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“Hard-to-define abstract concepts”: Addiction terminology and the social handling of problematic substance use in Nordic societies

ROBIN ROOM

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The articles in this issue analyse the interplay between conceptualisations of problematic psychoactive substance use and its social handling. The project which resulted in these articles set out to compare conceptions of “problem use/misuse under the heading of crime, addiction, public nuisance or similar conceptions”. It is a sister project to one in the EU ALICE RAP project, led by Virginia Berridge, on the history of addiction concepts in European medical literatures.

In Nordic traditions, initially for alcohol but later also for other drugs, no very sharp line was drawn between habits and alcoholism or narcomania as a disease, and there was little interest in defining the difference. The articles offer evidence that the addiction concept had some currency in Nordic societies, although less than in Anglophone societies, so that it generally was not an overall governing image (Room, 2001). Besides addiction-specific terms, everyday language used terms (such as *missbrukare* = misuser in Swedish) which could include the concept, but did not clearly invoke it (rather like *inebriate* in English around 1890).

The studies cover a considerable period of time and four Nordic societies, finding substantial changes in each society in the concepts and terminology used. The changes reflected shifts over time in where the problematic behaviour was seen as located in the society and in the professions and institutions involved in the discussions. Looking across the articles, we can see that there was also variation by time and place in the meaning and emphasis in the concepts, and even more variation in the words used to denote the concepts.

The papers focus in particular either on tobacco or on “drugs” – by which is primarily meant the “controlled substances” now covered by the international drug control treaties. In a Nordic context, as more generally, there is thus a notable player not at the table: alcohol. Nordic legislation and institutions on psychoactive substances started from a concern with problematic alcohol use, which was a major social concern in Nordic societies for at least the last two centuries. Finland, Norway and Iceland had periods of national prohibition of alcohol sales, and they and Sweden had strict market controls of alcohol for most of the 20th century (Olsson et al., 2002). By international standards, Denmark also has had a substantial history of social concern about alcohol, although the temperance

movement was never as strong as in other Nordic countries (Eriksen, 1990). But alcohol has been the subject of much of the previous analysis of shifting conceptualisations of psychoactive substance problems and their interplay with policy and social handling in Nordic countries (e.g., Christie, 1965; Bruun, 1971; Sutton, 1998; Moeller, 2012; Sulkunen et al., 2000). The papers in this issue thus help to redress the balance, providing a base for a broader consideration of Nordic patterns in conceptualising and handling problematic use of psychoactive substances.

At the beginning of the 20th Century, Anglophone doctors concerned with psychoactive substances were inclined to lump together tobacco, opium and alcohol in a common conceptual frame (e.g., Towns, 1915). But, as Courtwright (2005) has documented for the U.S., the end result of the conflicts over temperance and the strong reaction against alcohol prohibitionism was to separate the substances conceptually. In official frameworks, internationally and in most societies, “drugs” (other than as medications) remained anathematised, tobacco use became largely banalised, and alcohol was considerably reintegrated into polite society, though problematic aspects remained recognised. In this context, a variant of the addiction concept, viewed as an individual deficit, emerged in the US, impelled by the lay thinking of Alcoholics Anonymous, as a way of reclaiming some attention to alcohol problems in a cultural environment otherwise intent on normalising drinking (Roizen, 2004). Sæbø (2014) provides evidence from Norway that, although there was an anti-tobacco movement in Norway in the early 20th century allied with the alcohol temperance movement, its membership was tiny (less than 1/300th) compared to the alcohol temperance movement’s membership. And Norwegian doctors at that time showed little interest in tobacco, with no mention of an addiction framing in the few medical discussions. There is thus little evidence in the Nordic world in the early 20th century of a broad pan-addiction conceptualisation in the manner of Towns (1915).

