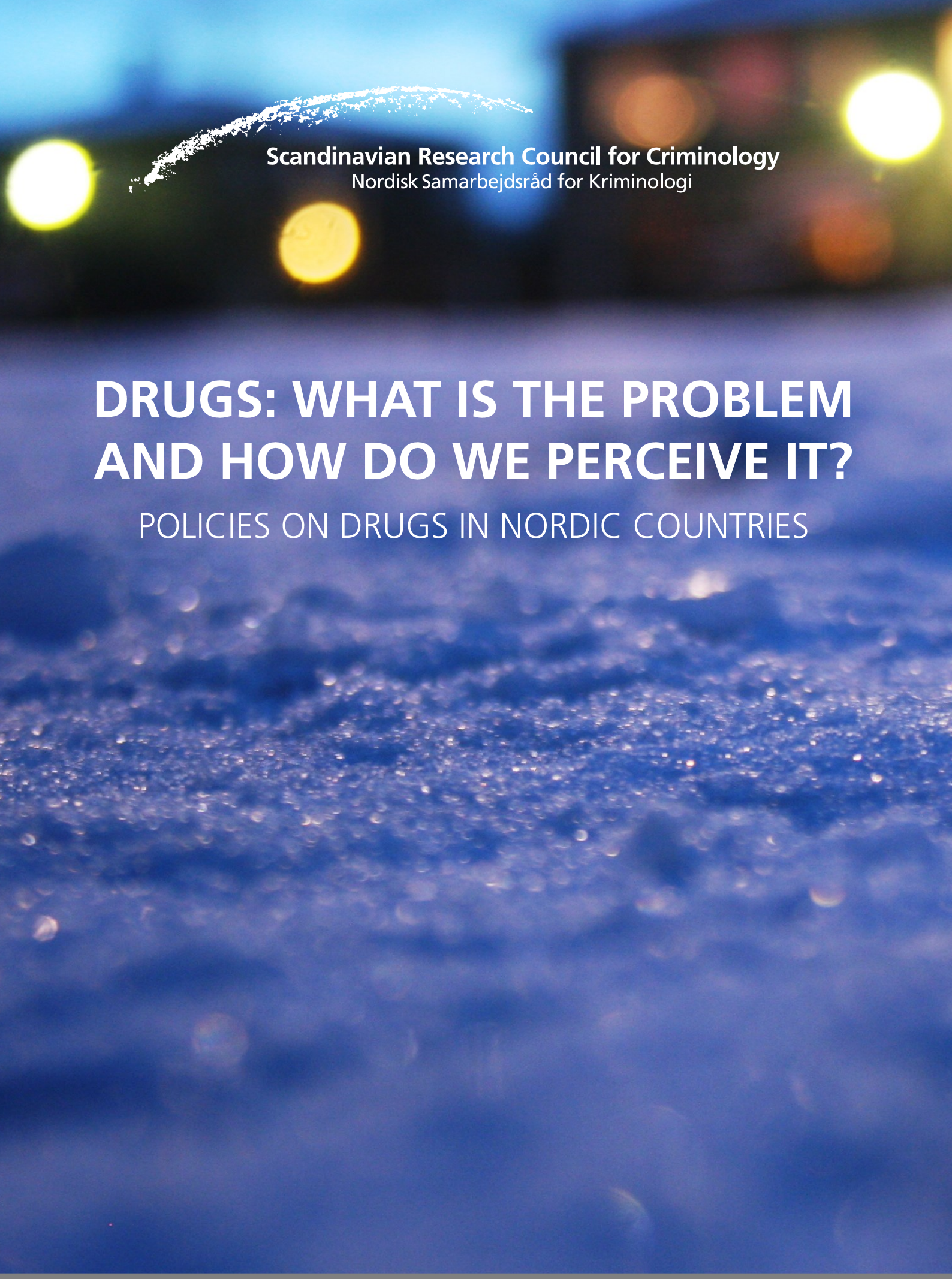


Scandinavian Research Council for Criminology
Nordisk Samarbejdsråd for Kriminologi

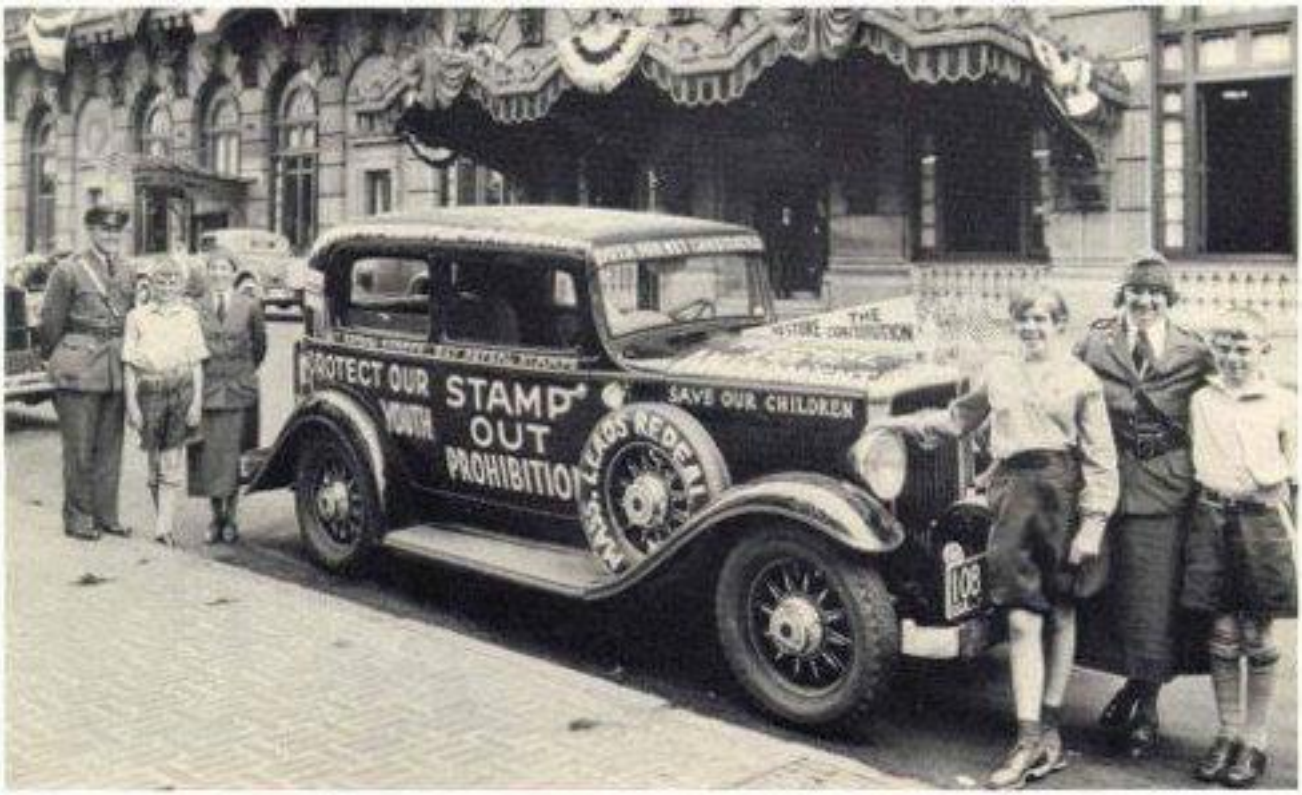
DRUGS: WHAT IS THE PROBLEM AND HOW DO WE PERCEIVE IT?

POLICIES ON DRUGS IN NORDIC COUNTRIES

NSfK Working Group Report

DRUGS: WHAT IS THE PROBLEM AND HOW DO WE PERCEIVE IT? POLICIES ON DRUGS IN NORDIC COUNTRIES

November, 13 & November 14, 2014
Copenhagen



June 2015

Nordisk Samarbejdsråd for Kriminologi 2015

Aarhus Universitet / Juridisk Institut

Bartholins Allé 16

8000 Aarhus C

Danmark

www.nsfk.org

Rådsleder: Anette Storgaard

Sekretariatsleder: Mette Tønder

Grafisk opsætning af forsiden: Halldóra Þorláksdóttir

Trykkeri: Fællestrykkeriet – SUN, Aarhus Universitet

Editors: Hedda Giertsen and Helgi Gunnlaugsson

Juni 2015

ISBN: 978-82-7688-042-7

We dedicate this report to Nils Christie who passed away earlier this year.
Nils was a wonderful scholar and a deeply compassionate person.
His profound contributions to criminology inspire us all.

Preface

Drug policies in Nordic countries seem to be at the brink of change. Perhaps it has always been seen like this, as drug policy is one rather exceptional part of the criminal policy characterized by disagreements and controversies, in contrast to many other parts of the criminal policy that prevail calm, more dominated by consensus. The drug policy has never settled down.

Nonetheless, this impression of imminent change was the background of our initiative to arrange a workshop on Nordic drug policies, to map out: What are the topics of the debate; and what are the positions among social researchers in the Nordic countries at the end of 2014.

Looking for participants we soon discovered that drug policy is a theme of interest of scholars beyond the social sciences, working in different fields and specialties. The eventual working group of ten participants included criminologists and sociologists, a medical professional, historian, lawyer and an economist. In a way this is not surprising, but in accordance with one theme of the discussions: Drug use and drug problems are not just about drugs. May be this concentration on drugs leaves us helpless in order to make relevant answers to the variations of problems and poverties that appear together with drug use and drug problems?

The contributions from the workshop can be read in this report. They may be seen as struggles to extend the scope of impacts of the control line to drug users, and toward control systems; and to carry forward fundamental values as most relevant also toward drug users.

The contributions direct their attention toward policies of control and sanctions against drugs in the Nordic countries. Some are discussing the volume and character of drug use as well as the control and sanctions applied, and costs paid by those who experience the control policies. One text looks for ideological and political conditions contributing to demonize drugs. The peculiar position of drugs as a huge threat that has to be eradicated, has given police exceptional conditions in applying highly unusual investigation methods within the realm of civil penal law. Another peculiarity is how the drug policies seem immune when it comes to facts and arguments about its contradictions, paradoxes and unwanted consequences.

These features make the drug policies strange, irregular and dangerous toward many of those affected by its consequences. Even in a political context their highly contradictive elements appear as unusual. Also researchers´ interference in the field needs to be investigated. After 50 years these features still keep drug policies as an important field for investigations.

Some of the contributions in this report are the same as those given at the seminar. Others differ to a large extent from the contributions at the seminar, apparent from the titles.

We wish to thank all the participants for their contributions at the seminar, and also for taking the effort to contribute to this report. Our gratitude also goes to the Scandinavian Research Council for Criminology, which sponsored and made the seminar in Copenhagen and this report possible. In particular we would like to thank Mette Tønder, executive secretary of SRCC, Dorthe Eriksen contact secretary for Denmark, and Anette Storgaard, chairperson, for their valuable help.

Hedda Giertsen
Helgi Gunnlaugsson

Oslo, Reykjavík, June, 2015

Invitation Call to the working group meeting:

Drugs: What is the problem and how do we perceive it? Policies on drugs in Nordic Countries

1. Drugs problems have been seen first and foremost as a problem of control and punishment, then a health and social welfare issue. Later on also care and harm reductions have been seen as relevant answers. These complex and contradictory policies have just partially been relevant answers to the problems.

Usually drugs are seen as the major problem. Increasingly however, poverty is seen as the major problem, and drugs policies as an answer to handle the poor parts of populations, as presented by Wacquant in *Punishing the poor* (2009).

2. How to develop the Nordic drugs policies in the future in relation to changes in policies in recent years in USA, Latin America, and Portugal as well as harm-reduction movements?

We look for participants dealing with the above issues and related subjects. Case studies, historical pieces from the Nordic countries, as well as papers addressing possible future developments in drug policies are welcome.

Welcome!

Helgi Gunnlaugsson: helgigun@hi.is
Hedda Giertsen: hedda.giertsen@jus.uio.no

Table of contents

SEMINAR AGENDA

Working group venue: **Hotel Kong Arthur,** Nørre Søgade 11, Copenhagen

Thursday 13th, 2014

9.00:
Helgi Gunnlaugsson:
Welcome

Part one: **Trends in policies on narcotics in the Nordic countries**

9.15
Peter Preben Ege, Denmark:
Drug policy in Denmark

10.15
Jussi Perälä & Tuukka Tammi, Finland:
Current drug policy challenges in Finland

11.30
Johan Edman, Sweden:
The ideological drug problem: Sweden 1960-2000
Between politics and bureaucracy: Sweden 2001-2015

14.00
Ole Røgeberg, Norway:
Three blind spots in the cannabis policy debate?

15.00
Jónas Orri Jónasson, Iceland:
Moral panic in Icelandic society: arrival of ecstasy to Iceland in the 1990's

16.15
Hedda Giertsen, Norway:
How control has colonized its surroundings. Some experiences from Norwegian drug policy

Friday 14th

Part two: **Policy on narcotics as practiced and enforced by street lawyers and**

9.30
Nanna Gotfredsen, Denmark:
The drug policy seen from "The Street Lawyers"

10.30
Paul Larsson, Norway:
The normalization of extraordinary police methods

11.45
Helgi Gunnlaugsson, Iceland:
Extreme drug policing in Iceland: civil liberties and the public good

12.45
Summing up

PAPER PRESENTATIONS

Peter Preben Ege, Specialist in Community Medicine, former Chief Physician in Social Medicine

Drug policy in Denmark. En kort gennemgang

Abstract
Danish drug policy is very similar to the other Scandinavian countries, i.e. the policy is largely characterized by a very traditional, restrictive and resource-heavy control policy with high penalties which further was sharpened by the previous government with the establishment of a 0-tolerance policy against any possession of illegal drugs ("Kampen mod narko I (2003) and II (2010)).

On the other hand, harm reduction is an important part of the effort toward drug users, and has been so since the mid-1980s. Syringes and needles have always been available, low threshold methadone treatment has been widely used since the 1990s, and also more controversial harm reduction measures such as heroin treatment (since 2009) and drug consumption rooms (since 2012) has become part of the effort. Thus wrote the former government harm reduction measures into its policy in the document "kampen mod narko II" as follows: "drug policy is built on four pillars of prevention, treatment, harm reduction and control. …" In relation to the uncompromising struggle against drugs and a desire for at drug-free society and a desire for a society free of drug abuse, the existing harm reduction initiatives appear to be contradictory. But in reality we are talking about pragmatic and sensible approaches.

There is so far nothing wrong in describing the policy as being built on four pillars, but if the players in each of the four pillars act in isolation from each other, and there is not a common ground, a common content, and strategy and goals based on harm reduction policy; namely humanism, ethics of consequence, ease of use, pragmatism and evidence, and when harm reduction is not directed at control damages, it is meaningless to talk about a harm reduction policy. And thus the Danish drug policy is both incoherent and inconsistent.

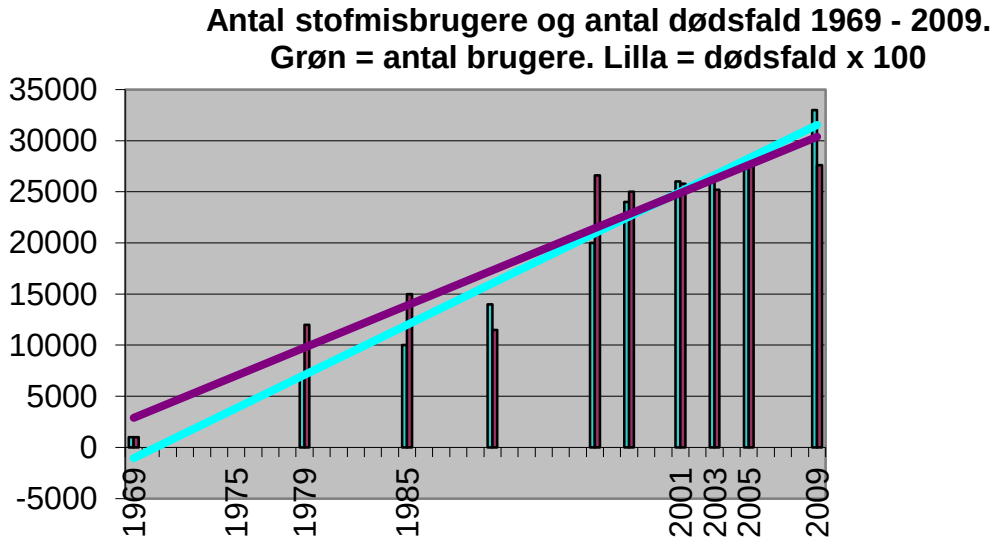
Indledning
Narkotikapolitik, og specielt kontrolpolitik, diskuteres kun i et meget begrænset omfang i Danmark. Vi har, og har altid haft, en restriktiv narkotikapolitik, og selv om Danmark i en skandinavisk sammenhæng fremstilles som den uartige dreng i klassen, adskiller vores narkotikapolitik sig på alle væsentlige områder ikke fra de øvrige skandinaviske landes. Vi har

måske haft en mere intens diskussion om legalisering af cannabis takket være forslaget om dette fra Københavns Kommune, men ellers er kontrolpolitikken et tabuiseret område, sandsynligvis fordi det siden Nixons "War on Drugs" har været credo blandt politikere at "good policy is bad politics" som Alex Wodak (1) formulerede det i en artikel i Lancet i 2012.

Historien om den danske narkotikapolitik bliver derfor ikke nogen lang fortælling. Jeg vender tilbage til den om lidt, men først lidt om narkotikasituationen i Danmark.

Narkotikasituationen i Danmark

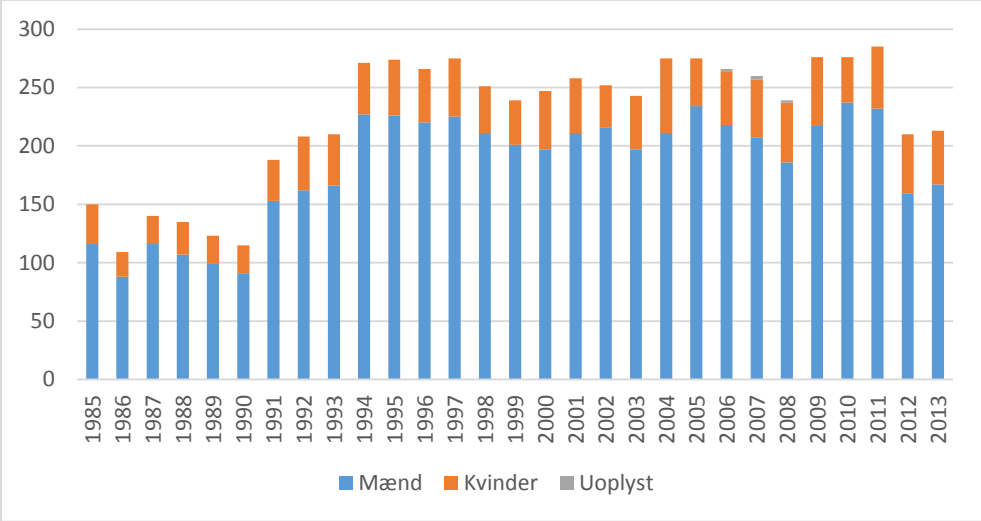
Jeg konstruerede for nogle år siden figur 1 som alt for klart illustrerer, at udviklingen ikke har bevæget sig i den rigtige retning.



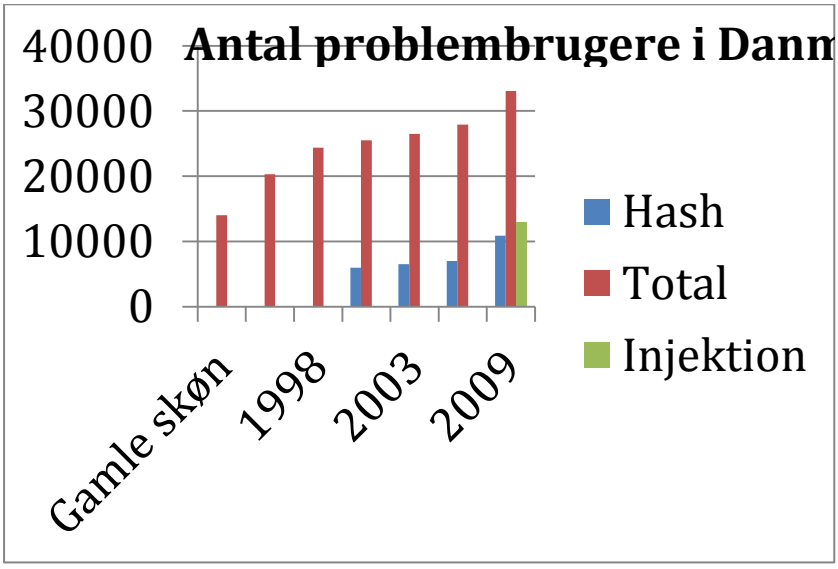
Som det fremgår, er antallet af stofbrugere og antallet af dødsfald stort og stigende. En tilsvarende stigning kunne man hvis man ville vise for udgifterne til behandling, antal indsatte stofbrugere i fængslerne, osv. Udviklingen går den forkerte vej, uanset hvilken indikator man vælger, til trods for de store ressourcer der er anvendt for at begrænse problemet.

Figur 2 viser mere detaljeret udviklingen frem til 2013 i antallet af narkotikarelaterede dødsfald frem til 2013.

Figur 2. Narkotikarelateret dødsfald 1985-2013, Rigspolitiets Register



Som det fremgår, har antallet af dødsfald ligget højt og relativt stabilt på mellem 200 og 300 siden 1994, men fra 2012 ser man et ret markant fald hvilket primært må tilskrives det faldende antal heroin problembrugere, og specielt formentlig et fald i antallet af intravenøse brugere, jf. nedenstående figur.



Væksten i antallet brugere skyldes primært væksten i antallet af hashbrugere. Blandt nye brugere indskrevet i behandling i 2011 havde 73 % hash som deres primære stof. De røde søjler (total) inkluderer både amfetamin/kokain- og heroinbrugere, men de sidste udgør langt flertallet i denne gruppe.

Narkotikapolitikken

Den første regeringsredegørelse om narkotikasituationen og -politikken kom i 1969. Den var mest optaget af spørgsmålet om behandling, og specielt om brugen af metadon. Holdningen til metadon var ligesom i de øvrige skandinaviske lande meget restriktiv, men i modsætning til hvad man så i de øvrige skandinaviske lande så tillod myndighederne de praktiserende læger at udskrive metadon til stofmisbrugerne, hvilket medførte en meget usammenhængende og konfliktfyldt behandlingssituation, som først blev løst i 1997, hvor metadonbehandlingen blev fuldt integreret i det offentlige behandlingssystem og hvor man samtidig forbød de praktiserende læger at indlede behandling med metadon.

Frem til 1994 var diskussioner derfor først og fremmest præget af diskussioner om behandling, specielt metadonbehandling, men også om anvendelse af tvang i behandling.

Kontrolpolitikken var derimod kun i beskedent omfang til diskussion, selv om de mest markante ændringer i narkotikapolitikken sket på netop dette område. Der var stor enighed om stigende ressourcer skulle anvendes på kontrolpolitikken og at strafferammerne for narkotikakriminalitet skulle øges. I 1969 øgede man straffen for narkotikakriminalitet fra 2 til 6 år, i 1975 til 10 år og i 2003 til 16 år. I 1989 forsøgte det daværende Alkohol- og NarkotikaRåd at sætte spørgsmålet om kontrolpolitikken til debat med en konference og en efterfølgende publikation (2). Alkohol- og NarkotikaRådet satte ikke spørgsmålstegn ved om man skulle have en kontrolpolitik, men anførte at det meget store ressourceforbrug der var afsat til kontrolpolitikken nok skød over målet, og at en del af de økonomiske midler der var afsat til kontrolpolitikken med fordel kunne anvendes til forebyggelse og behandling. Konferencen gav ikke anledning til nogen særlig debat, men medførte at man nedlagde Alkohol- og NarkotikaRådet. Den daværende regering (Det Konservative Folkeparti, Venstre og det Radikale Venstre) fandt det ikke opportunt at der blev sat spørgsmålstegn ved kontrolpolitikken.

I 1994 kom Socialdemokratiet med deres redegørelse om narkotikaproblematikken – "Bekæmpelse af narkotikaproblemet", som kan ses som et kursskifte hen i mod en skadesreduktionspolitik. Skadesreduktionstankegangen var imidlertid allerede introduceret som en del

af den danske narkotikapolitik med rapporten fra 1984 "At møde mennesket hvor det er …" hvor man forlod stoffrihed som det overordnede mål både for behandlingen og for indsatsen i det hele taget. Man talte i stedet for om graduerede mål og om integrering af metadonbehandlingen i det offentlige behandlingssystem. Da hiv-infektionen i 1986 ramte de første danske stofbrugere, satte det yderligere skub i indførelsen af harm reduction foranstaltninger, først og fremmest uddeling af sprøjter og kanyler, men også nem adgang til behandling, først og fremmest substitutionsbehandling, herunder også lavtærskel metadonbehandling.

Socialdemokratiet nedsatte et Narkotikaråd til erstatning for det gamle Alkohol- og NarkotikaRåd, men det første den borgerlige regering som kom til magten i 2001 (Venstre, Det Konservative Folkeparti, med Dansk Folkeparti som parlamentarisk støtte) gjorde var at nedlægge Narkotikarådet som led i kampen mod smagsdommerne. Den borgerlige regering meldte ud med to redegørelser om narkotikapolitikken, som de i bedste Nixon stil kaldte for "Kampen mod Narko I" (2002) og "II" (2010).

Med "Kampen mod Narko I" (3) indførte man en nultolerancepolikken, dvs. enhver form for besiddelse af selv minimale mængder narkotika til eget brug medførte en straf, og gjorde dermed op med tidlige tiders mere pragmatiske holdning til besiddelse af stof til eget brug. Det var endvidere bemærkelsesværdigt, at man også tog et opgør med evidensbegrebet: Således skrev man: "Narkotikapolitiske valg kan ikke udelukkende baseres på ekspertdefineret evidens. De må medinddrage prioriteringer af politisk natur; ellers kunne det jo også overlades til eksperter alene at fastlægge narkotikapolitikken". Udsagnet er grotesk alene af den grund af narkotikapolitikken aldrig nogen sinde har været bare det mindste evidensbaseret, og skal snarest ses som et udsagn om at det er politikerne, og kun dem, der fastlægger narkotikapolitikken uden hensyn til hvad der måtte være af evidens på området.

I "Kampen mod Narko II" (4) blev harm reduktion skrevet ind som en del af den danske narkotikapolitik: "*Narkotikapolitikken er bygget på 4 grundpiller forebyggelse, behandling, skadesreduktion og kontrol.* Videre skriver man: "*I forhold til den kompromisløse kamp mod narkotika og et ønske om et stoffrit samfund og et ønske om et samfund frit for stofmisbrug kan de eksisterende skadesreducerende tiltag fremstå som modsætningsfyldte. I virkeligheden er der tale om pragmatiske og fornuftige tiltag.*" Hermed lagde Danmark sig på linje med en række andre europæiske lande som Schweiz, Holland, Tyskland, m. fl. Som citatet illustrerer, var det noget modstræbende at det skete, men man var simpelthen nød til at få nogen sund fornuft, pragmatisme og humanisme ind i indsatsen.

