are two sides of the same coin because the recipient may confuse experiences from the two sides: it was 'difficult to say which is which'. Part of this confusion comes from the fact that the 'treatment ideology' is still in operation within penal institutions (Storgaard 2001). Whereas these and other reflections are well founded, they are still unclear in how drug policy is conceptualized. Träskman (e.g. 2001) said that the burden of punishment had become 'too heavy' and unbalanced, with the weight put on treatment. The implicit expectation of this is that the sides are opposites.

This ambiguity has prevailed. Jepsen (2008: 151) commented that the Danes had a long tradition of solving 'social problems via social welfare measures'. In an older review article, Jepsen and Laursen (2002) had discussed the 'ambivalent balance between repression and welfare'. This ambivalence was intensified by the rise of harm reduction (Jepsen 2008: 173). Some years later, Ødegård (2011) would claim that there are inherent contradictions between harm reduction and punishment, and that it ruined the dynamics of drug policy. Houborg and Frank (2014) and Giertsen (2012) later observed that the treatment sector is unable to solve or redeem the drug problem, but they leave it at that. In their optics, the problem is that politics is defined by penal law. And by leaving the alternative to punishment open, they implicitly accept the possibility that treatment or welfare may be a benign activity.

The criticism presented here does not rely on the premise that the mentioned authors are at fault. What is argued is that these conceptualizations of drug policy are too narrow, and that what is needed is a more comprehensive view of what drug policy is. In the mentioned works, studies of drug policy are troubled by a tacitly conveyed image of a political field defined by two opposites, defined basically by a positive and a negative pole.

Within the carrot-and-stick framework, the drug-free treatment industry is associated with the benign forces. Treatment in terms of therapeutic efforts to redeem addiction is regarded as a countervailing force opposing the evils of punishment. What is missed in this paradigm is that the treatment sector, the health

providers, harm reduction activities and welfare organizations in general are interwoven parts of the same political rationality. It is not the police or the penal law (or its agents) that define politics nor coordinate it. The problem is not necessarily found in the realm of penalty, the problem is how the welfare state defines its role in relation to (marginal) citizens. And this, I argue, is part of the reason why decriminalization of minor drug offences will not fundamentally alter the landscape of drug policy.

A closer look at the political developments within the area of drug policy reveals that from an administrative point of view, the broader perspective is taken for granted. This will be shown in the next section, which in turn also portrays the width of welfare activities relevant for drug policy.

Recent Reforms and Political Action Related to Drug Use

In 2011 the government issued a white paper on drug policies called 'See me! A comprehensive drug policy' (Meld. 30 2011). The title supports the basic premise of this chapter, that drug politics should be seen as the result of activities in many administrative areas. The paper promises to contribute to a 'comprehensive' intoxication policy. For our purposes, it is more relevant that the white paper summarizes former reforms that define developments in the area of drug policy. Their summary highlights the following reforms.

- In 2004 two 'milestones' took place in relation to drug policies. Firstly, a permanent law for fixing rooms was passed in parliament. Secondly, a so-called 'drug reform' (not to be confused with the current reform) altered the structure of drug treatment. The reform was, primarily, a shift of organization, from a municipal model to the state level of government. It also gave drug users in need of care and treatment 'patient rights' on par with ordinary citizens in the general health system.
- In the following years, a programme for dental health was established, targeting people with severe drug-related problems. Dental aid is offered to people enrolled in treatment.

- In 2007 a white paper on poverty and inequality was published. This paper included attention to people suffering from drug-related problems. In the same year, the first of several 'step-up plans' for the drug area was set in operation. The step-up plans are a monitored fuelling of resources to drug and alcohol relevant activities, mainly on the municipal level. It is important to notice that the 'drug field', on this level, is interwoven in civil society, and as such, is highly dispersed (Hansen et al. 2019).
- Two major reforms concerning the entire construction of the welfare state were also implemented in this decade. A reform of social services ('NAV-reformen') fused the sector, from one formerly operated with three separated organizations. The aim of this reform was to coordinate social services more effectively. This reform also emphasized the procedural demands for clients, and thus attached drug users to the general goals (not to say 'visions') of social services: to create a pathway from financial dependency of benefits to autonomy (employment). Clients of social services have a right to an 'individual plan' – a coordinated group of servants from the relevant sectors for the individual (health workers for drug users).
- At the turn of the '00's' (2010) more resources were channelled to street-level activities for drug users with serious health problems. New legislation in the area of public health also clarified municipal duties regarding health care and follow-up regarding the specific organization of channelling people into labour.
- At the same time, a 'coordination reform' ('samhandlingsreformen') was introduced in the health sector. This reform was made to improve the coordination of activities delivered in the dispersed reality of welfare and health organizations. It is hard to specify the concrete relevance for drug users, but it is stated that drug users are supposed to be met with 'respect, care and influence concerning the content of services' (both on a general level and with regard to their individual situation). The relevance of this reform is perhaps most

clearly seen in the current ambition to establish a standardized scheme for treatment ('pakkeforløp').

- Looking forward, the white paper (Meld 30 2011) emphasizes room for improvement in the 'coordination of assistance' to make the local services 'more accessible', 'improving housing conditions', 'improving possibilities for people with drug related problems to find work', 'assisting people having amassed problematic debt', 'possibilities to develop meaningful leisure activities' and 'non-drug related networks', 'close attention to child care', 'improving dental care' and 'mental assistance', and finally, 'continual follow-up on the system of opioid substitution programs'.

The short review offered above does not reflect all the nuances and width in the political activities mentioned, but it reflects the areas that are considered as relevant for drug policies by the government. However, Meld 30 is written in general and un-committal terms, based on 'law in books' and rarely on 'law in action'. So, it does not reflect the changes in real life chances of drug users. To discuss these reforms as law in action is far beyond realistic in a tiny chapter like this. To illustrate the point though, we could look to the reform that has altered the life chances most profoundly, perhaps ever, in drug policy (but still not mentioned in the list above): the establishment of opiate maintenance treatment in 1998 (known as LAR in Norway).

The story of LAR is a tale of small steps in a landscape of people in dire need of assistance. LAR started out as a reticent offer with strict rules and a heavy control regime. Slowly, the strict rules have been lifted. Step by step, LAR has become more flexible, but the regime is still harsh to the patients that do not fit in perfectly (Skyggeutvalget 2020). Despite all this, almost 8000 patients are enrolled in OST in Norway today, and it is hard to think of any social welfare programme that has improved and saved more lives. The design of LAR, however, is a familiar one. The rules of admission (and exclusion) are designed to promote a lifestyle as conformist as possible, and not to save lives (Johansen 2018a). Thus, LAR is organized in a way that leaves out a large part of the drug using population.

Since the publication of Meld 30, three more activities have been established. Firstly, a 'step-up plan' was vetoed for the entire field of drug policies, and this was repeated twice. The step-up plans involve the coordinated and detailed distribution of added resources to targeted areas of treatment and municipal organizations. These step-up plans are monitored by evaluation teams.

Secondly, increased attention has been given to reduce the number of deaths from overdoses; several nationwide so-called 'overdose strategies' have been implemented. The most recent of these strategies (Helsedirektoratet 2019) opened for activities that have hitherto been considered in conflict with the overall political strategies to counter drug use (to 'minimize demand and market offers'). Prohibition has been seen as the backbone of drug policies, and reference to these ideals prevented drug testing and other harm reduction activities from being accepted. These references were lifted in 2019, and drug testing, among other things, was included in the overdose strategy. This change in operational doctrines may be interpreted as a sign of changes in the overall political climate.

Thirdly, and most recently, the drug-reform committee gave their report (NOU 2019: 26). They propose to decriminalize the use and possession of illicit substances. Use and possession are still seen as criminal acts but are freed from penal sanctions. The reaction suggested was to meet with a coordination unit to find a way to assist the user. The committee did not propose any changes in legislation regarding selling and distribution, so the main structure of the legal framework is not challenged. No legal channels for obtaining so-called narcotics are suggested (it is not 'legalized'). Due to the criminal definition of *use and possession*, the police also maintain their right to frisk people suspected of possessing drugs. As a corollary, they also have the right to confiscate (and destroy) illicit drugs they find. One may imagine that the police will have fewer incentives to pursue such actions, but the legal side of frisking will remain the same. Frisked persons will not be punished for possession and use of illegal substances. In place of a penal sanction, the police will order them to meet a commission, inspired by the famous Portuguese model, to seek advice or help for their assumed problems. The radical part of this

model is that the reaction will, under no circumstances, be open to sanctions of any kind (no fines, fees or any form of monetary burden) if the drug user fails to turn up at the health commission.

The reform ended in a failure. It did not pass in the parliament. I will not dwell on the reasons for this ending, the aim of the chapter is to consider the possible results from a de facto decriminalization of carrying and use of illegal drugs. The model proposed by the committee was made drastically less radical by the bureaucrats preparing a law for parliament. The ensuing political debate also revealed that conservative arguments still have a strong appeal in public exchanges.

The lesson from this overview is that the welfare state convolutes the lives of street users and that the role of penal law is unclear. The theme of this book is 'changes in Nordic drug policy', and although the penal status remains the same, there have been many changes. Optimism on behalf of lifting the penal domination in this area of politics is emerging, but will the decriminalization announced by the government alter the political landscape?

To answer this, we need to consider penalties in the context of the broader scope of welfare institutions and the welfare state as a rationality for state organization. In the next section I will juxtapose welfare rationality and the handling of drug-related deaths.

Death Rates in the Welfare State: The Case Against the Police

Public debates on drug users have centred on the high death rates in Norway compared to other European countries. This focus shadows the general misery and 'unhealth' (different forms of sickness) endured by many street users (Johansen & Myhre 2005). Elsewhere, I have argued that closer attention to the health conditions of street users, in particular, would draw a more nuanced picture of suffering from the current political regime, and that it could also serve as a source of information on the human effects of drug policies (Johansen 2018a). Still, death rates serve as a crude measurement that will suffice for this brief account.

Norway started to count drug-related deaths in 1977. Since then, more than 7000 people have officially died from overdoses or other related causes. During the 1980s, the number of deaths

increased steadily, but it never exceeded 50 people annually. During the 1990s, the numbers doubled more or less every third year: 100 was reached in 1992, 200 in 1995, 300 in 1997 and then numbers peaked at 400 in 2001. They then dropped again to 250 in 2003, and since then have oscillated between 250 and 300 (Amundsen 2015a).

In 2018, 286 people were reported dead from drug-related causes in Norway (NIPH 2019b). 'Poisoning' caused 210 of these, and 51 were registered as suicides. In 24 deaths, a combination of mental illness and behavioural anomalies was officially the cause of death, and involved illegal drugs.

Drug-related deaths mirror the pattern of the population injecting illegal substances: 30% involve women, and the average age of the victim is increasing (it was 44 years old in 2018). But apart from this, little is known about the context of these deaths. From the annual evaluations of the opioid maintenance programme (LAR), it appears that patients in that sort of treatment are effectively insulated from overdoses (Waal et al. 2019). This leaves us with a situation in which drug users who fail to qualify or choose not to partake in that kind of assistance are dramatically more likely to die from drug-related causes. A research project was instigated in 2015 to study overdoses more carefully, but this has yet to produce any results.

How high are these numbers? Drug-related deaths have almost reached the number of deaths related to alcohol (350 in 2018) and are 2.5 times that of traffic accidents (an area in which Norway have comparatively low figures). Drug-related death tolls in Norway are also high in a European context. EMCDDA produces a list of drug-related deaths annually. Per capita, Norway is among the top nations and has held a steady position for decades.

The high numbers have been a public concern for a long time. Some have challenged the validity of comparisons with reference to the quality of Norwegian reporting systems (Amundsen 2015b), but the numbers nevertheless call for an explanation that is not provided. The numbers have been a challenge for the current political regime.

What makes these numbers challenging is that Norway is a welfare state. The welfare state is expected to protect its citizens.

High death rates among parts of the population are expected to trigger a protective response, whichever group is most vulnerable, i.e. designated organizations keep track of causes of death among the population. A micromesh system monitors the prevalence of diseases. Elaborate systems register weather phenomena such as flooding. When rivers rise above their limits, rescue services move swiftly and people are evacuated. High death tolls in traffic incidents incurred great efforts to prevent future accidents. The welfare state takes care of the population and takes an active interest in its well-being by monitoring its health in detail. This monitoring uses data from the health sector and research.

This contrasts with state interference in drug-related deaths. It is true that drug research has received much funding, but still, research to study the circumstances of drug-related deaths in more detail has not been prioritized, and the activities promoted to reduce the number of deaths have been remarkably absent and unsuccessful, i.e. the 'overdose strategies' mentioned above.

The Role of State Action

The emergence of overdose strategies may very well reflect a gradual change in politics. Harm reduction has become more and more important. As mentioned above, in 2019 the time came where the benefits of harm reduction measures were believed to outweigh the importance of 'sending the wrong signal' (Helsedirektoratet 2019).

Implicit in the overdose strategies lies an understanding of the causes of drug-related deaths. Such an understanding is rarely proclaimed explicitly, but implicitly these deaths are attributed to inherent qualities in the drugs themselves and destructive lifestyles. While talk about causes of death is, by necessity, reductionist in nature, it is also worthwhile looking at in terms of the role of state agencies. I want to address the impact on living conditions created by rejections from health and welfare institutions. From the vantage point of the carrot-and-stick paradigm, the first inclination is to look at the police and administration of punishment for an explanation of drug-related deaths. As will be evident below, policing contributes to the total amount of pressure on drug users, but their efforts cannot fully account for the developments.

Indeed, the numbers of reported cases for drug crimes shows a remarkable co-variation with drug-related deaths. The number of reported drug-related violations increased threefold during the 1990s, reaching 45,000 cases in 2001. This number then fell by a third in the subsequent years before increasing steadily again until it reached 50,000 in 2013 and 2014. Since then, the numbers have again dropped by a third (the population has also increased by 15% in this time period). I will offer three brief comments on these figures before I return to the focus on welfare institutions more broadly.

Firstly, reported crimes are peaking in exactly the same year as the peak of drug-related deaths. The bulk of drug-related crimes consist of possession and use of illicit substances. It is common knowledge that these violations are driven by police initiatives. Thus, these figures reflect police activity.