While the reaction against temperance thinking was less marked in Nordic societies than in the US and other Anglophone societies, there nevertheless was some tendency for drugs to be treated as a separate category from alcohol. In all Nordic countries, in the first half of the 20th century alcohol problem cases tended to be defined as an issue of welfare and social reintegration, and to be in the hands of social workers rather than doctors (Fleming, 1937). Edman and Olsson (2014) and Houborg (2014) show that in both Denmark and Sweden there was general medical acceptance of heavy drug use as a medical problem at least until the 1950s, as indeed Stenius (2012) also found for Finland. The heavy use was conceptualised clearly as addiction in Denmark, but less crisply in Sweden, where “misuse” (characterised as a disease) was the common medical term. As both papers indicate, doctors’ acceptance of a disease concept reflected that heavy drug use tended to be iatrogenic, an outgrowth of medical prescription. The social context of heavy drug use in 19th century Denmark was particularly congenial for a medicalised addiction concept, diffusing initially from Germany: chronic morphinists were primarily at least middle class, and were in close contact with the medical system as their drug supplier. Houberg recounts that from the early 1940s on, a new Danish term emerged, euphomania, reflecting the advent of amphetamines but used more broadly. This term seems to have remained fairly specifically Danish, used in Nordic literature primarily in a Danish context, although Rosenqvist & Stenius (2014) note its use describing Finnish youth drug use in 1969. The term did not make its way into English (it is not listed in the Oxford English Dictionary) except a few times in English-language Nordic articles.

As Houborg shows, the addiction framing for drugs lost its dominance in Denmark by the 1960s, as first a wave of marginalised users and then the youth counterculture of the 1960s took up drugs. In this circumstance, the drug problem was reconceptualised, as Houborg puts it, “from being mainly a medical and psychiatric problem to ... a sociological and psychological problem”. The initial terminology, “youth-euphomania”, a term which sounds somewhat ambiguous in terms of disapproval, gave way to the “drug misuse” terminology used also in other Nordic countries. The Danish drug treatment system which emerged in this era was set up in the welfare rather than the medical system.

Comparing concepts and terminology used concerning problematised drug use in Finnish social welfare journals during the first drug wave in the early 1970s and in the second wave at the end of the

1990s, Rosenqvist and Stenius (2014) find medical practitioners among the authors published in both periods. The authors note concerning responses to the first wave that a variety of terms are used concerning drug users, only some of which problematize the behaviour, and that the medical authors tended to be less optimistic than other authors. In the second wave, there was a change from conceptualisation of the drug problem as an epidemic among youth to a conception of addiction/dependence among marginalised users.
In the 1990s, "the medical profession is heard more often", the emphasis is more focused on problematic use, and terms like the Finnish equivalents of addiction and dependence are repeatedly used. Though the authors conclude that there is some evidence of greater medicalisation in the second period, the social work journals still maintained a "clear social perspective" in both periods on the nature of the problems discussed and the conditions of their occurrence.

As in Finland, the youth drug wave of the 1960s came relatively late and attenuated to Norway. Skretting (2014) notes that in this period drug use was initially regarded more as symptomatic than as a disease in its own right. By the late 1990s, it was regarded as a cause of diseases or death, and now potentially as a disease in its own right. Treatment was in the jurisdiction of the social services until 2004, and the overall policy emphasis was more on keeping drugs out of Norway than on the social handling of drug users. As a belated response to the AIDS epidemic, methadone substitution treatment was initiated in 1994. After 2004, with transfer of drug treatment to the health services, there has been a gradual change in official terminology to describe the heavy drug user from "abuser" to "dependent".

For tobacco, as both Elam (2014) and Sæbø (2014) note, Nordic societies were not alone in using other frames than addiction. It was not until the late 1980s that the addiction concept became accepted in Anglophone societies as a frame for tobacco smoking. Hellman, Majamäki and Hakkarainen (2014) show that in Finland, although a specific Finnish word for "addiction" has only relatively recently come into common use, both the concept and the word appeared already in discussions of tobacco in the Finnish professional medical journal in the 1970s. Comparing the 1990s and the 2000s, they find that the redefinition of tobacco smoking as nicotine addiction was about as rapid in popular discourse (in the highest-circulation Finnish newspaper) as in the medical journal.