Konklusion

Den danske narkotikapolitik er modsætningsfyldt, specielt i forhold til harm reduction begrebet. Det er imidlertid ikke harm reduction begreberne eller tiltagene der er modsætningsfyldte, men derimod det forhold, at man i samme åndedrag officielt går ind for harm reduction samtidig med at man skærper straffen for besiddelse af stoffer til eget brug og bruger enorme ressourcer på jagten på stoffer og dermed påfører brugerne store og intenderede skader. Når man i den officielle politik kan leve med den modsætning (eller rettere: slet ikke få øje på den) skyldes det konstruktionen med de fire grundpiller som grundlag for narkotikapolitikken, fire isolerede områder, som opererer ret isoleret fra hinanden. Det gør at man kan slippe af sted med en repressiv og uproduktiv kontrolpolitik og meningsløse oplysningskampagner, uden at forhold sig til om de er skadesreducerende eller uden effekt eller direkte skadelige.

Skadesreduktion, som er det nye område, er lillesøster i forhold til de tre øvrige områder. Harm reduction er blevet introduceret, fordi der har været et behov for at få sygdomsforebyggelse, sundhedsfremme, brugerindflydelse og sund fornuft ind i narkotikapolitikken, men harm reduction har været uden synderlig indflydelse på de øvrige områder, og helt uden for indflydelse når det gælder kontrolpolitikken. Omvendt gælder det, at kontrolpolitikken har stor indflydelse på i hvilken grad harm reduction tanker får lov til at udfolde sig, jf. diskussionerne om stofindtagelsesrum, heroinbehandling, m. fl., og det forhold at kontrolpolitikken slår hårdt ind over behandlingsområdet – kontrol og repressive foranstaltninger er langt mere udbredte når det gælder behandling for stofproblemer sammenlignet med alle andre former for behandling.

Hvis harm reduction kun defineres ved de enkelte tiltag, som alle synes er fornuftige, så bliver harm reduction et ret ligegyldigt begreb, og man kunne lige så godt tale om sundhedsfremme, sygdomsforebyggelse og sund fornuft. Hvis man omvendt synes, at begrebet bør tages alvorligt, bør det være bestemmende for hele narkotikapolitikken, såvel de overordnede målsætninger som værdierne, strategien og indholdet (5).

Der er mange og alvorlige kontrolskader, både intenderede og ikke-intenderede: kriminalisering af brugerne, høje fængselsrater, vold, berigelseskriminalitet, korruption, hiv- og hepatitissmitte og stigmatisering af brugerne, som ikke uden grund oplever sig som jagede dyr og andenklasses mennesker. Hvis man tager harm reduction begrebet alvorligt, er man nød til at forholde sig til disse skader, og nød til at begrænse dem mest muligt inden for de givne politiske rammer. Det betyder ikke, at man som harm reduction tilhænger nødvendigvis skal gå ind for en legalisering af narkotika. Det må

altid afhænge an en konkret vurdering i forhold til de enkelte stoffer og de givne politiske vilkår. Men man kan ikke af opportunistiske grunde sætte kikkerten for det blinde øje. Eller som Robin Room skriver (6): *"If the harm arises from heavy use per se, reducing or eliminating use or changing the mode of use are the logical first choices for reducing the harm. But if the harm results from the criminalization per se, decriminalizing is a logical way of reducing the harm."*

Anbefalinger

Harm reduction bør være det overordnede mål for narkotikapolitikken, og indsatsen bør derfor også rette sig mod kontrolskader, hvilket umiddelbart indebærer at kontrolpolitikken evalueres med forsøg på at beregne cost og benefit ved den førte kontrolpolitik.

Umiddelbart ligger det imidlertid lige for at afkriminalisere enhver form for besiddelse at stoffer til eget brug. Det er nemt og omkostningsfrit at gennemføre, vil spare samfundet for mange udgifter og lette presset på stofbrugerne.

Københavns Kommunes forslag om i en treårig forsøgsperiode at legalisere salget af hash i Københavns Kommune burde overvejes seriøst. Der vil være store praktiske udfordringer knyttet til tilrettelæggelsen af forsøget og en evaluering af dette, men det er ikke umuligt, og ville give os en uvurderlig viden om muligheden for at kontrollere på andre måder end ved et forbud, og risici ved et sådant forsøg må anses for at være meget begrænsede.

Litteratur

Wodak A. Drug law reform: when bad policy is good politics. The Lancet 2012; 380: 1624-6.

Ege P. Forhindrer forbud forbrug? I: Alkohol- og NarkotikaRådet: Narkotika. Forhindrer forbud forbrug? København, 1989: 23 – 30.

Sundhedsministeriet. Kampen mod narko I. 2002.

Sundhedsministeriet. Kampen mod narko II. 2010.

Ege P. Skadesreduktion – et nyt blik på begrebet. STOF 2011/2012; nr. 16: 20-4.

Room R. the ambiguity of harm reduction - goal and means, and what constitutes harm? I: EMCDDA Monographs. Harm reduction: evidence, impacts and challenges: 108 – 11. EMCDDA 2010).

Jussi Perälä, University of Helsinki and Tuukka Tammi Department of Mental Health and Substance Abuse Services, THL, Helsinki

Changes and non-changes in the Finnish drug market and control policy

Summary
Our essay deals with the illicit drug markets and related control policy in Finland. The focus is on recent developments and new phenomena, which might have relevance from the viewpoint of drug policy change. The first of these is the rapidly increased domestic cultivation of cannabis. The second newish phenomenon within the drug markets is the New Psychoactive Substances (NPS), which have also challenged the traditional methods of drug control. The third trend that challenges the traditional forms of drug control is the increased amount and relative share of prescription drugs, especially medical opioids and benzodiazepines, in the drug market. Among the problem users, buprenorphine has replaced heroin in the Finnish hard drug scene well over 10 years ago. These three phenomena have set policy-makers to a new kind of situation where the traditional methods of regulating drugs are not necessarily applicable, or at least the most effective ones. In our essay we first briefly describe the use of different drugs as well as some central characteristics of the drug market in Finland, and then discuss the implications of the drug policy.

This essay deals with the illicit drug markets and related control policy in Finland. The focus is on recent developments and new phenomena, which might have relevance from the viewpoint of drug policy change.

Trends in Finnish drug control policy

After a stormy drug policy debate around the turn of the century, the so-called dual-track model became the new paradigm in Finnish drug policy in the 2000s: both medically oriented treatment and harm reduction measures as well as law enforcement became well-established (see Hakkarainen, Tigerstedt & Tammi, 2007).

Since then, the drug situation in Finland has remained somewhat stable. There are, however, new phenomena that could *potentially* act as 'drug policy change-agents' in the near future. The first of these is the rapidly increased domestic cultivation of cannabis. It is estimated that some 40 to 60 thousand people in Finland have at least sometimes tried growing cannabis, and there are thousands of active growers (Hakkarainen et al 2011).

The second newish phenomenon within the drug markets is the New Psychoactive Substances (NPS), which have caused a partial shift of the drug markets to the Internet. The NPS have also challenged the traditional methods of drug control.

The third trend that challenges the traditional forms of drug control is the increased amount and relative share of prescription drugs, especially medical opioids and benzodiazepines, in the drug market. According to recent estimates, seven percent of adult population in Finland has used prescription drugs for non-medical purposes (Karjalainen & Hakkarainen 2013). Among the problem users, buprenorphine has replaced heroin in the Finnish hard drug scene well over 10 years ago.

These three phenomena have set policy-makers to a new kind of situation where the traditional methods of regulating drugs are not necessarily applicable, or at least the most effective ones. In what follows, we first briefly describe the use of different drugs as well as some central characteristics of the drug market in Finland, and then discuss the implications of the drug policy.

Main drugs

Like in all Western countries, the most popular illegal substance also in Finland is cannabis (resin and sinsemilla). A total of 500 thousand Finns (there are about 5,3 million inhabitants in Finland) have tried cannabis. Most actively cannabis is being consumed among men between 25-34 years, 5% of them use on a monthly basis. And as said, home growing of cannabis has increased rapidly: the number of cannabis plants seized has been rising since the early 2000s. In 2012 it was bigger than ever: about 18.150 plants.

The police have been actively targeting actions against cannabis cultivation. Despite the total illegality of cannabis cultivation about 10% of the population is acquainted with a cannabis cultivator. Cultivating cannabis is a manly business. The 'greenhouses' are mainly small. The number of plants is under ten and bigger plantations (more than 20 plants) are still quite rare. According to prosecutors guideline plantations with over ten plants can be regarded as a serious drug crime and can lead to a prison sentence. Cultivators are quite like the 'regular citizens' and the biggest fear among cultivators concerning home growing is getting caught.

Like Sweden, Finland has been regarded as 'amphetamines country'; amphetamines are still the second popular drugs. Apart from occasional insignificant amounts of heroin, the market of 'slows' has been dominated by Subutex (buprenorphine 8mg pills) already from the beginning os 2000s.

Along with Subutex prescription pills, other prescription-opioids and benzodiazepines are popular in intravenous use. One could easily say that the heroin market has transformed to a 'pharmaceutical market'. The population of problem drug users has not increased significantly during the last decade. The number of problem users of amphetamines and opioids is between 18 and 30 thousand. However, increasing illicit use of prescription drugs, especially benzodiazepines and medical opioids is not a problem only among problem users. According to recent estimates, 50 to 100 thousand citizens in Finland use prescription drugs for non-medical purposes on a continuous basis (Karjalainen & Hakkarainen 2013).

New psychoactive substances, NPS (aka "designer drugs" or "research chemicals") are non-controlled substances, which are designed to mimic the effects of substances controlled by the international drug conventions. During the past few years the amount of NPS in the market has grown rapidly in most countries, also in Finland.

The NPS have made authorities to consider which way they should react to the changing market. Different countries have chosen different methods to put single substances, groups of substances or analogues of substances under control. Government proposals on changing Finnish Drug law, written questions from the Parliament, legislative motions and minutes of the National drug policy coordination group show how in Finland the attitudes towards the control of NPS changed with the emergence of a dangerous new substance, MDPV, which started to cause harm in 2009. Finland made an amendment to its Drug law in 2011, creating a process whereby new substances are added one by one to the Government decree. It takes about one year to convert NPS to a drug in a juridical sense. Therefore, alongside drug control Medicines law has also been used. From the beginning of 2015, however, a new legislation prohibiting the NPS was launched and 150 new substances were listed to this new category of illicit drugs; selling and trafficking NPS is now criminalized but the use of these substances is not (see Kainulainen et al 2014).

Drug market dynamics

During the drug prohibition period that has continued for several decades in Finland, the law enforcement on drugs has expanded. For years, the claim of the police has been that drug market is evolved into upper level, middle level and lower level markets. According to a recent ethnographic study by Jussi Perälä (2011), however, these levels seem to mix with each other remarkably: the same drug market actors take various roles. Instead of separate levels and organized crime, a more appropriate term to describe the local drug trade would be "organic crime".

Activity on drug market is based on needing of other people and in complementing of different weaknesses of other actors in the market. The drug business is normally based on long-term friendships and for the continuation of action moral ties regulate the action in different ways. This protocol is valid both in 'lighter' and 'heavier' drugs.

Violence, or more likely the threat of violence is present at the drug market. The most obvious, indirect cause for violence is the control policy – since the drugs are punishable basically from the intention of using a drug, the market operates without any protection from the official law. The customers' unpaid debts can cause violence or threat of violence. Immoral action, such as selling of poor quality products, can be a reason for violence. Drugs also affect users, who do not know what the 'bag' actually contains. The individuals are marginalized and they feel like it, which in turn can cause irrational violence. These reasons for violence, after all, can be traced back to drug prohibition. On the other hand, the crucial sign of organized crime, violence in gaining monopolies over some illegal substance hasn't been detected. In addition, the most popular illegal substance, cannabis, can't be monopolized since the cultivation of cannabis independently has been all the time increasing. Cannabis is usually cultivated for individual use or for a circle of friends. It seems that the code of cultivation works for most of the cultivators in a way that cannabis is not cultivated solely for making profit, although some profit may be gained from the cultivation (Perälä 2011).

Notable economical profit is another crucial definition especially concerning organized crime. Money is being made in the Finnish drug business but another question is how much money is actually earned. Since the market is illegal, 'only cowards pay their debts'. Dealers in different 'levels' are almost without exception users of their own product or products, lowering the profits remarkably. Besides dealer's personal consumption quite a remarkable amount of product or products is consumed by friends, as a salary for 'hanging around and securing the business'. In exchange economy different kind of 'things' or other drugs are being bartered to drugs instead of money.

Considering these factors it can be said that in reality petty minority of drug dealers are able to manage well financially. In a Finnish drug market, which can be regarded as quite a small market, these persons exist but probably count up to a handful. Majority of drug dealing is social supply in which the money is not the most important factor: more important are considerations on e.g. sociability and sharing of drugs. Rather than acting rationally in order to maximize economic profits, selling of drugs is a way to build one's own a self-

esteem and social status usually in economically lower suburbs of Helsinki (Perälä 2011).

Drug market is mainly closed – despite the occasional open drug scenes most of the drug dealing (and using) is done in private apartments. These 'digs' are known quite well by the law enforcement and if they are not, they quickly draw neighbors' attention, which leads to a visit by the police, usually with a search warrant. The other option is that the police lets the action continue and starts monitoring the apartment. Final result in either case usually leads to getting caught. When being taken for questioning evidence of drug dealing has been collected quite extensively. The arrested subject becomes an object to investigation and the more the object talks, the more is revealed to the harm of the object (Perälä 2011; Kainulainen 2009).

Maximum sentence for one drug felony is 10 years. At the court the object is being sentenced and as a restitution given a total sum to be paid according to street price of drugs estimated by the police. In these estimations the actual price of drugs is 'fictional' since the street market value actually tells quite a little about the actual earnings in the business. The street market value does not take in notion what is gone up in a smoke or up the nose while taking care of business. Neither is taken into account who is a coward and who has paid debts. And so on. In serious drug felonies the mean restitution sum is 30 thousand euros, which usually collapses the drug dealers´ finance.

Markets of illegal substances naturally continue in prisons. Buprenorphine (Subutex or Suboxone) is quite easily trafficked inside, it has the highest market value since it also is most commonly used behind bars. According to estimations 90% of the inmates suffer from problems of substance abuse. Needle exchange is not allowed which gives clean needles and syringes market value and on the other hand, diseases spread among inmates because of used syringes and dull needles (Perälä 2011).

Discussion

Drug market in Finland may change in some way in the near future. Cannabis is likely to stay as the most popular drug. The local cannabis cultivation has been a rising trend since 1990s and it has challenged the conception of drug business as a transnational crime. Drug markets may also shift more from 'digs' into 'net'. The drug trade on the Internet may also challenge this conception, especially with cannabis trade, which seems to be most sold and bought illegal substance through the Internet.

The majority of public investment in combatting the drug problem has been put to control measures, and the law enforcement has been efficient in

controlling the drug market (Hakkarainen & Jääskeläinen 2013). The cost of control has been rising steadily and the efficient control measures have caused a notable increase in the prison population. Despite some academic remarks the coercive means have been expanding steadily. At the beginning of the year 2014 coercive means expanded more than ever with a new police law. In addition a new register based on citizen observation especially on drug crimes was put to use. Drug crimes have been a central argument on expanding the coercive means. The regulation and the supervision concerning the secret coercive means are still insufficient which exposes the authorities working in the 'grey area' unknown to the law (Hankilanoja 2014). The use of informants on drug cases has been controlled in some sense since the latter of 2000s and it has been another grey area for almost 40 years. The chief of Helsinki drug squad was arrested in 2013 based on suspicion of taking bribes. Later the charges were expanded to serious drug crimes in which the suspect was involved in a large scale cannabis trafficking. The case is still open and will be, for several years.

The filing of citizens into law enforcement registers has been criticized even when the drug laws at the end of 1960s were approved. The same discussion rises every now and then since basically intention of some using some illegal substance is a sufficient reason to put a citizen on these registers. In these discussions, once again, the questions like registers leaking and causing problems to citizens have been raised.

At the same time the public opinion towards cannabis has liberalized during the 2000s. According to latest population poll, almost 50% of men 25-34 years have tried cannabis and 43% of men younger than 35 years would not punish for cannabis cultivation. Still, within the older population the opinions towards cannabis are still very negative. Along with the liberalization in opinions towards cannabis citizens created a citizen legal initiative proposing decriminalization of cannabis. This proposition got about 21 thousand votes (50 thousand votes is required for bringing the proposition to the parliament). Some distinguished researchers proposed that since the register is public, the cannabis users did not want to put their names in the register.

All the three 'new' phenomena in the drug field (cannabis cultivation, NPS and prescription pills) have included a possibility towards a drug policy change, detaching from drug policy based primarily on criminal law and punishments.

The central argument in allowing small-scale cultivation of cannabis has been that it would disconnect cannabis users from organized drug trade, i.e. "real criminals". It would be a strike to organized crime. However, the

governmental level has not been willing to give that strike. In case of controlling the new psychoactive substances, the new law that was taken into action from the beginning of 2015 criminalises the suppliers of these new substances but not the users. This is definitively a step towards 'softer' drug policy. The third phenomena, the increased use of prescription drugs has taken traditional street drugs to a more marginal role. Also this has offered a chance to prioritise the use of medicinal law instead of drug laws. This 'opportunity', however, has not been used.

We have *a reason* to conclude, for the time being, that the drug policy line based on criminalization and punishment of also drug use and users is something which is still preferred and will be held tightly also in the near future in Finland.

References

Hakkarainen, Pekka & Jääskeläinen, Marke (2013): Huumeiden käytön haitat muille ihmisille. Teoksessa Warpenius, Katariina ym. (toim.): Alkoholi- ja päihdehaitat läheisille, muille ihmisille ja yhteiskunnalle. Terveyden ja hyvinvoinnin laitos.

Hakkarainen, Pekka & Perälä, Jussi & Metso Leena (2011): Kukkaa pukkaa – Kannabiksen kotikasvatus Suomessa. Yhteiskuntapolitiikka 76 (2011):2.

Hakkarainen, P. & C. Tigerstedt & T. Tammi (2007): Two tracks drug policy – normalisation of the drug Problem in Finland. Drugs, Education, Prevention & Policy 14(6): 543–558.

Hankilanoja, Arto (2014): Poliisin salainen tiedonhankinta. Talentum.

Kainulainen, Heini (2009): Huumeiden käyttäjien rikosoikeudellinen kontrolli. Oikeuspoliittisen tutkimuslaitoksen tutkimuksia 245.

Kainulainen, Heini & Pihlainen, Katja & Elina Kotovirta (2014): Muuntohuumeiden valvonta. Yhteiskuntapolitiikka 79(2014):4.

Karjalainen, Karoliina & Hakkarainen, Pekka (2013): Lääkkeiden väärinkäyttö 2000-luvun Suomessa. Esiintyvyys, käyttäjäryhmät ja käyttötarkoitukset. Yhteiskuntapolitiikka 78(2013):5.

Niemi, Martti & Kainulainen, Heini (2014): Huumausaine-, alkoholi ja dopingrikokset. Teoksessa Rikollisuustilanne 2013. Rikollisuus ja seuraamusjärjestelmä tilastojen valossa. Oikeuspoliittisen tutkimuslaitoksen julkaisuja 266.

Perälä, Jussi (2011): ”Miksi lehmät pitää tappaa?” Etnografinen tutkimus 2000-luvun alun huumemarkkinoista Helsingissä. Terveyden ja hyvinvoinnin laitoksen tutkimuksia 54.

Johan Edman, Associate professor, deputy Director, Centre for Social research on Alcohol and Drugs (SoRAD), Stockholm University

The Swedish drug problem and the political use of common ground

The conversational order and the thought structures that mark the political debate on the drug problem in Sweden are seen as highly constricting in much social science and historical research. In accordance with this hegemonic regime, drugs are an absolute evil and a drug-free society is the only acceptable goal. It is a demanding perspective with obvious repercussions. Repressive drug policies as well as resistance to harm reduction measures are grounded in this uncompromising approach to drugs.

Nearly all politically influential actors in Sweden have shared these points of departure during the last 40 years, but the result has not been a low-voiced consensus on drugs. On the contrary, when the Swedish drug problem has been discussed in the Parliament, the tone has often been animated and confrontational. To understand this duality, we need to distinguish between the drug issue as a political arena and as an ideological marker. While a certain basic consensus has constructed the problem as a political arena, the ideological tensions of the drug question have been a catalyst to ideological discussions covering the whole political spectrum.

In this text, I aim to discuss the political and bureaucratic handling of the Swedish drug problem during the years 1960–2000.[1] The presentation is based on a larger study of the political and bureaucratic handling of the Swedish drug problem that has earlier been published in a monograph written in Swedish (Edman, 2012) and a number of articles written in English (Edman, 2013a; 2013b; 2013c; 2015).

The drug problem as an ideological problem

Since the late 1960s the drug problem has been the problem with a capital P in Sweden. The closed conversation circumscribing this problem has in several historical-sociological studies of the drug problem been described as a *doxa* (Bergmark and Oscarsson, 1988; Olsson, 1994; Tops, 2001), a concept borrowed from the French sociologist Pierre Bourdieu. The problem is

[1] The analysis of the parliamentary material is based on reading of 403 parliamentary bills from the years 1961–2000, 66 government bills from the years 1962–2000, 198 parliamentary records from the years 1960–2000, 14 government letters from the years 1982–1998, and 159 standing committee statements from the years 1961–2001. The analysis of the bureaucratic management of the treatment centres is primarily based on the processing files in the archives of the National Board of Health and Welfare and the Stockholm County Administrative Board where 24 and 49 treatment centres respectively have been subjected to a more thorough analysis.

portrayed in one way and one way only, and can be questioned only with the utmost difficulty. This discursive practice makes political consensus on the topic plausible since, in the words of Bourdieu (1977, p. 164), "when there is a quasi-perfect correspondence between the objective order and the subjective principles of organization [...] the natural and social world appears as self-evident".

On the other hand, the drug problem has proven so difficult to solve that the solution currently practiced can always be subject to criticism. Such problems are, according Room (1978, p. 40), "fertile fields for ideological entrepreneurship". But, as has been pointed out by Freeden (2003), an intrinsic driving force in the ideology is to de-ideologize political questions Ideologies assert legitimacy through universal claims, by presenting themselves as timeless, context-free, in harmony with common sense.

The political debate on the Swedish drug problem makes for a good case here, as all political parties has agreed on some fundamental characteristics of the problem, but still were able to interpret the causes and solutions to the problem in several – quite incompatible – ways. It is my ambition to show how problem descriptions and solutions have been anything but inevitable consequences of an unequivocal and objectively formulated phenomenon. The drug problem is highly political and the problem description has exceeded all bounds.

Common ground

During the investigated period, MPs from the far left to the far right, agreed that the drug problem was the most serious contemporary problem, that it was a culturally alien problem that required extraordinary solutions, and that it was a problem whose severity could not be questioned. The Swedish parliamentary material is full of these consensual foundation bolts and here I will only share some illustrative examples.

The drug problem was not only serious; it was *the* most serious problem. There was talk at the end of the 1960s of a "unique" situation (LHB 1967:231, p. 10) and that drug use could be considered "more dangerous than the atomic bomb" (LHR 1967:20, § 14, p. 25). One distinguishing characteristic was the constantly deteriorated situation, with increasing number of drug abusers, the declining age of drug use initiation, and the occurrence of drug problems over an expanding geographical area. The descriptions of the most serious problem never lost momentum and in the 1980s MPs still considered action against the drug problem as one of the most important tasks, more important than for instance measures against environmental problems, disarmament or development assistance (Bergmark and Oscarsson, 1989).

Even in the 1990s, there was general agreement that this was an eternally important question. Warning cries were heard from all parties but none surpassed the Conservatives in the description of the problem's fatal character, this "cancer in the Swedish society" (PB 1982/83:267, p. 3).

There was also cross-party agreement, tentatively proposed in previous research, elaborated on the drugs issue's nationalistic undertones (Tham, 1992; Tops, 2001; Törnqvist, 2009). The evil came from outside and salvation lay in Swedishness and the unspoiled countryside. The unanimity across the political spectrum and the persistence of these views over time are striking. Just as the Communists had found a remedy to drug problems in the Swedish nation's "culture" and "values" in the early 1980s (PB 1982/83:1840, p. 16), so could the Conservatives at the end of the 1990s declare that drug use "in our country is not [included] in our normative behaviour" (PR 1998/99:58, § 3, p. 5). As something of foreign origin drugs represented the culturally obnoxious. The drug abuser's lifestyle, for example, was "disordered, with jerky working and living conditions in the tracks of the so-called 'fuzzy culture'" (PB 1981/82:207, p. 1). A cultural war was imminent and in the early 1980s the enemy was "the large so called alternative culture", populated by "rock musicians, prophets of the mystery religions, etc." (PB 1982/83:267, p. 11). In the late 1990s, drugs were still the absolute antipode to a desirable bourgeois life and the cause of everything from "neohinduism, sects and gurus" to "desecration of graves, church fires and even murder" (PR 1998/99:58, § 3, p. 4).

It is in the light of this serious, accelerating and culturally alien drug problem that one should consider the proposals for drastic measures. A kind of anti-intellectual opposition against arguments and nuances is evident: there was no need for new investigations, what was needed was "action" (PR 1981/82:153, § 3, p. 181). Loud but unspecific calls for "vigorous efforts" (PB 1982/83:267, p. 3) were heard, and "a new determination against drugs" (PB 1985/86:Ju616, p. 1). Attempts to nuance the debate were something that must be "confronted" (PB 1982/83:267, p. 11). The drug abusers were not to be shown any exaggerated considerations, since they had already "lost their integrity precisely because of their abuse" (PB 1985/86:T256, p. 13). Drug dealers were even harsher judged and here a kind of death penalty with biblical resonance was advocated during the late 1960s: "It is better that a millstone was tied to his neck and he was drowned in the depth of the sea" (UHR 1967:45; p. 15).

Faced with the drug problem all political antagonism faded, and with it discussion over the extent of the problem. The party truce in these matters has been described as a Swedish feature in comparative research (Hakkarainen,

Jetsu and Skretting, 1996; Tops, 2001), but there are also signs that this doxic conversational order has permeated the discussions on the drug problem in countries like Norway (Christie and Bruun, 1985) and Great Britain (Jenkins, 2012). Towards the end of the 1960s Sweden's Social Democrats had noted a "relaxed and almost nuance free spirit" when discussing the drug question (UHR 1968:10, p. 136). Parliamentary debates in the 1980s and 1990s were characterized by a possibly even greater consensus, both regarding the problem description and the preferred solutions. The mere suspicion of being mistaken for drug liberal, i.e. soft on drugs, disarmed all opposition and conceded an ever tougher drug control as well as a broad resistance to substitution therapies (Lenke and Olsson, 2002; Johnson, 2003; Skretting and Rosenqvist, 2010). The spirit of consensus, the ambition to have the Parliament working as a "coalition government facing a looming threat of war" (PR 1996/97:94, § 5, p. 14), constitute in itself a democracy problem and may also explain why the policy area has retained its essential features ever since the late 1960s. At the same time, this consensus functioned as a background for ideological battles of a rather different kind.

The political use of the drug problem

While there has been consensus on a definition of drugs as constituting the most serious problem and the need for drastic solutions, there have also been significant differences over the link with overall social structural issues. All sides concurred on the link with modernization and urbanization, a well-established explanatory model that had been used extensively in the turn of the century's debates on prostitution and emigration as well as when the vicious youth was being discussed (Broberg and Tydén, 1990; Svanström, 2000).

