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Swedish Drug Policy in the Twenty-First Century: A Policy Model Going Astray

By LEIF LENKE and BOERJE OLSSON

ABSTRACT: During the 1990s, the drug problem in Sweden stabilized in spite of a heroin wave on the European continent and in the United Kingdom. The preconditions for this control policy are discussed, as are the advantages of the Swedish drug control model with its massiveness regarding prevention, treatment, and repression. When drawing conclusions from the 1980s, focus has been placed on zero tolerance and dissociation of harm reduction activities in connection with the economic crisis that, although temporary, hit Swedish society in the 1990s. This resulted in the control policy's having a list so that preventive measures and treatment had to give in on behalf of further strengthening of the police in the drug control model. The change in focus toward an even more pronounced zero tolerance approach did not yield any visible results regarding drug use. Experimenting with drugs and heavy drug use increased considerably during the 1990s.

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This article provides an overview of Swedish drug policy and places it in a political and social context. A further objective is to make use of a comparative perspective to make the reading easier to grasp for non-Swedish and particularly non-European readers. The article employs a historical approach, and aspects of both the drug problem and drug policy are described in chronological order.

THE 1960s—
A PERIOD OF OPTIONS

During the 1960s, Sweden benefited from having been able to avoid becoming entangled in the war. The economy was booming due to the great demand for Swedish industrial products needed to rebuild Europe. Politically, Sweden was a stable society with a low degree of political polarization. The Social Democrats had been the dominant political party since the 1930s, and parties on the radical Left as well as on the radical Right were marginalized. The largest opposition party was the Liberal Party and not the Conservatives, but this latter group, as will be described below, successively strengthened its position and took the lead by the end of the century. Civil society was strong and was supported by a tight structure of organizations such as labor unions, farmers’ organizations, and people’s movements such as the temperance movement, tenant organizations, and so forth.
The drug question during the 1960s

To the surprise of many, the affluent welfare society did not eradicate crime and social problems as many had believed quite strongly that it would prior to World War II. Instead, crime rates soared during the post-war period and a number of youth cultures developed.

The challenges that drug use and drug problems pose to a particular society are dependent not only on specific developments in drug patterns and trends but also on any peculiarities in a society's historical, moral, and social contexts. To understand Swedish drug problems and policies, at least some of these factors must be highlighted. One such factor that is often striking to non-Swedish observers is the long historical dominance of amphetamines, as opposed to heroin, as the substance of choice among problem drug users.

The legal use of amphetamines did not constitute, or at least was not defined as, a social problem during the decades preceding the 1960s. Beneath the surface, however, a process had started that would transform or redefine drug use from being an individual medical problem to being a public social/legal problem. The widespread availability of amphetamines constituted one necessary precondition, while the incorporation of this substance into the criminal subculture constituted another and definitively triggered the public concern (Olsson 1994).

Until the first half of the 1960s, the medical profession actively fought to maintain traditional medical definitions of drug problems. They struggled to combat initiatives whose aim was to introduce stiffer sanctions against drug-related activities. As it was framed at the time, such a course of action was felt to be tantamount to criminalizing an illness. Traditional medical remedies were, however, not capable of curing what were obviously social problems, and by the mid-1960s, the medical community had withdrawn from the public discourse around the drug issue (Olsson 1994).

The subcultural use of amphetamines, however, continued to grow, and as more coherent drug policy measures were put together, international youth trends meant that cannabis was also becoming popular among Swedish youth, which transformed what had been a general anxiety into something approaching a public panic. Experimental drug use among the young peaked in the early 1970s and subsequently followed a decreasing trend that lasted until the final years of the 1980s. The remaining years of the twentieth century were characterized by an increasing trend that had yet (in 1999) to reach a peak (see Figure 1).

In the 1960s, Sweden actually went as far as trying a prescription program that probably went even further than the programs developed in the United Kingdom under the so-called British model of the 1960s. One hundred forty clients were prescribed large doses of amphetamines as well as opiates. The program was halted after eighteen months with regard to the very liberal prescription practice. The project was “evaluated” by Nils Bejerot, who would later play an important role in the
Swedish drug policy debate. The project was labeled a catastrophe and the cause of the Swedish drug epidemic.