The tobacco story differs from those for alcohol and drugs in that reproblematisation of tobacco smoking in the last half century has been kept largely in the medical realm (as illustrated both for Sweden by Elam and for Finland by Hellman and co-authors). This difference in social handling in part reflects the different legal status of drugs under the international drug treaties, but also reflects differences between substances in the comportment resulting from heavy use – a source of problems for alcohol and drugs, but mostly not for tobacco, with which the problems are largely medical and long-term. The way has been clear in recent decades for doctors to act and indeed to become the primary "moral entrepreneurs" for change both at the individual patient level and societally.

Tobacco thus seems to have offered the simplest choice of conceptualisation, once the behaviour is problematised. Either smoking is a habit, or nicotine use is an addiction. As a habit, the treatment is to buttress willpower with moral suasion – whether by a medical clinician or a priest. The point of switching to an addiction concept is that it justifies an argument that moral suasion will often not be enough: this is a compulsion, an overwhelming loss of control. An addiction concept sends us in search of a medication buttress of some sort.

As can be seen most clearly for tobacco, but is also true for opiates, one of the functions of an addiction concept is thus that it justifies, in the end, maintenance therapy, however undesirable that may seem initially. Skretting (2014) notes the general unease in Norway about opiate substitution therapy, an unease only to be overcome by a strong belief in addiction as an inexorable driver of continued heavy use. In the case of tobacco, the end result of the Swedish initiatives described by Elam (2014) has been maintenance by the same psychoactive substance, nicotine, which is the source of the addiction. Even here, with a psychoactive substance which in customarily dilute form carries few intrinsic harms, there has been considerable resistance to allowing the substitute

formulation to be attractive or for the substitution to continue indefinitely. For opiates, it has been generally more societally acceptable to substitute another, cross-dependent substance – e.g., methadone or buprenorphine – than to maintain on the same substance, e.g., heroin. For alcohol addiction, also, societies have generally been uncomfortable about facilitating alcohol maintenance, although there are scattered examples of such initiatives (e.g., Caplow & Bahr, 1974; Cooper, 2012).

Another function of the addiction concept noted in papers in this issue is as a justification for coerced treatment. Inherent in the addiction concept is the idea that the addict cannot control their own behaviour, and this becomes a justification for coercion for the addict's own good. Edman and Olsson (2014) note that Swedish official committees, generally fairly sceptical about addiction conceptualisations and terms as "hard-to-define abstract concepts", nevertheless made use of "narcomania" and "dependence" as twin terms to legitimate compulsory care. Given the criticism in 1970s Sweden of the existing laws for the social coercion of street heavy drinkers as repressive class legislation, a justification for coercion on the basis of addiction was politically more attractive, and could even, Edman and Olsson report, somehow be characterised as "the voluntary solution".

In a policy context, the resort to language of addiction often amounts to a powerful argument for action: this is not just a habit -- using this substance causes users to lose control of their behaviour. In the words of the preamble to the 1961 Single Convention on Narcotic Drugs, "addiction to narcotic drugs represents a serious evil for the individual and is fraught with social and economic danger to mankind", and thus serves to justify unusually strong measures (Room, 2006).

Reading over the papers in this issue, an overall conclusion is that there has been increasing adoption of addiction conceptualisations in Nordic contexts in recent years. But the papers offer recurrent evidence that the concept and related terms were already fairly often resorted to in policy arguments in earlier decades, even if the concepts and terms were not fully naturalised in the society. Edman and Olsson (2014), in particular, show that Swedish official committees time and again resorted to the concept and associated terms as a form of what Edman and Stenius (2014) have termed "conceptual carpentry" – as tools in arguments for predetermined policy preferences at particular historical moments, even if the use, as Edman and Olsson remark, was often "somewhat vacuous".