Secondly, the steep increase in police activity was stopped after the Minister of Justice publicly proclaimed that the police should stop running after 'worn out drug users' in 2003.

Thirdly, a break in the trajectory in 2014 also came after a public scolding of the police, this time by the Attorney General.

The increase in police activity during the 1990s and subsequent years deserves closer scrutiny than I can offer here. Larsson gives a more detailed presentation of policing strategies in his chapter (Chapter 5, this volume). The fact that the two main breaks in the trajectory of drug-related crimes occur after public reactions from high standing officials is, in itself, something to reflect on. (Does it mean that the police organization did not respond to internal communications, or does it reflect that political signals were mixed and that the police organization was confused about how they were expected to respond?) Nonetheless, it would be harsh to blame active policing for the high numbers of drug-related deaths. Firstly, the police appear, at least partly, to take a more relaxed attitude towards the open drug scenes (Lundeberg & Mjåland 2017). Secondly, it is not necessarily so that short prison sentences are on top of the list of problems for high-maintenance drug users (they frequently seem to benefit physically and mentally from time out from the drug scene). Third, and most importantly, it is hard to see how the causal link would be if the police were to be held directly responsible. Drug users hide from

the police, but they also hide from private guards and the general public. And, most importantly, the numbers of deaths have not responded to the drop in charges by two fifths after 2014. Thus, the case for blaming the police is not so straightforward.

At the time of the peak of drug-related deaths, harm reduction in what has proven to be the most effective form (OST/LAR, mentioned above) was upgraded and opened up to a broader number of the most worn-down drug users. This fact leads the search for causes of death rates in a new direction. I have argued that politics relevant to the control of drug use should be seen broadly, with the long list of administrative entities borrowed from Meld 30 in mind. Harsh policing does not produce deaths among drug users, but it is possible to identify some indirect relations.

First, harsh policing may reflect a harsher political climate. In this way, policing is merely one expression of politics in other parts of the welfare state. A 'tougher stance' is taken also in the health sector, in social services and in other sources of support. The result is that drug users are rejected more often than before when they ask for assistance.

Secondly, and also a result of the first, the general health of drug users deteriorates as a result of the rejections. When the health is poor, death is a more likely outcome. One general observation is that deaths occur when people hide. They hide from the police, from security guards and from being seen at all. They hide for different but related reasons. Drug users injecting the most lethal substance, opioids, hide because they are ashamed, fearful of unpleasant consequences like being arrested, or to protect themselves against robbery.

It is futile to look for scapegoats. The death tolls of drug users are certainly dramatic, and slowly it seems that the alarm bells also ring in government circles. In the remainder of this chapter, I will address how the welfare state produces marginality on a broader scale than can be attributed to police activities.

Curtailing Welfare for the Unworthy

The minimal definition of a welfare state is that it provides a net of security for citizens who 'fall' from the security associated with a steady income and stable sources of sustenance (Garland 2016).

This provision takes different forms, i.e. financial insurance for the individual. It may also be viewed as proactivity to prevent citizens from falling. The number of traffic accidents and deaths has been reduced by 94% since 1970, (Skadeforebyggende forum 2021, Statistikkbanken 2021), due to better security in cars, laws making the use of safety belts mandatory and, not least, through massive investments in roads. Inquests are routinely established in the wake of fatal accidents. Similarly, the numbers of deaths caused by cordial diseases has been reduced by 50% since 2008 (NIPH 2019a). Hospitals conduct autopsies to learn from as many deaths as the finances allow (Johansen 2020). State organizations monitor the prevalence of illnesses and causes of death closely, and are prepared to react quickly if there are changes in threats to the lives of citizens. Some welfare states also operate with a distinct sort of rationality, Garland (2016) says, and take an active interest in rescuing people's lives and securing their health. The Scandinavian states are clearly within this segment of welfare states, but despite the overdose strategies, a comparative keenness has not been seen in relation to the prevention of deaths among injecting drug users.

The welfare state has received increasing attention in recent years (Barker 2017; Smith & Ugelvik 2017). However, this literature misses important aspects of how the Scandinavian welfare states operate. Much of the criminological presentations operate with underdeveloped conceptualizations, similar to the problems associated with drug policy mentioned in the introduction. Welfare is perceived as provisions of goods and security, and the criticism of the welfare state is that it does not live up to the ideals it purports. The typical form of criticism is to point to certain groups that (evidently) suffer from too little support compared to their needs (Barker 2017). Whereas this form of criticism is a most needed correction to state activities, it misses a crucial element that the Norwegian sociologist Midré pinpointed in 1991. On the basis of an historical account, he claimed that every form of welfare model is centred on criteria for inclusion and exclusion. The crucial element is that benefits are provided with a threshold set to delineate between the 'worthy and unworthy' recipients of assistance. Simply put, those who did not 'fall' as a result of their own responsibility are worthy. A welfare institution does not merely offer benefit, it also rejects applications. An intrinsic aspect

of welfare institutions is that they say 'no' to people they consider unworthy of assistance and aid. Based on this analysis, Midré characterized welfare as 'institutions of curtailment' (Loedemel & Trickey 2001; Midré 1991).

For a good part, the benchmarks defining the worthy and the unworthy are found in laws and other forms of regulations, traceable as sources of law in the legal system. It is common knowledge that judgement about worthiness also relies on informal discretion. Informal discretion is informed by stereotypes circulating in political culture and among professionals. For instance, the importance of police culture for organization output has been a main theme in police research for decades (Granér 2004; Lofthus 2009). Similar analyses of the importance of informal discretion in welfare organizations have not been conducted.

The curtailing function of welfare institutions makes the employees operating on the frontline – the street-level bureaucrats – important. Street-level bureaucrats are gatekeepers for the welfare state, and this is a core activity in the Scandinavian model. Gatekeepers operate all over the welfare sector: emergency hospitals and other specialized health institutions, social welfare organizations, housing agents, treatment organizations, housing institutions etc. The argument here is that these gatekeepers, and not merely the police, are crucial in defining the conditions for drug users. The suggested argument here is that the rate of arrests made by the police is an indicator of gatekeeping all over the welfare spectrum, and not a cause itself.

However, I can only partially substantiate this argument. The most obvious example to illuminate curtailment in the welfare state would be in social services. However, a comprehensive presentation of the research on the role of welfare agencies regarding drug users has not yet been made, although Lundeberg and Mjåland produced a very interesting analysis of the political nexus activated when the open drug scene in Bergen was taken down in 2015 (Lundeberg & Mjåland 2017). Mik-Meyer (2018) also made a promising cross-sectoral approach focussing on the views of social workers. Similar studies would be needed from the health sector. For now, we must rely on anecdotal evidence from the users (Hart 2000). I have made an attempt at an analysis

with regard to curtailment in LAR as a harm reduction activity (Johansen 2018a). However, in want of existing research, I will use anectotal evidence on treatment.

Treatment, I argued in the introduction, is as much a part of drug policies as any other sector within the welfare state. What is interesting in this perspective is how they design their demarcation against the unworthy clients. The example provided here is chosen because it sheds at least some light on the role of frontline workers in an assisting sector for drug users within the setting of a welfare state. I will present the views of an experienced drug user reflecting on his journey through the treatment sector. His views are his alone, but they have been collaborated by at least some other people with similar biographies (in conversations with the author).

Power and Knowledge in the Treatment Sector

Drug treatment has three distinct branches: OST ('LAR' in Norway), policlinic assistance and institutionalized, sometimes drug-free, treatment (which may also be combined with LAR). This section is about the latter, and the term 'treatment' will refer to institutions offering in-house complete care and some sort of therapeutic regime.

It should be made clear from the start that a substantial number of drug users benefit from treatment programmes (Ravndal & Vaglum 2001). However, troublingly, there is also little success to report (Giertsen 2012; Ravndal in Skretting 1997). And as Ravndal and her collaborators pointed out on various occasions, the most striking fact has been how many individuals drop out of treatment (Ravndal & Vaglum 2001). This fact is underplayed by most research (however, Nygård 2021 points out a new pattern). This is but one indication of the underlying presuppositions of both the research community and administration of drug policy (which is funding the research). If one wanted to find out whether treatment was useful systematically it would require a basis for comparison (something functioning as a control group). A control group would involve people having similar troubles associated with drug use but who are not in treatment programmes. Designs

of this kind does to my knowledge not exist in Norway, and it reveals that the research community shares outlook with the treatment sector (see also Skyggeutvalget 2020).

It is well known (but significantly not recorded) that some therapeutical schools have been particularly lethal ('therapeutic societies'). There are no estimates on the balance of harms and well-being resulting from the treatment sector. Research mostly tells us how many (few) individuals lead a drug-free lifestyle three and five years later (focussing on the tiny fraction that complete the programmes).

In Norwegian research, there is barely any reference to the possibility that people leave their habit independently of treatment institutions. This blindness is remarkable given that episodes of 'natural recovery' are sometimes reported in the press, it is portrayed in popular culture (e.g. *Trainspotting*) and, not least, it is commonplace in international research. It is a striking feature of Norwegian drug research that there is no research to be found on how drug addicts actually leave their habits (Bretteville-Jensen 2005 briefly mentions this possibility). Toneatto (2013) claims that 'natural recovery' is a taboo in current medical discourse because it is an anomaly in the paradigmatic understanding that underpins all treatment. It is the treatment industry that defines drug use as addiction, what addiction is and, accordingly, the research agenda. Research has been focussing on the problem 'what works with treatment'. It has been blind to the possibility that factors other than treatment might be helpful.

Furthermore, success stories from the treatment industry are rarely weighted against the drop-out rate (Brorson et al. 2013) or harms associated with it (Chatfield 2014). Dropping out becomes a personal failure, and not a failure on behalf of the treatment programmes. What if the treatment programmes do not primarily satisfy the needs of its users? It could be argued that this is what the drop-out rate actually reveals (Ravndal & Vaglum 2001). Many drug users do not find treatment relevant for their needs. And given that for them, getting out of the drug habit might be a matter of life and death, this is a profound statement.

To summarize, research has not (systematically) addressed the content of drug treatment programmes and what is going on

inside the institutions delegated the task of curing drug users. One can only speculate why the research community has not shown attention to this aspect of the drug industry, but no matter why, in this void we may instead listen to a former patient looking back at his experiences. In the next sections I will highlight the reflections made by Jan-Erik Tørres, in a lengthy article in a Norwegian journal, based on his personal experiences in both drug-free treatment and OST-based treatment (Tørres 2019). He claims that these experiences are neither unique nor rare. Whether this is true would be a task for the research sector to find out.

What We Don't Know: Curtailment in Treatment

Tørres' comment was written before the committee gave their report, but his main argument goes beyond the mandate of the committee to say that, just as important as aspects of punishment, is the 'punishment' found in the treatment sector.

Patients have an inferior position in treatment institutions, Tørres says. The inner life of treatment institutions is defined by the therapeutic ideology it embraces. But the actual therapy is, to a large extent, meaningless, humiliating or of little use for the inmate. Nevertheless, indulgence in the therapeutic activities is central to the quality of the relationship to staff and the stay at the institution. The responsibility for this relation, however, is placed on the patient, not the institution. Motivation is the keyword, and the patient is expected to show motivation by his/her involvement in the therapeutic activities. No questions are asked about the attitude among personnel and how that influences this 'motivation'. This creates a dynamic circling on the patient's mental involvement. This, in turn, leads to a preoccupation with the patient's state of mind. Absentmindedness is interpreted as part of the 'illness' or as a way to manipulate staff. Institutions are obsessed with 'manipulating' as an expression of non-involvement. Thus, in cases of a suspected infringement of rules, the patient cannot win. He or she is deemed either guilty or manipulative. Revealed dishonesty is not interpreted as an attempt to avoid sanctions (a normal reaction in most contexts) but as evidence of the person's manipulative character.

Most institutions use some sort of 'social sanctions', Tørres says. By this term he refers broadly to different forms of peer pressure. The group of patients is activated in correcting the behaviour of individuals, putting them in the 'hot chair' or 'love chair'. However, Tørres dryly remarks, it is not love that is conveyed in these situations. Rather, it is a sort of mass psychosis: 'it is shame inflicted in the hope that it will have a positive behavioral effect' (Tørres 2019). Chatfield (2014) has traced the historical roots of this activity to the brainwashing programmes developed after the Korean War in the 1950s. Some patients decide to leave the institutions in the wake of such events.

Tørres goes on to emphasize the punishment found in the treatment sector, often in the guise of treatment. He says that under the label 'environmental therapy' used in day care, restrictions are given on freedom through curfew hours, room searches and possessions, visitations, the control of or prohibition of use of the telephone/the Internet, denial of leisure time (sometimes with the restriction that one must always have company), strict schedules for meals and the daily rhythm, and when to clean the room to name a few.

Despite that, drug use is the defining problem for patients; a zero-tolerance policy is (to a large extent) adopted for possession of such substances. A recent example of this can also be found in Ramms tale of her daughter's journey through the treatment sector (Ramm 2019). The patient is treated as guilty because of his/her past. Stereotyping comments like 'people like you' are frequent, Tørres implies, in combination with urine tests and room checks. Humiliating practices are commonplace when infractions of 'house rules' are suspected.

Failure to comply with these rules leads to sanctions in the form of withdrawal of privileges and may ultimately also lead to expulsion from the institution. The decisions to sanction breaches of rules frequently leave the patient bewildered about the grounds for the sanction and the process leading up to it. The employees operate with unfettered discretion, both in terms of how to define the foregoing incident and when to apply which rules.

Needless to say, Tørres and other patients observe and remember the discretion, to their disadvantage more often than their favour. By referring to Tørres' reflections, the intention is not to

indicate that people working in the treatment sector are systematically working against the interests of patients. This is not Tørres' intention either – people working in this sector often see their line of work as meaningful and perform their part with the intention of being of assistance. It is, nevertheless, worthwhile listening to the experiences brought forward by Tørres as they represent a part of the picture – to him, a defining part of the picture. The consequences of the decisions made under the treatment and environmental therapy label may be just as damning and damaging as any legal punishment administered by the police and courts, Tørres says. And the process leading up to them are usually opaque.