In spite of the indisputably very liberal prescription practice, the Swedish Drug Treatment Commission of 1969 came to the conclusion that the program had not reduced criminality (other than drug crimes) in a significant way. On the other hand, it did not claim that the program had had negative consequences as regards the recruitment of new drug users, a conclusion that was confirmed later in a reevaluation of the program (Lenke and Olsson 1998a).

**THE 1970s—RECONSTRUCTION “FROM BELOW”**

The 1970s in Sweden were a period of transition. The very strong economic growth that had placed Sweden among the top nations in relation to per capita GNP came up against external problems. The oil crisis and the structural problems experienced by the shipping industry, for example, led to the first—albeit limited—youth unemployment since World War II.

In the political arena, the Social Democrats lost ground. An agrarian party (the Center Party) gained more than 20 percent of the votes, and for the first time since the 1930s, a coalition of the Center-Right was voted into office in 1976, which then governed until 1982.

During the 1970s, the drug question successively assumed an increasingly central position in the political arena. The drug issue was successfully socially constructed. Central actors in this process were a number of grassroots nongovern-
mental organizations (NGOs) that gained support from the new government. Another important actor was the bureaucracy of the national police, which had been centralized and nationalized in 1965 (Kassman 1998).³

The role of the NGOs in Sweden has not yet been the object of a thorough social and political analysis. It would be difficult, however, to overestimate the significance of their influence. The three dominant NGOs (not counting the RFHL⁴) all had their roots in the ideology of the Sweden’s radical temperance movements.

The temperance movement

The temperance movement had lost much of its once very strong position in Swedish society through its support of the abolition of the alcohol rationing system in 1955. This may seem a little odd to non-Swedish readers, but it is related to the movement’s strict zero tolerance or prohibitionist profile. That the state produced and distributed alcohol and thus legitimized the alcohol culture was not acceptable to the radical branches of the temperance movement. This stands in sharp contrast to the more moderate temperance movements on the European continent (including Denmark), which chose to view the alcohol question from a public health perspective—rather than as a moral issue—and focused on liquor as the major alcohol problem. The Swedish radical temperance movement instead—like their allies in Finland, Norway, and Iceland as well as in North America—saw beer as the stepping-stone to hard liquor and thus sometimes as an even more dangerous enemy than liquor itself (Lenke 1991).

As a result of this ideology, the Swedish temperance movement formed an “unholy” alliance with the alcohol liberals—mostly conservatives—to abolish a control system whereby the state effectively legitimized the consumption of alcohol. One effect of this “revolutionary” approach was a very sizable increase in alcohol-related harm, which in turn created a crisis within the movement from which it never really recovered.

The drug question made it possible for the temperance movement to enter the political and public arena again. With their strongest political support coming from the center—particularly the Liberals—they were now able to make progress once again. As a consequence, Sweden witnessed the introduction of the first new alcohol restrictions for many decades, including among other things a prohibition on the sale of strong beer in grocery stores. As is discussed below, the revival of the temperance movement—even if only temporary—may also have been a significant event in relation to the drug question.

The drug control NGOs

The various drug control NGOs had different profiles. One was an organization for the parents of drug users that fought, among other things, for compulsory treatment programs for drug users. Such a course of action had hitherto been an option only for the treatment of alcohol abusers.
Another movement is the Hassela Solidarity Organization, with political ties to the Social Democrats. The National Association for a Drug Free Society has also been an important player. This movement, and to some extent the others as well, have as their ideological father a medical doctor, Nils Bejerot, whose ideological roots lay in the authoritarian Left and the Swedish temperance movement. He worked for the Swedish police as a medical expert and played a central role in the strategy to involve the police in the “crusade” to convince both the public and politicians that the drug question should be resolved in a certain way. As models of a successful strategy, he looked to the situation in Japan in the 1950s as well as to China’s drug policy during the postrevolutionary period (i.e., transportation to labor camps).