The 1960s and 1970s were decades with big changes in the labour-market structure and a continued increase in urbanization, but also with a widely flourishing modernization criticism. The agrarian Centre Party gave political voice of the criticism levelled at the modern, urban society. The green wave, opposition to nuclear power and environmentalism found a sounding-board in the old peasant party and in 1976 the Centre Party made an outstanding election and won 24 percent of the votes, thus becoming the largest bourgeois party (SOS 1976). Therefore, it was with some confidence that the Centre Party took on people's concern for the modern urban society that could be blamed for the drug problem. The cities were described as unnatural and destructive, as fertile soil for all sorts of social problems. All parties in the non-Socialist group also made use of a Christian perspective that traced causes of the drug problem to an ungodly society with an open door for substitutes in the form of Eastern religions, drugs and sex.

A more common approach, however, was to see class background and class society as contributing to the problem. The argument can be found with both the bourgeoisie and the Social Democrats, but especially in arguments made by the Communists. In its mildest form, the Communist's criticism was in line with other parties in Parliament, and called for work, education and housing for people at risk of exclusion. But just as the Centre Party was obviously representing the views of rural constituents on the drug issue, so the Communists applied a typical communist analysis. Accordingly, drug abuse was a symptom of class stratification and exploitation. The struggle should be conducted against drugs and drug abuse, but ultimately against the structures that favoured the social order. Individualization of drug abuse was described as a manifestation of "the most narrow-minded petty bourgeoisie sententiousness" (PR 1977/78:159, § 1, p. 161). Representatives of other political parties were simply allowing themselves to be guided by false ideologies, such as "the faltering social liberals who now so tragically let themselves be bound as slaves to the triumphal chariot of the right wing" (PR 1984/85:56, § 3, p. 25).

The Conservatives, by contrast, cultivated a more individualized causal analysis, where the drug problem was seen as a manifestation of "the welfare system's failure" and the solution was sought in "a new spirit and knowledge demands in school, new attitude to work, a new approach where rights and obligations are set against each other" (PR 1979/80:160, § 2, p. 37). In addition to socially and individually oriented explanations and proposed solutions there were arguments focusing on the family, predictable, perhaps, in a policy field where the problem often has been defined by putting various groups against one another. In the terminology of Zygmunt Bauman (1992) the drug abusers had become an out-group to contrast against one of the most common in-groups: the ideal family.

The bourgeois parties frequently argued for the need for family cohesion during the 1980s and 1990s. In one parliamentary bill from the Conservatives, it was stated that "the central role of the home and the nuclear family must be emphasized" (PB 1982/83:267, p. 10). Christian Democratic solutions were spelt out as "authorization of marriage as a form of life together and of the parental responsibility" and financial assistance to families with children. (PB 1985/86:So253, p. 2). From the 1990s onwards, the Conservatives made it clear that this family-centred problem description also was part of a larger ideological package, where the small world (family, friends, the local society) had to be organised to find collective solutions for broader problems. The families should be strengthened by "reduced pressure of taxation, childcare support and freedom of choice in child care arrangements" (PB 1990/91:So215, p. 4 f), something that was expected to contribute to civil society's

responsibility for those at risk of falling into substance abuse. At the end of the 1990s the Conservatives completely let go of traditional problems descriptions and now the argument span around individual responsibility, the "natural" social networks and the tax systems corrupting effects on the individual responsibility (PB 1997/98:So615, p. 1).

Bureaucratic visions and ideological treatment

On the stable foundation of consensus, the drug problem came to be politicized in the Swedish Parliament. General political matters such as housing concentration, secularization, class society or the pressure of taxation found a potent arena in the drug issue, a battleground for fighting broader ideological battles. The design of drug treatment services was delegated to the public administration, first to the National Board of Health and Welfare and from the early 1980s to the County Administrative Boards. These authorities issued permits, granted state subsidies and inspected the treatment centres. In the processes they elucidated what kind of treatment was regarded legitimate, but also what treatment the state would rather decline.

In the 1960s and 1970s, treatment of drug abusers came to work as a kind of microcosm of ideological conflicts over various modernization tendencies. This was a public program that took shape at a time when the Swedish countryside was depopulated and the cities grew. The urbanization that since the mid-1800s had filled the cities with an increasing proportion of the population did not slow down until the 1970s, and drug treatment services found their forms during decades when old poems about the cities destructive features were heard once again. The drug problem was clearly linked to this urban complex of problems and the green wave appeared as a background when seeking new solutions. Following a trend first set by institutional alcohol treatment in the late 19th century, many drug treatment centres were located in rural areas, as the countryside was believed to have therapeutic properties, (Prestjan, 2004).

A certain rural romance marked several of the treatment initiatives as they wanted to treat the drug abusers in scenic locations, for example near a lake. It appears at times like a condemnation of modern and urban life, as treatment centre after treatment centre opened in beautiful rural settings, where clients were encouraged to cultivate, keep animals and set up a loom in the attic. Many therapists were happy to stress the therapeutic qualities of the environment and one of the most common methods – the therapeutic community – made use of the environment with their all-encompassing approach to the individual's rehabilitation, the role of the collective, the surrounding environment and the content and meaning of the daily activities. The method was rarely clarified in the investigated material; all concerned

were expected to understand what was meant by it, how it worked, *that* it worked. In the mid-1970s, most treatment centres also described themselves as therapeutic communities or milieu therapies (Sundin, 1975).

On can detect here the dissolution of the Gordian knot that came with social critical individual treatment. By forming a therapeutic community, you could maintain your critique of the dysfunctional society while creating an alternative to this: a caring, compassionate, democratic and healing miniature society. Democracy was a prestige word within the drug treatment services, one of the many concepts that signalled good treatment. As a treatment principle, democracy became an important part of the treatment centres' idea of themselves, certainly something of an antipode to the traditionally repressive institutional care of alcohol abusers in big institutions under strict disciplinarian regimes (Edman, 2005). In several of the treatment centres studied, democracy spelled collectivism and quite often this was also understood as a form of socialism. This aspect of the Swedish drug treatment services as a state-sponsored political activity is an understandable consequence of the drugs issue's ideologically impregnated problem description. The symptom theoretical diagnosis is more or less predisposed to end up here, in suggestions on how to solve the *real* and underlying problem. If the real problem is a fragile psyche you will have to work on that; if it is about the degeneration tendencies of modernity, the solution might be sought in some kind of antipode to that, and; if we have identified capitalist society as the root of evil, it would be strange if socialism could not be considered a cure. The fact is that the entire rural craze to a high degree fed from a kind of anti-modernist feature with broad support in Parliament, where agrarian life and manual labour struck a chord with both the Communists and the Centre Party.

The authorities hardly tried to suppress this ideological element. On the contrary, the National Board of Health and Welfare quite often took for granted that the treatment centres should think big thoughts about society and the individual, noting acidly about one treatment centre: "Apolitical. Not very theoretical" (Harggården, 1978). Unsurprisingly, the treatment centres also allowed themselves more comprehensive goals: the clients should "act in political parties, trade unions and non-profit associations", get "insight into the economic and political system", take "their stand about their own cultural heritage" (Gälegården, 1978). The long list of positively connoted markers adds up to a grid for ideologically attractive treatment.

Social welfare and substance abuse treatment became normalization projects for social dropouts where nation and tradition served as indicators and reference points. The few treatment programs not regarded legitimate by the

bureaucracy were described as un-Swedish. The problem itself was identified and as an imported phenomenon beginning in the early 1900s American with jazz musicians or in the 1960s with the US-influenced hippie movement. Foreign therapies were not resented by definition but if there were other reasons to object to a treatment program, then a suspicion could be thrown on their foreign character. For example, when Daytop was marketed as "an attempt at a total grip over the drug situation and something of a social movement" where the ambition was to "follow our American pioneers in the tracks" (Daytop, 1980), it was asking for criticism. Without any reference to specific treatment goals or methods Daytop was condemned as incompatible with Swedish culture and society, unworthy of the people's movement stamp indicated and without basis in substantial tradition. It was a fundamentally nationalist and conservative resistance in which arguments about cultural differences and tradition were assumed to be sufficient. The National Board of Health and Welfare emphasized that this new treatment form differed "markedly from those therapies that have so far been tested in Sweden" and that it was hardly consistent with "the principles that have so far guided Swedish drug treatment" (Daytop, 1981).

Narconon was burdened by their association with Scientology and both organizations had their US origin held against them. Scientology was described as "anti-medical, anti-political and anti-democratic", motivated by "economic interests" (Narconon, 1969). Frustration over this foreign culture is also reflected in the notes from an inspection in the mid-1970s, when "American terms and expressions, which are alien to us – on placards with graphs and charts and proverbs" were found (Narconon, 1975). Added to this were the scientologists' and Narconon's aversion to the symptom theoretical problem descriptions cherished by several agents in the social welfare debate. Scientology was characterized as "extreme in its individualism" and therefore as opposed to "the treatment ideologies that put the main focus of the problem on external conditions" (Nycander, 1977, p. 73). Narconon was, of course, not lacking an ideological agenda, but since they refused to discuss problems and solutions in more explicitly ideological terms they remained an odd player in the Swedish drug treatment services.

When Narconon was finally approved as a treatment centre in the 1980s, this should not be seen as an indication that they had adapted to the Swedish authorities' ideas about attractive drug rehabilitation in any more fundamental way. It is rather a sign of a trend in which the new regulatory and licensing authority – the Stockholm County Administrative Board – refrained from pursuing any ideological line of their own. Along with a number of favourable factors, this contributed to an unprecedented privatization of substance abuse treatment in the 1980s and 1990s (Ds 1992:67;

Oscarsson, 2000; Söderholm and Wijkström, 2002). Drug treatment was no longer an exclusive concern of passionate enthusiasts, but just another market during a period when more and more components of the welfare services were opened up to the private sector. The market solution more or less made the experimental method permanent, this being based on the implicit assumption that the best treatment initiatives would assert themselves on behalf of on the poorer.

The almost unregulated privatization of substance abuse treatment owes much to the County Administrative Board's passive management (RRV 1985:300; Ds 1992:67, SOU 1994:139; Söderholm and Wijkström, 2002), which in turn can be explained by the County Administrative Boards' lack of ideological engagement, a feature that had characterized the National Board of Health and Welfare's bureaucratic management. But this less ambitious management also corresponds with a shift towards a liberal market ideology influencing the production of welfare services. Arguably, the creation of a pseudo-market for treatment services was one way of dispelling methodological uncertainty. This line of reasoning rests on the assumption, in this case false, of strong consumers (municipalities, clients, etc.) making well-informed choices about the best treatment. Also, since the liberal market ideology tends to de-ideologize other opinions on good and bad treatment, this would call for a bureaucracy with an articulated agenda of their own. But, as the passive administrator of the treatment market, the County Administrative Board lacked this agenda, thus becoming significantly less inclined to control the treatment service provision and modality. As a consequence, treatment programs well adapted to the market solution grew during these years, especially twelve-step programs (Stenius 1991).

Discussion

The drug problem could not be resolved in Parliament. However, the lack of research and evaluation, unpredictable methodology and the common understanding of the seriousness of the matter contributed to making this into an excellent battlefield for ideological battles. The unwanted drugs appear to be a sensitive litmus test, an indication that something has gone wrong in society and an indication of how the good society should be formed. Because of this the drug problem could be linked to ideological core values such as Christianity, class struggle or criticism of urbanism and modernity.

But these visions did not limit themselves to the parliamentary discussions. The treatment centres can be seen as carriers of ideology and at least until the early 1980s the treatment services stand out as a political left wing project. In relief against what may have been perceived as a solidified social democratic reformism, this alternative left wing movement was inspired by an

existentialist pathos with the power of the collective and the individual responsibility as two driving forces (Salomon 1996). But the practised treatment initiatives did not only satisfy left wing urges for collectivism or a more manifest socialism. Rural settings and activities, Christian treatment homes and family home treatment are all responses to concerns about modernity, urbanism, secularization and the role of the nuclear family widely shared by the parties of the right. In that way, the drug treatment services that were set up satisfied a wide political field.

If we turn our attention to the non-legitimate treatment initiatives, we see clear examples of how the drug problem was made intelligible in terms of Swedish and foreign. Goldberg (2005) has in this tendency seen how drugs have been linked to euphoria and irresponsibility, a threat to what he regards as the strong position of industrious work ethics in Sweden. Drugs are something strange in this context, frightening and un-Swedish. Hakkarainen, Laursen and Tigerstedt (1996) share this understanding as they emphasize strong conceptual impact in Sweden of the welfare state, how the universalist welfare idea could be threatened by drug use and drug users, and how measures against drug abuse therefore adopted almost patriotic forms. Tham (1992) has also traced the Swedish drug question's nationalist undertones, but, as suggested by Ehn and Löfgren (1982), this othering of an experienced serious problem might actually be considered as a basic cultural technique for managing complex issues. Some kind of meta-ideological passion for Swedishness will still be able to explain parts of the doxic consensus that constitute the common ground of drug treatment. As reminiscences from the former turn of the century, the degenerated and contaminating modernity and urbanism is here contrasted to the natural and healing and life in the countryside. When one examines the arguments against Narconon's and Daytop's establishment, this nationalistic undertone returns. The foreign origin and the foreign influences, poor adaptation to Swedish conditions, all spoke against them.

The market-oriented development during the 1980s and 1990s walked hand in hand with new management models, quasi-market systems that took heterogeneous treatment contents for granted. A focus on efficiency and cost effectiveness, and the only vaguely articulated conceptions of preferred treatment by the authorities, contributed to a shift from control to evaluation (Krantz 2009). The treatment services' ideological content became less important. In addition to cost-efficiency, treatment quality came to be settled in assessments, which gradually turned into the late 1990s, and early 2000s medicalization of addiction and a craze for evidence-based solutions (Edman and Blomqvist, 2011).

However, drug treatment must be considered as an activity that in its entirety, from initial problem descriptions to proposed measures, is permeated by ideological conceptions. Recognition of this and other political issue's ideological dimension is crucial for their democratic support and practical political development. As shown by Freeden (2003), Eagleton (2007) and others, ideological structures are often to blame for not allowing discussions in ideological terms. The successful ideologist avoids the ideological conversation, naturalizes the ideology's own premises and presents solutions as objective, technical and rational. This leads to a distortion of both the political discourse and the practical solution, why we should ask ourselves what the ideological starting-points and implications of today's quest for evidence-based methods are. To recognize the drugs issue's ideological disposition should not be seen as way of avoiding discussions about the actual dilemma with drugs, it is rather an opportunity to seriously start a discussion on how to solve the problem.

References

Bauman, Z. (1990), *Thinking Sociologically*, Blackwell, Oxford.

Bergmark, A. and Oscarsson, L. (1988), *Drug Abuse and Treatment. A Study of Social Conditions and Contextual Strategies*, Almqvist & Wiksell International, Stockholm.

Bergmark, A. and Oscarsson, L. (1989), "Om etik, ideologi och professionalism i missbrukarvården – en diskussion utifrån LVM", in *Forskning om missbrukare och vården, särskilt tvångsvården*, DSF, Stockholm.

Bourdieu, P. (1977), *Outline of a Theory of Practice*, Cambridge University Press, Cambridge.

Broberg, G. and Tydén, M. (1990), *Oönskade i folkhemmet. Rashygien och sterilisering i Sverige*, Gidlund, Stockholm.

Christie, N. and Bruun, K. (1985) *Den gode fiende. Narkotikapolitikk i Norden*, Univ.-forl., Oslo.

Daytop (1980): National Archives [NA], National Board of Health and Welfare [NBHW], Temperance Care Bureau [TCB], F IX:2, Daytop, Dnr SN 4 33/278-80: Daytop till SoS, ink. 27/10 1980.

Daytop (1981): NA, NBHW, TCB, F IX:2, Daytop, Dnr SN 4 33/278-80: SoS till Daytop, 12/3 1981.

Ds 1992:67, *Länsstyrelserna och socialtjänsten – tillsyn och uppföljning under utveckling*.

Eagleton, T. (2007), *Ideology. An Introduction*, Verso, London.

Edman, J. (2005), "Treatment of what? Class, gender and work ethics within the compulsory institutional care of alcohol abusers in Sweden during the 20th century", *Nordisk alkohol- och narkotikatidskrift*, Vol. 22, English supplement, pp. 45–61.

Edman, J. (2012), *Vård och ideologi. Narkomanvården som politiskt slagfält*, Borea, Umeå.

Edman, Johan (2013a), "An all-embracing problem description. The Swedish drug issue as a political catalyst 1982–2000", *International Journal of Drug Policy*, Vol. 24, No. 6.

Edman, Johan (2013b), "An ambiguous monolith – the Swedish drug issue as a political battleground 1965–1981", *International Journal of Drug Policy*, Vol. 24, No. 5.

Edman, Johan (2013c), "Red cottages and Swedish virtues: Swedish institutional drug treatment as an ideological project 1968–1981", *Social History of Medicine*, Vol. 26, No. 3.

Edman, Johan (2015), "Depoliticizing the political: market solutions and the retreat of Swedish institutional drug treatment from state management", *International Journal of Drug Policy*, forthcoming.

Edman, J. and Blomqvist, J. (2011), "Jakten på den verksamma vården. Kunskapssträvanden och målsättningar inom den svenska missbrukarvården under ett sekel" in Olsson, B. (Ed), *Narkotika. Om problem och politik*, Norstedts Juridik, Stockholm.

Ehn, B. and Löfgren, O. (1982), *Kulturanalys. Ett etnologiskt perspektiv*, Liber Förlag, Stockholm.

Freeden, M. (2003) *Ideology. A Very Short Introduction*, Oxford University Press, Oxford.

Goldberg, T. (2005), *Samhället i narkotikan*, Academic Publishing of Sweden, Solna.

Gälegården (1978): NA, NBHW, TCB, F IX:4, Gälegården, Målbeskrivning för Gälegården, ink. 25/5 1978.

Hakkarainen, P., Jetsu T. and Skretting, A. (1996), "Arguing drug policies in Nordic Parliaments", in Hakkarainen, P., Laursen L. and Tigerstedt, C. (Eds.), *Discussing Drugs and Control Policy. Comparative Studies on Four Nordic Countries*, NAD, Helsinki, pp. 83–107.

Hakkarainen, P., Laursen, L. and Tigerstedt, C. (1996), "Introduction: Sisters are never alike", in Hakkarainen, P., Laursen L. and Tigerstedt, C. (Eds.), *Discussing Drugs and Control Policy. Comparative Studies on Four Nordic Countries*, NAD, Helsinki, pp. 9–19.

Harggården (1978): NA, NBHW, TCB, F IX:4, Harggården, Rapport från besök, 22/2 1978.

Jenkins, S. (2012), "It's drugs politics, not drug policy, that needs an inquiry", *The Guardian*, 16/10.

Johnson, B. (2003), *Policyspridning som översättning. Den politiska översättningen av metadonbehandling och husläkare i Sverige*, Statvetenskapliga institutionen, Lund.

Krantz, J. (2009), *Styrning och mening. Anspråk på professionellt handlande i lärarutbildning och skola*, Växjö University Press, Växjö.

Lenke, L. and Olsson, B. (2002), "Swedish drug policy in the twenty-first century: a policy model going astray", *The Annals of the American Academy of Political and Social Science*, No. 582, pp. 64–79.

Lower House Bills [LHB], 1961–1970.

Lower House Records [LHR], 1960–1970.

Narconon (1969): NA, NBHW, TCB, F VIII:1, Dnr SN 4:332-173/73: Gunnar A. R. Lundquist till SoS, 8/4 1969.

Narconon (1975): NA, NBHW, TCB, F VIII:2, Dnr SN 4:332-173/73: Maj Gårdstedt till Socialdepartementet, 13/2 1975.

Nycander, Svante (1977), *De fördömda scientologerna. Ett debattinlägg om de religiöst avvikande och om narkomanvårdsprogrammet Narconon*, Prorius, Stockholm.

Olsson, B. (1994), *Narkotikaproblemets bakgrund. Användning av och uppfattningar om narkotika inom svensk medicin 1839-1965*, CAN, Stockholm.

Oscarsson, L. (2000), "Den socialtjänstbaserade missbrukarvården under 1900-talet – förutsättningar, utveckling och behov", in SOU 2000:38, *Välfärd, vård och omsorg*.

Parliamentary Bills [PB], 1971–2000.

Parliamentary Records [PR], 1971–2000.

Prestjan, A. (2004), *Att bota en drinkare. Idéer och praktik i svensk alkoholistvård 1885–1916*, Örebro universitetsbibliotek, Örebro.

Room, R. (1978), *Governing Images of Alcohol and Drug Problems. The Structure, Sources, and Sequels of Conceptualizations of Intracable Problems*, University of California, Berkeley.

RRV 1985:300, *Socialtjänstens institutioner. En granskning av den statliga regleringen och tillsynen*.

Salomon, K. (1996), *Rebeller i takt med tiden. FNL-rörelsen och 60-talets politiska ritualer*, Rabén Prisma, Stockholm.

Skretting, A. and Rosenqvist, P. (2010), "Shiftning focus in substitution treatment in the Nordic countries", *Nordic Studies on Alcohol and Drugs*, Vol. 27, No. 6, pp. 581–597.

SOU 1994:139, *Ny socialtjänstlag*.

Stenius, K. (1991), "'The most successful treatment model in the world': introduction of the Minnesota model in the Nordic Countries", *Contemporary Drug Problems*, Vol. 18, No. 1, pp. 151–179.

Sundin, B. (1975), "En beskrivningsmodell för behandlingsinstitutioner", in *Idéer och debatt om behandlingsforskning. Tredje nordiska narkotikaforskningssymposiet i Norge den 16–19 september 1975*, Socialstyrelsen, Stockholm.

Svanström, Y. (2000), *Policing Public Women. The Regulation of Prostitution in Stockholm 1812–1880*, Atlas, Stockholm.

Swedens Official Statistics [SOS]: General elections 1976.

Söderholm, J. and Wijkström, F. (2002), *Offentlig sektor, näringsliv eller ideell regi. Hur påverkar valet av institutionell form vården av missbrukare?*, Socialstyrelsen, Stockholm.

Tham, H. (1992), "Narkotikakontroll som nationellt projekt", *Nordisk Alkoholtidskrift*, Vol. 9, No. 2, pp. 86–97.

Tops, D. (2001), *A Society with or without Drugs? Continuity and Change in Drug Policies in Sweden and the Netherlands*, Socialhögskolan, Lund.

Törnqvist, D. (2009), *När man talar om knark. Drogdebatt i svensk dagspress 1970–1999*, Umeå universitet, Umeå.

Upper House Records [UHR], 1965–1970.

Ole Røgeberg, Senior Research Fellow, Frisch Centre for Economic Research, Oslo

Drug Policy, values and the public health approach.
Four lessons from drug policy reform movements

Extended abstract – complete article forthcoming in *Nordic Studies on Alcohol and Drugs*:

Drug policies affect a large set of outcomes, and their design may reflect the concerns of a number of policy stakeholder groups. In analysing such policies, researchers have no special standing in specifying the goals and outcomes that policy ought to take into consideration. Instead, their role is to provide evidence on the likely effects different policies would have on various outcomes.

In doing this, researchers typically employ a public health approach extended to reflect concerns beyond population health and longevity. The question remains, however, whether they in practice are able to reflect the full set of concerns and outcomes that different policy stakeholder groups emphasise. To represent the public health field, I use the book "Drug Policy and the Public Good" (Babor 2010), a public health based review of research evidence and its relevance for drug policy written by leading international researchers in the field and awarded the British Medical Association's Award for Public Health Book of the Year 2010. I examine to what extent this book also reflects the concerns and outcomes emphasized by three recent reform movements whose aims are reflected in the work of the Global Commission on Drug Policy (Global Commission on Drug Policy 2014): The public health oriented movement (Rhodes and Hedrich 2010), the cannabis legalization movement, and the Latin American movement emphasizing the violence and harms of drug trafficking in supplier countries (Scenario Team 2013; General Secretariat 2013).

My argument is that the public health approach, as currently practiced, fails to capture several concerns seen as important by recent drug policy reform movements:

1. The full harms of illegal markets. The costs of illegal markets can be broken down into four components: The resources spent on enforcing the prohibition, the burdens imposed on criminalized buyers who persist in using, the social inefficiency of employing people in the illegal market to circumvent drug laws and risk penal punishment, and the violence and homicide that is linked to illegal drug markets globally.
2. The value of drug consumption: Many users see their own use of psychoactive substances, whether legal or illegal, as valuable. While

there is an important social trade-off between the self-judged net gains of the many against the likely net-negative problems of the few, this trade-off differs clearly across intoxicants. The trade-off, however, can be illuminated by examining the risk and duration of dependence for different substances, their respective harms, along with the regret and self-judged benefits of use expressed by users. The results indicate that the value of drug consumption for several illegal substances deserve more emphasis than the comparable value of alcohol consumption.

3. The dysfunctionality of current policy processes in the drug field. When analysing drug policy, an important issue is the extent to which our current policy process is reasonable, in the sense that it results in policies that reflect scientific knowledge and that are likely to achieve the stated outcomes and concerns that are used to justify it. A plausible case can be made, on the basis of the evidence given by the public health field itself, that this is not the case. Just as the public health field has taken a clear stance against the influence of tobacco and alcohol companies on policy, one may ask whether the current drug policy establishment should likewise be highlighted as a harmful and problematic influence on drug policy.
4. The value of the knowledge gained from policy experiments. When analysing drug policies, we may both assess possible policies in terms of their expected effects *given what we know today*, and in terms of their value in *teaching us more about what we know little about today.* Given that the most credible and valuable evidence on policy effects comes from actual policy experiments, the knowledge-value of policy experiments may well be the most important consequence and outcome of trying out alternative policies in limited regions or time periods.

These concerns are not in any way meant to be exhaustive of the concerns or outcomes that drug policy should reflect. Instead, they illustrate how the public health approach as currently practiced fails to fully reflect concerns and outcomes that are held as important by substantial policy stakeholder groups.

References

Babor, Thomas. 2010. *Drug Policy and the Public Good*. Oxford University Press.

General Secretariat. 2013. *The Drug Problem in the Americas*. Organization of American States.

Global Commission on Drug Policy. 2014. *Taking Control: Pathways to Drug Policies That Work*. Global Commission on Drug Policy. http://static1.squarespace.com/static/53ecb452e4b02047c0779e59/t/540da6ebe4b068678cd46df9/1410180843424/global_commission_EN.pdf.

Rhodes, Tim, and Dagmar Hedrich, eds. 2010. *Harm Reduction: Evidence, Impacts and Challenges*. Office for Official Publications of the European Communities. https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=252863.

Scenario Team. 2013. *Scenarios for the Drug Problem in the Americas 2013-2025*. Organization of American States.

Jónas Orri Jónasson, Sociologist, Data Analyst, Reykjavik Metropolitan Police and Helgi Gunnlaugsson, Professor of Sociology, University of Iceland.

Moral panic in Icelandic society: Arrival of ecstasy to Iceland in the 1990's

Abstract
The use of illegal drugs has often been shown to ignite fear and insecurity in society. When a new drug appears, the media typically reports on this drug and the risk it poses. Soon after ecstasy appeared in Iceland in the 1990's its use created a major public uproar and insecurity in Icelandic society. In this article the theory of moral panic will be used to examine if the arrival of ecstasy to Iceland ignited a moral panic. Media reports on ecstasy, public reactions, interest groups and government institutions will be analyzed. Discourse analysis is employed on newspaper reporting on ecstasy between 1985 and 1997 to detect signs of moral panic. The main conclusion is that evidence suggests that a moral panic existed in Iceland as described in well-known theories on the subject.