This section provided a critical view of the institution-based treatment sector. Many people associated with drug use who have problematic lives seem to benefit from staying at these institutions. But many patients leave, never to return, and some leave with lower self-esteem than they had when they entered. Some leave with scars, and yet others leave with open mental wounds, desperately vulnerable. And some die from an overdose in this phase. Still others learn something they can use in their further attempts to create a better life.

Concluding Remarks

The image of drug treatment conveyed above indicates that it is woven into the web of small punishments nudging the individual in the direction of a straight lifestyle, which permeates the entire welfare state. Treatment in this perspective is not merely designed to safeguard the interests of the drug users. On the contrary, it appears as if the treatment industry is designed to conform to the control policies more generally – to force drug users to subordinate themselves to a norm of non-use. Thus, drug treatment is not the opposite of repression, it complements it.

Recke, having witnessed the drug scenes in Norway and Denmark at close hand, concludes in similar ways. She comments that treatment and punishment are 'two sides of the same coin' (Recke 2014). In the same vein, Jøhncke might be correct in assessing that 'the existence and funding of treatment is legitimate less on grounds of what it produces in terms of improvements to drug users' lives, and more as a politically and culturally

suitable form of organizing the relationship between drug using and non-using sections of the population' (Jøhncke 2010; 2009: 14). It is the welfare rationality that prevails.

I claim that decriminalization would not alter the fundamental dynamics for street-level drug users. In want of data regarding health and welfare institutions, I have provided an overview of the treatment sector. The advantage of this choice was that it directly challenges the carrot-and-stick paradigm. In the end, the overview of research also reveals that the research community has proven incapable of challenging the current knowledge regime in the area of 'ruspolitikk'.

Where are the researchers? The big questions are not asked. However, the patients do ask these questions, it is merely a matter of listening. Berg (2003) did listen in her field study of a treatment institution. The patients Berg met reacted negatively to the 'talking cure' in institutional treatment. I don't want to talk about it, she reported them saying, 'just give us a job' (Berg 2003). The big question is, what thresholds are there for people to enter the labour market and secure an acceptable way of living? The treatment industry cannot help this situation, but it is nevertheless the question that encapsulates all other issues for the patient. Researchers, on the other hand, analyze the effect of treatment.

The research community has been unable to discover and analyze the skewed framing of drug use and its treatment. So far, the criminological literature has not rid itself of the carrot-and-stick paradigm. This chapter attempts to pave the way for a more comprehensive understanding of drug policy. The ambition is to bring the broad variety of administrative sectors, and the welfare state with its rationality, into the mix of drug policies. To do this, it was also necessary to highlight the curtailing character of the welfare state.

The theme of this volume is a *changing* Nordic drug policy. The question has been, what changes in drug policies should we expect with decriminalization of use and possession of illicit drugs? When Christie and Tham ventured to research the 'heroes of retreat' at the turn of the century (Christie 1996; Tham, introduction of this volume) they were too optimistic. No retreat appeared. But, perhaps, had it emerged, the situation today would not have been all too different from what we experience today anyway.

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10. A Century of Dissonance and Harmony in Swedish Intoxication Policy

Johan Edman

As so many times before in the last 50 years, the Swedish parliament has, in the course of the last parliamentary year, called for tougher sentencing and increased coercive measures as a means of dealing with the drug problem (Edman 2019). The liberal-conservative Moderate Party legal policy spokesperson has opined that the penalties for drug dealing be doubled, and the statement of government policy read out by the Social Democratic Prime Minister in January 2019 pledged stricter penalties for those handing over drugs to others (Swedish Radio 5/12 2018; Statement of Government Policy 21/1 2019).

The repressive policy on drugs makes a striking contrast with an increasingly liberal alcohol policy. For example, in the spring of 2018, a parliamentary majority expressed for the first time its support for the direct sales of alcohol by producers, which a public enquiry had previously found to constitute an immediate threat to the Swedish alcohol retailing monopoly Systembolaget (Parliamentary Records [PR] 2017/18:107, § 14; SOU 2009:22). The reform is deemed to be so urgent that it was addressed in one of the 73 policy proposals of the so-called January Agreement between the Social Democrats, the Green Party, the Liberals and the Centre Party in January 2019 (Utkast 11/1 2019).

The examples follow a clear post-war trend: while the drug political measures have grown more stringent – or have at least retained their severity – the alcohol policy has become ever more

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liberalised. By discussing the dissonance within the Swedish intoxication policy – both between alcohol and drug policies, and between the conceptual understanding of intoxication problems and the implemented intoxication policies – I seek to promote a greater understanding of the current alcohol and drug policies. The examples come from the societal debate on and management of intoxication in Sweden over the last 100 years, and the study is empirically based mainly on official reports and parliamentary material. By way of conclusion, I will speculate about the direction of the intoxicant policy in the future.[58]

Let me first introduce a conceptual definition and make a demarcation. *Intoxicant* policies do not necessarily problematise the consumption of intoxicants or propose that they be restricted or banned. In Sweden, alcohol has been the subject of government regulation at least since King Gustav Vasa prohibited the manufacture of spirits in the mid 1500s based on arguments that mainly stemmed from the state-builder's national economic vision: the grain was to be preserved for food only. The sparse alcohol political measures during the following 300 years serve to illustrate various government objectives. The national economy, at times questions of public order, but most of all the state needs for revenue from the manufacturing or monopoly taxes on spirits, have taken centre stage. For example, when Queen Kristina introduced the first manufacturing taxes on spirits in 1638 it was in aid of the state's coffers. The plans of prohibiting the distilling of spirits for home consumption in 1718 were also the result of the need to strengthen the public finances in a country almost ruined by the wars of King Karl XII (Edman 2016a).

The focus here is on what I have chosen to call the Swedish *intoxication* policy. This refers to the public and political discussions about and proposals to solve problems that arise from intoxication from narcotic preparations and/or alcohol. Intoxication policies can cover phenomena explained by intoxication, such as

[58] This chapter is a revised version of the previously published contribution in the yearbook of the Riksbankens Jubileumsfond, The Swedish Foundation for Humanities and Social Sciences: Edman, J. (2019). Drogerna: den nya berusningspolitiken. In J. Björkman & P. Hadenius (Eds.), *Det nya Sverige*, Göteborg & Stockholm.

ill health or intoxicant-related mortality, or pertain to a dependence on an intoxicant irrespective of other consequences. While the lamentable effects of intoxication are an indirect point of departure in intoxication political measures, these policies can also come down to entirely different things (Yokoe 2019). Most questions lend themselves to being used in intoxication policies and, as we shall see, a range of societal issues have been discussed with intoxication as a political tool.

Alcohol Political Prologue

As alcohol has been the culturally and historically established intoxicant, it is possible to trace descriptions of intoxication political problems far back in time. For example, the Book of Proverbs (compiled in the sixth century BCE) of the Old Testament contains stories about the dangers of kings' drunkenness: 'lest they drink and forget what has been decreed, and deprive all the oppressed of their rights' (Book of Proverbs 31:5). What follows a few lines down is the image of less fortunate people that 'drink and forget their poverty and remember their misery no more' (Book of Proverbs 31:7). These two early examples of intoxication policy crop up regularly when intoxication is to be illustrated. It is in these terms that Friedrich Engels (1845), for example, discusses the role of alcohol as an escapist consolation in his study on the condition of the working class in England. The two Biblical stories represent viable mental models even today: the former could be translated into a *harm to others* approach, much discussed in the field of substance abuse research, while the latter could be characterised as a symptom theoretical model that extends the intoxication policy into the realm of general welfare policy (Edman 2016b).

Popular images of the darker sides of drunkenness, such as those illustrated by William Hogarth's well-known diptych *Beer Street and Gin Lane*, took shape in mid-eighteenth-century legislative controls, which specifically intended to curb drunkenness and its consequences (Hogarth's 1751 print was in direct support of the *Gin Act* from the same year). From the late eighteenth century onwards, such controls aiming at behavioural modification were complemented by a medical problem description, which has

exerted varying degrees of influence ever since. In their publications, the American physician Benjamin Rush (late 1700s), the British physician Thomas Trotter (early 1800s) and the Swedish doctor Magnus Huss (mid 1800s) talk about the disease of alcoholism as a defect which causes a sprain of the free will and stops the alcohol-abusing individual from making rational decisions (Levine 1978; Lundquist 1983; McCandless 1984; McLaughlin 1989; White 2004; Williams 1987).

From the mid 1800s, the religious, moral and medical opposition to alcohol consumption met under the auspices of the growing temperance movement. This transnational movement, which had both political and scientific aims, had considerable influence over national alcohol legislation and knowledge production in the field (Schrad 2007). Here, the alcohol question appears as a kind of litmus paper of modernity, where a variety of societal drawbacks were connected to the consumption of alcohol. The breadth of how the alcohol problem was constructed during the decades around the turn of the nineteenth and twentieth centuries was remarkable. Drunkenness was considered a problem in working life, within the armed forces and in traffic. The moral decay among youth was caused by alcohol, women's drinking and the threat of degeneration were connected, while female sobriety was seen as a role model. Answers were sought far and wide, from total prohibition and strict controls on alcohol sales to social reforms and sterilisations (Edman 2015; 2016c).

It is, however, at the beginning of the twentieth century that we encounter more comprehensive alcohol political programmes. The First World War hastened the development that the temperance movement had worked for, and many countries now introduced or tightened their alcohol control systems (Schrad 2010). Several countries instituted alcohol bans of some sort during or after the First World War; in addition to Russia and the United States, three Nordic countries did so too: Finland, Norway and Iceland (Edman 2018).

Total prohibition was also discussed in Sweden as the solution to alcohol consumption, which according to one of many investigative committees led to 'unhappy family situations, poverty, crime, disease, degeneration and neglect of the children'

(Fattigvårdlagstiftningskommittén 1911). The solution came in 1919 in the form of a rationing book (*motbok*), which regulated the selling of alcohol to individuals. Diligent citizens were given a *motbok* of their own and were allocated a controlled amount of spirits depending on their class and sex. At around the same time, Sweden also adopted treatment legislation with a focus on coercion and resocialisation.

We should note that there was a connection between the motives underpinning the politics. For example, according to the architect of the *motbok*, Ivan Bratt, who also had a great influence on the new legislation on compulsory care, people who were ill 'should be treated gently, but when it comes to alcoholics, one ought to be strict, and if one should on occasion raise one's hand against them, such heavy-handedness would not be out of place' (Alkoholismen 1927). Bratt's approach was characteristic of the Swedish alcohol political solution: the abuse of alcohol was not a disease, alcohol was not a poison, and the alcohol question should be tackled with rationing and education rather than by a total ban. This social and non-medical description of the problem was made more concrete in compulsory care, which would restore men to being diligent workers and breadwinners, and women to being virtuous wives and good mothers. The pre-war guiding light of the transnational temperance movement – hard work and the sanctity of family life – was exemplified by an expanding national action programme in the inter-war years (Edman 2004).

The focus of alcohol policy on social problems was challenged in the years following the Second World War. In the wake of, for example, the American alcoholism movement and the public opinion at home for a more humane treatment of alcohol abusers, arguments found their way onto the political agenda and into the public debate in favour of a medical understanding of the alcohol question (Edman 2020). Already in 1944, the Communist Party Members of Parliament Set Persson and Hilding Hagberg penned a motion and expressed their outrage at the fact that there were no medical resources to cure the alcohol abusers: 'alcohol legislation talks about "disease" and "treatment", but in practice converts these concepts into "crime" and "punishment"' (Lower House Parliamentary Bill 1944:310). Over the next few years, the

disease status of alcohol abuse was discussed intensely, and the 1946 enquiry into the treatment of alcohol abuse made every effort to support the medical approach. The expectation was that a more medical view on alcohol abuse would lead to less repressive treatment (SOU 1948:23). The publication of the committee report was followed a few months later by the launch of the medical product Antabuse (disulfiram), which was expected to be the miracle cure that would change the perception of alcohol abuse and the way to treat it. It did not happen; soon the enthusiasm gave way to composed disappointment, and so one returned to the sobering pragmatism that had characterised compulsory care since the 1910s. Because doctors could not guarantee that alcohol abusers would get well, coercive measures could not be justified by the need for treatment.

But a seed had been sown, and the alcohol political reform of 1955 shifted the alcohol political motives further and wider. The rationing book was abolished at the same time as a more articulated treatment approach gained ground, and a more extensive search for the causes of the abuse – beyond the individual – also served to make the question ever more political. In 1967, a public enquiry into the care of alcohol abusers submitted its report with a fully-fledged symptom theoretical perspective: abject living conditions explained alcohol abuse rather than the other way around (SOU 1967:36; SOU 1967:37). This was also the year that a social services commission was appointed to examine the social service sector in Sweden as a whole, including the care of intoxicant abusers (SOU 1974:39; SOU 1977:40). This group now encompassed drug users, too.

Drug Repression and Alcohol Liberalisation

The drug issue gave rise in the 1960s to the formation of a new field of intoxication policy based on a rather different problem description. The 1960s were a turbulent time in terms of social policy, with an expanding welfare state and criticism in the face of residual poverty. A wide spectrum of issues, from substance abuse to class-based injustices, were investigated and fiercely debated. This made it possible to frame the drug problem in different, and discordant, ways.

In addition to the social services enquiry, a commission was appointed to investigate the very matter of drug problems, which the commissioners did in four reports covering over 1400 pages (SOU 1967:25; SOU 1967:41; SOU 1969:52; SOU 1969:53). A key question addressed was whether drug abuse could be seen as a disease or as a rational response to a dysfunctional and exclusionary society. The debate on social policy that was initiated and discussed by the social services enquiry and the commission on the care of drug users testifies to the complex nature of the question. First of all, we can detect in the 1960s a considered notion of the pressing craving as a kind of disease. This conceptual model, adopted from centuries-old argumentation on alcohol abuse, put all intoxicants on an equal footing as a result of their addictive nature. Secondly, drug problems lacked an effective cure, which could have clearly placed drug use within the medical domain. And thirdly, the issue was raised at a time when the treatment of alcohol abusers had come under fire from many different directions and when the efforts for democratic and, potentially, medical care were seen as an opportunity to ameliorate the oppressive character of compulsory care.