By the end of the 1970s, it is reasonable to say that Swedish drug policy had shifted its profile. The focus had moved from international syndicates and the treatment of “drug victims” to a police-oriented strategy whose objective was to clear the streets of drug pushers. These were to be placed in compulsory treatment to stop this “contagious disease,” which is how drug use was portrayed to the public. From then on, all forms of possession of drugs were to be prosecuted and were to lead to at least a fine.

Compulsory treatment for adult drug users—which was one of the central demands made by the NGOs—was introduced in the early 1980s. The time limits, however, were rather restricted (maximum six months), and the main purpose of this type of treatment was to motivate drug users to undergo treatment in other forms.

The high profile of the drug question was thus cemented, and massive preventive programs were launched by means of which people were made to believe that drug use was the root of many social problems like criminal careers, prostitution, HIV, and so forth. In an opinion poll of 1980, 46 percent reported drug misuse to be the social problem that worried them most (Olsson 1994, 1). In another poll of 1984, 95 percent thought drug use should be criminalized.

The same government also revived the activities of the—at that time rather passive—European drug control collaboration conducted within the framework of the so-called Pompidou Group. This was achieved by joining with Norway in the provision of economic resources (and by moving the group from the European Community to the Council of Europe, where Sweden and Norway were members).

In “the problem stream,” to quote Kingdon (1984), heroin was introduced on the Swedish market, and amphetamine use had been spread outside the big cities. The peak in drug use in general, however, took place already in the beginning of the 1970s.

THE 1980s—TOWARD ZERO TOLERANCE

The 1980s in Sweden have been characterized as the decade of the right-wing wave in politics. In the case of Sweden, however, this did not mean that everybody started to vote
for right-wing parties. It should rather be seen as a slow process whereby all the political parties took steps toward more right-wing positions. This swing in politics was undoubtedly influenced by the conservative successes of President Reagan in the United States and Prime Minister Thatcher in the United Kingdom.

The Social Democrats regained power in the 1982 elections, however, and fulfilled their promise to set up a governmental commission on the drug question. During the election campaign, the Social Democrats had already taken a tough stance to regain the initiative in the drug question. There was no new drug policy, however. A new and more pragmatic political process had started that might reasonably be referred to as “tango politics.” This term describes a political process wherein one party—in this case the Social Democrats—first “lost” the political discourse on how to handle the drug question. When the treatment-first approach was defeated by the Conservatives’ repression-first approach, the Social Democrats successively positioned themselves as close to the Conservative perspective as possible, hoping that the voters would no longer be able to see which party was really “leading the dance.”

The commission’s rhetoric was tough, but they in fact made only limited concessions to the repressive position. Penal law was strengthened marginally, but the commission did not recommend the criminalization of the mere use of drugs, as the opposition parties demanded.

After intense attacks from both the political opposition and the NGOs, including organized marches from the countryside to Stockholm with antidrug banners flying, the Social Democratic minister of justice gave in and criminalized drug use in 1988. The sanction was limited to a small fine.

The opposition campaign continued, arguing that mere criminalization was not enough. The imposition of a prison sanction was called for, as this would make it possible to impose urine tests. In a bill presented to the Swedish parliament of 1989-1990 (m 511), the Conservatives once again demanded heavier penalties, including life imprisonment for aggravated drug offences.

In the middle of the 1980s, the AIDS question surfaced in Sweden, taking an extremely alarmist form. A panic-like situation developed, as the new disease threatened to spread from the sexually very active intravenous amphetamine population to the general public. Extraordinary restrictive measures were imposed to control the spread of the disease. At the same time, however, a massive program was put in place to identify all drug users, to motivate them to get tested, and to offer them drug treatment (primarily on a voluntary basis).

This offensive drug policy came to be seen as the Swedish drug control model and gained wide recognition as it had a profile that corresponded well with the Swedish welfare perspective. It combined the extensive use of treatment with massive control measures in a social and political environment where marginalization
and poverty were at their lowest levels ever. At the same time, full employment, housing, and decent programs for refugees were at hand as never before and with few competitors abroad. Thus, the drug policy was implemented in an extraordinarily positive social period.