Introduction
Historically, Iceland has always been strict on drugs. The first official narcotics law came in 1923 when Iceland joined the International Opium Convention. The law regulated the import and export of opiates. At that time drug use among Icelanders was not widespread and the police did not seize any narcotics until 1969. New drug laws were passed shortly after, in 1974, were cannabis and LSD were also made illegal. To demonstrate how strict the government was on drugs the Parliament established a police department specializing in drugs supervised by a separate drug court (Gunnlaugsson and Galliher, 2000). This decision was not in line with the Icelandic penal system and therefore showed how serious the drug problem was perceived. This new danger had to be taken seriously, even though it meant making drastic changes to the laws (Þórmundsson, 1980).

Illegal drug use has also been popular in the mass media, which feeds us news on drug use and abuse almost daily. We receive news about drug seizures, police operations and long drug sentences. The media also reports when a previously unknown drug begins to be used on widespread basis or like Akers (1990) puts it: "the media reports the brand new scary drug of the year". Fear and concern often characterize the media coverage and causes the general public to fear this new drug. Reports have shown that the general public sees drug use as the most serious crime problem facing Icelanders (Gunnlaugsson, 2013). It can therefore be said that drug use has caused

concerns in Icelandic society for many years, and that all institutes show the same response to the problem.

Researchers have pointed out that a moral panic is often accompanied with media coverage on illicit drugs (Baerveldt, Bunkers, de Winter and Kooistra, 1998; Ben-Yehuda, 1986; Collin, 1997; Cottino and Quirico, 1995; Goode, 1990; Goode and Ben-Yehuda, 2009; Hawdon, 1996, 2001; Hier, 2002; Hill, 2002; Reinarmann, 1994). When moral panics grip societies the behavior of specific groups is thought to pose a threat to societal values. Something must be done in order to control the behavior and repair the damage. Usually that means strengthening the social control apparatus of the society, stiffen the penalties and give the police more power to repair the damage (Goode and Ben-Yehuda, 2009).

The moral panic concept has been quite popular among British and researchers from the USA (Hier, 2011; Krinsky, 2013). In addition to moral panics about drug use, researchers have studied moral panics connected to other social problems such as mugging (Hall, Critcher, Jefferson, Clarke and Roberts, 1978), satanic rituals (DeYoung, 1996; 1998; 2004; Goode and Ben-Yehuda, 2009; Jenkins and Maier-Katkin, 1992) and pornography (Goode and Ben-Yehuda, 2009). Moral panics have also been connected to youth cultures (Thompson, 1998). This concept has not been as popular among Icelandic researchers and could be counted on the fingers of one hand (see Gunnlaugsson, 2008; Steinarsdóttir, 2010; Steinarsdóttir and Pétursdóttir, 2010).

By saying that moral panic is often connected to news about illegal drug use, we are by no means belittling the problems connected to drug misuse. The phenomenon only refers to the heightened level of concern that follows increased media coverage. The concerns erupt as suddenly as they subside. Ecstasy is probably the drug that has had the biggest impact on Icelandic society. Therefore it is interesting to see how Icelandic society reacted to the drug. How did the media report this new drug? Is it possible to say that Icelandic society was gripped by moral panic? This paper will build on Cohen's and Goode and Ben-Yehuda's approach to moral panic, which has been called conventional analysis (Hier, 2011).

What is moral panic?

"Moral panic is a concept, an abstraction which enables us to trace similarities between otherwise apparently very different phenomena. It specifies the common characteristics of those social problems, which suddenly emerge, cause consternation among powerful institutions and seem to require exceptional remedies" (Critcher, 2006: 2). What defines moral panic research

is that it can be conducted under many different theoretical frameworks, for example symbolic interactionism, feminism and Marxism. The field of study of moral panics was initially developed by the British sociologist Stanley Cohen in 1972, partly building on ideas from the USA of labeling, interactionism and deviancy theory. Since then moral panic research has been categorized in three analytical orientations: conventional, skeptical and revisionist (Hier, 2011).

As has been said, the conventional analysis builds mostly on selective readings of Cohen's (2002) work and Goode and Ben-Yehuda's (2009). According to conventional analysis, moral panic should not be considered as a theory, rather as a concept, which enables researchers to shed light on deviant behavior in our society. A group is thought to pose a threat to the society, to the moral order, societal values and interests and something needs to be done. Therefore, moral panic cannot be caused by phenomena such as global warming, nuclear power or pandemic. Instead it has to have impact on societies' morals. Conventional analyses build on the same approach as Howard Becker (1963) in his book *Outsiders*, where instead of asking why deviant behavior occurs, researchers ask: "Why dose society react to this behavior in this manner?"

Cohen (2002) distinguished between reactions of four different segments of society: The press, the public, action groups and agents of formal social control, e.g. law enforcement, lawmakers and politicians. According to Cohen's approach, the media is the most important in the early stages of moral panics because the general public receives their knowledge about crime and deviance from their coverage. The media gives a specific problem far more attention than it deserves as well as overstates the seriousness of the problem and defines words that signify the threat. Cohen (2002) said that the media created folk devil by defining this specific group as a threat to society.

A folk devil is a suitable enemy, the agent responsible for the threatening behavior. Their behavior is said to cause insecurity and threaten social norms and values. This group of people is stripped of all favorable characteristics and imparted with exclusively negative ones. They become the personification of evil. The media uses specific concepts to characterize and categorize the folk devils, for example drug dealer, pedophile and so on. In fact drug dealers are very well suited as folk devils because they are poisoning our children.

Moral panic analysis can therefore help shed light on societies' reaction to drug use and misuse. Drug use is condemned in most societies and users are often stigmatized. Therefore few people take part in the debate about drug

laws or criticize the enforcement of the laws. This has been the case in Iceland for many years. Beer was, for example, illegal in Iceland until 1989. When the parliament discussed changes on the beer laws, the members of parliament that supported legalization of beer were said to have that opinion because they wanted to get drunk themselves and have a big beer belly like their Danish colleagues (Gunnlaugsson, 2008). Persons who want to see changes in the Icelandic drug laws, mainly regarding recreational use of cannabis, have been called cannabis bullies in the media and their credibility doubted (SÁÁ, 2010).

Goode and Ben-Yehuda (2009) then added to Cohen's (2002) approach by identifying three different theories on where the panic starts, or that is what strata of society are responsible for the moral panic. Those are the elite, the grassroots of society and interest groups. *The grassroots model* argues that panics originate with the morals of the general public. Specific groups or behavior causes concerns with the general public, which the media, government and interest groups take up and respond to.

The elite driven theory argues that panics originate within the ruling elite. The elite causes or creates moral panics to divert attention from other topics, which could harm their interests. This theory postulates that the elite has enormous power and dominates the media, manipulates the general public and affects legislation. The third theory, *the interest group theory*, argues that panic originates within interest groups. That approach is the one that Goode and Ben-Yehuda (2009) assume is the most common. Interest groups and moral entrepreneurs launch crusades to point out behavior they think is immoral. To get their support, they try to convince the general public that this behavior is bad for societal values and norms. This is done to increase or maintain their societal power or increase their funding. The interest groups can be the police, treatment centers, media, religious groups, educational organizations, and so on. The main question is, 'who is profiting'?

Goode and Ben-Yehuda (2009) also added five defining elements of moral panic to Cohen's approach. "First there must be a heightened level of concerns over the behavior of a certain group and the consequences that behavior causes for the society" (Goode and Ben-Yehuda, 2009:37). The concern should be measurable in concrete way, for example through public opinion polls and media coverage. Second there must be an increased level of hostility toward the group that is said to cause the threat to society and this group must be identifiable. This builds on Cohen's ideas on folk devils. Third there must be a widespread agreement that the threat is real, serious and caused by that identified group and their behavior.

Fourth, the matter has been hyped up. Many members of the society think that more people are engaged in this wrong behavior than the actual number is. Also it is thought that the threat, damage or danger caused by the behavior is larger than it really is. According to Goode and Ben-Yehuda (2009), this is the most important element of moral panic. It is important to identify how the panic starts and how figures are grossly exaggerated and rumors of harm go around. It is also important to see how the specific condition is given far more attention than during previous or later time, without any corresponding increase in objective seriousness. As well as how it receives far more attention than other conditions, which may seem to be more serious. The fifth and final element of moral panic is that they erupt suddenly and subside nearly as suddenly. The concerns increase for a short time and upset the society, then they subside and fade away.

Data and methods

Since the media is thought to be one of the most important factors in causing moral panic (e.g. Cohen, 2002) it was most appropriate to analyze newspaper articles. Every newspaper article from 1985 to 1997, which were published in Icelandic newspapers and touched on the topic of ecstasy use, was analyzed (N=379). The data was collected from timarit.is, a digital library where millions of newspaper pages in digital format are made available on the Internet. News from all the Icelandic newspapers at that time was observed. The database was searched for all the different names ecstasy was called in Iceland at that time, for instance, *alsæla, helsæla, vansæla, e-töflur, e-pillur, ecstasy* and *ecstacy*.

Discourse analysis, a method that moral panic researchers are increasingly using (e.g. Critcher, 2003; Hier, 2002; Thompson, 1998), was used to analyze the data. By using discourse analysis it is possible to show how the media covered ecstasy use during this period and how it changed over time. All of the articles were read and categorized by date and specific themes taken from the conventional approach (Cohen, 2002; Goode and Ben-Yehuda, 2009). Furthermore, to receive deeper understanding on the issue, survey results from public opinion studies, which Helgi Gunnlaugsson conducted in 1989-2013, were reviewed.

Results

An Icelandic public survey showed in 1997 that more than 50% of Icelanders thought drug use and drug related crime to be the most serious crime problem in Iceland. Never before or after has this proportion been that high (Gunnlaugsson, 2013). As Goode and Ben-Yehuda (2009) stated, heightened level of concern were the first indicator of a moral panic, therefore it is

interesting to look closer at this percentage and investigate if Icelandic society had been hit by a moral panic at that time.

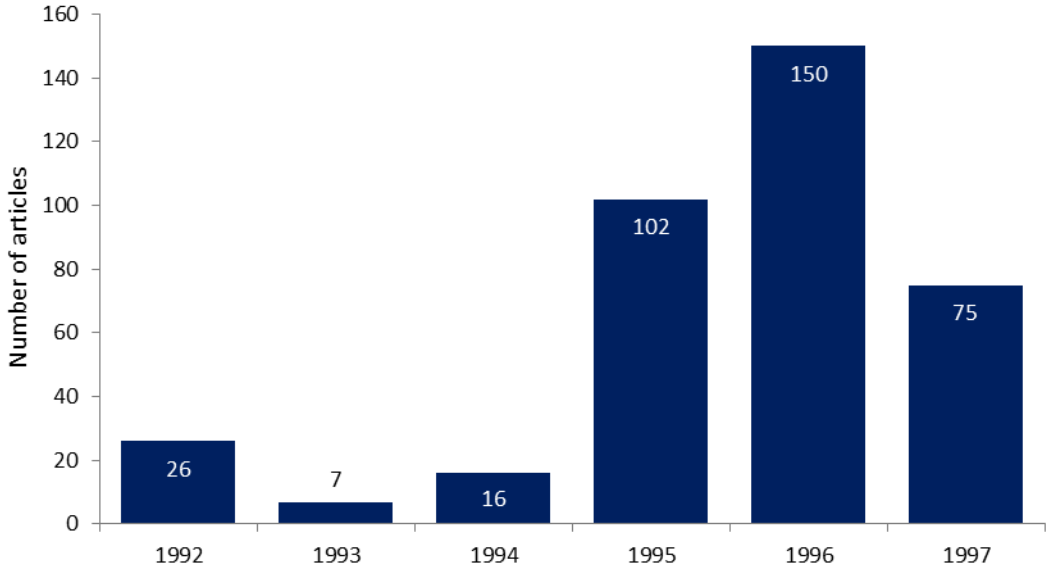


Figure 1. Number of news articles published in Icelandic newspapers from 1992 to 1997

The media started to report on ecstasy in 1985, before ecstasy use had even been detected in Icelandic society. At first the news reported on ecstasy use in Europe and considerations about when the drug would arrive in Iceland. Figure 1 shows how many articles were published from 1992 to 1997. Few articles were published in 1992 to 1994, but increased dramatically in the years 1995 and 1996 and then reduced again in 1997. As soon as rumors of ecstasy use came about, editors expressed their concerns, and one of them wrote an article in which he described how other societies were in despair because of illegal drug use among adolescents. He ended his article by asking 'if we, as a society, wanted Icelandic youth to have the same destiny?' (Schram, 1992).

The Director of Health regularly issued a warning about ecstasy use, and in 1995 he, alongside other action groups, started a campaign against ecstasy use. It was stated that ecstasy use had increased and regular drug users were no longer the only users, but that ordinary teenagers were using it as well ("Landlæknisembættið, lögreglan og", 1995). These events heightened the level of concerns on drug use in the society.

Then by the end of the year 1995 it was reported that a teenage boy had died of what was believed to be an ecstasy overdose ("Hörmulegar afleiðingar", 1995). Later it was revealed that he had not only been using ecstasy, but also all sorts of other illegal substances for quite some time, and even on the night

before his death ("Dansað við dauðann", 1996). These news reports had great impact on the society and got the media and the public very concerned. The media for an example ran one story a day on the drug subsequent to this event.

Increased level of hostility towards the deviants

What often characterizes media coverage of illegal drug use is that drug dealers are defined as monsters and the users as victims. Therefore, drug dealers make up as the suitable enemy, because they are poisoning our children. When the media reported that ecstasy use was not only increasing among 'regular' users, but also among 'ordinary' teenagers, the discussion on the matter increased. The level of hostility increased towards the drug dealers and they were labelled as the 'salesmen of death' in the media. They were described as lanky fellows with beepers in their belts, ready to sell ecstasy to anyone. They were said to be on every street corner and to besiege elementary schools and high schools to allure innocent children by selling them happiness in a pill with no side effects ("Sölumenn dauðans", 1995).

The responsibility was completely on the drug dealers. They were the ones who were luring our children into hopelessness, and therefore society needed to react to them. They were said to be murderers who needed to be sentenced accordingly (e.g. "Fjórar mæður", 1996). Moral entrepreneurs stated that the salesmen of death behaved ruthlessly just to make extra money. They were even said responsible for damaging the lives of hundred children and adolescences ("Fimm ráð", 1996). The discourse was pointed at the government and it was demanded that something had to be done to take them out.

Consensus across society that the threat is real

In the mid 1990's ecstasy use was widely discussed in society and was believed to be the biggest threat that teenagers faced. Society demanded longer prison sentences and a specific action group started a petition asking the government for stiffer penalties for drug dealing. The story that went along with the petition was about how distorted the Icelandic court system was. It was said that a businessman had been arrested with a couple of hundred ecstasy tablets. He had confessed and was set free the next day. Bank robbers on the other hand were said to be sentenced the same day as they got caught. This was thought to send the message that it was OK to sell our children death, but it was not OK to steal money from the banks ("Barátta gegn", 1996).

This discussion also took place in Alþingi the Icelandic parliament, where it was posed that the penalties for selling narcotics should be expanded from 10

years in prison to 16, or even life ("Arnþrúður Karlsdóttir flytur", 1995). It is interesting to note what the Minister of Justice at the time stated in a newspaper interview. He said that he had urged judges to listen to the public demand for longer prison sentences in drug cases and by that, change the way in which they work ("Þingmenn ræða um", 1995).

Disproportionality

At the beginning of 1995 the media attention to ecstasy use increased greatly. It was believed that ecstasy use was now very common among 10th graders and high school students ("Fíkniefnalögreglan í", 1995). Tall-tales were told and believed. For instance, it was claimed that the drug was now commonly consumed at school parties and that it was as easy for 10th graders to buy ecstasy as ordering a pizza or buying candy ("Hald lagt", 1996). Other rumors were spreading as well, one of them argued that the amount of ecstasy in Iceland was so great that teenagers could take a walk in the downtown area at weekends and pick up tablets that others had dropped. After couple of hours they would go home with their pockets full of drugs ("Ummæli og viðhorf", 1996). Parents were worried about having to comb every playground before allowing their children to go outside, because it was said that an eleven-year-old boy had come home with a tablet he found when playing in the streets ("Þurfa foreldrar", 1996).

In retrospect it has to be said that this most likely was not the case. It was an exception rather than the rule that an eleven year old would find ecstasy tablets in the streets. Research conducted at the time shows that ecstasy use among primary school children was not as common as could be read in the newspapers. About 1.6% of 10th graders admitted to have tried ecstasy in 1995, 2.3% in 1997 and 3.4% in 1998. In 1999 this ratio decreased, when about 1.4% of 10th graders reported that they had tried ecstasy once (Jónsson, Bjarnason, Sigfúsdóttir, Ásgeirsdóttir and Sigfússon, 2003).

It is safe to state that any drug use in schools is too much, but these figures only show how many teenagers reported having tried ecstasy once in their lifetime. The media reported that a great number of teenagers were using ecstasy regularly. Another research showed that only about 0.9% of 10th graders had used ecstasy more than ten times in their lifetime. That is equivalent to a total of 22 teenagers compared to statistical population at the time (Þórlindsson, Sigfúsdóttir, Bernburg and Halldórsson, 1998). Research has also shown that ecstasy use was not considered to be common among 17 year olds. In 1996 about 3% reported having used ecstasy more than ten times (Aðalbjarnardóttir, Davíðsdóttir and Rúnarsdóttir, 1997).

Harmful effects of the drug were also exaggerated. For example it was believed that everyone who tried ecstasy once was going to need help from a psychologist ("Jakob Kristinsson cand. pharm. um", 1992) and that the use caused permanent brain damage ("Alsæla veldur", 1995; "Eiturlyfið alsæla", 1995). One newspaper even ran on their cover the headline: "Ecstasy will eat up your brain" ("E-pillan étur", 1996).

No studies have shown that ecstasy damages the human brain, but further research is needed (e.g. Green, King, Shortall and Fone, 2012a; Halpern, et. al. 2011; Zakzanis, Zachariah and Jovanovski, 2007). Proven side effects include acute hyperthermia and mental health problems. Ecstasy-related deaths are rare and are most often related to the use of other drugs as well. It has also been argued that ecstasy causes lower threat to the user and society than other substances, as for example, cocaine, alcohol and tobacco (Nutt, King, Saulsbury and Blakemore, 2007).

The most serious problem connected to ecstasy use is that many pills, which are sold as ecstasy, are of low purity and contain harmful substances other than MDMA; you simply do not know what you are buying. Ecstasy related deaths are thought to be rare unless opiates have also been used (EMCDDA, 2013). What is thought to cause greatest harm is that the user can not always be sure if he is using pure MDMA, since ecstasy is often mixed with other chemicals, which can cause much harm (Green, King, Shortall and Fone, 2012b).

Conclusion

To sum up, all of the elements of moral panic can be identified in Icelandic society with the appearance of the ecstasy tablet. Other researchers have studied moral panics related to most other drugs as well (e.g. Baerveldt et. al., 1998; Goode and Ben- Yehuda, 2009; Reinarmann, 1994). Rare effects of ecstasy use were reported in the media as being common, or the rule rather than the exception as it was. In the beginning it was mostly the police, media and other interest groups that focused on ecstasy use and reported the threat that it posed to Icelandic society. Soon after the reports about a drug related death, the community united in their concerns over this new threat, and the drug dealers were described as folk devils. The public demanded that the government would do something and that drug dealers should receive longer prison sentences. The government responded these requests by making punishment heavier, and promising more funds to the police as well as agreeing on new police laws.

From the discourse in the Icelandic media you would have thought that ecstasy use was very common, especially by young teens, but that was not the

case. There were cases of ecstasy use within this group (Jónsson et. al, 2003; Þórlindsson et. al, 1998), nevertheless relatively more young adults at parties were using it. Younger age groups are often associated with curiosity and experimentation. Fashion fads influence young people including use of new substances, which probably was the case in Iceland, as in other western nations. This new drug appeared on the scene with new music styles and young adults tried it, with a few of them using it often or regularly, most without any significant harm. Finally we found that even though more people were using ecstasy in 1997; and the police and customs seized more of the substance in that year, the media covered this topic to a progressively lesser extent. The panic had subsided but not disappeared altogether.

References

Aðalbjarnardóttir, S., Davíðsdóttir, S. and Rúnarsdóttir, E. M. 1997. *Áhættuhegðan reykvíska unglinga: Tóbaksreykingar; áfengisneysla, hassneysla og neysla annarra vímuefna*. Reykjavík: Félagsvísindastofnun Háskóla Íslands.

Akers, R. L. 1990. *Scary Drug of the Year: Myths and Realities in the Changing Drug Problem*. Paper presented at the meetings of the American Society of Criminology, Baltimore, November.

Alsæla veldur heilaskaða. 1995, September 9th. DV (Dagblaðið Vísir), p. 12.

Arnþrúður Karlsdóttir flytur þingsályktunartillögu um hert viðurlög við fíkniefnabrotum: Ellefu ára neytendur! 1995, October 13th. Tíminn, p. 2.

Baerveldt, C., Bunkers, H., de Winter, M. og Kooistra, J. 1998. Assessing a Moral Panic Relating to Crime and Drugs Policy in the Netherlands: Towards a Testable Theory. *Crime, Law & Social Change*, *29*, 31-47.

Barátta gegn fíkniefnavandanum: Þúsundir undirskrifta komnar. 1996, January 30th. *Morgunblaðið*, p. 8.

Becker, H. S. 1963. *Outsiders: Studies in the Sociology of Deviance*. New York: Free Press.

Ben-Yehuda, N. 1986. The Sociology of Moral Panics: Toward a New Synthesis. *The Social Quarterly*, *27*, 495-513.

Cohen, S. 2002. *Folk Devils and Moral Panics: The Creation of Mods and Rockers* (3. edition). London: McGibbon and Kee.

Collin, M. 1997. *Altered State: The Story of Ecstasy Culture and ACID House*. London: Serpent's Tail.

Cottino, A. og Quirico, M. 1995. Easy Target and Moral Panic: The Law on Drug Addiction No. 162 of 1990. *Scandinavian Journal of Social Welfare*, *4*(2), 108-113.

Critcher, C. 2003. *Moral Panics and the Media*. Milton Keynes: Open University Press.

Critcher, C. (editor). 2006. *Critical Readings: Moral Panics and the Media*. Berkshire: Open University Press.

Dansað við dauðann eftir Ragnhildi Sverrisdóttur fjallar um fíkniefnavandann: Óþroskaður unglingur sem tók ranga ákvörðun. 1996, November 2nd. *DV (Dagblaðið Vísir)*, p. 44- 45.

DeYoung, M. 1996. Speak of the Devil: Rhetoric in Claims-Making about the Satanic Ritual Abuse Problem. *Journal of Sociology and Social Welfare*, *23*, 55-74.

DeYoung, M. 1998. Another Look at Moral Panics: The Case of Satanic Day Care Centres. *Deviant Behavior*, *19*(3), 257-278.

DeYoung, M. 2004. *The Ritual Abuse Controversy: An Annotated Bibliography*. Jefferson, NC: McFarland.

Eiturlyfið alsæla: Kann að valda varanlegum heilaskemmdum. 1995, September 3rd. *Morgunblaðið*, p. B 31.

EMCDDA. 2013. *European Drug Report: Trends and Developments*. Luxemburg: Publications Office of the European Union.

E-pillan étur upp heilann. 1996, June 14th. *Morgunblaðið*, p. 1.

Fíkniefnalögreglan í Reykjavík hefur lagt hald á 900 alsælutöflur á þessu ári: Sjálfsvíg unglinga rakin til alsælu. 1995, December 8th. *Morgunblaðið*, p. 10.

Fimm ráð gegn fíkniefnum. 1996, July 11th. Morgunblaðið, p. 47.

Fjórar mæður ungra vímuefnaneytenda: Opnið augun, því dópið er alls staðar. 1996, January 21st). *Morgunblaðið*, p. 11.

Goode, E. 1990. The American Drug Panic of the 1980's: Social Construction or Objective Threat? *Substance Use & Misuse*, *25*(9), 1083-1098.

Goode, E. og Ben-Yehuda, N. 2009. *Moral Panics: The Social Construction of Deviance* (2. edition). Chichester: Wiley-Blackwell.

Green, A. R., King, M. V. Shortall, S. E. og Fone, K. C. F. 2012a. Ecstasy Cannot be Assumed to be 3.4-Methylenedioxyamphetamine (MDMA). *British Journal of Pharmacology*, *166*(5), 1521-1522.

Green, A. R., King, M. V. Shortall, S. E. og Fone, K. C. F. 2012b. Review: Lost in Translation: Preclinical Studies on 3.4-Methylenedioxyamphetamine Provide Information on Mechanisms of Action, but do not Allow Accurate

Prediction of Adverse Events in Humans. *British Journal of Pharmacology*, *166*(5), 1523-1536.

Gunnlaugsson, H. 2008. *Afbrot á Íslandi*. Reykjavík: Háskólaútgáfan.

Gunnlaugsson, H. (2013). Fíkniefni, íslenskt samfélag og nýir kostir í stefnumótun. *Stjórnmál og stjórnsýsla*, *9*(2), 395-414.

Gunnlaugsson, H. og Galliher, J. F. 2000. *Wayward Icelanders: Punishment, Bounadry Maintenance, and the Creation of Crime*. Madison: University of Wisconsin Press.

Hald lagt á fíkniefni að söluverðmæti 100 milljónir á síðasta ári: Fíkniefni fyrir um milljarð á götunni. 1996, January 20th). *DV (Dagblaðið Vísir)*, p. 27.

Hall, S., Critcher, C., Jefferson, T., Clarke, J. og Roberts, B. 1978. *Policing the Crisis: Mugging, the State, and Law and Order*. London: Macmillan.

Halpern, J. H., Sherwood, A. R., Hudson, J. I., Gruber, S., Kozin, D. og Pope Jr. H. G. 2011. Residual Neurocognitive Features of Long-Term Ecstasy Users with Minimal Exposure to Other Drugs. *Addiction*, *106*(4), 777-786.

Hawdon, J. E. 1996. Cycles of Deviance: Social Mobility, Moral Boundaries and Drug Use, 1880-1990. *Sociological Spectrum*, *16*, 183-207.

Hawdon, J. E. 2001. The Role of Presidential Rhetoric in the Creation of a Moral Panic: Reagan, Bush, and the War on Drugs. *Deviant Behavior: An Interdisciplinary Journal*, *22*, 419-445.

Hier, S. P. (editor). 2011. *Moral Panic and the Politics of Anxiety*. Abingdon: Routledge.

Hier. S. P. 2002. Raves, Risk and the Ecstasy Panic: A Case Study in the Subversive Nature of Moral Regulation. *Canadian Journal of Sociology*, *27*(1), 33-57.

Hill, A. 2002. Acid House and Thatcherism: Noise, the Mob and the English Countryside. *British Journal of Sociology*, *53*(1), 89-105.

Hörmulegar afleiðingar alsæluneyslu gera vart við sig á Íslandi: Alsælan gerði út af við son okkar – segja foreldrar 16 ára unglings sem svipti sig lífi degi eftir neyslu alsælu. 1995, December 16th). *DV (Dagblaðið Vísir)*, p. 38-39.

Jenkins, P. og Maier-Katkin, D. 1992. Satanism – Myth and Reality in a Contemporary Moral Panic. *Crime, Law and Social Change*, 17(1), 53-75.

Jónsson, S. H., Bjarnason, Þ., Sigfúsdóttir, I. D., Ásgeirsdóttir, B. B. and Sigfússon, J. 2003. *Vímuefnaneysla íslenskra unglinga 2003: Niðurstöður rannsókna á vímuefnaneyslu nemenda í 10. bekk grunnskóla 1995-2003*. Reykjavík: Rannsóknir og greining.