At the same time, such democratic passion was incongruous with notions of the drug user as an enburdened slave, since drug users who had voluntarily consented to treatment and who were themselves responsible for getting better were expected to be rational citizens capable of making their own decisions. On a political level, this conflict paved the way for ideological argumentation, which removed the focus away from the individual drug users. All parties took up the opportunity in the parliament to sketch a picture in which drugs were seen as one of the biggest societal problems – 'more dangerous than the atom bomb' – and which therefore called for exceptional measures and strict sentences (Lower House Parliamentary Record 1967:20, § 14:25).

Regardless of assurances that the parliament should stand united in the drugs question – like 'a coalition government facing the threat of war' – the description of a catastrophic situation has enabled ideological posturing (PR 1996/97:94, § 5:14). For example, the left has found that drug abuse could be explained by '[t]he commercial youth culture and the increasingly brutal

market economy' (Parliamentary Bill [PB] 1997/98:So649:9; PB 1998/99:So258:3). The right-leaning parties have exhibited rather more conservative values and found the causes 'in our keen cadre of so-called cultural workers [who] purposely fight to wreck the homes' (PR 1971:136, § 13:34). The representatives of these parties have seen how 'satanism, for example, in practice necessitated drugs, with grave desecrations, arson attacks on churches and even murders as a result' (PR 1998/99:58, § 3:4 f.).

In fact, no question has been too far-fetched to be linked to the mighty symbol of drugs. This can be illustrated by the Centre Party MP who, at the beginning of the 1990s, strove to keep passenger traffic running on the railway line in the interior of northern Sweden. The argument was that discontinuing this traffic would lead to unemployment and thereby to drug abuse (Edman 2012). The railway line running through the north of Sweden may appear far removed from the most pressing drug problems, but not only does it prove the potent symbolic value of the drugs issue, it also helps us to see certain drug political contours. Here, the picture of the enslaving drugs has been neatly complemented by calls for penalties and compulsory care, while the symptom theorists have also been able to advocate social reforms ranging from class conflict to extended railway lines and tax cuts.

At the end of the 1960s and the beginning of the 1970s, the penalties for drug-related crime were tightened on a number of occasions, while the disease model of drug abuse was somewhat paradoxically more or less taken as a given. This is most clearly seen in the decision to locate the compulsory care of drug abusers to the psychiatric hospitals, which would not have been possible had drug abuse not been defined as a psychiatric disorder (Edman 2009). While the great social services reform was in the pipeline, compulsory care was also debated with renewed intensity. The social enquiry explicitly wielded these debates, which were also heard in the parliament, the daily press and in professional journals as well as in a range of shadow committees. Two organisations devoted to the issue of drug policy, the National Association for Aid to Drug Abusers (RFHL, Riksförbundet för hjälp åt läkemedelsmissbrukare, established in 1965) and the National Association for a Drug-free Society (RNS, Riksförbundet

narkotikafritt samhälle, established in 1969) made it very clear where the lines of conflict were drawn. The former pleaded for reduced compulsory care, the latter wanted more of it. There were thus opposite trends on compulsory care and the penalty scale in the 1970s. The coercive element was criticised in the care of alcohol abusers, and democratic forms of care and treatment were pressed for, but the tone remained harsh in the drug political debate and tougher sentencing made its way into the legislation. Both in the parliament and in the news, drugs were still among the greatest ills of Swedish society.

At the beginning of the 1980s, the compulsory care of alcoholics and drug abusers was finally concentrated under one legislation. This had been a long road and shows the conceptual scope of the field. The repressive nature of the compulsory care of alcohol abusers was much resented – and such care also discriminated against the lower classes to a greater degree. The medicalisation of alcohol abuse would admittedly have harmonised the compulsory care of alcohol and drug abusers, who had been declared as suffering from a psychiatric disorder, but this harmonisation would also create a large group of potentially mentally ill consumers of a culturally accepted substance. The alternative, to give a clean bill of health to those drug abusers who had, since the late 1960s, been committed to compulsory care on medical grounds was not unproblematic, either.

After many years and a change of government (with new directives on the enquiry), the social enquiry proposed two contradictory alternatives, one advocating compulsory care on a social basis, the other preferring compulsory care on medical (psychiatric) grounds. This politically untenable solution with two incompatible variants of compulsory care put the social service reform on hold for some years, before a new enquiry was able to dismiss 'hard-to-define abstract concepts', such as dependence, as a basis for legally secure compulsory care (SOU 1981:7: 38). This is why the new law on compulsory care, the Care of Abusers Act (Lag för vård av missbrukare, LVM), came to focus on the social grounds and indicators.

During a few odd years in the early 1980s, there prevailed in Sweden the greatest convergence in the field of intoxication policy

since it had been expanded to also cover the drug problem. The intensive 1970s debate on the social services had placed both alcohol and drug abuse in a social context, often with symptom theoretical undertones. This was mirrored by the new legislation on compulsory care because it primarily applied to acute situations; making use of social grounds and social indicators, the law was intended to save lives and prevent serious illness. The number of people committed to compulsory care declined steadily, while the alcohol policy continued to rest on principles of solidarity, high taxes and limited availability. The availability was further limited by the decision in 1982 of the alcohol retail monopoly to keep the outlets closed on Saturdays.

The repressive drug policy, however, sent entirely different messages to the world than did the restrictive policies on alcohol. Towards the end of the 1970s, the parliament had agreed on the challenging target that 'the society cannot accept any other use of drugs than that motivated by medical needs' (Governmental Bill 1977/78:105:30; SoU 1977/78:36; PR 1977/78:160).[59] Any other use was determined as abuse. At the beginning of the 1980s, the police also launched a campaign against small dealers instead of concentrating, as before, on the major drug criminals (Kassman 1998). The late 1980s also showed the first examples of a stricter care policy in conjunction with the revised law on compulsory care. The revisions were made to enable longer treatment periods and to broaden admissions criteria. Control policy was radicalised at the same juncture: not only the possession but also the use of drugs was criminalised. As of 1993, the penalty scale for this offence includes imprisonment. Previously, the drugs legislation had emphasised a difference between the drug users and drug dealers. As a result of the 1993 revision, both parties were defined as offenders (Träskman 2011).

At the same time, the alcohol policy was headed in the opposite direction, towards increased liberalisation. The development has not been straightforward; several liberalising reforms have been carried through under external pressure, mainly as a consequence

[59] The definition of drug use as 'any non-medical use of drugs' is already found in the report by the commission on the care of drug users (SOU 1967:25:22).

of Sweden's membership in the EU since 1995. Other measures are rather more homemade and are, as such, more indicative of the political will at home. That Sweden abolished four of the five alcohol-related monopolies and allowed unlimited import for private use can be considered as stemming from its entry into the EU. Sweden has, however, avoided the radical tax cuts introduced by, for example, Denmark and Finland.

The three pillars of the Swedish alcohol policy (limited availability through the state monopoly and age limits, heavy taxation and non-profit retail trade) can therefore, despite the external pressures, be described as intact yet weakened. The pillars have been made weaker still by the Saturday opening at the Systembolaget, which was brought back in 2001. From 1992–2020, there has also been a marked liberalisation concerning the services for providing beverages: the number of permanent licences to serve alcohol has more than doubled (Folkhälsomyndigheten 2021a).

Conceptual Convergence

The current divergence between alcohol and drug policies is a bit paradoxical given the common conceptual understanding of misuse problems as diseases, which once again grew stronger from the late twentieth century onwards. Somewhat simplified, one can argue that the alcohol political medicalisation has followed the established line of reasoning promoted by the post-war American alcoholism movement. This movement saw alcohol as a necessary, but by no means sufficient, factor behind those alcohol problems which mainly emerged among certain individuals (psychologically or genetically) predisposed to developing abuse problems. The trend is not yet as pronounced in Sweden – given the Swedish tradition of social alcohol policy – but it can be detected in commission enquiries and official documents, which appreciatively, or at the very least uncritically, take medicalised international concepts as their starting point (see, for example, Folkhälsomyndigheten 2018; Socialstyrelsen 2017).

Today, substance abuse treatment is typically referred to as dependency treatment, and the latest major public enquiry in 2011 proposed that it should be possible to commit both alcohol and drug abusers to compulsory psychiatric care because it 'has been

shown that abuse and dependency are considered as psychiatric diagnoses, which also clearly emerges from the international diagnostic and classification systems' (SOU 2011:35:307). The commission's proposal was not adopted, which in itself speaks volumes for the intoxicant political dissonance during the 2000s. It is no problem to officially describe alcohol and drug abuse as a medical addiction, but problems arise when the premise is to be put into practice. That the difference should be a matter of degree rather than an essential difference between an ordinary consumer of alcohol and a psychiatrically ill alcohol abuser is hard to digest in the Swedish alcohol political debate. Efforts to equate the culturally familiar figure of the alcohol abuser and the less familiar character of the drug abuser already failed at the end of the 1970s, when the minority government, led by the Liberal Party, attempted this. On that occasion, the legislators put a definitive stop to committing substance abusers to compulsory psychiatric care 'whether they are mentally ill or not' (Lagrådets protokoll 27/2 1979:395 f.). The proposal by the public enquiry in 2011 came under heavy criticism from several consultation bodies and was not addressed at a political level at all (Socialdepartementet 2012).

Sweden has so far not taken the final step towards describing substance abuse as a primarily medical question, which is also seen in the fact that substance abuse problems are dealt with by both the municipal social services and within the health care system administered by the county councils. Such shared responsibility is rare in the EU. Alcohol abusers can admittedly be viewed as ill these days, which has long been the label used for drug abusers, at least in the political debate (and in Swedish political terminology any non-medical use of drugs makes a person a drug abuser). The extension of drug political harm reduction, which has come rather late in the day and has taken the form of substitution treatment and needle exchange programmes, is one of the more concrete examples of such medicalisation (Edman 2017). Alcohol abuse is also increasingly treated with medical methods of varying effect.

Even if the social perspective continues to stand in good stead, both in legislation and politics, an internationally potent movement advocates a medicalised view on intoxication and related problems. The inspiration stems from the so-called *Brain Disease*

Model of Addiction (BDMA), which seeks to explain an increasing range of human conditions and actions. The model also draws on general definitions of dependency, craving and abstinence to explain behaviours that have nothing whatsoever to do with intoxicants. These include such *behavioural addictions* as shopaholism and sex addiction (Edman & Berndt 2018). This perspective is institutionalised in the interaction between influential diagnostic manuals and a rapidly growing research field with creative operationalisations of the diagnostic criteria (Edman & Berndt 2016).

The question is whether this broadened biomedical problem description could lead towards revitalised harmony within intoxication policy. For example, could the equation in a biomedical sense of alcohol and drugs pave the way for liberalised drug policies, which would deal with the disease of addiction with care and treatment instead of trying to contain it with penalties? One example of a more care-oriented approach comes from Portugal, where decriminalisation and major investments in addiction treatment have reduced drug-related morbidity and mortality (Hughes & Stevens 2010). Norway, among others, has shown interest in changing its drug policy in line with the Portuguese model (Johnsen 2017). So far, there are no real signs of Sweden following that path, even if we have seen some tendencies in that direction lately, with lawyers publicly advocating decriminalisation of drug use and a less confrontational media debate on drug issues (Avkriminalisera 2019; Ekdal och Ekdal 2019). At the time of writing, the Swedish parliament's social committee has also unanimously invited the government to evaluate the Swedish drug policy to make sure that it is 'consistent with the requirements of evidence-based care, proven experience and harm reduction', but it is also stated that any reform should take a 'continued restrictive drug policy' as its point of departure (SoU 2019/20:7: 29). In a rather blatant attempt to avert decriminalisation of drug consumption, the Swedish social minister has, however, preceded any evaluation by stating that decriminalisation is not on the agenda (Thurfjell 2020). Policy-based evidence still has the upper hand over evidence-based policy.

Things may happen, but at a slow pace. The diagnostic culture has united the field conceptually, but this has not yet led to any

liberalisation of the Swedish drug policy. In the popular understanding of intoxication problems, addiction diagnoses of alcohol versus drug consumption also play rather different roles: the brain disease of narcomania is a challenging nightmare scenario, justifying repressive measures, while alcohol addiction fits in with the liberal alcohol policy and is the basis of voluntary treatment forms for a better-off clientele that should learn moderation rather than abstinence (Zaitzewsky Rundgren 2013). This intoxication political dissonance also shows that this is still, to a great degree, a question of class politics. Drug policies were formulated in the 1960s as an official response to the increasingly evident abuse of narcotics and medications. The working-class youth that gave a face to the drug problem served as a wry reflection of the diligent citizen, and much of the treatment also aimed at social rehabilitation and an orderly life (Edman & Olsson 2014). The care and treatment of alcohol abusers has provided this class-based education ever since the early 1900s, and even today those committed to compulsory care are clearly a socioeconomically disadvantaged group (SiS 2018). The trend is also seen in the public health-driven prevention work: for example, research within *prevention science* promotes individualised solutions to problems that could otherwise be construed as structural (Roumeliotis 2016). This understanding of the substance abuse problems neither hinders tougher sentencing for drug offences nor spoils a merry occasion of direct sales of alcohol by producers.

The post-war model of addiction has admittedly conceptualised alcohol as an unhealthy intoxicant, but the core of the phenomenon has been placed within certain alcohol users. While this solution satisfies the idea of care and treatment, it does not challenge the great alcohol-consuming public or strong capital interests. If the site of the dependence was the very substance instead, the political implications would be entirely different. This is, for instance, the case with tobacco, since nicotine addiction almost without fail has been discussed as a property of the substance. The very idea of there being a group of people predisposed to heavy tobacco use has, in fact, been condemned as 'ludicrous' by a researcher in this field (Nordlund 2005: 337). The fact that we consume roughly the same amount of alcohol now as we did in the mid 1970s, while

smoking has declined radically, shows the importance of choosing the right explanatory model as policy support (Edman & Berndt 2020). Drugs may have been banned long ago, but they share the tobacco model of addiction. If we avoid seeking consistency in the increasingly biomedicalised intoxication policy, it is perfectly possible that this dissonance will go on to thrive.