THE 1990s—RECONSTRUCTION “FROM ABOVE”

The context changed quite dramatically at the beginning of the 1990s. Sweden, which had managed to avoid the policies of the European Union with its more than 20 percent youth unemployment rates, went into a deep economic crisis. The second non–Social Democratic government since World War II was voted into power in 1992, and unemployment rose rapidly. The economic crisis created an enormous budget deficit that had repercussions for almost all public activities, with the public sector taking the brunt of the inevitable cutbacks. Treatment facilities, schools, hospitals, and community programs directed at the support of young people were cut drastically, and youth unemployment rose from 2 percent to almost 15 percent during a period of four years.

The new government also fulfilled its election promise to impose a prison sentence (maximum six months) for the use of drugs. This new level of sanction allowed the police to use extraordinary measures to secure evidence. In this case, it meant they were able to impose compulsory urine and blood tests on suspected drug users. The Swedish war on drugs now reached its peak, and the rhetoric started to level off. The new Swedish government institutionalized its own policy by creating a new control bureaucracy to take the lead in the implementation of drug policy in Sweden—the National Board of Public Health. This organization immediately profiled itself by organizing a conference and inviting an American Drug Enforcement Administration agent to outline drug policy priorities. It was no surprise that this speech was devoid of anything that might suggest to the listener that drug policy had anything whatsoever to do with social welfare. The focus was exclusively on control measures and the dissemination of information.

The new organization also produced a white book in four languages to describe the “successful Swedish control model” and to present the model to an international, and particularly a European, audience.

It is interesting to notice that this first white book on Swedish drug policy in 1993 did not mention social welfare as a relevant factor in Swedish drug policy (Swedish National Board for Public Health [SNBPH] 1993). In the 1998 version (under the Social Democratic government), however, social welfare is strongly emphasized. It says in a special section called “Drug Policy/Part and Parcel of Welfare Policy” that “a restrictive drug policy must go hand in hand with a policy that does not allow unemployment, segregation and social distress to grow” (SNBPH 1998, 8).
A kind of natural experiment had suddenly been created. The repressive aspects of drug control policy were maximized at the same time as the role played by other aspects of drug policy (which had often been ridiculed as "flower-powerish" in the context of the political discourse) was reduced.

The experiment was not a success. All indicators relating to all categories of drug use began to climb along a curve that has not yet reached a peak.

**ANALYSES**

*The low level of drug use in general*

The level of drug use in Sweden is without doubt relatively low from an international perspective. The prevalence of having used cannabis during the past year in Sweden is 1 percent of the general population. For countries with more liberal drug policies, figures are higher: Denmark at 4 percent and the Netherlands at 5 percent. Some countries are on even higher levels, with Spain at 7 percent and the United Kingdom at 9 percent (European Monitoring Center on Drugs and Drug Addiction 2000).

A closer look at specific categories of drug use indicates that the picture is not quite so clear-cut, however. As regards heavy drug use, indicated by the regular use of any drug or any use of intravenous drugs, the picture is not so clear. Case-finding studies are notoriously problematic when it comes to cross-national comparisons, and indicators of heavy drug use—such as drug-related deaths, for example—give a rather unclear picture.

Perhaps one conclusion can be established. The use of heroin—particularly intravenous heroin use—is comparatively rare in Sweden. It is not easy to explain the Swedish preference for intravenous amphetamine use, which has no correspondence in Europe. It appears, however, that the early establishment of a culture of intravenous amphetamine use may have had some kind of protective effect with regard to the use of heroin. There are clear indications that (intravenous) amphetamine users have regarded heroin use as something strange and dangerous. Studies of drug-related deaths confirm this picture to some extent since death rates are much lower for this category of drug use.

It is quite possibly also the case that the rather widespread use of amphetamines functions in competition with the much more expensive use of cocaine, with the result that up to now, the market for cocaine has been very limited in Sweden.

Drug-using cultures in Sweden have also shown a strong tendency to concentrate into isolated subcultures so that in spite of the existence of heroin cultures in both Stockholm and Malmo (close to Copenhagen), it took twenty-five years before a heroin epidemic hit Gothenburg, which is a city double the size of Malmo and situated between the other two cities.