Krinsky, C. (editor). (2013). *The Ashgate Research Companion to Moral Panics*. Suerry: Ashgate Publishing Limited.

Kristinsson, J. cand. pharm. um fráhvarfseinkenni alsælu: Geta fengið erfitt og hættulegt þunglyndi – örvandi ofskynjunarefni ekki minna vanabindandi en amfetamín. 1992, May 22nd. *DV (Dagblaðið Vísir)*, p. 4.

Landlæknisembættið, lögreglan og fleiri blása til sóknar gegn alsæluneyslu: Neysla alsælu eða ecstasy talin hafa færst í aukana – markhópurinn eldri grunnskólanemar og framhaldsskólanemar. 1995, March 29th). *DV (Dagblaðið Vísir)*, p. 4.

Nutt, D., King, L. A., Saulsbury, W. og Blakemore, C. (2007). Development of a Rational Scale to Assess the Harm of Drugs of Potential Misuse. *The Lancet*, *369*, 1047-1053.

Reinarman, C. 1994. The Social Construction of Drug Scare. P. A. Adler and P. Adler (editors), *Constructions of Deviance: Social Power, Context, and Interaction* (p. 92- 104). Belmont, CA: Wadsworth Publishing CO.

SÁÁ. (2010). *Ársrit SÁÁ 2007-2010*. Reykjavík: Höfundur.

Schram, E. B. 1992, May 25th). Alsæla heitir það. *DV (Dagblaðið Vísir)*, p. 14.

Sölumenn dauðans. 1995, December 22nd). *DV (Dagblaðið Vísir)*, p. 14.

Steinarsdóttir, G. 2010. *Frá kynvillu til kynhneigðar. Hvað einkennir orðræðuna nú þegar baráttan um orðin er unnin?* Unpublished MA-thesis: Háskóli Íslands, Félagsvísindadeild.

Steinarsdóttir, G. and Pétursdóttir, G. M. 2010. Siðafár og samfélagslegar breytingar. Áhrif fjölmiðla á baráttu samkynhneigðra. Helga Ólafs og Hulda Proppé (editors), *Rannsóknir í félagsvísindum XI: Félags- og mannvísindadeild* (p. 46-52). Reykjavík: Háskólaútgáfan.

Þingmenn ræða um fíkniefnavandann: Kröfur um auknar forvarnir og aðgerðir. 1995, 13. December 13th. *Morgunblaðið,* p. 28-29.

Thompson, K. 1998. *Moral panics: Key ideas*. London: Routledge.

Þórlindsson, Þ., Sigfúsdóttir, I. D., Bernburg, J. G. and Halldórsson, V. 1998. *Vímuefnaneysla ungs fólks: Umhverfi og aðstæður*. Reykjavík: Rannsóknastofnun uppeldis- og menntamála.

Þórmundsson, J. 1980. *Opinbert réttarfar II.* Reykjavík.

Þurfa foreldrar 11 ára barna að hugsa um vímuvarnir? 1996, October 30th. *Morgunblaðið* p. 27.

Ummæli og viðhorf. 1996, January 24th. *Morgunblaðið,* p. 27.

Zakzanis, K. K., Zachariah, C. og Jovanovski, D. 2007. The Neuropsychology of Ecstasy (MDMA) Use: A Quantitative Review. *Human Psychopharmacology: Clinical and Experimental*, *22*(7), 427-435.

Hedda Giertsen, Professor, Department of Criminology and Sociology of law, University of Oslo

The symbiotic relationship between contradictive elements in drug policy

Abstract

The drug policy in Norway and most other countries is manifold and contradictive. It applies two main approaches, a punitive and prohibitive and a health and social service approach in understanding and handling with drug problems. Even so, this two-faced policy has sustained since around the 1970s, (*cf.* section 2). One might have expected arguments and noise when these contradictions meet in various areas of the drug field. But the field is surprisingly silent. This article discusses some reasons for the silence. A main argument here is that these approaches, which in an analytical context may seem contradictive, thrive in a political context, and seem to reinforce and support each other.

Looking more closely at one example of combinations of control-punishment and medical-social welfare, the opioid maintenance treatment (OMT) (LAR, in Norwegian), the same result appears. Also here the two approaches seem to presuppose each other. But there are also tensions, and as time passed, LAR had to make a choice about its main identity and praxis (*cf.* section 4).

Parallel to this partly medical approach in the drug policy, prohibition expands (cf. section 5). The prohibition line of the drug policy contributes to strengthening the interests of the police.

This mutual support of the two approaches and also the institutions implementing them, may contribute to explaining why the drug policy carries on in spite of its costs. Section 6 discusses whether there is a mismatch between the drug policies as an answer to drug users' problems. Some experiences from daily work with drug users opens up for the question if most of the policy is too occupied with drug problems, control and sanctions, at the expense of all the poverties, suffering and basic, human needs of people with drug problems.

Introduction[2]

The official drug policy in Norway is one of total prohibition of production, storing, import, sale as well as possession and use of several types of drugs. This has been the dominant policy since the middle of the 1960´s. Even so,

[2] This text is a considerably revised version of the paper given at the meeting in November 13 and 14 2014 in Copenhagen.

little by little this policy was paralleled with a health and social service approach. This seems to be in contrast to the line of prohibition, and so it is. But what is contradictive in an analytical setting seems to thrive in a practical, political context.

The suggestion in this text will be that the health and social service approaches have prolonged the drug policy of prohibition, criminalization, control and punishment; and, the other way around, that the prohibitive approach has opened up for the possibility of rehabilitation measures. In a political-administrative landscape this seems to create no problems. But persons who are affected by these policies see this with different eyes.

1965: A turn in the drug policy

In the middle of the 1960´s criminalization in drug policy took a new turn. This was not a completely new and different approach, as previous laws of 1913 and 1928 already had criminalized dealing and possession (Lind 1974:25). These former laws were heavily influenced by international pressure, and hardly implemented (Lind 1974). What makes the turn new, was its introduction to an increasing criminalization, widening the scope of criminal acts when use of drugs were included in this group in 1965; and when more types of drugs were added to the list of the illegal ones (LOV-1962-06-20, LOV-1992-12-04-132). From 1965 the level of punishment was increased and in 1988 it reached the possible maximum of 21 years of imprisonment for the most serious drug crimes (Lov-1902-05-22-10, Hauge 2002). These changes were followed by an outstanding increase in the enforcement of the laws that has continued till today (Lind 1974, Christie and Bruun 2000, Sirus 2014, SSB 2014). The policy was based on the aim of a drug-free society (White Paper nr. 13 (1985-86)).[3]

In the following decades other measures appeared. The misery among drug users asked for other approaches than imprisonment, and socio-educational treatments in collectives started up in the 1970´s (Ravndal 2007). Also these were within the aim and frame of a drug free society. In 1994 there was a break with this line. A trial project of OMT (LAR) started in Oslo and was made nation-wide in 1997 (Sirus 2014:288),[4] which can be seen as recognition of the aim of drug control, but also a step towards a drug free life. Some harm

[3] This aim was kept in official state documents to 1998 (St. prp. nr. 58 (1997-1998). In 2005 the aim was made into a vision: "*The vision of the government is freedom from drugs*" (cf. SIRUS 2014:255). In White Paper nr. 30 (2011-2012) this is turned into an aim of a society free from drug problems.

[4] The names for this have changed. Today's LAR started as a methadone project in Oslo and was named MARIO (methadone assisted rehabilitation in Oslo). After having been nation-wide in 1998 the name was MAR (methadone assisted rehabilitation), until other substitute medicines were used, and the name changed to LAR (Legemiddel assistert rehabilitering (Medicine assisted rehabilitation)). After the Drug reform (rusreformen) in 2004 (*cf.* later in the text) LAR was placed under state responsibility and integrated under the umbrella TSR (tverrfaglig spesialiert rusbehandling (Interdiciplinary drug treatment)), which also comprises detox and drug free treatment.

reduction measures also appeared, clean syringes free of charge were available in Oslo since 1988 (Bøygard 2008) (based on an argument to reduce the risk for HIV/AIDS to infect the population (*cf.* later)). With the law in 2004 municipalities were allowed to establish injection room (LOV-2004-07-02-64), and since 2005 Oslo has had one injection-room.[5] Municipalities and NGO's establish alternative health care offers and 'places to be' (*væresteder*), clearly representing another aim than that of a drug free society.

Even if these new measures represent other approaches toward drug use than the penal one, they have not taken over for the established criminalization, control and punishment; there has not been any paradigm shift. Health and social welfare approaches have been added to the on-going prohibition line. The drug policy can be seen as consisting of layer by layer of approaches from various epochs, and none are considered out-dated.

The result today is a manifold and contradictive drug policy, which may function in a political context as the various approaches may be supported from several groups adhering to the approach and measure they find right: Here is something for everybody. But there may be a limit to this. Signals sent from the drug policy are too contradictive and create confusion in the population, according to Ødegård (2011). Even so, the contradictive policy goes on and divergent signals are still transmitted (*cf.* White Paper nr. 30 (2011-2012)).

No noise

The drug policy is based in the three well-established, social institutions: control and punishment-systems, health services and social services. In addition come some harm-reduction measures (*cf.* above). As these approaches represent different ways of understanding and meeting drug users, one should expect sufficient tensions between these elements to create discussions on what values, approaches and measures that should constitute the policy as a whole. But such discussions hardly appear. There are organizations that show consequences and costs of the prohibition policy, reaching media from time to time.[6] But the field is surprisingly silent.

One explanation to this may be that tensions and contradictions in the drug policy are not strong enough to create such discussions. This lack of sufficient tension might be because one institution dominates the other ones; or that the different approaches are located within their separate institutions, living side by

[5] In 2012, 2775 users were registered, and average of 92 injections each day. This year 0,6% of all injections led to overdoses, but no deaths (Sirus 2013:300).

[6] E.g. *Foreningen for human narkotikapolitikk* (The organisation for humane drug policy); Ekgren (2015).

side and therefore do not worry about the other approaches.[7] Another possibility may be that compromises smooth the tensions so that institutions handle the contradictions, may be even finding them useful and synergetic.[8] These suggestions will be discussed in the following.

LAR: control supplied with health

OMT (LAR) represents an exceptional example of what happens when control and sanctions are imported into a health service. This event functions as a downsized version of what happens in the entire drug policy: how control and rehabilitation efforts develop a kind of modus vivendi or cooperation within specific frames.

One might have anticipated lots of discussions, contradictions and problems when LAR was established. And there were some discussion, as personnel in the drug-free treatment institutions opposed this (Blix et al. 1999). Even so, LAR was established and developed, starting in 1994 with a maximum of 50 clients, while there in 2012 were registered 7038 patients (SIRUS 2014:297). (An estimate of all persons injecting drugs today is between 12000 and 14000 persons (Amundsen and Bretteville-Jensen 2011).) At the time, how could this rehabilitative measure arise against all odds of a prohibition policy?

The door opener for LAR was the *HIV/MET-project* (HIV/methadone-project) established in 1989 as a health service (Sirus 2014:287). As such it seemed to create a break with the dominating prohibition-line. But it did not, for even if the project was directed toward injecting drug users, it seems that they were not the target group; the whole population was the target group (*cf.* Ødegård 2011). This was when HIV/AIDS appeared as an epidemic risk for the total population, and injecting drug users were considered one main source of infection. In this setting the group of drug users was transformed from being seen as a problem of law-and-order to a problem of health (for the total population), and consequently they were permitted health treatment, consisting of substitute medicine, i.e. methadone, in combination with social service. After some time, when LAR appeared to improve several parts of injecting drug users' life situation, this opened up for the idea to widening LAR and include injecting drug users not infected by HIV/AIDS. Through this backdoor a health approach was brought into the prohibitive drug policy. But this was not for free, not as an ordinary health service. LAR had to allow for control and sanctions. And so it became a compromise, a mixed enterprise: On one hand the drug users should get substitute medicine and social service; on the other hand

[7] cf. Giertsen & Rua (2014) on two groups of staff in prisons, prison officers and counsellors. One way of handling two different approaches and tasks in a tight and small community was to share time/place.
[8] cf. Giertsen (2012) describing how political and administrative leaders perceived combinations of control-punishment and rehabilitation as bringing synergetic effects.

this should be just for a few and selected ones who adhered to highly unusual and demanding criteria (Frantzsen 2001). Control and sanctions were also imported as a part of the package. In this way LAR was not opposing the control and sanction line of the drug policy.

In this political situation of compromise and combination, the two approaches within LAR, control-punishment and rehabilitation-health, both presuppose and support each other: Without control and punishment, substitute medicine and rehabilitation (OMT) would be seen as impossible to establish; but without substitute medicine and rehabilitation, the control and sanctions within LAR would not have been possible.

At the same time and not surprisingly, the compromise contained potential conflicts. Seen as a health service several characteristics of LAR were unusual, not to say unacceptable.[9] In Oslo in 1994 criteria for being accepted by LAR were: permanent dwelling, no un-served punishments, documented serious opiate use for minimum 10 years (using drugs was and still is illegal); further it was required to have some failed, serious efforts in abstinent treatment, and having reached the age of 30 years or more (ibid.). Controls were urine tests. Sanctions were more frequent controls, having to fetch more frequent one's doses of substitute medicine, or to be expelled and immediately and permanently loose the medicine.

This combination of health service with control and sanctions created grumble and complaints among drug users, and there were critics against criteria for inclusion and against control and sanctions (Vidnedal et al. 2004). From time to time some of the criteria were made less rigid (*cf.* Directorate of social welfare and health 2005). In 2005 the *Directorate of social service and health* [10] recommended that those criteria for being excluded from LAR containing elements that are not medical professional founded, should be given up (Directorate of social affairs and health, 2005:15). The Directorate also criticized the use of control and sanctions. Even if these were linked to medical considerations, they are always also embedded in judicial principles of rule of law that have to be met. An independent report (Vidnedal et al. 2004), followed up by the *Directorate of social service and health* (2005), found that LAR-provisions were inconsistent with central principles of rule of law: e.g. that people could be

[9] LAR also relied on unusual combinations of authority, giving municipal social services authority to evaluate and disregard GP referrals to LAR, and also to make their own medical referrals. LAR established its separate system of regulations, control and sanctions with GPs in addition to the already general, established ones (*cf.* Christie & Syse 2002). LAR authorities have effectuated sanctions and withdrawn the licence of GPs. Today GPs may prescribe medicine for one year; then the patient has to be handed over to LAR.

[10] In 2008 the directorate name changed to Helsedirektoratet (Directorate of Health).

sanctioned twice for one break of rules, when being reported for violence or drug use to the police and also sanctioned within LAR or evicted from LAR.[11]

Another critique pointed to the fact that the health service implemented sanctions to direct and change the behavior of clients/patients beyond treatment or medical relevance: *"Violence outside the treatment situation as a reason for eviction may be based in a wish to direct the behavior of the drug user"* (Directorate of health 2005:15). To direct people's behavior by deterrence is an explicit aim of punishment (*cf.* individual and general deterrence), but in dissonance with values within health service.

It should be said that control and sanctions are not completely unknown in the context of health services. The history of psychiatry shows that treatment, control and sanctions have been meshed into an inseparable substance. But LAR brought another contribution to this practice when implementing sanctions also for acts taking place *outside* the treatment context, with no relevance for the treatment (*cf.* quote above). Criteria, controls and sanctions in the LAR-system had expanded beyond health contexts and considerations.

Three reasons seem relevant to explain the LAR-event. i) LAR was established as a compromise, dependent on and reluctantly challenging what was the well-established policy since the middle of 1960, to combat drug crimes with control and punishment.
ii) Another reason was the administrative arrangement chosen for LAR. From the beginning LAR-centers were not placed within the ordinary health system of laws and administration, but in a grey-zone between the health service and drug treatment (Directorate of health 2005:8). A separate service (*særomsorg*) was established (Christie & Syse 2001). This position at the outside may have made possible the exceptional use of control and sanctions within a health service context.
iii) A third reason may also contribute to the exception. The criteria, controls and sanctions mirror the peculiar view on drug-users who ask for help, employing a picture different from ordinary patients, when perceiving them as morally wrong and inferior persons, and as such entitled to a wide range of control and sanctions, in addition to medicine and rehabilitation, like OMT.

These combinations were used for about ten years, from the beginning of the 1990ies. OMT, supported by control and sanctions both in ideology and praxis, kept its position. But as pointed to, experiences and critics came to the surface and discrepancies between control-sanctions and health services

[11] There were no possibilities for drug user clients to complaint, as treatment was not a judicial right. In 2005 the Directorate of social welfare and health (2005:16) recommend that those applying for drug treatment should be given the right to complaint.

became too unpleasant. LAR had to make a choice: Should it continue as a dubious, two-faced control-health-service; or should it turn into an adequate health service? Health-authorities chose the last option.

In 2004 an administrative event, 'the drug reform' (*rusreformen*), took place. Now LAR was integrated into the ordinary health system: Administratively LAR became a part of the state health service (Sirus 2013:254). Legally LAR now became founded in the law on specialized health services (LOV-1999-07-02-61), which provided drug users with the legal position as patients with corresponding rights. A wish to regulate and standardize the LAR-praxis, led to a *national guideline* for the LAR system (Directorate for health, 2010).

May be the ten years as an outsider was enough to overcome resistance and hesitations, and to work out and establish a LAR-system in praxis. Now the time was ripe, LAR could be integrated into the health service, and LAR itself was ready to revise its most health service alien features and acquire a more fully identity and praxis as a health service.

The responsibility for the drug policy was now placed under the Ministry of health and care (Ministry of health and care 2006). This expresses a tendency in recent years, in transforming drug problems more into a question of health (also found in other contexts, e.g. when children are diagnosed as ADHD and given medicine). But this turn does not mean that the transformation of drug problems from a control approach to a medical one is completed. Still controls and sanctions are used, and there is judicial allowance to establish non-medical criteria for dismissing patients (LOV-1999-07-02-61§3-16, FOR-2009-12-18-1641).[12]

Even so the transformation of LAR to a health service seems sufficient in the sense that today's combination of control-sanctions and substitute medicine-rehabilitation does not seem to create much worry among political-administrative authorities. In this context it still seems that these two approaches of LAR presupposes and support each other.

It should be added that the silence about tensions between control and welfare services is not total. Among LAR-patients there are critical views (Bjørnestad 2014). Several LAR-patients speak of positive experiences from the medicine, but at the same time they refer to negative experiences from meeting with the

[12] In 2011 57 % of LAR-patients were controlled once a week or more, 24 % were controlled at random and 14 % had no control, while 5 % were unknown (Waal et al 2013:37). There are patients who are discharged by LAR or they leave because they want so or have not shown up. In 2011, there were 400 discharges, of these LAR decided so for 39 persons, while around 260 'decided themselves', 84 persons were dead (Waal et al, 2013:14-16).

LAR-system, stating that they want to be treated as ordinary patients and as individuals. These comments point to experiences of bureaucratized, standardized treatment often found in prisons and large institutions. This is in contrast to ideals of health care services were the GP is expected to see and treat each patient as a unique person. These experiences from LAR-patients tell about LAR as approaching the status a health care service, but still keeping reminiscences of its two-faced history.

LAR moved its gravity centre from control to health services, though not exchanging control for health services. Instead a combination of two was worked into the health system, where they seem to presuppose and uphold each other.

The LAR-story has its parallel in the general drug policy story. When LAR started it represented a breach with the overall dominant control and sanction-line of the drug policy. So it seems. But it turns out to be the other way around, so that LAR just by representing a breach with the control-line made and still makes it possible to continue the prohibition drug policy. LAR becomes a safety relief valve, something to refer to when control and punishments turn out as highly unpleasant, harsh and unjust.

So are the paradox and the symbiotic relationship between LAR and the control- and punishment line of the drug policy: as a health service it rescued and made it possible to continue a prohibition policy, and today the prohibition policy appreciates its antagonist.

Prohibition expands

As outlined above, OMT and drug free treatment were given a position in the national drug policy, but they never took over for control and punishment as answers to drug problems. Instead both approaches expanded, control-punishment in particular.

This becomes apparent in the increasing number of reported drug crimes from 5,5 % in 1993 to 18 % in 2013 of the total number of reports of crimes (the total number increasing 4 times from ca. 12.000) (Larsson 2011, SSB 2015, Larsson 2015 in this report). No doubt, drug crimes have meant an increased workload for the police, but they have also turned out to be a benefit to the police, in two ways.

When drug crimes are detected, reported and drug users arrested, it is most often on initiative from the police, and there are ample possibilities for such arrests in specific areas in most Norwegian cities. Combined with a system of target management, drug crimes turn out to be a resource for police units in

order to fulfil the stated aim of the year on the amount of solved crimes (Larsson 2011). The attorney general has commented on this as an unacceptable praxis (Busch 2014), while the number of reported drug crimes has continued to increase (*cf.* above).

Drug crimes have also influenced police work in another way. Since 1965 when drug use was criminalized the police have had access to all investigating methods (the reason for this is the maximum imprisonment of six months (cf. prosecution instruction FOR-1985-06-28-1679)). The methods are stop and search, investigating rooms and assets, the outside and the inside of the body including the use of medicaments to empty stomach and bowel; seizures and arrest. But this was not sufficient. The idea of the fatal consequences of drugs, opened up for implementing investigating police methods that had hitherto been restricted to crimes against the state. Now they found their way into the civil penal law (cf. Larsson 2014b). In total, drug crimes have increased the investigating and controlling potential of the police.

What has not increased is the possibility to observe and control such police activities. We do not know which of the legal methods are used or to what extent, as there is no official record on such use (Larsson 2014a). One exception is Vegheim (1992) who reports on such findings in the 1990´s. (This lack of information contrasts the routine of the NCS (Norwegian correctional services) which reports such activities in yearly statistics.) Some information is known from drug users who describe such controls, and also what is named 'street punishment' (*gatestraff*, Høigård 2002) in the streets of Oslo (e.g. Frantzsen 2001, Nafstad 2011, Larsson 2015 in this report). Now and then it happens that information on questionable events of police control breaks the silence and is reported in media. In February 2015 a witness filmed a police action, and the police was fined for unacceptable methods (but the fine is not yet accepted).[13]

The control part of the drug policy has, in spite of the workload, not been any obstacle to the police system. It has contributed to strengthen those parts of police that have to do with investigation, by many seen as the real police work (Finstad 2000).

The drug crime reports are transported further into the control apparatus and reappear in the statistics of punishment. In 2001 the amount of punishments for drug crimes constituted 42 % of all punishments for crimes (N=34962) (Christie and Bruun 2003:223). In 2014 the equivalent amount is almost 50 % (N= 34800) and the absolute number record high, according to SSB (2015).

[13] http://www.nettavisen.no/dittoslo/brukte-batong-i-munnen-pa-mann--vedtar-ikke-bot/8543102.html

Drug crimes also contribute to an increased prison population. Recent years the amount of prisoners serving sentences for drug crimes has been between 25 to 30 %. Most of them are sentenced for crimes against § 162, which comprises both serious and less serious crimes. Less serious drug crimes contribute also to other sentences (Stene 2008).

Inside prisons there are offers for prisoners with drug problems, like programs (since the 1990´s) and special units for inpatient treatment, since 1990/2007, today the last-mentioned places cover less than 5 % of the prison places (*cf.* Giertsen 2012). Parallel to such rehabilitation units, control in prisons has expanded both in volume and the kinds of control methods used (ibid.). Apparently drug crimes have influenced also prisons in the way that they have established some new rehabilitation measures, and at the same time strengthened prisons as a place for security and control. This is not surprising, but in accordance with the main and prioritized purpose of prisons which is control and security (cf. PIA § 3).

The control and punishment parts of the drug policy contribute to strengthen police and prison systems that are to implement this part of the policy.

The drug policy as an in-appropriate answer to drug questions

This symbiotic relationship between control-punishment and rehabilitation-help measures that has been explained, contribute to explain why the drug policy has continued in spite of all its costs.

When drug problems, which are possession and use of drugs, appeared as a problem, the control system was mobilized as the most relevant and self-evident tool for reaction. But it did not solve the drug problems, as use and problems continued to increase. Later on, drug free treatment appeared, but neither this was the solution for all problems. Some years later OMT was established and expanded, but problems prevailed. Use of drugs continues, problems continue, the high overdose death rate continues (SIRUS 2014:246, 247). The measures offered to the drug problems do not answer the problems. That is why the drug policy has never settled down.

There seems to be a mismatch between the answer, the drug policy – and the questions, concentrating on drug problems. My suggestion will be that the idea of and concentration on 'drug problems' is too narrow, and cannot comprise the various realities that exist among drug users who are in difficult situations also linked to drug use. Drug use comes to the forefront at the expense of people's life situations. May be we as a society, are too occupied with drug problems. They are fairly new and still alien and scaring substance

and their effects catch up our perception. In contrast to this, bringing the attention beyond drug use, other landscapes appear, in fact quite familiar ones, exposing poverties in all respects: mal-nutrition (Sæland 2014), lack of housing, income, somatic and psychic health (documented in several reports), and about strains as children and young people from experiences of neglect, physical and sexual abuse (e.g. Lie & Granby 2011).

What is remarkable, is that when rehabilitation measures work to help drug users, their work turn out to be about a wide range of social work: how to prepare for a place to live; for an economic standing; for re-establishing relations to family members. This turning of the approach away from drugs and toward whole persons with all their troubles was made explicit on a seminar for employers in a rehabilitation institution, when the task was to mention all characteristics of the inhabitant drug users, except anything that had to do with their drug uses, and lots of features were listed on the board.[14] A large part of the rehabilitation work turned out to be ordinary social work. Similar experiences take place in prison units for prisoners who want help for drug use. There are group sessions focusing on drugs, but parallel to this a substantial part of the staffs' tasks is to help the prisoners to prepare for their release and further rehabilitation (Giertsen & Rua 2014).

The prohibition approach gives primacy to the idea that possession and dealing of small quanta of drugs are the main problems. It ought to be the other way around so that drug problems are brought down from their dominant position and linked to the various social backgrounds that many of them stem from and reinforce. It may become clear that control and punishment are not appropriate answers to peoples' poverty problems (cf. White Paper nr. 30 (2011-2012)), and that this policing is not defendable in a human, ethical perspective.

[14] From my visits in a rehabilitation institution and taking part in the seminar.

References

Amundsen, E.J. and Bretteville-Jensen A.L. (2010) Hard drug use in Norway. In: Nordic studies in alcohol and drugs, nr. 1 (27) pp. 87-94.

Bjørnestad, R. (2014). *Fra bruker til bruker. Nasjonal brukerundersøkelse utført av brukerorganisasjonen proLAR om: Legemiddelassistert rehabilitering i Norge 2014* (From drug user to drug user. National investigation by the drug user organtisation proLAR on: OMT in Norway 2014). Foredrag. 10. nasjonale LAR konferanse 16. og 17. oktober 2014. Universitetet i Oslo, Institutt for klinisk medisin.
http://www.med.uio.no/klinmed/forskning/sentre/seraf/aktuelt/aktuelle-saker/2014/nedlastninger/lar-konferansen/bjornestad-plenum-fredag.pdf

Blix, O., Bruvik, S. & Waal, H. (1999). Metadonprosjektet i Oslo (The methadone project in Oslo). *Tidsskrift for den norsle lægeforening* nr. 2 (199), s. 242-246.