Where Are We Heading?

The different constructions of alcohol and drug use run like a red thread through what can be described as the dissonance of the Swedish intoxication policy. The recurring ambition to politically adopt an umbrella concept for intoxication, to find a lowest common denominator for the problem area, whether that be social inequality or medical dependence, has so far not led to equal treatment of alcohol and drug users. The political construction of the problem is much too distinct, which then drives radically different political control measures. At one point, alcohol was the dangerous intoxicant – so dangerous that it was almost prohibited. Since the 1960s, the drugs have assumed this role and are often described as among the greatest social problems. The policy dissonance is, regardless of the conceptual harmonisation, evident in the latest governmental alcohol and drug strategy, for example. Even though it is acknowledged that the regulation of substances differs, alcohol and drug misuse are both described as dependency. However, the policy goals are divided: to 'limit the harm of alcohol' versus create a 'drug-free society' (Regeringens skrivelse 2015/16:86: 6 & 10).

Where does this leave us, then; are drugs not vastly more dangerous than alcohol? A soiled heroin needle in a public toilet does, unarguably, appear riskier than a glass of rosé on a nice terrace. But how accurately do these stereotypical images portray the reality? 'Drugs' is a generic collective term for everything from khat and marijuana to crack and heroin. The reluctance in Swedish politics to divide narcotic preparations into light and heavy drugs masks this effectively. This is a part of the Swedish zero-tolerance policy on drugs, a political doctrine that has brought governments of various hues together since the 1970s. The same zero tolerance has also bred a political reluctance to make a commitment

to substitution treatment, needle exchange programmes and other efforts that could make the drugs less dangerous. These measures have therefore come late because of a fear of legitimising drug use: 'To give needles to drug addicts for free is like giving an alcoholic a bottle of whisky once a month in a spirit of rehabilitation', as a right-wing politician formulated it at the beginning of the 2000s (PB 2005/06:So523).

Researchers tend to talk about control damage, that is, the damage and consequences caused by the ban and the repression itself, which are then often used as a pretext for tough and repressive measures. But it is possible, also without talking about control damage, to question the absolute hierarchy of harm that justifies long prison sentences for dealing light drugs while allowing ever more licences to serve alcohol in nice comfortable surroundings. According to the British neuropsychopharmacologist David Nutt, it is difficult, on the whole, to derive drug control from the harmful effects of the substances. He claims that it is not necessarily the most dangerous intoxicants that come under the most restrictions. Like Sweden, Great Britain has a relatively restrictive drug policy and a liberal alcohol policy. However, Nutt estimates that the harmful effects from alcohol and tobacco are higher than, for example, harms from cannabis, LSD and ecstasy (Nutt, King, Saulsbury & Blakemore 2007).[60] This message was emphasized when Nutt (2009), as the chair of the British government's Advisory Council on the Misuse of Drugs, scored rhetorical points by describing ecstasy as less harmful than horseback riding (or rather *addiction to horseback riding*, cleverly termed as 'equasy'). This did not lead to any revision of British drug policy but only to Nutt being sacked as chair of the council (Tran 2009). It is plainly obvious that culture and history, as well as downright prejudices about drugs and intoxicants, play a part in the legislation – also at a time when evidence is called for before political decisions are taken.

The weak relationship between an intoxicant's harmfulness and the societal responses to it have also been examined in a

[60] A commission appointed by the British government had already found in 1969 that alcohol was more harmful than cannabis, which was also reported in Sweden (see, for example, 'Cannabis ej lika farligt som alkohol', *Dagens Nyheter*, 9/1 1969).

number of historical studies (e.g. Berridge 2013; Gusfield 1996). It is, however, hard to appreciate various intoxicants' relation to injuries, mortality or dependence. Test methods and classifications change, estimates of necessary and sufficient causes of death are often problematic, diagnoses vary on the caregiver's skills and competences, traditions and financing models. Regardless of these difficulties, the official statistics can prove to be interesting and, even if for no other reason, can serve as a reasonable basis for political initiatives. According to the indicators employed by the Public Health Agency of Sweden (Folkhälsomyndigheten 2019a; 2019b), more than double the number of Swedes died of alcohol-related causes in 2016 than did of drug-related causes (1907 and 908 individuals, respectively). Alcohol is deemed to be the fifth most common cause to the national burden of disease (calculated as premature disability and death). It ranks just behind smoking, but clearly before drugs, which are not even among the ten most common causes (GBD 2017). While mortality and morbidity per user show a different picture, rational public health endeavours should perhaps also take these absolute figures as their starting point. But the discussion on whether intoxicants' harms should constitute the basis of intoxication policy has not had much of an impact on Swedish politicians.

Neither medicalisation nor discussion and contrasting of harms have led to any harmonisation of intoxication policies or, more importantly, to any liberalisation of the Swedish drug policy. This is not surprising since the drug question can hardly be reduced to a matter of fact, nor to any demonstrable relative harm where a one-dimensional critique of the disproportionality of drug policy would contribute to a collective awakening and cause our elected officials to change their opinion overnight. Rather, the drug issue is a matter of concern, with deep historical roots, broad social connotations, and firmly mixed with other political issues that go beyond instrumental reactions to drug consumption described as, for example, a public health problem.[61]

[61] For a critique of the critique of matters of facts vs matters of concern, see: Latour, B. (2004). Why has critique run out of steam? From matters of fact to matters of concern. *Critical Inquiry*, *30*(2), 225–248.

Even within the narrower conceptual fields of understanding drug consumption as a disease, things get complicated because of the somewhat impressionistic use of the addiction model. Imprecise usage of key concepts within this model leads to a situation where this construction can legitimate a bit of anything, a dilemma that is older than the current brain-centred explanatory model. Already 50 years ago, the criminologist Nils Christie and the sociologist Kettil Bruun coined the term 'fat words' to refer to ambiguous concepts within the intoxication policy. They talked about drug addiction as one of these 'big, fat words without very much content' (Christie & Bruun 1969: 68). But these words served a role as 'grease in the social machinery', and provided an opportunity to avoid unpleasant political conflicts because they are 'camouflaging unsolvable dilemmas' (Christie & Bruun 1969: 71 f.).

Two consequences emerge from this vague conceptual usage. Firstly, common and politically potent concepts do not always provide a satisfactory account of the actual conditions. Sometimes it is obvious that politics, in fact, shies away from concepts that describe the reality in a good way. For example, a public enquiry some years after Sweden's entry into the EU discussed the option of more often describing substance abuse as dependency – not because it corresponded to any verifiable qualitative trait, but because the term was commonly used outside Sweden and would therefore make comparative studies easier (SOU 1999:90).

Secondly, the pragmatic use of concepts shows that this area is hardly governable by research. The intoxication policy is influenced by a number of factors, and when it happens to be legitimated by research, it is often a case of carefully selected knowledge in support of certain political arguments. Evidence-based politics is still politics, and the step is therefore easy to take towards politics-based evidence. For example, the political opposition against needle exchange programmes was typically driven by arguments grounded in an ideologically based questioning of research or anecdotal reasoning for one's own case (Eriksson & Edman 2017).

The dynamic character of the drug issue as a multidimensional matter of concern, the vague and even contradictory conceptual framing, and the importance of the drug issue as a vital tool for

various political discussions, all contribute to a drug political status quo. There are thus reasons to believe that the intoxication policy will only change in the face of strong forces. These could be political pressure groups fighting for drug user rights or politically useful problem descriptions or gains for the state. One strong new body of interest could be the market. A market-driven liberalisation is, however, not uncomplicated, nor logically necessary. As shown by Kleiman and Ziskind, legalisation of cannabis does not come in the form of a specific policy; it could be free or restrained, allowing marketing or not, drugs could be provided by for-profit or not-for-profit enterprises, in the form of a state monopoly, etc. According to the authors, a private, for-profit, vividly marketed solution – i.e. the US 'alcohol model' – would be 'the second-worst option (behind only continued prohibition)' (Kleiman & Ziskind 2019:277).

Nevertheless, this is where we see the stronger initiatives for a change, as exemplified by Swedish alcohol liberalisations. Regardless of the recurring alcohol political ambition to wield restrictive alcohol policies, the concrete implementation shows – with generous service licences and unlimited import for personal use, for example – a market-driven liberalisation. The proposed direct sales of alcohol by producers follow the market-oriented trend, when the reform is described as important for sparsely populated regions and the business sector. It is also clear that the direct sales are expected to appeal to a certain socioeconomic clientele. As a proponent of agrarian business interests expresses it, the direct sales seek 'the Swedish middle class [which] will grow increasingly inclined to spend money on really good-quality food and beverages' (Björklund 2017).

Is this market-driven liberalisation also the future for drug policies? If so, the alcohol industry surely has the money, and it is no coincidence that one of the biggest American alcohol producers has done deals within the newly legalised Canadian cannabis industry (Maloney & George-Cosh 2017). To allow this, however, there must be something in it for the state. In Canada and in the US states that have legalised cannabis, the expected tax revenues have clearly driven liberalised policies, and this is a plausible connection also on this side of the Atlantic (Colorado Department of

Revenue, July 2021; Dehaas 2018; Kovacevich 2018). The great Finnish tax cuts on alcohol in 2004 were, for example, motivated, among other factors, by the desire to retain the tax revenue on alcohol sales, which the state risked losing otherwise (primarily to Estonia) (Mäkelä & Österberg 2009).

In Sweden, too, the state is an important economic stakeholder, and irrespective of the daily-quoted market friendliness of the current government, there is an interest to direct the significant tax revenue from the sales of alcohol into the public treasury. The historical development of the Swedish tobacco and gambling market also shows that the national public health ambitions have hardly been devoid of crude financial interests (Edman & Berndt 2020). The Swedish people will not be gifted any new tax-free sins.

The capital of intoxication is knocking at the door, and if we let it enter, it will be taxed, but the political price is the loss of an extremely potent symbolic issue. This is not just the problem of the year, soon to be replaced by another problem, as columnist Art Buchwald (1970) wittingly described the changing value of social problems. Sure, there are other problems aspiring to be the problem with a capital P in the 2020s – e.g. terrorism, migration or the environment – but the drug problem has served us well. Judging by the parliamentary debates since the mid 1960s, drug use can be explained by almost anything. The solution is therefore sought far and wide. Whether one wants to lower taxes or maintain a railway, the drug problem becomes politically useful in a way that alcohol no longer can (Christie & Bruun 1985; Edman 2012). It will be hard to replace such a problem.

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11. Clashing Perspectives: Cannabis Users and Swedish Drug Policy

Josefin Månsson, Mats Ekendahl & Patrik Karlsson

Introduction

> Urine testing wasn't fun. I mean, they are so advanced now, they see the THC [tetrahydrocannabinol] count go up and down. Not only if it's a positive or a negative, but to what extent. It was hard, because I thought that they would only detect if it was a positive or a negative, and that I could smoke a little while tapering off. But all along it went up and down… They called it a relapse when I came in for a meeting: 'You've had a relapse!' Oh my god, such a hassle. I just smoked a joint.
>
> (Hektor)

Hektor was a cannabis smoker in his twenties who had been in treatment for some time back when we met with him for an interview. He told us that he liked to smoke cannabis, but that he wanted to stop using it while he was in treatment since his school required this. The above quote is an extract from his story about meeting the Swedish youth treatment system. Just like many other cannabis users we have talked to, Hektor's story about his own use, what cannabis meant to him and how he experienced and calculated risks differed from what the treatment staff had told him about cannabis. By emphasizing the silliness of denoting smoking a joint with the clinical term relapse, he points to this fundamental conflict between perspectives.

It is against this background that we have found it interesting to study different perspectives on cannabis use and what happens

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when they meet. We will try to answer a series of questions: How is youth cannabis use perceived by different actors in treatment? How do cannabis users view their use and the measures taken against it? What do motives for using cannabis say about the political context in which they are expressed? In asking these questions, we scrutinize what happens when different perspectives on cannabis use meet and how societal efforts towards change shape this meeting.

We aim to discuss the situation for cannabis users in the Swedish drug policy context, which relies on criminal control and prohibition. We focus on the way this strict policy sets the stage for the encounter between cannabis users and the demands on them to stop using. Starting out with findings from a research project on users like Hektor, as well as youth treatment centers targeting cannabis users, we take a comprehensive look at how these relate to each other. On a more general level, we also discuss what implications these findings have for how the cannabis issue is enacted in policy and practice in Sweden.

The material described in this chapter comes from a research project about cannabis (FORTE, project nr 2015–01582). Data was collected from 2015–2017 and consists mainly of interviews. Interviews were carried out with staff from outpatient treatment centers for young substance users in the Stockholm area (n = 18), with young people who have been in treatment at such centers (n = 18), and with adults who use cannabis (n = 12). We also collected online posts (n = 238) on this issue through an open discussion thread at Flashback Forum (see https://www.flashback.org/t2883872). The analyses of the different materials were similar. In order to create an overview, a first coding focused on how participants talked about cannabis use, treatment and Swedish drug policy. The data were then, in a second step, coded using various theoretical tracks, including logics (McPherson & Sauder 2013), legitimation (Suchman 1995), responsibilization (Trnka & Trundle 2014) and motive accounts (Burke 1969/1945). The materials, including survey data, have previously been analysed separately and presented in empirical articles (Ekendahl, Karlsson & Månsson 2018; Ekendahl, Månsson & Karlsson 2020a, 2020b; Karlsson et al. 2018, 2019), including an overview in Swedish

(Ekendahl, Månsson & Karlsson 2020c). More information on theoretical and methodological issues can be found in the published articles.

The Framework of a Strict Drug Policy

In Sweden, cannabis is a controversial and much debated topic in the media and in politics, as well as among authorities and the public. Common viewpoints are that cannabis is particularly dangerous for the psychosocial development of young people (e.g. Danielsson, Olsson & Allebeck 2019), that it works as a gateway to 'hard' drugs (e.g. Ellgren, Spano & Hurd 2007) and that it feeds organized crime in problem-burdened areas (e.g. The Swedish Police Authority 2017). Although cannabis use is uncommon in Sweden compared to many other European states (EMCDDA 2019), a recurrent claim is that it is increasing among both adolescents and young adults. While young Swedish cannabis users can mainly be seen as 'marijuana testers', with a comparably affluent social situation (Karlsson et al. 2019), the focus on prevalence as a problem in its own right is common in Sweden (see, e.g., Månsson & Ekendahl 2015). This was recently illustrated in discussions following the increase last year in adult (aged 30–44 years) consumption from 1.1% in 2004 to 3.7% in 2018 (Public Health Agency 2019), which has attracted some attention (e.g. CAN 2019; Ritzén 2019).