Another protective factor in the Swedish case is the country's geopolitical position. A study of heroin seizures in Europe has shown that a peripheral position (i.e., Eire, Norway, Sweden, Finland) in relation
to the broad streams of heroin traffic in Europe (from the Balkans to Northern Europe) functioned as a protection against heroin misuse. Swedish social policy, particularly policies focused on combating youth unemployment, has served as an additional protective factor (Lenke and Olsson 1996 and 1998b).

One characteristic specific to the Swedish drug problem has been the extensive overlap with other social problems. There appears to be a very considerable overlap, for example, between theamphetamine epidemic and the population of "early onset juvenile delinquents" (von Hofer, Lenke, and Thorsson 1983; Olsson 1994). Thus, the introduction of intravenous amphetamine use in Sweden did not increase the risk of engaging in a criminal career across different birth cohorts. This led to the conclusion that narcotic drugs rather transformed the careers from early onset of general social problems, delinquency, and heavy alcohol use to an even more problematic career, and narcotic drugs were added to the criminal career profile, this without extending the size of the marginalized group.

Extensive overlaps of this kind are not reported from nations on the European continent, where heavy drug use is found to a significant extent in other social strata as well.

Finally, one group at risk of becoming heavy drug users in many European countries has been immigrants, especially second-generation immigrants. This group has been rather well integrated into Swedish society, however, and presents lower crime rates than first-generation immigrants, for example. This constitutes a positive idiosyncrasy in comparison to most other countries in Europe. Up until the 1990s, immigrants had not been overrepresented in the population of heavy drug users.

The temperance question

Another factor that must be assigned a central role in relation to patterns of drug use in Sweden is the remains of the influence from a long and strong tradition of temperance. Traces of this tradition are still to be found in Swedish alcohol policy, and when it comes to the rather strong short-term decrease in juvenile drug use in the 1980s, the explanation is most probably to be found in the alcohol political activities launched at the end of the 1970s.

Longitudinal surveys of drinking and drug habits among military conscripts have shown that drinking to intoxication has been a strong predictive factor for later experimentation with narcotic drugs. Around 15 percent of conscripts report regularly drinking to the point of intoxication (see Figure 1). Around 50 percent of those who have ever tried drugs are recruited from this group. For the more regular drug users, the figure is around 60 percent.

As can be seen from Figure 1, the rapid decrease in drug use during the 1980s was preceded by a corresponding decrease in drinking to the point of intoxication. Other empirical findings also suggest that it was the extensive integrated antialcohol and antidrug program rather than the police crackdown that resulted in the drop in drug use. Thus, it was not just
alcohol and drug use, but glue sniffing, that followed the U-shaped curve in the 1980s. Nobody has ever claimed that the police crackdown might have anything to do with the patterns of drinking to the point of intoxication\textsuperscript{15} (Lenke and Olsson 2000).

As can also be seen from Figure 1, all these begin to climb again at the beginning of the 1990s. The reason for this will be discussed below in relation to developments in the party political arena.

\textit{A “symbolic crusade”?}

To understand the heat of the Swedish drug policy debate, it would be helpful to draw one or two parallels to Gusfield’s (1980) study of the American prohibition movements of the early twentieth century. There are many indications, for example, that Swedish drug policy was not a policy created from above—as it was in the United States during the Nixon administration (Sharp 1994, 16).

It is more reasonable to interpret developments here as a process whereby the rural community in Sweden was making a final effort to regain control over the process of modernization, globalization, Europeanization, and the centralization of capital. The NGOs described above all had a stronger basis of support outside the big cities, and their programs stated quite explicitly that modern youth lifestyles (including drug use) were the main targets of their activities.\textsuperscript{17}

\textit{The partisan dimension of drug policy}

The NGOs, however, would not have succeeded so easily without the support of party political processes that had been stirred into action by their activities. When the Conservatives added drug policy to their law-and-order agenda, however, a peculiar process was set in motion. In sharp contrast to the more drug-liberal countries on the European continent, where the Conservatives who had been in power when drug policy was formulated chose to treat drug problems in the same way as alcohol problems, that is, as individual problems with the medical profession’s providing the “solution,” the Swedish Conservatives handed the drug issue over to the police, an organization well prepared to compete for more resources and social prestige.