[Busch, T.-A.] (2014) Riksadvokaten: Frykter politiet har pyntet på tallene sine (Attorny General: Fear the police has elaborated on their figures). *Dagbladet* 15.1.2014.
http://www.dagbladet.no/2014/01/15/nyheter/organisert_kriminalitet/politiet/riksadvokaten/31293885/

Bøygard, T. (2008): Historien om sprøytebussen - smittevernarbeidet blant injiserende stoffmisbrukere i Oslo. Oslo municipality.
http://www.rusmiddeletaten.oslo.kommune.no/arbeidsomrade/article124586-8835.html

Christie, N. and Bruun, K. (2003) *Den gode fiende* (The good enemy) 3.rd revised edition, Oslo: Universitetsforlaget.

Christie, N. & Syse, A. a (2001). Rusmiddelbruk og nødvendig helsehjelp (Drug use and necessary health service. *Aftenposten* 13.11.2001.

Christie, N. & Syse, A. (2002). Når metadontislynet forsvarer sine skanser (When the Methadone Supervision defend their bastion). *Aftenposten* 10.1.2002.

Directorate for health (2010) (Helsedirektoratet (2010)). *Nasjonal retningslinje for legemiddelassistert rehabilitering ved opioidavhengighet* (National guideline for Medically assisted treatment (OMT) for opioid drug dependence).

Directorate of social welfare and health (2005) ((Sosial- og helsedirektoratet (2005)). *Oppfølging av LAR-evalueringene. Anbefalinger fra Sosial- og helsedirektoratet til Helse- og omsorgsdepartementet.* (Follow-up of the LAR-

evaluation. Recommendations from the Directorate of social welfare and health to The Ministry of health and care).

Ekgren, J.S. (2015). bergeliv.no https://twitter.com/bergeliv

Finstad, L. (2000). Politiblikket (The police gaze). Oslo: Pax

Foreningen for human narkotikapolitikk (The organisation for humane drug policy) http://www.erfaringskompetanse.no/nyheter/legemiddelassistert-rehabilitering-gir-verdige-liv

FOR-1985-06-28-1679: Forskrift om ord- ningen av påtalemyndigheten [Instruc- tion for prosecution]. [Ref. 07.04.15. https://lovdata.no/dokument/SF/forskrift/1985-06-28-1679/KAPITTEL_2-1#KAPITTEL_2-1.

Frantzsen, E. (2001). *Metadonmakt, møte mellom narkotikabrukere og norsk metadonpolitikk.* (Methadone power, meeting between drug users and Norwegian drug policy). Oslo: Universitetsforlaget.

Giertsen, H. (2012). Increased control, answers to poverties and looking for a life after release. *Nordic Studies on Alcohol and Drugs*, 29(6), 589–604.

Giertsen, H., & Rua, M. (2014). Møtested for straff og velferd. Rusmestringsavdelinger i fengsel. [Meeting place for punishment and welfare: drug management units in prison.] *Nordisk tidsskrift for kriminalvidenskab*, 101(2), 158–182.

Goffman, E. (1961). *Asylums. Essays on the social situation of mental patients and other inmates.* Anchor books.

Hauge, R. (2002): Utviklingslinjer i straffelovgivningen i det 20. århundre (Lines of development in the Penal Code in the 20.ieth century). *NOU 2002:4 Ny straffelov. Straffelovkommisjonens delutredning VII* (New Penal Code. A sub report from the Penal code commission VII).

Høigård, C. (2002). *Gategallerier* (Street galleries). Oslo: Pax.

Larsson, Paul (2011). Narkotikakriminalitet: Trusselbilder og realiteter. (Drug crime: Threat scenario and realities). *Rus & Samfunn*, nr. 4 (5). http://www.ru.no/id/612.0

Larsson, P. (2014a). *Å danse med djevelen. Utradisjonelle politimeroder innen narkotikafeltet* (To dance with the devil. Untraditional police methods on the drug arena). Research seminar report nr. 56. Aarhus: Scandinavian Council for criminology, http://www.phs.no/biblioteket/anmeldinger/arkiv/2014/november/a-danse-med-djevelen/

Larsson, P. (2014b). Normaliseringrn av det unormale – uvidelsen i bruk av utradisjonelle politimetoder (Normalisation of the abnormal – widening the use of untraditional policemethods). *Nordisk politiforskning* 1/2014. https://www.idunn.no/nordisk_politiforskning/2014/01/normaliseringen_av_detunormale_-_utvidelsen_i_bruk_av_utra

Lie, G.T. & Granby, I. (2011). *Mennesket bak rusen. Om Selbukollektivets historie, ungdommenes utviklingsprosess og betydningen av anerkjennelse* (The human behind intoxication. On the history of the Selbu collective, the developing processes of the youths and the significance of acknowledgement). Bergen: Fagbokforlaget

Lind, B.B. (1974). *Narkotikakonflikten* (The Drug Conflict). Oslo: Gyldendal

LOV-1902-05-22-10: Almindelig borgerlig Straffelov (Straffeloven) [The Penal Code]. https://lovdata.no/dokument/NL/lov/1902-05-22-10

LOV-1962-06-20: Lov om legemidler og gifter m.v. [Act on medicines and poison, etc.].

LOV-1992-12-04-132: Lov om legemidler [Act on medicines, etc]. [Ref. 05.11.2012. Online: http://www.lov- data.no/cgi-wift/wiftldles?doc=/app/ gratis/www/docroot/all/nl-19921204-132. html&emne=LEGEMIDDELLOV*&

LOV-2004-07-02-64 Lov om ordning med lokaler for injeksjon av narkotika (sprøyteromsloven). [Act on arranging premises for injecting drugs). https://lovdata.no/dokument/NL/lov/2004-07-02-64)

LOV-1999-07-02-61: Lov om spesialisthel- setjenesten m.m. [Law on specialised health services, etc.]. [Ref. 05.11.2012. Online: http://www.lovdata.no/cgi-wift/ wiftldles?doc=/app/gratis/www/docroot/ all/nl-19990702-061.html&emne=lov*%20 %2b%20om*%20%2b%20spesialist*%20 %2b%20helsetjenest*&&]

LOV-2011-06-24-30 Lov om kommunale helse- og omsorgstjenester m.m. (helse- og omsorgstjenesteloven) (Act on municipal health- and care services etc.] https://lovdata.no/dokument/NL/lov/2011-06-24-30

Ministry of health and care (2006). https://www.regjeringen.no/nb/tema/helse-og-omsorg/psykisk-helse/rus/id1130/.

Nafstad, Ida (2013). *Et anstendig menneske. Møter mellom rusbrukere og det offentlige rom i Oslo.* (A decent human being. Meetings between drug users and public space). Ph.D. Dissertation. Oslo: Universitetet i Oslo: Institutt for Kriminologi og rettssosiologi.

Ravndal, E. (2007). Evaluering av behandlingskollektiver i rusomsorgen: Har de fortsatt en plass i dagens rusbehandling? (Evaluation of treatment collectives: Do they still have a position in today's drug treatment?). *Tidsskrift for norsk psykologi*, 1 (44), s. 17-21.

SIRUS (2014). *Drugs in Norway 2013* (Rusmidler i Norge 2013) Oslo: SIRUS.

SIRUS (2015). *Antall plasser og innleggelser, TSB (tverrfaglig spesialisert rusbehandling)* (Number of places and hospitalization, TSB (interdisciplinary specialized drug treatment). http://statistikk.sirus.no/sirus/

SSB (Statistisk sentralbyrå) (Statistics Norwegian) (2015). Straffereaksjoner 2013 (Reactions against crimes 2013) https://www.ssb.no/straff/

St. prp. nr. 58 (1997-1998) *Handlingsplan for redusert bruk av rusmiddel (1998-2000)*(Action plan to reduce the use of drugs).

Stene, R. J. (2008). Narkotikasiktedes lovbrudd preger rettssystemet. *Samfunnsspeilet*, 1-2008. https://www.ssb.no/sosiale-forhold-og-kriminalitet/artikler-og-publikasjoner/narkotikasiktedes-lovbrudd-preger-rettssystemet

Sæland, E.M. (2014). *Eating on the Edge. A study focusing on dietary habits and nutritional status among illicit drug addicts in Oslo, Norway.* PhD.-dissertation. Oslo: University of Oslo, the faculty of medicine. https://www.duo.uio.no/handle/10852/38902, see also: http://www.hioa.no/News/Bedre-mattilbud-kan-redde-flere-narkomane

Vegheim, Berit (1992). Kvinners møte med politiet (Women meeting the police). *Nordisk tidsskrift for kriminalvidenskab*, nr. 4, s. 286-309.

Vidnedal, B. et al. (2004). *Evaluering av Legemiddelassistert rehabilitering* (Evaluation of O). Evalueringsrapport til Sosial- og helsedirektoratet (Evaluation report to the Directorate of Social welfare and health). Oslo: AIM ResearchBased Consulting.

White Paper nr. 13 (1985-86): St. meld. nr. 13 (On drug problems and the drug policy) (Om narkotikaproblemene og narkotikapolitikken) (1985-1986). Oslo: Sosial- og helsedepartementet (Ministry of social affairs and Health).

White Paper nr. 30 (2011-2012). Meld. St. nr. 30 (See me! A holistic policy on intoxicants, alcohol – narcotics – dope) (Se meg! En helhetlig ruspolitikk, alkohol - narkotika – doping) (2011-2012). Oslo: Helse- og omsorgsdepartementet (Ministry of health and care).

Waal, H. Bussesund, K. Clausen, T., Håseth, A. and Lillevold, P.H. (2013). *LAR som det vil bli fremover? Statusrapport 2012* (LAR as it will be in the future? Status report 2012). SERAF-rapport 1/2013. Oslo: University of Oslo, Oslo university hospital, SERAF, Senter for rus- og avhengighetsforskning (Norwegian Centre for Addiction Research).

Ødegård, Einar (2011): *En historikk over norsk narkotikapolitikk og politikkens meningsforankring (A short history of Norwegian drugs policy and the fundament of its ideology).* SIRUS (Norwegian Institute for Alcohol and Drug Research). http://www.sirus.no/En+historikk+over+norsk+narkotikapolitikk+og+politikkens+meningsforankring.d25-SMRfYZ1.ips (The page is no longer available, 26.3.2015)

Paul Larsson, Professor, Norwegian Police University College, Oslo

Politistrategier mot narkotika

Denne artikkelen vil med utgangspunkt i handlingsplanen «Politiets bekjempelse av narkotikakriminalitet i perioden 2011 til 2015» (POD 2010), drøfte politiets oppgaver og rolle slik de kommer til uttrykk der. Hensikten med dette er å forsøke å si noe om ulike polisiære tilnærminger på feltet, hvordan de begrunnes, hva man forventer vil komme ut av dem og forhåpentligvis noe om forskning på feltet.

For å begynne med det siste først så er det slående hvor lite det er gjort av forskning på politimetoder opp mot narkotika ikke bare i Norden, men internasjonalt. Finstads (1999) påpekning om at «forskningsoppgaver står i kø» på feltet gjelder dessverre fortsatt. Det er ikke uvanlig i studier av gatefolkets møte med politiet eller narkotikaomsetning på gateplan hvor politiet er inne som en sentral aktør,[15] det finnes en del om politiets internasjonale innsats på feltet (Sheptyckie 2000), men studier av politiets virksomhet, ulike tiltak, metoder og hva som kommer ut av dette er det mindre av.[16] Få, om noen, av disse studiene sier noe om effekter eller drøfter politiets innsats opp mot deres målsetninger og ressursbruk. Egne evalueringer utført av politiet, som det fastslås at skal gjøres i handlingsplanen, finnes ikke så vidt undertegnede kjenner til.

Høyt og lavt

Politiets innsats deles grovt sett i to strategier. Den ene er tradisjonelt politiarbeid rettet mot brukerne hvor ofte ordensproblematikken er sentral. Dette kaller Murji (1998) for *low level enforcement*. Det kan bestå av ulike metoder, som uro- og kontrollaktivitet, men også bredere, forebyggende tilnærminger vanligvis mot ungdomsgruppen. Den andre tilnærmingen er mer rettet mot smuglerne og de større partiene og kalles *high level enforcement*. Dette handler om organisert kriminalitet, internasjonalt politiarbeid, bruk av etterretningsmetoder og analyser samt det finansielle sporet med hvitvasking og inndragning (Larsson 2014). Disse to nivåene er en klar parallell til hva Broudeur (2010) omtaler som *high and low policing*. Skillet kan et godt stykke på vei avleses innen politiets egen organisering ved at sentrale enheter, som Kripos i Norge og de større avdelingene for organisert kriminalitet, som i Oslopolitiet, vanligvis tar de store sakene og benytter seg av etterretning og ekstraordinære etterforskningsmetoder. *Low level eforcement* er nærmere knyttet til det hverdagslige ordenspolitiets oppgaver eller, i den grad slike

[15] Se Evy Frantzen (2001 og 2005), Flaaten (2007) og Sandberg og Pedersen (2006).
[16] Pedersen og Tigerstedt (2003) og BRÅ (2003).

fortsatt finnes, til uroavdelinger. Et stykke på vei kan en si at de to operer etter noe ulike logikker. Vi kommer tilbake til dette senere. Det er likevel opplagte krysninger og samspill mellom de to tilnærmingene, det understrekes at en av oppgavene ved gateaktiviteten er å skaffe informasjon fra brukerne og småselgerne som kan benyttes for å få kunnskap om hva som skjer «høyere opp» i omsetningssystemet.

Det første som slår en ved «Politiets bekjempelse av narkotikakriminalitet i perioden 2011 – 2015» er at det står lite i denne om *high level enforcement* og at det knapt nevnes under de to hovedtilnærmingene som presenteres. Det kan det være flere grunner til dette. Den ene er at innsatsen «høyere opp» mest assosieres med organisert kriminalitet. Frem til for få år siden var organisert kriminalitet for politiet nærmest synonymt med større narkotikakriminalitet (Larsson 2008, POD 2005). Organisert kriminalitet får sine egne handlings- og strategiplaner, noe som også nevnes i forordet til rapporten. En annen grunn, som ikke nevnes eksplisitt, er hvem handlingsplanen er beregnet på.[17] Den fremstår som skrevet for «politi flest», kanskje som hjelp for å bedre deres innsats på feltet. Den synes dessuten uklar på hva politiet konkret skal gjøre. I så måte er det muligens mest hensiktsmessig å lese den som en policyplan. Rapporten er interessant som kriminalpolitisk statement. Den bør ses som en del av politiets, i dette tilfellet Politidirektoratets, symbolske virksomhet[18] og som et av flere styrings–dokumenter.

Rapporten er tradisjonell i oppbygning. Innledningsvis vies betydelig plass til beskrivelser av utviklingen på narkotikafeltet, trender og trusselbildet. Datagrunnlag er offisielle tall fra politi og toll. Forskning er så godt som fraværende. Den vier ingen plass til kriminalpolitiske overveielser eller grunnleggende spørsmål ved rolledeling mellom ulike aktører på hjelpe-, behandlings- og kontrollsiden innen narkotikafeltet eller politiets mandat. I stedet fremheves at narkotikakriminalitet medfører store menneskelige lidelser og at de samfunnsmessige kostnadene er betydelige, derfor «er det nødvendig fortsatt å prioritere innsatsen mot narkotika» (fra forordet). Dette er en relativt ukontroversiell påstand, men spørsmålet om hva politiets innsats *bør* være, hva som er *realistiske mål* og *hvilke midler* som er best tas ikke opp til drøfting.[19] Det er gitt.

[17] Det er flere forhold ved denne rapporten som er uklare. Den har ingen klar målgruppe, hvem er den skrevet for? Det står at rapporten skal evalueres for å se om strategiske mål er oppnådd. Men hva er dens strategiske mål? Det er ikke mulig å lese ut av rapporten.

[18] Manning (2005) understreker at mye av politiets virksomhet er av symbolsk art. Dette må ikke forstås som at politiet bedriver skuespill, men at det ofte er like viktig for publikum hvordan de *opplever* politiets innsats som hva politiet virkelig gjør. For Politidirektoratet som nyopprettet styringsorgan var handlings- og strategiplaner en måte å dokumentere innsats og handlekraft.

[19] Skadelighet sammenlignes ikke med andre rus- eller nytelsesmiddel. At noe er skadelig, betyr ikke at bruken av det medfører kriminalisering, i så fall burde alkohol og tobakk vært kriminalisert.

Hva politiet skal gjøre er delt i to. Det er tiltak for å redusere etterspørselen og for å redusere tilgjengelighet.

1. Redusere etterspørselen
*Samhandling og kommunikasjon. Politiet skal være i dialog med «risikoutsatt ungdom». Det legges stor vekt på at politiet samhandler med foreldre og skole. «Politiet bør i denne forbindelse formidle kunnskap om foreldrenettverk og arbeidsmetoden «tegn og symptomer»». (s. 16) Politiets rolle fremstilles primært som informasjons- og kunnskapsarbeider som skal formidle konsekvensene narkotika kan ha som gjelder psykisk og fysisk helse, tap av førerkort og problemer opp mot fremtidig arbeidssituasjon ved straff. Samarbeid med kommunale etater understrekes og modellen *SLT* og *politiråd* fremheves som sentrale verktøy.

*Utdanning og forskning ved Politihøgskolen. Fordi narkotikakriminalitet knapt anmeldes av publikum så må politi og andre kontrollører avdekke det. Man er derfor avhengig av kunnskap for å kunne identifisere lovbrudd, avdekke smugling og annet. Forskning understrekes for å få en mer målrettet innsats.

*Politiets forebyggende arbeid med barn og unge. «Familien er uten sammenligning den mest betydningsfulle institusjonen i samfunnet når det gjelder å påvirke normer og verdier.» Familien og betydning av å bygge opp foreldrenettverk understrekes atter som sentral. Tverretatlig forebyggende arbeid, med bl.a. Buf, bekymringssamtalen samt å kartlegge barnets utvikling understrekes som viktig (s. 17). Dette punktet har mye til felles med det første. Det som skiller dem noe er at dette punktet nok er mer rettet mot forebyggere i politi, at bekymringssamtalen og ulike samarbeidsopplegg fremheves sammen med ungdomskontrakter og konfliktråd. Dette er i tråd med forebyggende prinsipper fremhevet fra sentralt politisk hold.

*Politiet som deltaker i samfunnsdebatten. Det understrekes verdien av at politiet gir korrekt informasjon til publikum og fremstår som profesjonelle. Dette er sentralt for publikums tillit til politiet. Et eget punkt, uten videre forklaring er: «Politiet bør være oppmerksomme på debatter og opptreden som er egnet til å skape sosial aksept for narkotikakriminalitet, for eksempel legalisering av cannabis» (s. 17). Hvordan kan dette forstås? En rimelig fortolkning, med bakgrunn i hva som tidligere er nevnt, er troen på at narkotikabruk er relatert til normoppløsning. Synspunkter som stiller spørsmål ved dagens narkotikapolitikk vil kunne påvirke normene og bruk på en negativ måte.

*Årlige fagseminarer og kompetansegruppe for fagområdet narkotika. «Narkotikakriminaliteten er i stadig endring med nye stoffer og trender, og aktiv kunnskapsdeling er derfor nødvendig, for eksempel gjennom årlige fagseminarer». POD har opprettet kompetansegruppe som skal gi råd. Norsk Narkotikapolitiforening (NNPF) nevnes særskilt som en «verdifull bidragsyter innen kompetansedeling og nettverksbygging».

Oppsummerende kan en si at forebygging, særskilt opp mot barn og unge understrekes som det viktigste punktet. Fremgangsmåtene er stort sett velkjente forebyggende metoder. Politiets rolle som informasjonsarbeider[20] er sentral, ikke bare når det gjelder de sosiale konsekvenser av narkotikabruk, men også om stoffenes virkninger, helsemessige og medisinske aspekter. Spørsmål ved realismen i hvilken grad politiet har større mulighet til å påvirke holdningene og forståelsen av narkotika nevneverdig i en mediavirkelighet hvor bruk av ulike preparater oppfattes som en del av en større livsstil eller mote stilles ikke. Det siste punktet som bør nevnes er det tydelige normative aspektet. Stoffbruk i samfunnet knyttes opp mot normoppløsning, «feil kunnskap» er farlig fordi det kan skape aksept for narkotika, som medfører bruk. Et slik syn på kriminalitet og avvik er ikke særegent for narkotikafeltet, men understrekes i forskningslitteraturen omkring politikultur som et sentralt trekk. Politiet oppfatter ofte seg selv som en siste linje mot kaos, et forsvar mot uorden og utglidning. Det er dette som omtales som «the thin blue line» (Reiner 2010). Herbert (1997) understreker betydningen av politiets sondering mellom rett og galt, skittent og rent. I denne prosessen blir tegn på skitt eller uorden viktige. Dette er nok en grunn til den nærmest instinktive reaksjonen overfor eksempelvis graffiti man finner i politiet, det representerer det første tegn på en utglidning som kan ende i kriminelle karrierer og forfall. Narkotika representerer det samme. Det er et tegn på moralsk forfall, noe skittent som må stanses før det sprer seg. Den samme tankegangen gjør eksempelvis at teorier som nulltoleranse og «broken windows» av mange intuitivt oppleves som riktig og relevant (Lundgaard 2011).

2. Redusere tilgjengelighet
Det meste under denne delen handler om å forhindre at det etableres narkotikamiljøer og markeder.

*Oppdagelsesrisiko. «Politiets oppmerksomhet rettes mot «ytterpunktene i kjeden»: produksjon, innførsel og omsetning på den ene siden og unge (førstegangs-) brukere på den andre.» Det hevdes: «For tilgang på

[20] Se også Finstad 1999.

informasjon om salgs- og innførselsnettverket er brukernivået en god kilde» (s. 18). Om det er en *god* kilde dokumenteres ikke. Innen forskning er man ellers ganske skeptisk til brukernes kunnskap om akkurat omsetningen, med unntak av hvem de fikk / kjøpte stoffet av.[21] Aktiviteten mot brukerne begrunnes med at den gir kunnskap om stoffmiljøet og at slik kunnskap er viktig i det forebyggende arbeidet og opp mot politiets rolle som informasjonsarbeider. Oppdagelsesrisikoen i seg selv antas å fungere avskrekkende og dermed som noe som kan redusere rekruttering.

*Avdekking av narkotika som metode. Politi, toll, forsvaret, friomsorgen med flere skal arbeide for å avdekke narkotika. Her er det særlig bruken av hund som understrekes som en «effektiv og skånsom» metode. Politiet skal dessuten «være tilstede på Internett» (s.18).

*Narkotika i trafikken. Her nevnes metoder som nummergjenkjenning, urin- og spytt-test samt «tegn og symptomer». Det mest sentrale er farene, sikkerheten ved ruspåvirkning i trafikken. Ellers sies det ikke konkret hva denne punktet har med redusert tilgjengelighet å gjøre.

*Restauranter, private og offentlige arrangementer. Beskriver mulighetene for å stenge serveringssteder via bevillingsmyndighetene hvor det foregår omsetning og eller bruk av narkotika. Det påpekes at «man må forebygge at konserter og festivaler utvikler seg til samlingssteder for bruk, besittelse og omsetning av narkotika» (s. 18).

*Tunge misbrukermiljøer. «Ansamling av tunge misbrukere, spesielt i bysentrene» fremheves først og fremst som et ordensproblem som kan virke «skremmende og støtende» på folk. Dessuten omsettes det narkotika der. Det fremheves at disse «ansamlingene» er en sosial og helsemessig «utfordring» og at det derfor er viktig å samarbeide med helse og sosialmyndigheter. «Imidlertid er ansamlingene et ordensproblem for politiet som må møtes med uniformert og sivil tilstedeværelse».

*Inngripen ved narkotikakriminalitet. Man skal gripe inn raskt, særlig overfor unge og «førstegangskriminelle». Dette vil forebygge både misbruk og etablering av salgssteder (kriminalitet skal ikke lønne seg). Det understrekes rask saksbehandling og at oppklaringsprosent skal være høy, noe som uansett er realiteten. Inndragning fremheves som middel for å forhindre at «det skal lønne seg» – profittpotensialet anses som stort.

[21] Informanter rekrutteres ofte ved gateaktivitet, det er velkjent (Larsson 2014). Men jeg forstår det ikke som det er dette man her snakker om.

*Domfelte kriminelle utledninger. De skal utvises og / eller overføres til soning i sitt hjemland. Det sies ikke hvorfor og hva målet er med dette, bortsett fra at det vises til regelverk. Det opplyses heller ikke klart at det skal gjelde dømte i narkotikasaker.

*Doping. Det sies at det er et betydelig bruk av slike preparater og at de har skadevirkninger. «Misbruk av dopingpreparater kan ha flere uheldige bivirkninger…» (s. 19). Mer forskning på *virkningene* av doping etterlyses. Bruk og besittelse er ikke kriminalisert, «derfor er det viktig å være kjent med hvilken mengde som regnes som besittelse til eget bruk, og hva som regnes som straffbar oppbevaring» (s. 19). Tonen når det gjelder doping er mer dempet og brukere betegnes ikke, som ellers i dokumentet, som kriminelle. Nærmest all oppmerksomhet er rettet mot skadevirkningene. Det tas ikke opp hvordan omsetning, som er straffbart, kan begrenses.[22]

En kan oppsummere del to med at mange av tiltakene er situasjonelle. Det vil si at det handler om å begrense muligheter for at åpne omsetningssteder oppstår og å forsøke å begrense tilgangen ute i samfunnet. Den tar ikke for seg *high level enforcement* på feltet. Det finnes også preg av klassisk urotenking. Politiet skal gripe inn i ulike miljøer. Ingen skal føle seg trygge. Det er verdt å merke seg at argumentasjonen er ganske kompleks ved at ordensproblematikk, sosiale problemer, betydningen av etterretnings-informasjon, sikkerhet i trafikken og helseproblemer nevnes som medvirkende begrunnelser for tiltakene. Det finnes en mer strafferettslig tankegang ved at både individual- og allmennpreventive effekter ved tiltakene fremheves. Det skal gripes inn raskt og man skal særlig rette seg inn mot de unge (førstegangsbrukere). Dette har en positiv preventiv effekt. Rask og sikker oppfølging skal ligge til rette for en viss avskrekkende virkning.[23] Troen på kriminalisering og bruk av straff ligger under som et uuttalt premiss som ikke drøftes i teksten. Selv om straff er nærmest fraværende i teksten så er budskapet likevel klart; straff fungerer.

Politiroller i rapporten

Handlingsplanen kan og vil leses på ulike måter. For en praktisk innrettet politimann vil den nok være vanskelig å benytte i sitt daglige virke. Den vil kunne virke noe forvirrende. Planen tar ikke opp konkrete tiltak som kan gjøres, men nevner i stedet en hel rekke mulige tilnærminger. For en utenforstående leser ute etter bedre kunnskap om tankegangen bak ulike politistrategier vil den neppe oppleves som særlig informativ.

[22] Man kunne her se for seg aktivt arbeid opp mot treningssenter, samarbeide med idrettsorganisasjoner og en rekke andre forslag. Bruken av ulike sivile sanksjoner burde fungere god på dette feltet.
[23] Dette er min fortolkning og står ikke eksplisitt i teksten.

Planen er, selv om kun fire sider vies de to tilnærmingene, for bred. I bunn og grunn sier den at nesten hvilke tradisjonelle politimetoder som helst kan benyttes. Samtidig er den for smal, den sier lite eller ingenting om hva som faktisk gjøres av spesialister. Den tar ikke opp metodebruken på feltet med ekstraordinære politimetoder (Larsson 2014). Etterretning, analyser og å bygge større saker og sakskomplekser belyses ikke spesielt. Internasjonalt politiarbeid vies et eget punkt i planen, men da som informasjon til leseren, ikke som en del av tiltakene. En del «klassisk» politiarbeid synes glemt, kanskje særlig innen det forebyggende området som holdningskampanjer av typen «Bry deg». Kunnskap og informasjonsarbeid ligger inne i planen, men kunne vært gjort betydelig mer eksplisitt.