It is clear that the Swedish restrictive drug policy constitutes an ideological framework when the consequences of cannabis use are described in Sweden. The policy assumes that the substance in itself causes the aforementioned problems (see Chapter 6 by Tham 'On the Possible Deconstruction of the Swedish Drug Policy'). Historically, this focus, to a considerable extent, has been influenced by the work of one of the most important actors in the development of Swedish drug policy, Nils Bejerot, doctor in social medicine (Edman 2012). Bejerot saw drug use as a contagious disease that needed to be contained in order to prevent societal disaster. His tenets steered policy 'to a police-oriented strategy whose objective was to clear the streets of drug pushers' (Lenke & Olsson 2002: 69). In line with this policy direction, Sweden does not seem to be heading towards retreat, that is, a more liberalized drug

policy. Such policies can be seen in the majority of other Western states, and they are usually based on a division between drug use per se and problematic drug use. Rather, recent political moves in Sweden point to doing 'more of the same'. For example, in the Swedish government's strategy for alcohol, narcotics, doping and tobacco it is stated that Sweden shall promote restrictive cannabis policies (Skr. 2015/16:86), and the Swedish Prime Minister Stefan Löfven declared in 2019 that Sweden should not 'legalize and legitimize [cannabis], and say that this is a natural part of our society. Because it is not, and it should not be' (Olsson 2019).

Swedish drug policy classifies all drug use as 'abuse' (missbruk). Harm reduction has typically been considered incompatible with the zero-tolerance approach to drugs and is accused of sending the 'wrong' message. While some harm reduction efforts have been developed and made more accessible to drug users in Sweden (e.g. substitution treatment, exchange of syringes and prescribing antidote to opioid overdoses), these are exclusively directed towards 'hard' drugs. Cannabis treatment focuses instead on recovery with abstinence as the end goal. This recovery-as-abstinence model has been debated in other countries (such as the UK and Australia, see e.g., Klein & Dixon 2020; Lancaster, Duke & Ritter 2015), and it has been suggested that this model has negative implications for individuals seeking to engage in treatment (e.g. McKeganey 2014; Wincup 2016). Recent social science drug research has begun to problematize the demands placed upon the drug-using individual to change in order to become 'normal' (e.g. Fomiatti, Moore & Fraser 2019; Fraser & Ekendahl 2018). One central point is that such change-oriented efforts individualize drug problems; another is that rigid definitions of successful treatment outcomes reject some users' wish to continue using drugs, or to change in a different way than what society demands (Pienaar et al. 2017). As the processes of change related to drug use are complex (e.g. McIntosh & McKeganey 2000; West & Brown 2013), a strict abstinence goal may reinforce feelings of stigmatization among help-seeking individuals who do not agree with this prescribed way out of drug use (Csete et al. 2016).

The notion of change is usually closely connected to people who use drugs – they are expected to submit themselves to treatment

and adjust to punitive social welfare measures (e.g. urine tests). However, recent developments in international drug policy have entailed new questions on how treatment systems, legal processes and health promotion might be reformed to benefit people who use drugs. In line with this, scholarly discussions on the meanings of change are surfacing through questions regarding how drugs are made a problem (e.g. Bacchi 2018), on what the persistent focus on the future creates (e.g. Lancaster, Rhodes & Rance 2019) and what we might learn from stasis (e.g. Dennis 2019). It is from this theoretical perspective of change that we discuss the findings from some of our previous research on cannabis.

Different Perspectives on Cannabis

In a previous dissertation project, one of us examined the assumptions about cannabis that are represented in official contexts, such as in the media and at information conferences organized by authorities, and in unofficial contexts, such as on internet forums (Månsson 2017). The study showed that actors in these discussions relied on scientific evidence showing how dangerous or harmless the substance is. The expansive research literature, however, points in different directions regarding the consequences of cannabis use and how the substance should be regulated (Hall & Lynskey 2020). The positions are locked between those who advocate continued prohibition and those who want society to liberalize cannabis policies; all think they are right and refuse to reconsider their positions. This also means that cannabis is attributed with divergent meanings; for example, it can symbolically 'become' a threat to a whole youth generation, a medicine or a healthier intoxicant than alcohol.

Here, we look closer at how political conditions, taken for granted 'truths' and societal efforts to get people to avoid the substance are interwoven. Our focus is on how the complicated cannabis issue is expressed in people's descriptions of what they do, think and feel. By engaging with a diversity of knowledge, we hope to avoid the pitfalls of viewing evidence as simplified and the idea of there being 'correct answers' to complex policy questions (Rhodes & Lancaster 2019).

Treatment Perspectives on the Dangers of Cannabis Use

Although the treatment centers that are included in this study treat all types of substance use (including alcohol), the focus on cannabis was apparent in the staff interviews (Ekendahl, Karlsson & Månsson 2018). The staff expressed great concerns about the substance. This held true both in relation to the negative consequences that young users were considered to be particularly sensitive to, and to the liberal attitudes that were said to affect them via popular culture and the internet. Concerns about young people's behavior were also key in staff statements. For example, they described cannabis use as dangerous and impossible to combine with a healthy and normal lifestyle. This is illustrated in the quote below where one of our participants elaborated on why she thinks using cannabis is 'a bad idea when you are young':

> You have to be clear about what we know about the consequences of smoking cannabis regularly, over extended periods of time. Nothing happens after trying two or three times, but I think that at least parents should know what happens when a young person smokes regularly, and the kids themselves should know. […] For example, the THC release curve. I talk about it being fat soluble, that it stays in the body a bit longer. I talk about chronic intoxication, although I don't use that word. But I talk about the fact that if you smoke regularly for a long period of time, you're under the influence even when you're not high, so to speak. To the parents, at least, I show brain images demonstrating where in the brain it sticks, the cannabinoid system and things like that.

Here, the effects of regular use are linked to those of sporadic use, which served to emphasize the problem and fuel the concern for young people (regardless of their involvement with cannabis). The concern was made trustworthy by presenting the dangerous effects of cannabis use in biomedical language (e.g. the effects on brain function). The participant drew on scientific evidence of the negative effects of regular cannabis use on young people and used this knowledge to prevent cannabis experimenters from continuing. This process had two effects: it constituted cannabis as particularly dangerous for young people and, in doing so, constituted young people as a group with great needs.

The use of biomedical language was common among staff, and they repeatedly referred to research and statistics to demonstrate

that they conveyed 'safe' and 'correct' information about cannabis to young people and their parents. This was illustrated by one of the participants in the quote below.

> I see this as a very important job that we have to do, since I don't see legalizing yet another drug as a solution. I see it as a very important job over the next few years to provide alternative information – from safe sources and to learn to resist the other stuff. To show another side, that smoking does have negative effects.

The use of research emphasized the severity of the cannabis problem and placed weight on the centers as experts and advocates of zero tolerance to drugs. Scientific evidence thus became a way to both legitimize the treatment and to quality control it. This quote also illustrates how scientific evidence, often presented as a singular 'fact', was used to resist the opinion that cannabis should be legalized (see also Månsson & Ekendahl 2015).

However, references to science were also problematized by staff. For example, several participants mentioned that some clients referred to scientific reports supporting a different view on cannabis than the one presented by the treatment staff and the strict Swedish drug policy. And as one participant stated, the 'mishmash of information that goes against one another is pretty mad […] and it is difficult to handle the global opinion when you are sitting in a small room with a teenager and you are not 100% sure of what is really true.' This shows how controversies around evidence created problems, and accordingly the staff avoided going into political discussions as this was seen as a dead end. Similarly, they described how they tried to avoid talking to young people about drug policy and the fact that cannabis is prohibited. This topic was saved for occasions when staff really wanted to emphasize the dangers of the drug and the legal consequences that consumption could lead to.

Throughout, the staff described a competent and serious client work. They referred to their vast experience of meeting young people, and the knowledge of their behavior and needs that they had gained through this. They expressed a clear wish to meet clients 'here and now' in order to personalize efforts and interventions. Each meeting was seen as important for building relationships, providing accurate information about cannabis, and thereby

facilitating behavioral change. Given this professional approach, the drug political focus on control and abstinence was sometimes described as problematic. The quote below is an example:

> It's as if I play a role and I get a lot of transference, like projections. It's as if I'm not a person but I also become the state. There is this young person and every time I see him he talks about it like: 'You all force me to come here and leave urine samples, you all force me to do this!' And I go: 'It's me, who is sitting here as a person talking to you, and I want you to take a drug test.' But all the time it's just 'You all …'

This quote exemplifies how mandatory parts of the treatment, like urine tests, were described to create resistance and problems in establishing a relationship with the client. The participant here was uncomfortable with being reduced to a representative of the state and to tackle this, she downplayed it by stating that 'I want you to …' rather than accepting the accusation 'you all force …' Similarly, the demand to become drug free in treatment was sometimes described as problematic when focusing on relational aspects.

> Yes, the way we see it is that you have to become drug free. But I think we are very good at not making it into morals. I think we are good at understanding what is going on. No, it's not always simple, but you don't have to make the decision to never smoke again. […] But can we make a deal? These six weeks you won't smoke. […] We start here, and then when you haven't smoked for a while you might see things differently.

Just like mandatory urine tests were transformed into a help offering in the previous quote, becoming drug free is in this quote transformed from a goal imposed from above to a deal made between two equals. Such strategical redefinitions of the situation, from one of compulsion to one of opportunity, were significative of how the staff handled the clash between Swedish drug policy and providing adequate treatment.

One dilemma raised by the staff was that the treatment seemed more suited to help certain groups of clients, even though the stated objective was to make all types of young people quit cannabis. According to the staff, good results could mainly be achieved

among the clients who could be characterized as 'marijuana testers' (see Karlsson et al. 2019). More experienced and socially vulnerable users were often seen as more difficult to treat. This observation was also consistent with how the young people themselves perceived the potential of treatment.

Youth Perspectives on Cannabis Use

The young people we interviewed described different pathways into treatment. Some had entered voluntarily, some were forced to go by parents or school, while others had been court-ordered. Four different user groups could be identified from the client interviews (Ekendahl, Månsson & Karlsson 2020a). We classified these groups inductively from the study sample as a way to get an overview of the material. One such group was those who described themselves as socially established and saw cannabis use as a stupid mistake – a youth sin. Another group described very problematic backgrounds, containing more deviant behaviors than the use of illegal drugs. Yet another group described cannabis as a lifestyle – they really liked the substance and did not see any problems with it. The last, and least common group, had tried cannabis and gotten caught but did not really think the drug was particularly interesting.

Those who thought that the treatment had been helpful came mainly from the first two groups. They agreed with the staff's descriptions of harms; cannabis controls the behavior of young people and creates an addiction, and they could thereby understand their past. Their own cannabis experiences were similar to those told by the staff at the treatment centers, focusing on, for example, addiction. Metaphors about being inside a 'glass bulb' while using cannabis and about 'being in love' with the substance surfaced repeatedly in both materials. The young clients described how they had been able to embrace the new information they got during treatment and made the *decision* to stop using cannabis. They saw the treatment as a turning point in life and believed it was easy to take responsibility and change after their contact with the treatment center.

> They [staff] have taught you why it's better not to do it [cannabis], than to do it. And I've thought about why you become addicted.

> That the level of happiness rises, and then it sinks below what's normal, below the normal level of happiness that I have now sitting here. You go below a certain point. He [staff] drew some graph showing me. And it confirmed that you can become addicted to this.

The young person who provided the above quote described it almost as a revelation when he, after receiving informative explanations from the staff, realized that his continued use of cannabis was a result of the substance itself. In this and similar descriptions, individual choices, actions and emotions were shaped by the agency of the substance. Later in the interview this topic was revisited, and the client described being able to control his use before coming to treatment, but then becoming convinced he could not. Pivotal in this, and similar stories, was the knowledge passed on by staff about addiction and the brain, which was said to support the client in making the right decision (see also Barnett et al. 2018). The treatment center here became an 'educator towards "good" risk choices' (Kemshall 2002: 43), and this client was the perfect example of a well-educated citizen who made the choice required by a government actor – to stop using cannabis.

The last two groups generally described resistance to the treatment; they did not think it was something suitable for them and did not see the point at all. They disagreed with the staff's problematization of cannabis and resisted being treated as drug addicts. These young people saw their cannabis use in a completely different way than the treatment staff (e.g. they described it as unproblematic and informed), and were surprised of the medical language used when staff talked about cannabis. These young people questioned the treatment but, because they had committed a crime, they understood and accepted their situation. The treatment was presented as unavoidable in the endeavor to eventually be left alone and to be able to continue with cannabis or to simply get on with their lives. Some described how they 'used' the treatment centers as a way of proving to their families that they were drug free, although they were not (or were only during treatment). They stated that they acted like motivated clients while in treatment in order to continue using cannabis without causing too much trouble, like one of the participants quoted below who had

been mandated to treatment as a consequence of being caught by the police with traces of THC in his urine.

Participant: They [staff] were more like, 'What can you do to not keep on doing it [cannabis]?' It was basically that question, but in different versions all the time. How they should keep me away from it. Which I did during spring, until the day I quit treatment. […]

Interviewer: What do you think they would say at the treatment center if they knew that you didn't stop?

Participant: Well, they would be disappointed. I can see their faces right now. Because they have a very clear view that this is bad in every way. But I think cannabis, and this is always my counter-argument, I think that you become slow and stuff, but otherwise I see nothing dangerous with it besides it being illegal. That's the greatest danger.