Psychoactive substances and their problems are a field of action in which both symbolism and pragmatism have been fertile motors of action, in Nordic countries at least as much as elsewhere (Room, 2005). For Sweden in particular, but to a lesser extent also for the Nordic countries in general, the papers in this issue suggest a radical split in recent decades: a pragmatic form of rationality has ruled for tobacco, while symbolic rationality has been dominant for drugs. The Swedish leadership on nicotine substitution therapy documented by Elam is matched by Sweden's lone position as the only country in the European Union in which *snus*, a smokeless tobacco with the carcinogens removed, can be legally sold – a policy which can be argued to have been a pragmatic and strong harm reduction measure (Gartner et al. 2007). On the other hand, symbolic considerations can be argued to have dominated in the Swedish and Norwegian commitment to a drug-free society as the aim of drug policies (Tham, 1995). In Finland in recent years, on the other hand, Hakkarainen has argued that the situation has reversed: tobacco policy has become more driven by symbolism (Hakkarainen, 2013), while pragmatic rationality in the form of harm reduction measures has got a strong footing in drug policy (Hakkarainen et al, 2007).

In the papers in this issue, illustrations can be found of the usefulness of an addiction conceptualisation in the arguments for both kinds of rationality. As we have noted, an addiction concept can be used both as an argument for harm reduction and as an argument that the stakes are too high for ordinary pragmatic measures.

References

Bruun, K. (1971). Finland – the non-medical case. In L. G. Kiloh & D. S. Bell (Eds.), *29th International Congress on Alcoholism and Drug Dependence. Sydney, Australia, February, 1970*, (pp. 545–559). Australia: Butterworths.

Caplow, T. & Bahr, H. M. (1974). *Old Men Drunk and Sober*. New York: New York University Press.

Christie, N. (1965). Temperance Boards and interinstitutional dilemmas: a case study of a welfare law. *Social Problems, 12*(4), 415–428.

Cooper, S. (2012). Vancouver group pitches free booze to reduce rubbing alcohol, Listerine consumption. *National Post*, 10 January. http://news.nationalpost.com/2012/01/10/vancouver-group-pitchesfree-booze-to-reduce-rubbing-alcohollisterine-consumption/

Courtwright, D. T. (2005). Mr. ATOD's wild ride: what do alcohol, tobacco, and other drugs have in common? *Social History of Alcohol & Drugs, 20*(1), 105–40.

Edman, J. & Olsson, B. (2014). The Swedish drug problem: Conceptual understanding and problem handling 1839–2011. *Nordic Studies on Alcohol and Drugs*, 31(5–6), 551–568.

Edman, J. & Stenius, K. (2014). Conceptual carpentry as problem handling: the case of drugs and coercive treatment in social democratic welfare regimes. *International Journal of Drug Policy, 26*(2), 320–328,

Elam, M. J. (2014). From the birth of the Smokers' Clinic to the invention of Nicorette: Problematizing smoking as addiction in Sweden 1955–1971. *Nordic Studies on Alcohol and Drugs*, 31(5–6), 467–484.

Eriksen, S. (1990). Drunken Danes and sober Swedes? Religious revivalism and the Temperance Movements as keys to Danish and Swedish folk cultures. In B. Stråth (Ed.), *Language and the Construction of Class Identities: The Struggle for Discursive Power in Social Organisation: Scandinavia and Germany after 1800* (pp. 55–94). Gothenburg: Gothenburg University.

Fleming, R. (1937). The management of chronic alcoholism in England, Scandinavia and Central Europe. *New England Journal of Medicine, 216*(7), 279–289.

Gartner, C. E., Hall, W. D., Chapman, S., & Freeman, B. (2007). Should the health community promote smokeless tobacco (snus) as a harm reduction measure? *PLoS Medicine*, *4*(7). http://heartland.org/sites/all/modules/custom/heartland_migration/files/pdfs/30124.pdf

Hakkarainen, P. (2013). Tobacco Road Finland – How did an accepted pleasure turn into an avoidable risk behavior? *Social Science & Medicine, 98*, 253–259.

Hakkarainen, P., Tigerstedt, C., & Tammi, T. (2007). Dual-track drug policy: Normalization of the drug problem in Finland. *Drugs: Education, Prevention and Policy 14*, 543–558.