Skillet mellom de to tilnærmingene blir aldri helt klart, men det synes som de etterspørselsreduserende tiltakene handler om å påvirke, spesielt ungdom, gjennom informasjon og holdninger så de «sier nei til narkotika». Mye handler om kunnskap og forebygging. Blant de tilgjengelighetsreduserende tiltak er det politiarbeid mot identifiserte brukere, men også mot det bredere publikum, eksempelvis i trafikken og ved bruk av hund. Det er primært det reaktive sporet som dominerer.

Mye plass i handlingsplanen vies «narkotikakriminalitetens utbredelse». Det handler om ulike typer stoffer, beslag, nye stoffer, bruk, smugling og trender. Dette er typisk informasjon fra Kripos sin aktivitet med analyser av stoffer og beslag.

For forskere kan «Politiets bekjempelse av narkotikakriminalitet i perioden 2011 til 2015» fremstå som tung og noe forvirrende lesing. Mye tas for gitt. Det sies ikke tydelig hva målsetningen for politiets arbeid med narkotika skal være. Er det «et narkotikafritt samfunn», redusert bruk av narkotika, å forebygge skader ved bruk av narkotika eller samfunnsskader? Inntrykket er at narkotika representerer et onde så stort at tiltakene logisk følger av dette. En slik lesing åpner for en rekke spørsmål. Avslutningsvis i planen kreves det at politidistriktene og særorganene skal følge opp handlingsplanen i sine egne årsrapporter. Det skal utføres evalueringer og følgende tema skal tas opp; hvordan har politiet arbeidet for å nå rapportens strategiske mål? Tiltak for å nå målene skal utarbeides, men *hva* er målene? Noen evalueringer så langt er ikke kjent.

Planen skiller ikke mellom bruk og misbruk, eller forskjellige former for bruk. Bruk av illegale rusmidler er narkotikakriminalitet. Den vier betydelig plass til forebyggende metoder, men sier lite om årsaker til bruk av illegale rusmidler. Utbredelsen av rusmidler tas opp. Heroin spredte seg «nærmest epidemisk» på 1980- og 90-tallet (s. 10) og det fremheves at det vanlige er at

de som misbruker rusmidler både har høyt forbruk av legale og illegale. Hvorfor det er slik, hva som kan forklare det og hvordan politiet forholder seg til det, kan man ikke lese seg til.

Handlingsplanen sier ikke noe om *hvorfor* de ulike metodene er valgt ut. Er det fordi de er effektive, godt utprøvde eller fordi de er fremhevet i ulike planverk?[24] Handlingsplanen er, som nevnt, tilnærmet uten forskning, selv om det flere ganger fremheves at slikt bør en ha. I den grad forskning nevnes så er det opp mot utbredelse og bruk av narkotika og skadevirkninger. Samfunnsmessige og medisinske aspekter er viktige, men for politiets del burde man vel i større grad etterlyse forskning rundt effekter av deres innsats mot narkotika? Og følgende: Som dokumenterer effekten av hva de gjør. Som stiller grunnleggende spørsmål ved hvilke metoder som er skånsomme og hvordan de oppfattes av «brukerne». De etiske perspektivene ved metodene og hva politiets samfunnsmessige rolle innen reguleringen av narkotika er og bør være. Et enkelt spørsmål om hva innsatsen koster og hva får man ut av den, reises ikke. Forskning som tar for seg ulike politiroller innen narkotikafeltet er fraværende.

Handlingsplanen fremstår som et policydokument. Det vil si, den uttrykker mer. Den sier: ”Dette tror vi på”, og ”Slik bør det være”. Den er ikke rettet mot politispesialister, men er snarere en liste over hva «politiet der ute» kan gjøre. Den er innom det meste, selv om mange av metodene støter på betydelige praktiske problemer i bruk. Spørsmål ved rådende tankemønster stilles ikke, den snarere advarer mot tenking «utenfor boksen». Slikt kan føre til moralsk utglidning.

Utenfor boksen

Politiet vil alltid være en av de sentrale aktørene innen rusomsorgen. Men hva politiet gjør og hvordan de utfører sine oppdrag varierer en del. Avslutningsvis skal vi derfor se litt «utenfor boksen», tenke høyt over andre politiroller innen narkotikafeltet.

Den internasjonale reguleringen av narkotika strekker seg i all hovedsak tilbake til Shanghai-kommisjonen av 1909 og Haag konvensjonen av 1912 (Hauge uå). Det er likevel FNs narkotikakonvensjon fra 1961 med sin protokoll fra 1972, psykotropkonvensjonen av 1971 og 1988 konvensjonen om illegal trafficking i narkotiske stoffer som har vært og er det grunnleggende regelverket på feltet globalt og nasjonalt (Bewley-Taylor 2012).
Regelverket er tydelig på at det er to strategier for narkotikakontroll, den første søker å kontrollere produksjonen. Den andre er ved bruk av pønal

[24] Det gjelder eksempelvis både bruk av SLT og bekymringssamtalen som forebygge metoder.

kontroll. «Put simply, this is the suppression through criminal law of illicit production, supply and consumption of drugs» (Bewley-Taylor 2012, s. 3). Regelverket er tydelig på at regulering skal skje gjennom kriminalisering. Troen på bruk av straff er grunnleggende, ikke bare når det gjelder for produksjon, eksport og salg, men også for bruk og besittelse. Men som Bewley-Taylor (2012) viser så finnes det noen manøvreringsmuligheter i regelverket. Det er primært opp mot de samfunnsmessige helseaspektene og skadereduksjon slike muligheter finnes.

Flere land og stater har de senere år myknet opp håndhevingen, særlig i forhold til bruk og besittelse vanligvis av cannabis, eller som i Portugals tilfelle, for alle former for narkotika. I Portugal har man avkriminalisert bruk og besittelse (Greenwald 2009). Det er fortsatt forbudt å bruke, men det reageres med sivile sanksjoner eller behandling. Omsetning er kriminalisert. Mange andre land har enten depenalisert, det vil si ikke straffer ved bruk av fengsel eller de facto legalisert ved at det fortsatt er straffbart, men at lovene ikke håndheves, som i Nederland. Reell legalisering har man kun få steder, som i statene Colorado og Washington når det gjelder cannabis (Hauge 2015). En siste variant er at det åpnes for medisinsk bruk av ulike klassifiserte narkotiske stoffer. Man kan da kjøpe eksempelvis cannabis på utsalgssteder hvis en har resept.

Politiets oppgaver og metodebruk avhenger av hvilket regelverk de har å forholde seg til. Det kanskje mest overraskende er at politiet i mange land vi ofte assosierer med «legalisering» langt på vei har mange av de samme oppgavene som i «restriktive» land. Politiet er også her de som møter brukere på gata, de fungerer fortsatt som informasjonsarbeidere, har en sentral funksjon i å få brukere inn i behandlings- og hjelpeapparatet. Deler av det forebyggende arbeidet ligger nok mer til helse- og sosialarbeidere, men politiet er blant forebyggerne og arbeider med kontroll av import, salg, smugling og produksjon som er kriminalisert.

Det avgjørende skillet ligger på to forhold. Det ene består i en dreining i retning av mer helsemessige oppgaver overfor brukerne. «Jakten på gateplan» av brukere går fra jakt på småbeslag og stressing av miljøer over til i større grad å sluse over i retning av hjelpeapparatet. I dag benyttes store ressurser til anmeldelse og rettslig forfølging av småsaker. I Norge har antallet narkotikasaker økt dramatisk fra 12714, som utgjorde 5,5% av anmeldelsene i 1993 til 48038 og 19% av sakene i 2014. Det er en firedobling i løpet av 20 år. En firedobling som er villet og handler om politiets prioriteringer, som i liten

grad reflekterer utbredelsen av narkotika i samfunnet.[25] Disse 48 000 sakene består av 24 600 (d.v.s. mer enn 50%) brudd på legemiddelloven, som gjelder bruk og besittelse og 20 898 førsteledd saker (straffelovens §162). Resten som er cirka 1200 saker er mer alvorlige forhold, noe som utgjør 2-3 % av saksmengden. Ressursbruken innen politi og rettsvesen på dette er omfattende.[26] Internasjonal forskning stiller grunnleggende spørsmål ved hva som kommer ut av kriminalisering av bruk og besittelse av narkotika.[27]

Hoveddelen av det forebyggende arbeidet vil bygge på de samme metoder beskrevet i handlingsplanen uansett om bruk og besittelse er kriminalisert eller ei. Mye tyder på at det kan være en fordel med avkriminalisering for den forebyggende innsatsen. Politiet vil lettere kunne få kontakt og dialog med brukere og ungdom hvis trusselen om straffesanksjoner forsvinner. Ved eksempelvis en portugisisk modell kan man uansett forestille seg at beslag av stoff og det å bli pågrepet av politi fortsatt oppleves som inngripende, selv om reaksjonen blir en advarsel, samtaler med behandlere og terapeuter, eventuelt tilbud om behandling om det trengs. Fordelen med fremgangsmåten er at man ikke kriminaliseres.

Ved en omprioritering kan politiet få ressurser til annet arbeid. I flere av de landene som oppfattes som liberale benyttes betydelige ressurser opp mot kontroll av produksjon, smugling og omsetning. Politiet har også fått en klarere sosial- og helsemessig innretning på sitt arbeide, noe man ellers ser i annet rusarbeid. Ordensproblemene vil alltid ligge der, men for de fleste narkotiske stoffer vil dette være av betydelig mindre omfang og alvorlighetsgrad enn for velkjente alkohol (Nutt 2012).

[25] Bildet av narkotikabruk i samfunnet er som SIRUS og ESPAD dokumenterer et helt annet enn hva som fremkommer i politiets tall. Nærmere 100 % av de anmeldte narkotikasakene er anmeldt av politiet selv og helt avhengig av politiets innsats på feltet.

[26] Hvor stor del av politiets ressurser som går med til narkotikarelatert arbeid er vanskelig å anslå siden det dekker så mange ulike sider ved deres arbeid. I Sverige estimerte man at 6 % av politiets ressurser gikk til dette (BRÅ 2003). Et anslag på mellom 6 og 10 % for Norges del virker ikke urealistisk, men tallet er helt avhengig av hvordan man regner.

[27] Mye tyder på at en avkriminalisering under normale omstendigheter knapt vil ha noen merkbar effekt på bruken, det er andre forhold som avgjør (Bewley-Taylor 2012, Nutt 2012, Greenwald 2009, Hauge 2008). Skadevirkningene ved kriminalisering er også godt kjent.

References

Bewley-Taylor, David R. (2012): *International Drug Control. Consensus Fractured*. Cambridge University Press.

Brodeur, Jean-Paul (2010): *The policing web*, Oxford University Press. Oxford.

BRÅ (2003): *Polisens innsatser mot narkotikabrottsligheten. Omfatning, karaktär och effekter*, Rapport BRÅ (Granath, Svensson og Lindström) 2003:12.

Finstad, Liv (1999): *Forskningsoppgaver står i kø*, intervju i Rus og avhengighet, nr. 3, 1999.

Flaaten, Sverre (2007): *Heroinister og kontorister – en undersøkelse av maktens ulike fasetter i rettsforfølgelsen av narkotikalovbrudd*, Fagbokforlaget, Oslo.

Frantzsen, Evy (2001): *Metadonmakt. Møte mellom narkotikabrukere og Norsk metadonpolitikk*, Universitetsforlaget Oslo. (2005): *Narkojakt på gateplan: Om politikontroll av narkotika på Vesterbro i København*, Dr. avhandling, Københavns universitet.

Greenwald, Glenn (2009): *Drug Decriminalization in Portugal, Lessons for Creating Fair and Successful Drug Policies*, Cato Institute, Washington.

Hauge, Ragnar (uå): *Fra Opiumskrig til legemiddelkontroll*, Rusmiddel-direktoratet, Oslo.

Hauge, Ragnar (2008): *Straff for narkotikabruk – kan det begrunnes?* Publisert på Forebygging.no http://www.forebygging.no/Kronikker/2010-2008/Straff-for-narkotikabruk---kan-det-begrunnes/

Hauge, Ragnar (2015): *Cannabispolitikken i støpeskjeen*, Manus (i trykk).

Herbert, Steve (1997): *Policing Space. Territoriality and the Los Angeles Police Department*, University of Minnesota Press.

Larsson, Paul (2008): *Organisert kriminalitet*, Pax, Oslo.

Larsson, Paul (2014): *Å danse med djevelen – utradisjonelle politimetoder innen narkotikafeltet*, I rapport fra Nsfk seminar Danmark.

Lundgaard, Jenny (2011): *Nulltoleranse på Norsk*, Ad Notam, Oslo.

Manning, Peter K (2005): "The police: mandate, strategies and appearances", i Newburn (ed.): *Policing. Key Readings*, Willan Publishing.

Murji, Karim (1998):*Policing Drugs*, Ashgate. Aldershot.

Nutt, David (2012): *Drugs - without the hot air*, UIT, Cambridge.

Pedersen, Esben Houborg og Christoffer Tigerstedt (2003): *Regulating Drugs – between users, the Police and Social workers*. NAD: Helsinki. Nad publication 34.

Politidirektoratet (2005): «Prosjekt organisert kriminalitet», Rapport, Oslo.

Politidirektoratet (2010): «Politiets bekjempelse av narkotikakriminalitet i perioden 2011 til 2015», Rapport, Oslo.
url.:https://www.politi.no/vedlegg/lokale_vedlegg/politidirektoratet/Vedlegg_1138.pdf

Reiner, Robert (2010): *The Politics of the Police*, Oxford University Press.

Sandberg, Sveinung og Willy Pedersen (2006): *Gatekapital*. Universitets-forlaget, Oslo.

Sheptycki, J.W.E (2000): *Issues in transnational policing*, Routledge, London.

Helgi Gunnlaugsson, Professor of Sociology, University of Iceland

Drug use and drug controls in Iceland: An historic paradigm shift in sight?

Abstract
The drug problem is believed by many to be one of the most serious social problems in western societies. Public attitude surveys in Iceland show that most respondents believe drug use to be the most serious problem and alcohol and drug use the most important reason why some people end up in crime. Cannabis use, the most frequent illegal drug type, has regularly been measured among students while studies among adults have been examined to a lesser degree. As a result, not much is known about how consumption starting among youth develops into adulthood, if it increases, stays the same or decreases. Furthermore, not much is known about social characteristics of those who abuse hard drugs in Icelandic society.

One of the themes examined here is cannabis use among adults in Iceland. How many have ever tried cannabis during their lifetime; how many have used it more than ten times; and how many during the last six months before the survey took place. The position of needle injecting drug users is examined and what risk factors are associated with this type of use.

The main findings show that the number of those who have ever used cannabis in Iceland has increased in the past few years while regular use of cannabis among adults still seems insignificant. Those who use hard drugs are in a weak position and struggle with various personal and social problems in addition to facing a punitive drug policy. In tackling these underlying causes of the drug problem our current approach needs to be critically evaluated. An alternative social policy sensitive to different levels of drug use in society is considered to be urgent in addition to strengthening social and health care measures to address the problem of hard drug users in society. A new policy lifting criminalization for drug possession and use might prove to be a necessary step to achieve this goal. A few local signs show that such an historic paradigm shift might be in sight in the not so distant future.

Introduction
„Drug problem increasingly becoming more serious: Young people dying due to drug use…heroin has made its entry to the local market – a total of 4000 youths have been involved in drug cases“ (*Morgunblaðið*, 1979).

News reports such as this one have been frequent in the local media during the past few decades in Iceland. Escalating drug use among youth is typically

the theme; large drug seizures; mass arrests for drug smuggling and distribution; and long-term imprisonment sentences (see for example Gunnlaugsson and Galliher, 2010). Sensational headlines of a devastating drug problem are frequent, occasionally backed up by dramatic individual case stories.

Nevertheless, in 1979, when the news report above was published no official evidence suggested deaths of young people due to drug overdoses in Iceland as the headline though asserted (Kristmundsson, 1985). Heroin has rarely ever been seized in Iceland and very few signs show existence of a local heroin market, even today. The statement indicating a total of four thousand young people being involved in drug related cases most likely has some foundation in reality, since the news story in question was based on an interview with the local drug police head. Showing readers that the drug police, which had been in operation since 1971, had not been inactive during its first decade of existence. Many thousands of young people had apparently been involved in drug related cases even though it is not clear from the news story what this police involvement actually included.

The news story above, and others of this type, makes you wonder whether drug news reporting typically is exaggerated and sensationalistic? Goode and Ben-Yehuda (2009) argue that drug reporting generally tends to be exaggerated and over-blown, often resulting in *moral panics* and public fear, while others believe that serious steps must be taken toward this frightening problem (Inciardi, 1992). In this article, the volume and nature of drug use in Iceland will be examined: Does research show local drug use to be increasing as the media often portrays? What characterizes local drug use? What do public attitude surveys show about how Icelanders view drug use? Are certain social groups more vulnerable to serious drug abuse like needle injection use than others? How does society react to this problem and what drug policy measures should be considered and possibly be adopted?

Concern over local substance use

The type of crime which Icelanders appear to be most concerned about has involved the influx of drugs into the country. During 1989-2014 public surveys show almost without any exception that Icelanders believe drug use to be the most serious crime problem in Iceland. Typically about one-third up to half of the respondents state in public surveys that they think the drug problem is most serious of all kinds of crime in Iceland (Gunnlaugsson, 2013). Moreover, national attitude surveys have repeatedly shown that alcohol and drug abuse, along with a difficult home life, is believed to be central in explaining the genesis of local criminality. Interviews with key people in the criminal justice system, and even among inmates themselves, also have

demonstrated the substance abuse and crime link. Social factors, such as unemployment or economic difficulties, do only to a small extent enter the picture as variables explaining the local crime situation or drug use (Gunnlaugsson, 2008). In addition, the vast majority of Icelanders was in favour of giving more rights to the police to investigate drug crimes in March 2014 (Gunnlaugsson and Jónasson, 2014). It appears that older respondents are more concerned over the seriousness of drug use in society than younger ones.

What characterizes drug use in Iceland?

How widespread is drug use in Iceland? International surveys show that drug use of Icelandic 10th grade students is generally lower than found in most other European countries (Hibell et, al, 2012). As an example, a total of ten percent of Icelandic 10th grade students reported they had ever used cannabis in 2011, the most frequent drug in Icelandic society. The corresponding average in Europe in the same study was much higher, 17 percent. Other Nordic nations had for the most part even lower rates than Iceland, with the exception of Denmark, which had the highest rate. It seems that drug use has been stable or on a downward trend in recent years among youth in Iceland, also detected in other countries (Siegel, 2012).

Based on general population surveys in Iceland around one-fourth of the adult population has reported to have used cannabis at least once in their life-time (Gunnlaugsson 2013). About eight percent of respondents in 2013 reported to have used the drug more often than ten times during their lifetime. If we analyse the consumption rate during the last six months before the survey it appears that only around three percent reported to have used the drug in this time period. This is not markedly higher than a decade earlier, or in 2002, when about the same number reported to cannabis use in the previous six months before the survey. This is somewhat surprising due to frequent news reports of homegrown marijuana and more open media reporting of drug use than before. Nevertheless more respondents reported in 2013 to have tried cannabis than before even though current use does not seem to be on an upward swing.

According to these surveys it can be estimated that there are at least ten thousand active adult cannabis users in Iceland out of a total population of around 330 thousand citizens in Iceland, or only about three percent of the total population. In comparison active users of alcohol have been estimated to be at least half of the adult population (Directorate of Health, 2009). Thus apparently drug use does not seem to be widespread in Icelandic society compared to alcohol use.

Still, it is evident that a large part of the Icelandic adult population has shown in surveys that they have tried illicit drug use during their lifetime. If the background of these users is analysed it appears they are mostly younger people in the age categories 18-29 and 30-39 year olds. Most of them seem to be experimental users, only using cannabis once or twice. The volume of this type of use over time is probably linked to dress codes, music taste and other cultural fads of the young, mostly being international in nature. Occasionally experimental use appears to be trendy in the popular culture, and sometimes not, and these fashion fads most likely affect public use of drugs. Drug use over time is undoubtedly worthy of further investigation.

What is characteristics of these young users is probably curiosity, experimentation, and social use with their peers. To a large degree research from the USA shows this use of drugs to be temporary among younger people (Goode, 2012) and the findings from Iceland tend to follow a similar pattern. Many seem to discontinue their use when they grow older with work and family obligations taking over. Only a minority of these temporary users seems to need help from the social and health care services because of their use. These users are for the most part ordinary citizens who are not involved in any other forms of criminality apart from using illicit drugs. Yet, all of them are in risk of ending up with the police on their backs, but most likely none of them are in favour of police involvement or criminal indictment for their use of drugs. Therefore a burning question emerges: Where is the drug problem most pronounced?

The problem of hard drugs

We know that drug use is risky, with some groups ending up abusing hard drugs. Studies have shown that alcohol and drug dependence can hit anyone, alcoholics seem to come from all walks of life, being either poor or rich (McCaghy and Capron, 1997). Nevertheless, research shows that the vast majority of those who hit rock bottom due to drug abuse, in particular those who inject drugs face various personal and social problems (Smart and Murray, 1985; Zilney, 2011). There is a strong relationship between drug abuse and financial problems and their abuse makes their life situation even worse. Low formal education, limited work experience, health care problems and crime-prone lifestyles are all factors associated with drug abuse (Curry, 1994), and to a much larger degree than found in the general population.

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 two hundred patients in 2009 and 2010, suffering from hard drug abuse were utilized, Aradóttir (2013) found a distinct social pattern. About half of her sample admitted upon entrance to

the clinic that they had earlier been diagnosed with disability of some sort and limited work experience. The majority had only completed compulsory education. About 60 percent of the hard drug users had previously been arrested or charged for drug violations, while only 25 percent of other patients at the clinic had the same experience. About one-third admitted to have prior police history of thefts, frauds or violence. Thus it is apparent that most hard drug users are crime prone with a prior police history. The vast majority suffered from mental health problems, depression, anxieties and tension. More than 70 percent of these drug users had thought about 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 percent of them reported to have been sexually victimized.

Therefore, it appears there is a deep polarization of drug users in society. A large part of the population; young people in particular, appear to be willing to use drugs without apparently harming themselves. A minority however seems to 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 (Goode, 2012). How does society react to the drug problem?

Societal reactions to the drug problem

When drug use and drug trafficking became an international concern around 1970, Iceland responded by establishing a separate drug police unit and a drug court (Gunnlaugsson and Galliher, 2000). Icelandic authorities have since maintained their vigilant and firm position and the public seems to support this national effort and moral sentiment. As population surveys repeatedly have shown there is widespread opposition in Icelandic society toward drug use. In March of 2014, about 80 percent of all respondents opposed legalization of cannabis and more than 60 percent stated they were against decriminalization of personal drug use (Gunnlaugsson and Jónasson, 2014).

Nevertheless many different kinds of measures have been employed in the fight against drugs in Iceland. On one hand we do see various **soft policies** being adopted. Drug prevention, education programs, peer group efforts in school; all with the objective of teaching young people to say *No to Drugs* to name only a few examples (Einarsson and Björnsson, 2001).

On the other hand we do also have various **hard policies** being employed. Here we are referring to stiff criminal justice responses; drug possession and use being sanctioned by criminal law; importation of drugs; and production

and sale also heavily sanctioned by criminal law (Gunnlaugsson and Galliher, 2000). One example of hard practices includes police searches of private homes, which have been frequent over the years. In the 1980´s and 1990´s for example, up to two hundred such searches were conducted each year by the police, either with a warrant or not. Wire-tapping has also routinely been employed. During a three-year period in the early 1990´s, the courts issued a total of 29 warrants to the police permitting them to tap a total of 42 telephone numbers for up to two months, all of which involved drug violations. Not to mention searching persons at random; sniffing dogs being used to look for drugs on suspicious persons, in addition to dog-sniffing of passenger luggage at airports, and mail and parcels being scrutinized in local post offices.

Moreover, in 2014 close to one-third of all prison inmates in Iceland served time for drug related crimes (Prison Bureau Homepage, 2014). Proportion of drug inmates has steadily been growing in recent years, being less than 10 percent of all inmates in the early 1990´s, going up to about one-third in 2014.

Legal situation of drugs in Iceland

Possession of drugs and personal use is prohibited in Iceland by the local special penal code (Law no. 65/1974). Violation of this article is followed by a remark in the criminal record of the offender and is kept there for a period of three years (*Mbl*, 2014). Despite this three-year period, a violation of this code is accessible to local authorities longer than three years, even up to ten years. Increasingly, local employers ask for criminal records of job applicants and thus being on public record for a drug violation can easily jeopardize future job prospects of those being caught for personal possession of drugs.

Each year about two thousand cases of the narcotics code have been registered in Icelandic police records including all cases under police investigation for suspicion of drug violations (Icelandic Police Commissioner, 2014). About 70 percent of all these violations only involve possession for personal use of drugs. Minimum fine stipulated is around 300 euros for cannabis possession, more for ecstasy and cocaine. If the amount of cannabis seized is 10 grams the fine is around 500 euros (*Mbl*, 2014). Thus it is likely that thousands of young citizens have been fined and listed in the criminal record register for drug violations over the years running the risk of being denied access to jobs or even future studies.

New drug alternatives?

A widespread consensus has existed for a long time among Icelandic authorities to continue with the firm stand against drugs. Nevertheless, in the last couple of years alternatives to current drug legislations have appeared. Two proposals have been introduced in the Icelandic parliament with the

intent to revise the local narcotics legislation. The main focus on both occasions was on softening the ban on drugs to some degree; i.e. decriminalizing personal use of drugs, in particular cannabis. These proposals have not been passed by parliament but they have still generated widespread public debate in society. Early in 2014, the Minister of Health surprised many in Iceland when he publicly announced that decriminalization of personal use of drugs should be seriously considered by the local legal body. In turn, he appointed an expert committee to revise and introduce a new drug proposal on the issue (*Visir*, 2014). A report from the committee is expected to be submitted to the Minister of Health in the fall of 2015.

How are we doing in the fight against drugs?

Many observers claim we have lost the war against drugs (MacCoun and Reuter, 2001). In other words, drugs have won the war and society has lost! Nevertheless drug consumption in Iceland is far from being widespread among the general public as our findings above clearly showed. Drug use has only existed within certain social groups, in particular among young people. Moreover, drug use appears to be experimental and temporary for the most part. Still, a small minority abuses hard drugs and the problem is both pervasive and detrimental to these users, also posing a risk to society at large, in particular when it comes to street crimes. Obviously serious actions need to be taken by society to tackle the problem at hand.

What explains this deep concern for drug use; why does the drug problem routinely create such an uproar suggesting a moral panic (Jónasson and Gunnlaugsson, 2015 in this report), keeping in mind the relatively low rate of drug use in the general population? Especially, when we know that health risks of illicit drug use pale in comparison to those of alcohol and tobacco, why are we still so concerned about drug use? In this respect it has to be pointed out that many countries, in addition to Iceland, have a similar concern over substance use. What causes this widespread opposition to drugs in society?