As mentioned as a key technique for building relationships in the staff interviews, the young person above testified to how staff tried to make him *choose* to stay away from cannabis, conveying that treatment was not framed as coercion. The participant described his awareness of this, as well as what treatment staff thought about cannabis and what he was obliged to do in treatment. He resisted this, however, in two ways: he took up cannabis use on the day of his release from treatment, and he refused to change his mind about cannabis being rather harmless. However, later in the interview he stated that he avoided voicing such opinions during treatment as any such talk that 'slipped through' made treatment more intrusive, for example through additional urine tests. Thus, the meaning that these young people attributed treatment with seemed to have little to do with the goal of recovery. At the same time, their resistance may not have been visible for treatment staff. In the end, clients with this dodging stance may therefore be taken as illustrative examples of successful rather than poor treatment outcomes.

Whether the young people described resistance or compliance with treatment, they understood their own experiences in a

responsible manner. For example, information on and assessments of risks were considered to be crucial for their approach to cannabis. They did not refer at all to traditional sociological or pathological explanations of drug use (e.g. economic vulnerability, peer pressure, boredom) when they explained why they had ended up in their current situation (see Järvinen & Ravn 2015; Phoenix & Kelly 2013). Instead, they were careful in describing how they themselves had made the choice to start using, and that no one else was responsible. Regardless of the attitude towards the treatment, the youth generally understood why the adult world was worried about them and they agreed with the basics of strict Swedish drug policy. Although many saw the benefits of legalizing cannabis for medical purposes, they thought differently about legalization for recreational use. The idea was that cannabis is, after all, associated with certain risks that most people cannot handle safely.

Adult Perspectives on Using Cannabis in a Strict Drug Policy

The young people's relatively compliant approach to Swedish drug policy was not at all visible when the adult cannabis users made their voices heard (Ekendahl, Månsson & Karlsson 2020b). The online discussions and interviews with adult users showed that prohibition and sanctions against cannabis, as well as stigmatization of users, were seen as unfair, undemocratic and irrational. The adult participants were not classified into different groups, instead we focused on classifying their motives for using the substance. The following quotes thus represent general trends in the material.

> We are extremely oppressed, which has made me believe that some get paranoid simply because others cannot know anything about our use. Your whole world can get shattered if the wrong person gets to know about it. Tainted criminal record, extreme difficulties (if not impossible) to get a loan, employers will deny me work etc. The list goes on and on.

As illustrated in the above quote from the online material, most participants were extremely offended by the strict Swedish drug policy and the effects it had on their lives. Both online discussions

and interviews centered on aspects of stigmatization, problems with how Sweden handled cannabis users and worries about having to deal with criminals to purchase the substance. Accounts of feeling alone, unsafe and hunted by society were repeated. These discussions, for example, centered on experiences of not getting the medical care that was needed after admitting to the use of cannabis, and on stories of young people whose lives had been ruined after police crackdowns. As an effect, some stated that they had lost their faith in Swedish society – calling it '*an oppressive regime – a non-democracy*'.

The agitated feelings about Swedish drug policy probably emanate from clashing perspectives on what cannabis is. According to the adult users, cannabis is a relatively harmless substance that could be used for many different purposes; with everything from recreational motives such as relaxation and creativity to medical motives to mitigate physical and mental disorders being mentioned (see also Mitchell et al. 2016). A common view was that they did not want to change into non-users. With the exception of the effects of the strict drug policy in itself, most did not experience any problems with their use. In fact, it was often described as quite the opposite – it was something that helped them with various problems in life. About half of the participants in the online material referred to medical motives for cannabis use. We could also see, in the interviews, that these motives usually surfaced immediately, to be complemented with accounts of recreation later on when the participants were 'warmed up' and had received follow-up questions. The way the participants approached the question of why they used cannabis thus suggests an influence of drug prohibition on motive accounts – those motives that were believed to be more accepted and rational appeared first. The extract below is an illustration of this:

> I had a few friends over. We were going to a reggae club and everybody was there. Five hundred people dancing and having fun. Then I came home, and the police had busted the door open and torn up the apartment. And found ten grams of weed. And I said: 'Oh my god, how can you bust the door open? Why didn't you call?'. 'We did, but you didn't answer.' 'No you didn't! Check my phone.' I don't know what will happen with it. I have been to

> a hearing and I've told them exactly how it is. 'Well, this is it: I smoke. It's for pain and it's relaxing for me.'

Here, the recreational motive of having fun was reformulated into a medical motive of pain relief when the participant described his contact with the police. What is also interesting with this quote is that it was one of very few descriptions of large social gatherings that included cannabis use. Unlike results from prior research describing cannabis use as a social activity (see, e.g., Osborne & Fogel 2008), the participants did not present this as particularly relevant in Sweden. Instead, they generally claimed to hide their cannabis use from outsiders and do it privately. Some participants even said that a consequence of their cannabis use was that they felt lonely since they were scared to talk to other people about it. While this may be a typical characteristic of adult cannabis use, it may also reflect a drug policy where cannabis use is met as deviant, and where individuals worry about legal sanctions.

Although social settings were not emphasized in the material, the setting was described as important in relation to accounts of more private use of the substance.

> When the family came and it was more everyday routines, when you have less time for everything, then I get easily annoyed and I act out. […] Then I can have a hit [of cannabis], and then I come down and become calm so I can handle the situation. So, my need for cannabis increases when I enter stressful everyday environments.

This quote illustrates how cannabis use was described as an extension of the family setting with its routines, stress and arguments. In this, and similar quotes, drug effects such as intoxication were downplayed or rejected. Cannabis use was instead explained with reference to its soothing effects that facilitate social functioning. These adults recognized that cannabis use violated society's rules – particularly those who used it in family settings. The difference from the young users was that the adults could easily justify their lifestyle by claiming that cannabis made them into (what they perceived as) better people, leading productive and healthy lives. Cannabis use was presented as a conscious decision, similar to how some young persons described it.

Cannabis, Drug Policy and Change

Based on the overall results of this study, we, like previous research (e.g. Månsson 2017), can see that cannabis is a substance with many meanings. Treatment staff and certain groups of young people emphasized its dangers, while other user groups (both young people and adults) described the substance as relatively harmless with both recreational and medical uses. Our research project shows that there is not *one* unchallenged 'story' about cannabis. To the contrary, all actors in our material seemed to have to explain their views. Not surprisingly, those who presented cannabis as harmless were forced to motivate their stance because it challenged dominant assumptions in Sweden. Perhaps more surprisingly, those who viewed cannabis as dangerous strived to introduce both research and experience to justify this. This shows how the context provides the boundaries as to what can be said about drugs and their users, and that such statements can be understood in relation to both the current strict drug policy and an increasingly drug-liberal world.

This cohesive grip on the material from our research project illustrates how a focus on change shapes the meeting between cannabis users and the drug policy system on several levels – and that it may be helpful for some but problematic for others. Looking at the everyday treatment practice, the demand on young clients to quit using steered the direction of both interventions (e.g. mandatory urine tests) and client–staff interaction (e.g. pedagogical efforts to make young people choose wisely). In this way, the drug played a key role in client relationships and in how these were enacted and legitimized. The treatment was prompted by youth cannabis use and it targeted the effects of the substance. For the large group of 'marijuana testers', this approach was considered to work well. Staff described them as compliant clients who quit using the drug, which indicates good treatment outcomes. The smaller group of more socially disadvantaged and advanced users – who showed several other problem behaviors and were more convinced that cannabis was relatively unproblematic – was considered more difficult to build relationships with and to guide in the direction of lifestyle change. While we have shown that 'difficult' clients can be satisfied with and benefit from the treatment (Ekendahl, Månsson

& Karlsson 2020a), this generally reflects that a narrow and judiciary entry into young people's lives (that cannabis use is illegal and must end) has both advantages and disadvantages if the goal is to reduce drug problems. Socially affluent young people who had a lot to lose seemed to listen to staff messages about how dangerous cannabis is and quit use. Those, on the other hand, who had more severe problems in life than consequences of cannabis use often seemed to find it difficult to engage with a treatment they found misdirected and irrelevant. In the worst case, this means that the young people who need the help the most will reject it.

The cannabis problem is usually described through the monitoring of prevalence rates. By such quantification, a complex phenomenon is simplified and made into a distinct problem to be acted upon by society (Lancaster, Rhodes & Rance 2019). For example, the logic underpinning the vision of a drug-free society, along with the criminalization of personal drug use (see Chapter 6 'On the Possible Deconstruction of the Swedish Drug Policy'), is based on the idea that users have to change into non-users. It also rests on the notion that society has to change from one with illegal drugs to one without. By focusing so strongly on prevalence figures, there is a real risk that Swedish cannabis prevention addresses symptoms of unfavorable living conditions rather than on their root causes. An overly narrow view on people's drug use can also further stigmatize the most socially vulnerable. Being prosecuted for a drug offense may, on the one hand, help some individuals to get on the right track (Ekendahl, Månsson & Karlsson 2020a). On the other hand, it can also impose an identity such as 'drug addict' or 'junkie' on young people who, under different circumstances, might 'mature out' of experimentation with drugs. The material effects of this labelling can be profound, as illustrated by users who describe that they have lost their jobs, not received proper medical care and in some ways live as outcasts. Although the Swedish welfare state strives for inclusion (Moore et al. 2015), the current drug policy with its 'change agenda' may exclude cannabis users as 'Others'.

Research shows that those who are defined by society as drug users are forced to fight hard to escape the stigma and marginalization that this label entails (e.g. Ekendahl 2006; Fraser et al.

2017; Petersson 2013; Svensson 1996). As illustrated in this research project, some cannabis users simply do not identify with being a problem that needs to be solved. They want to continue using their drug of choice for both medical and recreational reasons, and they view society's demands for change as problematic. By paying attention to users who say they benefit from their use, and by engaging with their wishes to change slowly, or not at all, we may develop a treatment and policy approach that is more responsive to the perspectives of those who we wish to help. This, however, seems difficult if the issue of cannabis is governed by a primary focus on change. We therefore ask, what would happen if we were to accept that cannabis (and other drugs) are part of our society? Such an approach would perhaps transform the demand to change quickly (for example in treatment) and provide the possibility of slowing down and paying attention to the experiences and preferences of the users. This could perhaps direct the focus on change from the substance and the users towards more general societal aspects of wellbeing. As suggested by Fomiatti, Moore & Fraser (2017), this would help in developing more sensible and humanitarian treatment and policy.

In conclusion, despite the increased demands on evidence-based practice, it seems difficult to progress in the discussions on cannabis by relying on objective knowledge. We have previously shown how diametrically different views on what cannabis is, how the drug should be controlled and whether the user group should be considered large or small find research support (see, e.g., Månsson 2017), which indicates that sources are chosen based on the interests of different parties. Such controversy highlights fundamental uncertainties of 'science-making' and the problem of relying on evidence as a singular entity that can unanimously guide policy (see, e.g., Rhodes et al. 2019). In our different materials, cannabis appears fluid with multiple meanings. Consequently, the problems related to the substance become very different. For example, to the staff, the effects of cannabis on the brain were pivotal, while the adult users generally emphasized the punitive measures taken against them. A multitude of actors with different perspectives and agendas are engaged with the problem, which in turn can introduce a variety of themes for discussion. With different

problematizations, various scientific results become relevant and these results are also negotiated in practice between professional opinions and political ideas that show 'how *evidence* is *made to work*' (Rhodes et al. 2019).

Following these considerations, we believe that cannabis should be seen as a matter of concern rather than as a matter of fact (Latour 2004); it encompasses a variety of voices and knowledge. There seems to be nothing fundamentally scientifically rational when Swedish politicians follow the prohibitionist tradition without considering alternative, and increasingly endorsed, ways of controlling cannabis (see Goldberg 2021). But how are we then to combine and weigh different perspectives against each other? In line with Rhodes and Lancaster (2019), we find it relevant to seriously elucidate how evidence is made, put to use and made to matter. Simply stating that research shows that cannabis is dangerous and should therefore be prohibited becomes pointless when very diverse claims can be supported by scientific studies; cannabis is not merely a technical and a scientific problem but also a social and a political one. Such a complex issue requires complex solutions. Another approach would be to take seriously and clarify how politics, ideology and science interact when societies define and solve drug problems (Bacchi 2018). Engaging with the uncertainty of what cannabis is, and taking different actors and their controversies seriously, might not establish a 'truth' about cannabis, but it can make the situation more intelligible and reveal aspects that were initially difficult to see (Callon, Lascoumes & Barthe 2009). It could result in our decision-makers feeling obliged to justify a continued focus on cannabis-using young people and a continued criminalization of drug use with reference to sources other than research findings supporting this policy.

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PART III
CONCLUSIONS

12. Are the Nordic Countries at a Crossroads?

Henrik Tham

The question of how the drug policies of the Nordic countries will develop in the near future will be characterized by retreat or entrenchment, by decriminalization or continued penalization, by an increase or a decrease in police resources, and by more or less people in prison, will depend on both the historic development and the present situation. The existing drug policies constitute the starting point, and those policies have been historically created. The histories of the five countries, in terms of their drug policies, show both common and separate traits.

A common characteristic of the countries is the fact that they are all advanced welfare states. A number of features of the drug policies seem to be connected to welfare state ambitions. A clear trait is the tradition of care. No one should be left to her- or himself with serious problems but should be able to count on public help. This is shown by the public health system of all the countries. Even if the problems can be regarded as self-inflicted, a non-moral and social deterministic view would, in principle, characterize the Nordic welfare state.

Such an understanding of individual problems could be regarded as humanistic but also as patriarchal. It has been claimed that welfare states in the Nordic countries act as parents in relation to citizens, showing care but also defining what the problem is and how it should be solved. Such an understanding could lead to a situation where the state doesn't think that the subjects understand their problems properly and therefore need help, which

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sometimes even needs to be provided by force (Smith & Ugelvik 2017). The Nordic states have, in varying degrees, employed compulsory care of people with problematic drug use. This side of the caring tradition could possibly lead to administrative sanctions replacing penal sanctions in a situation following decriminalization.

An analysis of the Swedish welfare state summaries the project as 'putting life in order' (Hirdman 2000). The state represents the highest reason. Rules are created for 'how it should be', thereby creating deviants. Critique of state interventions as violations of the private sphere would be countered with the argument that the problems of the individual are degrading and constitute the real violation, rather than the intervention to try to help the citizens (op. cit.: 229, 232). Translated into this context, state interference with drug consumption would be justified as being to the benefit of the drug user.