When the Social Democrats responded with the strategy of tango politics as described above, the spiral did not turn into an open confrontation as quickly as it might have. The price that Sweden paid, however, was that the public debate focused on the drug problem withered away. As this strategy gave the impression of an absolute national consensus,\textsuperscript{18} the media also dropped their critical stance in relation to the drug issue and started instead to function as a public address system for official policy and the police. A climate was created in the public debate that led one author to describe the Swedish drug policy as having gradually developed into a “national project,” functioning to strengthen falling levels of social cohesion in a time of globalization (Tham 1995).
Researchers and other drug policy experts were in many ways placed in intellectual quarantine where they remain to this day. If experts bring up the drug question, the NGOs are inevitably awakened and take the opportunity to exploit space in the media to demand new restrictions from the politicians. The political parties either try to avoid the topic—the left-wing parties—or take the opportunity to gain votes—the Conservatives—by sharpening their law-and-order profile. Thus, the incentives for experts to try to introduce relevant facts into the debate are rather limited. One consequence is that public awareness slowly withers away, and anything can be presented as a fact in the debate without the risk of scrutiny.

Ignorance on the part of the media is the rule when it comes to attempts to inject a more nuanced picture of the problem into the drug control discourse. In the television media, the setting is even more problematic. To make a drug policy debate interesting, experts are invited exclusively in the role of full-blown legalizers and are forced to do combat with an NGO gladiator without the slightest requirement to keep to any rules of objectiveness and so forth.

There are many indications that the integration of the drug question into the law-and-order policy arena was a very fruitful strategy for the Conservatives. Until the 1970s, the non-Socialist wing of Swedish politics had been dominated by the Center and Liberal parties. By contrast with the Conservatives, these parties supported the temperance movement. In the course of the so-called right-wing wave of the 1980s, however, the Conservatives outmaneuvered their fellow bourgeois parties. The Conservatives’ very strong focus on the issue of law and order was most probably an important factor in this process.

Because of the strong focus on narcotic drugs—and thus no longer on the alcohol and drug question as a single integrated issue as it had been viewed during the 1970s—the Conservatives gained momentum. Since the Conservatives faced no real competition on the law-and-order question, the Center-Liberals invited the Conservatives to take the hegemonic position over the political right wing. As a consequence, the Center-Liberals lost the political strength to support not only the withering temperance movements but also the other social groups who were fighting the symbolic crusade described above.

**FINAL REMARKS**

There is an obvious risk of falling into a state of cynicism when discussing problems such as those described above. It should, however, be noted that there are some areas of light in the otherwise rather grim picture. There are a number of facts that should be added to this picture. Swedish drug policy is not the most repressive in Europe, for example. Maximum prison terms are higher in almost every other European country. The maximum penalty for drug crimes is imprisonment for ten years compared, for example, to fifteen years in Germany, sixteen years in the Netherlands, twenty years in
Spain, and thirty years in France and Italy (Dorn and Jamieson 2000, 9), and the Swedish prison population has not increased as a consequence of drug policy. This is in stark contrast to the situation in the Netherlands, for example, where the prison population has almost tripled during the past fifteen years.19

Another point is that the NGOs have never demanded draconian punishments and have not always supported demands from the police organization to be given extraordinary powers. Thus, the use of hidden microphones (bugging) is not permitted, nor are the police allowed to provoke people into committing drug offences. There is still no registration—outside of police arrest and conviction records—of drug users in Sweden, as can be found in the United Kingdom, for example. Nor are there any extreme rules of forfeiture.