Hellman, M., Majamäki, M., & Hakkarainen, P. (2014). The implication of the concept "nikotiiniriippuvuus" in the Finnish tobacco discussion. *Nordic Studies on Alcohol and Drugs*, 31(5–6), 485–502.

Houborg, E. (2014). Construction and handling of drug problems in Denmark from the 1870s to the 1980s. *Nordic Studies on Alcohol and Drugs*, 31(5–6), 527–550.

Moeller, K. (2012). The freedom to drink and the freedom to sell drink: a hundred years of Danish alcohol control policy. *Journal of Policy History, 24*(3), 499–517.

Olsson, B., Ólafsdóttir, H. & Room, R. (2002). Introduction: Nordic traditions of studying the impact of alcohol policies. In R. Room (Ed.), *The Effects of Nordic Alcohol Policies: What Happens to Drinking when Alcohol Controls Change?* (pp. 5–16).

Helsinki: Nordic Council for Alcohol and Drug Research, NAD Publication 42. http://www.dldocs.stir.ac.uk/documents/nad42.pdf

Roizen, R. (2004). How does the nation's 'alcohol problem' change from era to era? Stalking the social logic of problem definition transformations since Repeal. In S. Tracy & C. Acker (Eds.), *Altering the American Consciousness: Essays on the History of Alcohol and Drug Use in the United States, 1800-2000* (pp. 61-87). Amherst: University of Massachusetts Press. http://www.roizen.com/ron/postrepeal.htm

Room, R. (2001). Governing images in public discourse about problematic drinking. In N. Heather T. J. Peters & T. Stockwell (Eds.), *Handbook of Alcohol Dependence and Alcohol-Related Problems* (pp. 33-45). Chichester, UK, etc.: John Wiley & Sons.

Room, R. (2005). Symbolism and rationality in the politics of psychoactive substances. In: Lindgren, B. & Grossman, M., (Eds.), *Substance Use: Individual Behaviour, Social Interactions, Markets and Politics*, (pp. 331–346). Advances in Health Economics and Health Services Research, vol. 16. Amsterdam, etc.: Elsevier.

Room, R. (2006). Addiction concepts and international control. *Social History of Alcohol and Drugs 20*, 276–289. http://historyofalcoholanddrugs.typepad.com/SHADv20n2Room.pdf

Rosenqvist, P. & Stenius, K. (2014). Medicalization of the social perspective: Changing conceptualizations of drug problems in Finnish social care and substance abuse treatment. *Nordic Studies on Alcohol and Drugs*, 31(5–6), 551–568.

Sæbø, G. (2014). Away with tobacco? On the early understandings of tobacco as a problem and the associated attempts at political regulation of tobacco 1900–1930. *Nordic Studies on Alcohol and Drugs*, 31(5–6), 443–466.

Skretting, A. (2014). Governmental conceptions of the drug problem: A review of Norwegian governmental papers 1965–2012. *Nordic Studies on Alcohol and Drugs*, 31(5–6), 569–584.

Stenius, K. (2012). "Problematic intoxications": conceptualizing "abuse" of drugs in postwar social treatment legislation in Finland. *Contemporary Drug Problems, 39*(3), 537–564.

Sulkunen, P., Sutton, C., Tigerstedt, C., & Warpenius, K., (Eds.) (2000). *Broken Spirits: Power and Ideas in Nordic Alcohol Control*. Helsinki: Nordic Council for Alcohol and Drug Research (NAD). http://www.nordicwelfare.org/Publications/NAD442publication/NAD-PUBLIKATION-Nr-39/

Sutton, C. (1998). *Swedish Alcohol Discourse: Constructions of a Social Problem*. PhD monograph, Sociology. Studia Sociologica Upsaliensis 45. Uppsala: Uppsala University Library.

Tham, H. (1995). Drug control as a national project: the case of Sweden. *Journal of Drug Issues 25*, 113–128.

Towns, C. B. (1915). *Habits that handicap: The menace of opium, alcohol, and tobacco and the remedy.* New York: The Century Co.