Drugs are relatively new in our part of the world with the influx of drugs only starting in the late 1960´s, generally imported from abroad. In the case of Iceland, a small island nation far away from neighboring countries, drugs have been seen even more so than in other countries as an outside imposition threatening the nation, especially the young, and therefore possibly undermining the future of the nation (see also Edman, 2015 in this report). Moreover, we know drug use is risky and the media regularly reports on devastating news stories of drug abuse, which understandably alarm the general public. A lot of stigma has also been associated with drug use and drug users, even though we see signs of more tolerance today than before.

This profound concern in society for drug abuse, both among the public and local authorities, has in turn most likely helped to limit drug use in society. An assertion that we have lost the war against drugs is therefore probably premature, if we only refer to how limited use of drugs really is in the general population. Still we do not know for sure if stiff sanctions for the use of drugs explain relatively little use of drugs or how much widespread social and cultural aversion of controlled substances helps to contain use of drugs in society.

International drug policies

The majority of nations still penalize production, distribution and personal possession of drugs, including all of the Nordic countries. A retreat from the tough stand can be detected in the past few years. Personal use of all drugs was decriminalized in Portugal in 2001 (Greenwald, 2009); use of cannabis was regulated in Uruguay in 2014; and in two US states of Washington and Colorado in 2013; with two more states also doing so in the November elections in 2014. Many other states have also implemented decriminalization of drugs for personal use de facto; the Check Republic, Mexico and Columbia (*Drug Policy Alliance*, 2014). Personal use of cannabis is also permitted in designated coffee houses in the Netherlands.

Decriminalization does not mean the same as legalization. Various jurisdictions have different sanctions in place that an individual may receive for drug use or possession offences with decriminalization in place. These include fines, community service orders, warnings, education classes, to name a few orders, or there is no penalty at all (Rosmarin and Eastwood, 2012). In practice, if an individual is caught with a certain limit of drugs defined as being for personal use only, the case is not processed through the criminal justice system, and the name of the individual person is not registered in criminal record.

Impact of decriminalization on drug use

Decriminalization is a relatively new legal approach to the drug problem and therefore probably too early to conclude about its effect on drug use. Nevertheless many signs show that less punitive policies toward drug possession have not led to any significant increase in drug use or drug-related harms (Husak, 2002; *Drug Policy Alliance*, 2014). Some studies show similar results from Portugal. No major increase in lifetime drug use since 2001 when decriminalization was enacted there. Use of hard drugs has declined, less pressure on the criminal justice system, and health related drug problems have moreover decreased (Hughes and Stevens, 2010; Ingraham, 2015). Decriminalization of low-level possession of marijuana adopted in a number of US states in the 1970´s also did not result in any major changes in drug use

in these states (MacCoun and Reuter, 2001). A recent United Nations World Drug report was blunt in their conclusion: Criminal sanctions for drug use are not beneficial (World Drug Report, 2014).

Closing remarks

It is certainly worthwhile and interesting to speculate on what future developments of drug legislations will take, or will look like. Is it likely that many recreational drugs, such as cannabis, will be defined and regulated by law in the future in the same way as we define alcohol today – or even tobacco? General alcohol prohibition seems somewhat out of place today in modern day society and not in line with our ideas of freedom and human rights – despite alcohol problems being both well-known and serious (Gunnlaugsson, 2012). It is quite possible that the same will happen with current drug legislations; being looked upon in the future as being both archaistic and unjust, even futile. In this respect it is noteworthy that use of tobacco has significantly decreased in recent years in many western societies without relying on the penal code. Perhaps the same can happen with drugs with use being regulated through social and cultural norms instead of employing the criminal justice system.

If some of the drugs currently banned will eventually be legalized, will this inevitably result in increased public use with more health related risks than we experience today? By allowing free market forces to have their full impact, legalization of the most common drugs, cannabis for example, will most likely result in more general use of the drug – just as was the case with alcohol use. Temporary and experimental use of drugs mainly characterizing use today would most likely increasingly be replaced by more widespread and permanent use of drugs than we see today. Is this future prospect desirable or something we would like to see?

On the contrary, it is not self-evident that legalization of drugs necessarily includes free marketization and more drug use. Supply of drugs and market availability could instead be channeled through similar sources as is the practice with common medicines and drugs today. Even state monopoly alcohol sale restrictions, as we presently have in several Scandinavian nations, are also a possible option for distributing recreational drugs. Sale arrangements however rest on political decisions and obviously many different policy choices are open to policy makers, when the ban on drugs will be softened, or even lifted in the future.

As for decriminalization and regulation of personal use of drugs, it is clear that it does not include free marketization of drugs. Production and sale of drugs will continue to be regulated and will therefore not be placed on the

free market with decriminalization. As was pointed out earlier, decriminalization policies do not seem to have resulted in more drug use where these policies have been enacted. It seems safe to conclude here that more drug policy changes are imminent in most western societies in the not so distant future. An important step towards alternative drug policies involves criminal use of drugs to be repealed, or at the very least, not be registered in the criminal register. When and how such changes take place is however variable and different from one country to another, just as has been the case in the past with both alcohol and drugs.

As for Iceland, which only recently legalized beer (in 1989), the change might seem unlikely. Nevertheless many new, local signs pointing towards a radical retreat of the firm stand are appearing, suggesting a possible paradigm shift in the near future. Still, such a change is more likely to take place as part of a broader international movement towards new drug control policies among western societies in the future.

References

Einarsson, Á. and Björnsson, G. R. (eds.). (2001). *Fíkniefni og forvarnir handbók fyrir heimili og skóla* (Drugs and preventive measures for households and schools). Reykjavík: Fræðslumiðstöð í fíknivörnum.

Aradóttir, B. (2013). *Hver er félagsleg staða sprautufíkla á Íslandi?* (What is the social position of hard drug users in Iceland?). Unpublished BA thesis: Háskóli Íslands, Félags- og mannvísindadeild.

Curry, E. (1994). *Reckoning: Drugs, the Cities, and the American Future*. New York: Hill and Wang.

Directorate of Health, (2009). Þróun áfengisneyslu á Íslandi. Reykjavík: Embætti landlæknis. Sótt 5. Febrúar 2014 af: http://www.landlaeknir.is/servlet/file/store93/item10678/version3/Afengi_lokaeintak_Hv.pdf

Drugs Policy Alliance, (2014). *Approaches to Decriminalizing Drug Use & Possession*. New York: Drug Policy Organization.

Goode, E. (2012). *Drugs in American Society* (8th edition). New York: McGraw-Hill.

Goode, E. og Yehuda, N. B. (2009). *Moral Panics: The Social Construction of Deviance*. 2nd edition. Chichester: Wiley-Blackwell.

Greenwald, G. (2009). *Drug decriminalization in Portugal: Lessons for creating fair and successful drug policies*. Washington, DC: Cato Institute.

Gunnlaugsson, H. (2008). *Afbrot á Íslandi* (Crime in Iceland). Reykjavík: Háskólaútgáfan.

Gunnlaugsson, H. (2012). An extreme case of life style regulation: Iceland´s prohibition of beer 1915-1989. In Hellman, M., Roos, R. and Wright, J. V. (eds.), *A Welfare Policy Patchwork: Negotiating the Public Good in Times of Transition* (pp. 259-276). Helsinki: Nordic Centre for Welfare and Social Issues (NVC).

Gunnlaugsson, H. (2013). Fíkniefni, íslenskt samfélag og nýir kostir í stefnumótun (Drugs, Icelandic society and new policies). *Stjórnmál og stjórnsýsla*, 9, 2: 395-414.

Gunnlaugsson, H. and Galliher, J. F. (2000). *Wayward Icelanders: Punishment, Boundary Maintenance and the Creation of Crime*. Madison: University of Wisconsin Press.

Gunnlaugsson, H. and Galliher, J. F. (2010). Drug globalization: Eventual legalization of beer in Iceland and marihuana decriminalization in the USA. *Journal of Scandinavian Studies in Criminology and Crime Prevention*, *11*(2), 119-134.

Gunnlaugsson, H. and Jónasson, J. O. (2014). Gengur afstaða Íslendinga í berhögg við ríkjandi refsipólitík? (Are crime policies in Iceland in opposition to public attitudes?). In Ólafs, H. and Heijstra, T. (eds.). *Rannsóknir í félagsvísindum XV*, pp. 1-9.

Hibell, B., Guttormsson, U., Ahlstöm, S., Balakireva, O., Bjarnason, Þ., Kokkevi, A. og Kraus, L. (2012). *Substance use among students in 36 European countries*. Stockholm: Can. Sótt af: http://espad.org/Uploads/ESPAD_reports/2011/The_2011_ESPAD_Report_FULL_2012_10_29.pdf

Hughes, C. E. and Stevens, A. (2010). What can we learn from the Portuguese decriminalization of illicit drugs? *British Journal of Criminology*, 50, 999-1022.

Husak, D. (2002). *Legalize This! The case for decriminalizing drugs*. London: Verso.

Icelandic Police Commissioner, (2014). *Afbrotatölfræði 2014 January 1 – December 2014* (Criminal Statistics 2014) Preliminary figures. Accessed February 4, 2014: http://www.logreglan.is/wp-content/uploads/2015/01/Afbrotat%C3%B6lfr%C3%A6%C3%B0i-RLS-2014-Br%C3%A1%C3%B0abirg%C3%B0at%C3%B6lur.pdf

Inciardi, J. (1992). *The War on Drugs II: The Continuing Epic of Heroin, Cocaine, Crack, Crime, AIDS and Public Policy*. Palo Alto, CA: Mayfield.

Ingraham, (2015). Portugal decriminalized drugs 14 years ago – and now hardly anyone dies from overdosing. *The Independent*, June 7. Accessed June 10, 2015: http://www.independent.co.uk/news/world/europe/portugal-decriminalised-drugs-14-years-ago--and-now-hardly-anyone-dies-from-overdosing-10301780.html

Kristmundsson, Ó. H. (1985). *Ólögleg ávana- og fíkniefni á Íslandi* (Illicit drugs in Iceland). Reykjavík: Dóms- og kirkjumálaráðuneytið.

MacCoun, R. J. and Reuter, P. (2001). *Drug War Heresies. Learning from Other Vices, Times & Places*. New York: Cambridge University Press.

Morgunblaðið, (1979, December 14). Fíkniefnavandamálið verður sífellt alvarlegra: Ungmenni láta lífið vegna fíkniefnaneyslu. 4000 ungmenni komið við sögu í fíkniefnamálum. *Morgunblaðið*, pp. 17 and 32.

*Mbl, (*2014, February 19). Birtist á sakavottorði í þrjú ár (Appears on criminal record for three years). Mbl.is. Accessed February 4, 2014: http://www.mbl.is/frettir/innlent/2014/02/19/birtist a sakavottordi i thrju ar/

Prison Bureau Homepage, (2014). Tölfræðilegar upplýsingar um fullnustu refsinga fyrir 2009-2013 (Statistics on prison completion 2009-2013).

Reykjavík: Fangelsismálastofnun ríkisins. Accessed February 5, 2014: http://www.fangelsi.is/media/stofnunin/Arstoflur-2009-til-2013_Utg.15.8.2014.pdf

Rosmarin, A. og Eastwood, N. (2012). *A Quiet Revolution: Drug Decriminalization Policies in Practice Across the Globe*. UK: Release. Drugs, The Law and Human Rights. Accessed September 13, 2013 from: http://www.release.org.uk/publications/quiet-revolution-drug-decriminalisation-policies-practice-across-globe

Siegel, L., (2012). *Criminology International Edition*, 11th edition. Wadsworth, Cengage Learning.

Smart, R. og G. Murray (1985). Narcotic Drug Abuse in 152 Countries: Social and Economic Conditions as Predictors. *International Journal of the Addictions*, *20*(5), 737-749.

Visir, (2014, February 14). Heilbrigðisráðherra vill endurskoða refsistefnu í fíkniefnamálum (The Minister of Health in favor of revising punitive drug policies). Visir.is, accessed February 4, 2014: http://www.visir.is/heilbrigdisradherra-vill-endurskoda-refsistefnu-i-fiknefnamalum/article/2014140219347

World Drug Report 2014, (2014). *World Drug Report 2014*. United Nations Office on Drugs and Crime (UNODC).

Zilney, L. A. (2011). *Drugs Policy, Social Costs, Crime, and Justice*. Boston: Prentice Hall.Tham, H. (2012). The influence of the drug issue on criminal policy. *Journal of Scandinavian Studies in Criminology and Crime Prevention*. 13(1), 12-30.

ABSTRACTS

Johan Edman:
Associate Professor, Deputy Director, Centre for Social Research on Alcohol and Drugs (SoRAD), Stockholm University

The ideological drug problem: Sweden 1960-2000

The project has examined drug consumption as a political problem and its ideological undertones. It is shown how drugs and drug consumption often have been subordinate in problem descriptions that have fulfilled other political purposes. Worries about politically radical youth, foreign religions or incomprehensible music have been understood as a drug problem. In the Swedish parliament the drug problem has been described in terms of capitalist class oppression, Americanism or cultural superficiality. Modernity, urbanization and industrialization have also been criticized in the name of the drug problem. In the treatment centres and within the ruling bureaucracy it was also elucidated that the drug problem was an ideological problem. The effective treatment method has been elusive, but the effective method has also played second fiddle in the choice of treatment solutions. Other values have been awarded, such as rural romanticism, Swedishness, solidarity and diligence. Individualism, Americanism and profit making have also been opposed within the ideological treatment sector. At the end of the research period such assessments however became subordinate to an overarching ideological quest to make substance abuse treatment a market among others.

Between politics and bureaucracy: Sweden 2001-2015 (soon to be started project)

The recent shift of perspective within the Swedish substance abuse treatment rests on four fundamental building blocks: 1) a strive for evidence-based methods; 2) an understanding of substance abuse in medical rather than social terms; 3) an ambition to attain better steering of the substance abuse treatment services; 4) a vitalized discussion on public matters and private executers, possibly leading to new directives regarding private entrepreneurs in tax-financed services. The aim of the planned project is to investigate the political discussions about, and bureaucratic handling of, Swedish drug abuse treatment during the years 2001-2015. The focus of this project will be aimed at the drug issue's and the drug treatment's problem description, knowledge-base and steering. The drug issue, in its widest sense, is here understood as a question with an unusually high profile, a problem area in which you can change the goals, means and conversational order only with the utmost difficulty. In addition to the institutional treatment facilities, the non-institutional care, maintenance treatment and needle exchange programs will

also be included in the analysis. All together the study rests on three kinds of material: various inquiries and reports concerning the drug issue, parliamentary publications, and archive material generated by the bureaucratic handling and administration of drug treatment initiatives.

Peter Ege:
Speciallæge i samfundsmedicin fhv. Socialoverlæge

Drug policy in Denmark

Danish drug policy is very similar to the other Scandinavian countries, i.e. the policy is largely characterized by a very traditional, restrictive and resource-heavy control policy with high penalties which further was sharpened by the previous government with the establishment of a 0-tolerance policy against any possession of illegal drugs ("Kampen mod narko I (2003) and II (2010)).
On the other hand, harm reduction is an important part of the effort with drug users, and has been so since the mid-1980s. Syringes and needles have always been available, low threshold methadone treatment has been widely used since the 1990s, and also more controversial harm reduction measures such as heroin treatment (since 2009) and drug consumption rooms (since 2012) has become part of the effort. Thus wrote the former government harm reduction measures into its policy in the document "kampen mod narko II" as follows: "drug policy is built on four pillars of prevention, treatment, harm reduction and control. … In relation to the uncompromising struggle against drugs and a desire for at drug-free society and a desire for a society free of drug abuse, the existing harm reduction initiatives appear to be contradictory. But in reality we are talking about pragmatic and sensible approaches.
There is so far nothing wrong in describing the policy as being built on four pillars, but if the players in each of the four pillars act in isolation from each other, and there isn´t´ a common ground, a common content, and strategy and goals based on harm reduction policy; namely humanism, ethics of consequence, ease of use, pragmatism and evidence, and when harm reduction is not directed at control damages, it is meaningless to talk about a harm reduction policy. And thus the Danish drug policy is both incoherent and inconsistent.

Hedda Giertsen:
University of Oslo, Department of Criminology and Sociology

How control has colonized its surroundings. Experiences from Norway

The Norwegian drug policy comprises four main lines: criminalization, health services, social welfare and harm reduction, implemented to various degrees. These lines represent different and contradictive ways of understanding drug-use, drugs and drug-problems, and they lead to varied measures. Even so, this policy still goes on, last reinforced in a whitepaper of 2011-2012.
One reason for this continuity may be that the policy on narcotics is not so contradictory when it comes to dominating ideology and practical performances. The oppositional parts of the policy have a rather weak position, which means that they never challenge the fundamental control- and punishment approach; there are not enough tensions in the drug policy to create a potential for change. This will be outlined in the paper. So will also a recent effort from 2010 till 2014, to reform drug policy by reducing punishment.
To change national and international drug policy it seems necessary to bring in positions that can challenge the control- and punishment paradigm. Some recent examples of this will be discussed.

Helgi Gunnlaugsson:
Professor of Sociology, University of Iceland

Extreme drug policing in Iceland: Civil liberties and the public good

In this presentation the drug problem will be examined through an analysis of drug controls and drug enforcement. When the drug problem became an international concern in the late 1960´s, local Icelandic authorities responded in an unusual fashion by establishing a separate drug police to be formally supervised by an independent drug court.
Many of the measures adopted by the local police were in large part inspired from US police enforcement of controlled substances: from the so called war against drugs. It appears that these local agencies were given considerable discretion to exercise its powers, almost as if the end, curbing the drug problem, justified the adopted means. A case in point was the frequent use of unauthorized house searches, wire-tapping and frequent use of solitary confinement of their suspects during police investigation of their cases.
Even though it can be argued that strict enforcement and cultural aversion of controlled substances has helped in containing usage of drugs in Iceland, it will be contended here, that these control measures have had the latent function of expanding social control, in particular over subordinate groups: of

the young in society and those most vulnerable to abuse of hard drugs in society.
The number of those who have been arrested for possession of drugs in recent years and what it involves for those concerned will be discussed. Finally, a brief look at the current situation of drugs controls will be presented to see if any changes can be detected on the horizon in the near future.

Nanna W. Gotfredsen:
Exec. dir. Gadejuristen // The Street Lawyers

The drug policy seen from "the street lawyers"

Gadejuristen mener

- at ethvert individ har ret til at kunne opretholde sundhed, livskvalitet og respekt for sin autonomi
- at et velfærdssamfund bør formå at rumme og integrere stofbrugere og andre socialt udsatte på deres egne vilkår og præmisser, der må lyttes til og involveres i alle spørgsmål vedrørende deres forhold - nothing about them without them
- at den nuværende narkotikaindsats, herunder forbuds-, kontrol- og strafpolitikken, er forbundet med enorme skader for stofbrugerne såvel som for samfundet. Kriminalisering som middel til at løse alvorlige sociale problemer er på mange måder komplet uegnet og kan endda fremme det stik modsatte af hensigten
- at reguleringen af rusmidler såvel som reguleringen af øvrige fænomener, der i sig har alvorlige sociale problemer, bør baseres på evidens, tolerance, inddragelse af dem det drejer sig om, retten til sundhed og på retssikkerhed i bredeste forstand.

Gadejuristen arbejder med

- inddragelse af og konkret og helhedsorienteret hjælp og støtte til den enkelte stofbruger og øvrige udsatte medborgere
- projekter der understøtter en evidensbaseret udvikling i indsatsen for stofbrugere og øvrige udsatte medborgere
- rådgivning, undervisning og oplæg til organisationer, myndigheder m.v
- udvikling og forbedring af den overordnede ramme og målsætning for stofbrugernes og øvrige udsattes forhold og vilkår

Udsatte EU-borgere HAR ret til adgang til herberger
Siden 2008 har det været antaget, at danske kommuner ikke må hjælpe

hjemløse EU-borgere, fordi de ikke har lovligt ophold og derfor ikke, på samme måde som danske hjemløse er berettiget til hjælp efter serviceloven.

Godt nytår - med frit valg af medicinsk behandlingssted fra 1. januar 2015
Mens nytårsraketterne blev fyret af, ophørte også stavnsbindingen af stofafhængige i substitutionsbehandling. Hør mere den 21. januar 2015 i Mariakirken i Istedgade fra kl.

Skybrudssagen kommer nu for retten
En dommer skal nu endelig tage stilling til sagen, hvor hjemløse flaskesamlere søgte ly for skybruddet i en skolegård. En helt igennem pinlig sag for politiet, mener Gadejuristen.

Facebook
Ønsker du at involvere dig i frivilligt arbejde, donere tid eller støtte, har du spørgsmåll til os, eller kunne vi eventuelt bidrage med noget information, så tag endelig kontakt til os

Donate
Besøgs- og postadresse:
Værnedamsvej 7A, 1. 1819 Frederiksberg C. (med Vesterbro på det modsatte fortov)

Tlf. +45 33 31 00 75
Fax +45 33 31 00 78
kontakt(at)gadejuristen.dk
CVR: 25048482

Hovedadresse:
Gadejuristen Gasværksvej 6A, 1. 1656 København V.

Bestyrelsens sammensætning:
Jørgen Kjær, København
Kristian Andenæs, Oslo
Liese Recke, København/Vestfold
Peter Ege, Charlottenlund
Anja Bloch, København
Marianne Schouw, København
Jesper Vad Kristensen, Aarhus

Gadejuristen, stiftet i 1999, er en privat organisation, der yder udgående retshjælp og andre ydelser til og for udsatte mennesker.

Medarbejdere:
Nanna W. Gotfredsen
Cand. jur, gadejurist, medstifter
nwg(at)gadejuristen.dk
Mobil: 26 79 19 69

Charlotte Guldberg Olsen
Socialrådgiver og projektmedarbejder
cgo(at)gadejuristen.dk
Mobil: 20 34 70 36

Birgitte Arnoldsen Ahrenkiel
Cand. jur., gadejurist og projektmedarbejder
baa(at)gadejuristen.dk
Mobil: 51 55 74 37

Jónas Orri Jónasson & Helgi Gunnlaugsson:
Sociologist, Data Analyst, Reykjavik Metropolitan Police
University of Iceland

Moral panic in Icelandic society: Arrival of ecstasy to Iceland

Public opinion is often influenced by the mass media. Researchers have formulated a wide range of theories on media impact and public opinion. One of the better known is the one put forward by Stanley Cohen on moral panic. Suddenly a social problem emerges taking a lot of space in the mass media, causing a major concern among the general public and relevant government institutions; requiring exceptional remedies. A specific social group is often targeted and believed to be responsible for undermining and threatening the moral foundation of society.

The use of illegal drugs has several times been shown to ignite a moral panic in society. When a previously unknown drug appears to be used on a widespread basis the media typically reports on this new drug and the threat it poses to societal values and interests. The drug, which has had the greatest impact on fear in Icelandic society in recent years, is most likely ecstasy. Ecstasy use created a major public and media uproar in the Icelandic society in the 1990´s, as it did in many other countries as well. Public survey results from 1997 showed for instance about 50% of the Icelandic population believing drug use to be the biggest crime problem in the Icelandic society.

In this article the arrival of ecstasy to Iceland, in the early 1990´s, will be discussed and analysed. This is a case study of newspaper coverage from

1990-1997. How did the general public, mass media and the government react to this new threat?

Paul Larsson:
Politihøgskolen i Oslo

The normalization of extraordinary police methods

The presentation will deal with the use of so-called extraordinary methods or high policing primarily used in the investigation of drug crimes. Drug crimes have the last four decades been presented as one of the worst of evils to society. Methods that used to be reserved for political crimes and acts that threatened society were introduced as tools in the investigation of drug crimes. The presentation will analyse the methods, their use and will try to say something about the consequences of the spread of such methods.

Jussi Perälä & Tuukka Tammi:
University of Helsinki

Current drug policy challenges in Finland

Our presentation deals with the reorganization of Finnish drug policy during the past two decades. After a somewhat stormy debate in Finland around the turn of the century, different policy lines have now peacefully aligned with each other. This so-called dual-track model has become the new paradigm in Finnish drug policy: both public health-oriented harm reduction and criminal control approaches are well established and expansive. Related trend can be recognized also in other countries.

We will also discuss three current trends as the new drug policy challenges in Finland. The first of these is the rapidly increased domestic cultivation of cannabis. It is estimated that some 40,000–60,000 people in Finland have at least sometimes tried growing cannabis, and there are thousands of active growers. The homegrown cannabis – at the moment the most used illegal substance in Finland – will also be a theme for some parties in the forthcoming parliamentary elections. The second trend within the drug markets is the New Psychoactive Substances (NPS) and the related shift of the drug markets to the Internet. The third major trend is the increasing illicit use of prescription drugs, especially benzodiazepines and medical opioids. According to recent estimates, 50,000–100,000 people in Finland use prescription drugs for non-medical purposes on a more continuous basis.

These three novel phenomena set the policy-makers into a new kind of situation where the traditional methods in regulating drugs are not necessarily applicable.

Ole Røgeberg:
Senior Research Fellow, Frisch Centre, Oslo

Three blind spots in the cannabis policy debates?

Summary: Global drug policy over the last decades has been dominated by a focus on prevalence of use as the relevant outcome measure, with policies predominantly being pulled from the criminal justice toolbox. In recent years, there appears to be a growing emphasis on health and social outcomes (e.g., "harm reduction" approaches), and a growing concern over the violence and crime experienced in "supplier countries." These shifts have helped made drug policy more responsive to unintended negative consequences of past approaches. However, there may be more concerns still largely ignored. The recent debates on cannabis policy triggered by legalized recreational cannabis in two US states and the nation of Uruguay can be used to illustrate three remaining "blind spots": The trade-off between harms-from-use and harms-from-illegal-markets within societies, the subjectively valued benefits of drug use, and the value of new knowledge gained by policy experimentation.

Contributors

Johan Edman
Associate Professor, Deputy Director, Centre for Social Research on Alcohol and Drugs (SoRAD), Stockholm University
johan.edman@sorad.su.se

Peter Preben Ege
Specialist in Community Medicine, former Chief Physician in Social Medicine
p.ege@dadlnet.dk

Hedda Giertsen
Professor of Criminology, Department of Criminology and Sociology of Law, University of Oslo
hedda.giertsen@jus.uio.no

Nanna W. Gotfredsen:
exec. dir., Gadejuristen, The Street Lawyers, Copenhagen
nwg@gadejuristen.dk

Helgi Gunnlaugsson
Professor of Sociology, University of Iceland
helgigun@hi.is

Jónas Orri Jónasson
Sociologist, Data Analyst, Reykjavik Metropolitan Police
jonas@lrh.is

Paul Larsson
Professor, Norwegian Police University College, Oslo
Paul.Larsson@phs.no

Jussi Perälä
University of Helsinki, Department of Social Research/Centre
jussipp@gmail.com

Ole Røgeberg
Senior Research Fellow, Frisch Centre for Economic Research, Oslo
ole.rogeberg@gmail.com

Tuukka Tammi

Department of Mental Health and Substance Abuse Services, THL, Helsinki
tuukka.tammi@thl.fi

Photo on page 1:

"Protect Our Youth! Save our Children! Stamp Out Prohibition!"
http://www.ncc-1776.org/tle2010/tle572-20100530-03.html
Photo from Boston, Copley Plaza in 1932 showing members of the *Women's Organization for National Prohibition Reform*, presenting reasons to end prohibition: "SAVE OUR CHILDREN! — STAMP OUT PROHIBITION!" (in Jack A. Cole (LEAP): *This is not a War on Drugs – it's a War on People* http://www.slideshare.net/WilliamFried/end-prohibition-now-with-index)