It is unclear which direction drug policy will take in the future. A report published recently by a government commission, the Drugs Commission, titled The Choice—The Drug Policy Challenge provides an example of the confrontation between reality and idealistic visions. The commission stated that "there are big deficiencies in the area of drug policy" (Narkotikakommissionen 2000, 11). These deficiencies, however, are not related to the way in which the basic principles behind Swedish drug policies have been formulated during the past twenty years. The problems are seen almost entirely as consequences of cutbacks in public sector funding. The main conclusion drawn by the commission is that "Sweden’s restrictive policy must be sustained and reinforced" (Narkotikakommissionen 2000, 11). It is also important to emphasize the fact that according to its terms of reference, the commission was to stick with the basic principles of a restrictive drug policy and the goal of a drug-free society. In this respect, no reconsideration was allowed. In summary, drug policy as it has already been formulated is still perceived as the best possible. It is simply a matter of restoring it to its former glory. The question, however, is whether the reality that drug policy has to cope with is the same today as it was ten years ago.

One thing seems to be clear, however. A policy that once had been formulated from below has been taken over by the political establishment and is today to a very large extent steered from above. In this sense, the direction of Swedish drug policy has more in common with that of the United States than merely the zero tolerance approach.

Notes

1. The clients had a strong say in the size of their doses as the program was given under a nonauthoritarian model.

2. This evaluation was later checked with the use of modern time-series, which did not corroborate Bejerot’s results.

3. Eisner (1997), after having read our analysis of the strength and central role in the Swedish drug policy discourse, came to the conclusion that Switzerland would never have had its heroin prescription program materialized if its police forces had been centralized.

4. RFHL is a client organization for drug users established in 1965.

5. The parallels with the heyday of the temperance movement at the beginning of the twentieth century, when alcohol was said to be the root of almost all social problems, includ-
ing poverty, sickness, crime, illegitimate births, and so forth, are striking.

6. The Council of Europe is an organization of European nations. The Pompidou Group is a group of political representatives from each nation who meet annually to discuss and coordinate European drug policy. The Pompidou Group was established in the early 1970s by French President Pompidou as a gesture to meet the wishes of President Nixon after the revelation of the French connection in drug trafficking to the United States.

7. The most alarmist book was published by an institute directed by Nils Bejerot, mentioned above.

8. Sweden, in a comparative study of European countries, stands out as the country with the strongest emphasis on control of HIV programs and also individual HIV patients (Panchaud 1995, 81).

9. It is fair to say that the new government has not been blamed for the economic crisis, not even by the Social Democrats. Perhaps it has been blamed more for letting the recession go so deep.

10. Such tests have since been used at the rate of about ten thousand per year, which is also the number of persons arrested for crimes according to the drug legislation.

11. The Conservative party has, however, asked for life imprisonment as a maximum punishment for drug crimes.

12. Bertram et al. (1996, 107, 126) reported a similar party political institutionalization of the American drug policy with the creation of the Drug Enforcement Administration by President Nixon in 1973.

13. The reason for the epidemic’s reaching Gothenburg is probably to be found in the fact that a new “pipe-line,” to quote Reuter and Kleiman (1986), had been installed to supply the Norwegian heroin market. The heavy drug use problem in Norway has been dominated by heroin instead of the amphetamines that dominate in Sweden.

14. In 1999, 1 million of Sweden’s 9 million inhabitants were born abroad. A third were born in Scandinavia (mainly Finland), and a third in the rest of Europe. In the 1980s and 1990s, around 250,000 immigrants arrived from Asia (mainly Iran, Iraq, and Turkey), and 50,000 from South America and Africa each.

15. Glue sniffing shows the same development.

16. Sharp (1994) used the term “mobilization model.”

17. This interpretation differs partly from that of Boekhout van Solinge’s (1997), for example, who sees drug control policy in Sweden as a sign of “general backwardness” in the periphery of Europe. In fact, Sweden had an “endemic” intravenous epidemic many years before the Netherlands did.

18. This should not hide the fact that there is a strong consensus in Swedish drug policy. As mentioned above, there are, however, significant nuances when it comes to the relevance of social welfare factors as a precondition for the construction of drug policy.

19. The Dutch prison population rose from 20 to 84 per 100,000 inhabitants between 1975 and 1999, compared to a rise from 55 to 60 in Sweden (Home Office Statistical Bulletin 2000). An important reason for the Dutch increase is the increase in drug-related crimes and stiffer punishments for drug crimes in the Netherlands (von Hofer 1998, 166, referring to Dutch sources). (Corresponding rates for the United States are above 700.)

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