The Nordic welfare state is part of a strong reformist social democracy. Social democracy is neither libertarian, non-interventionist, minimal state nor revolutionary striving for an entirely different system that is supposed to more or less immediately solve most problems. Its reformist character could even lead to an ambition to create social problems to have something to intervene against. Non-intervention would just seem alien in a welfare state context. The abolitionist demands of decriminalization and legalization of drugs have been difficult to accept for politicians, civil servants and treatment personnel, and possibly also the general public in the Nordic countries.

The reformism of the welfare state can be interpreted as a most ambitious project to wipe out social problems. In an analysis of the drug policy of Sweden it has been claimed that the goal of the policy is 'the clean home' (Gould 1994). The Minister of Social Affairs even confirmed this indirectly in a response to this critique (Westerberg 1994). This understanding of the drug problem has also been demonstrated in Norway and Iceland by the official mottos of 'a drug free society'. At the same time, however, it should be noted that this expression was directly refuted in Finland and was only recently being used politically in Denmark.

Another historic feature with possible relevance for the present drug policy in the Nordic countries is the tradition from the

temperance movement. In the first part of the twentieth century, Finland, Iceland and Norway had alcohol prohibition. Sweden had a ration system, limiting the amount of alcohol that could be bought. Denmark, closer to continental culture, did not have these restrictions but tried to regulate alcohol consumption through high taxation. The four northern states clearly belonged to the 'Vodka-belt'. The climate made the growing of grapes for wine or hops for beer difficult. An alcohol culture based on distilled beverages developed, with a drinking pattern with more detrimental effects (Lenke 1991). The heavy drinking led to the formation of strong temperance movements in the later part of the nineteenth century.

Different but connected effects of the tradition from the temperance movements in four of the five countries could possibly be discerned. A central idea of the temperance movements was that weaker alcoholic beverages, beer, would likely lead to binge drinking of aqua vitae. This was the 'stepping stone theory' that inspired an alcohol policy that regarded beer drinking as risky and inappropriate (Lenke 1991). Places for drinking beer were not encouraged. Iceland did not permit beer until 1989. The cozy atmosphere of an English pub or a German *Bierstube* was hardly present in places for beer drinking and would be avoided by most respectable people in some of the countries.

The absolutist organizations in both the field of alcohol and drugs have joined together. The temperance movement has then transferred its traditions to the NGOs working against drugs. The zero-tolerance drug policy corresponds to the strict rule of non-drinking of the teetotalers. The strict stand also results in a resistance to mark a difference between 'soft drugs', beer and cannabis, and 'hard drugs', spirits and heroin. The fight against cannabis also became central in the drug policies, with its use interpreted in the frame of it being a stepping stone requiring early intervention and not sending the right signals.

A possible further effect of the tradition from the temperance movement is a resistance to medical solutions to the drug problem. Solutions should be social rather than biological. This has manifested itself initially in a resistance to syringe exchange and substitution treatment. In the debate in Sweden about a national syringe

exchange programme, the medical profession was in favour but the personnel in different types of therapeutic treatments were opposed (Tham 2005). The proposal for a national programme was first rejected but later accepted when syringe exchange was attached to treatment interventions.

The forces that have shaped the drug policies in the Nordic countries will still be active when the present policies are analyzed in a situation where several other countries are retreating from the war on drugs. The insight of the objective damage that the consumption of drugs has caused will of course also be present. To sum up, the welfare state, the tradition of the temperance movement and the observed results of heavy drug use all seem to have worked in the direction of a drug policy that will not promote a liberalization.

Whether or not there will be a change in the drug policies of the Nordic countries in a liberal direction will ultimately depend on the governments. Will the ruling parties propose decriminalization, and is there a majority in Parliament for such reforms, and others, in the direction of liberalization of the drug policy? Denmark never went as far as the other countries in criminalizing drug consumption, but the sanctions for drug possession and dealing have, on the other hand, been strengthened. In Finland, both the Government and the political parties are divided on the question of decriminalization, but the Prime Minister and the majority of the Government Ministers are against it. In Iceland, a number of proposals for decriminalization have been presented but have so far been defeated in the Parliament.

In early 2021, the Norwegian Government recommended a decriminalization of the use of drugs and minor possessions for own use to the Parliament. The parties in the Parliament were, however, divided on the issues and the proposal was defeated when the Social Democrats opposed the bill. Finally, the Swedish Social Democratic–Green Government is very clearly against decriminalization, but the Social Democratic youth-party has demanded an evaluation of the criminalization of use of drugs. Some of the parties in Parliament take the same stand and in 2020, the Parliament demanded an evaluation of the Swedish drug policy.

The Police have been, and are, a central actor in the drug policies of the Nordic countries, stressing the importance of penal law,

police resources and unconventional police measures. In Norway, the Drug Police Association has 'occupied' a large number of internet-sites in order to direct those searching for information to police perspectives. In Denmark, the Police were active in the creation of the 'Pusher law', which increased police powers (Frantzsen 2005). Cases involving possession of illicit drugs have increased markedly in Denmark and likely indicate increased police activity. In Finland, the Police have influenced the penalty scales to allow them the possibility to carry out searches for suspected drug crimes. The special drug police in Iceland, often US-trained, have been quite active in describing the threat from drugs and demanding increased resources and penal law expansions. The Swedish Police wrote their own drug policy manifesto and were quite active in the demand for a legislative change that made the control of body liquid possible (Rikspolisstyrelsen 1989; Proposition 1987/88:71:88). The Swedish Drug Police Association has also been most active in spreading an alarmistic view on drugs and demanding more control through a journal, conferences, study-trips and collaboration with other similar associations, particularly in the USA (Svenska Narkotikapolisföreningen). How the Police in the different Nordic countries will react to proposals of decriminalization, and even legalization, will be of central importance for the future development of the drug policies.

As said in the introductory chapter, the general criminal policy of the Nordic countries is relatively liberal in an international context, referred to as 'Scandinavian exceptionalism'. The comparatively low prison populations and relatively decent standards of the prisons are still true. All the countries have, however, moved in the direction of a more law and order oriented criminal policy (Lappi-Seppälä 2016). In this development, 'organized crime' is increasingly referred to as a serious threat that has to be combatted. The drug trade is pictured to be at the centre of organized crime, and increasingly the demand side is being put forward as the driving force of this.

Finally, an open political and public debate of the risks of using drugs and the costs of controlling drugs seems difficult to establish. In principle, everyone agrees on the importance of an evidence-based drug policy. In the interviews in Sweden with treatment personnel and people undergoing treatment, both sides

referred to scientific 'facts' but came up with diametrically opposite conclusions. The ideological component of the drug issue seems quite strong. This circumstance has led social scientists to look for other explanations to 'the war on drugs'. Alternative explanations to a rational drug policy have been suggested in terms like 'the good enemy', 'moral panic', 'outsiders' and 'national projects'. The ideological character of the drug issue could, in principle, lead policies in both a more and less restrictive direction. Thus far, however, it seems to primarily have prevented a more open debate on the pros and cons of the present drug policies.

Even though there are different circumstances pointing in the direction of status quo in the drug policies, there are also signs of liberalization and developments that seem to demand a change. That the debate about drug policies has escalated is quite clear in all the countries. One line of critique is the general lack of positive results of the drug policies pursued so far. The groups of problematic drug users have not been shown to be reduced. The situation of marginalized people using drugs has repeatedly been reported as bad or even deteriorating. The living conditions of these groups is a central argument in the Norwegian report on drug policy and its proposal to move from control to help. All the countries have high death tolls that have become increasingly politically disturbing. The Swedish Parliament has demanded zero-tolerance to drug-related deaths. Arguments that the high figures are the result of repressive drug policies are increasingly coming to the fore in the debate.

The tradition from the temperance movement might in this context have the potential of liberalizing policies. Iceland, Finland and Norway gave up on alcohol prohibition. Sweden abandoned the rationing system and reduced alcohol control measures in several respects. The costs of control of prohibition and other regulations became too large and the system was changed. In the present debate, comparisons between alcohol and drug policies are also frequently made in the Nordic countries by those who demand a policy that is less based on punishment.

There is also the market. The analysis in this book of Swedish alcohol policy showed how the country had to adopt to the

prices and the availability of alcohol, both in order to prevent smuggling and so as not to lose tax revenues. If continental European states should start to legalize cannabis and the prices were attractive, the Nordic countries would find themselves facing the same problems as with the smuggling of alcohol during prohibition or when preventing present-day smuggling of cheap alcohol into the countries. The future drug policies of the Nordic countries will unavoidably be influenced by developments in other European countries.

The attitudes towards using drugs are partly a question of generation. Young people are relatively more liberal. In both Finland and Sweden, the political youth parties are mainly in favour of decriminalization of the use of drugs. This change in attitudes could be linked to an increased awareness of human rights. Such a development is reported from Finland. A drug policy strongly based on penal law will force the police to take action against the young, which will inevitably lead to feelings of injustice among those who are the targets of police interventions. This also links in with the emerging critique of stop and search in several Western countries, which, to a high degree, is justified by the suspicion of the use of drugs. Police practice in the field of drugs becomes intertwined with issues of class and ethnicity, with the potential to challenge politics in wider areas.

The Nordic countries have a tradition of harmonization of penal legislation. As mentioned, this has led to an expansion of penal law in the field of drugs where the countries have referred to each other for the need of strengthening the threat of punishment. At the same time, however, the drug policies of the five countries are partly different, and the political debate might lead to increased differences. Already today, people who have smoked cannabis in Denmark have later been sentenced for the use of drugs in Sweden when traces have been found in urine tests. Apart from the problem of not following the principle of double criminalization, this praxis might cause further strain between the countries if the use of drugs is decriminalized in some countries but could still lead to a sentence in another through the use of drug tests. The tradition of harmonization then might work in the opposite direction.

All in all, the most likely prognosis is that there will be a change in the drug policy of the Nordic countries. A move in the direction of less use of penal law and criminal justice seems to be unavoidable considering the development in other countries. In addition, the criminal justice approach to drug prevention in the Nordic countries does not seem to have been effective.

In the political debate to target groups that use drugs, two ideal types can possibly be discerned: the user and the abuser. This distinction corresponds to dichotomies used more generally in the analysis of norm-breaking behaviour. Should the deviant be regarded as criminal or sick (Aubert 1968), as villain or wretch (Sahlin 1994)? That the two categories do not necessarily correspond to a punitive or non-punitive policy has been stressed in this book. The drug user is also alternately pictured as a victim and a perpetrator. The dividing line between these is not clear-cut but rather a continuous variable. Nevertheless, the dichotomy can be used for analytic purposes.

The dependent and marginalized drug consumer who does not seem to gain illegitimately from his or her behaviour would not have to be criminalized. Consumption and the possession of small amounts of drugs for personal use doesn't have to be the concern of the criminal justice system. The drug-abuser could instead be the object of care and treatment, being granted help within a comprehensive public service system. Even the advocates of a zero-tolerance drug policy would today argue for more treatment resources. This is also in line with general welfare state ideology. A public health perspective, which is increasingly being referred to in the Nordic countries, could also justify harm reduction measures but without using that concept.

The question then is what policy a welfare and public health perspective implies for the temporary or recreational user. In the proposal for decriminalization that has been presented to the Norwegian Parliament it is the abuser, not the user, that is the object of the reform. A decriminalization of use and the possession of small amounts, which would be of benefit for the long-time drug-abuser, would legally also apply to the occasional well-adapted drug user. Here, some of the Nordic countries seem to take another stand. The arguments against decriminalization seem to follow two lines.

The first line of argument is that young people have to be protected. To not decriminalize will then be argued from the perspective of public health. How valid such a line of reasoning is can be discussed. Children who use drugs can be the object of intervention from the social services in the same way as when they use alcohol, which is not illegal. That drug use has been criminalized to such a high extent depends, according to Christie and Bruun (1985), on the fact that it is used by young and powerless people in a way that would not be possible for alcohol consumers. Also an issue here is the effect of a continuous criminalization. When an increasing number of young people are using drugs recreationally there is the risk, if the deterrent effect doesn't work, that the number that will be labelled as criminals will increase. A continued criminalization of drugs, both in the law and in practice, will also pose an increasing risk of creating tensions along age, class and ethnic lines.

The second line of argument is that the users will have to be controlled by criminalization, since they are the cause of drug-abuse, organized crime and deaths. This is the argument in Denmark, where a dual-track system differentiates between those with a problematic use of drugs, who receive help, and the recreational user, who is increasingly criminalized. The argument that the well-adapted user is a pre-requisite for the organized crime and gang-related shootings is increasingly voiced by politicians. In Sweden, the high and rising numbers of drug-related deaths are linked to the policies aimed at preventing first-time drug use. By upholding a zero-tolerance policy and preventing children and young people from using drugs, it is argued – without any empirical support – that fewer people will die from drug use (Proposition 2020/21:121, s. 65). An international quest for a more humanitarian drug policy will, in the Nordic countries, not necessarily change the situation for the recreational user.

The changes in the surrounding world will influence the drug policies of the Nordic countries. The public and political debate have, in just a few years, markedly opened up. Making a retreat is, however, not that easy. Beliefs, ideologies and vested interests can be quite resistant. The Nordic countries stand at a crossroads, but what new roads will be taken is far from clear.

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The drug policies of the Nordic countries have been relatively strict. Since this seems to contradict the internationally recognized liberal criminal policy in general, analyses have been devoted to try to understand this gap. The new question in relation to drug policy is, however, if and how the Nordic countries will adapt to a new situation when several countries all over the world are questioning 'the war on drugs' and orienting themselves in the direction of decriminalization and legalization.

The Nordic project on the possible change in drug policies tries to answer, or at least illuminate, different questions, such as: What signs are there of changing drug policies in the direction of the reduced use of penal law? What arguments are used in the public discourse to challenge earlier policies? What obstacles are there to change in terms of justifications, fears and actors?

The volume is of interest to anyone who is engaged, practically, politically or intellectually, in the question of drug policy in a situation where the scenes are changing quickly.

The 14 authors from the five Nordic countries have great experience in conducting research in the field of drug policy and represent different disciplines: criminology, sociology, social work, history and law.

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