The Swedish system under threat: studies in Swedish social policy, 1988-1996

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THE SWEDISH SYSTEM UNDER THREAT


by Arthur Gould

A doctoral thesis submitted in partial fulfilment of the requirements for the award of Doctor of Philosophy of Loughborough University

12th August 1997

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To Karin Forsgren-Evans
Synopsis

Sweden once enjoyed the reputation of being the modern society - successful economically and socially, steering a 'middle way' between capitalism and socialism. Even during the 1980s, it maintained a commitment to full employment and a high standard of state welfare. The work presented here - published between 1988 and 1996 - describes the way in which the country has faced a series of real and perceived threats from inside and outside its boundaries. While international competition and globalisation have brought about major economic changes with consequences for unemployment, public expenditure and the welfare state, there has also been a concern about the possibility of increased drug-taking, particularly amongst young people. The reaction to the former has been to make cuts in welfare benefits and services but to resist the dismantling of the 'People's Home'. The reaction to the drugs issue has been to follow an abstentionist policy - the restrictive line - with the aim of creating a drug-free society. Both the reluctance to concede the necessity of restructuring the welfare state and the creation of a moral panic around drugs, can be explained by a cultural defence of values which are important to Swedish society - rationality, order and sobriety. Section I of this submission is concerned with the development of drug policy; section II with the decline of the welfare state.

Acknowledgements

I would like to thank the Nuffield Foundation for the financial assistance they have given me for research visits to Sweden in 1986, 1987, 1989 and 1992

Note on referencing

A convention often observed in referencing using the Harvard system is to indicate the page number of a source by following the year with a colon and a number (e.g. Benson 1995: 20). Unfortunately the Swedish authorities use a similar system to indicate the number of a particular official publication in a series. SOU 1995: 20 for example means the twentieth publication in the SOU series published in 1995. I have therefore indicated page numbers by using 'p' or 'pp' (Benson 1995 p 20).
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<td>AMS</td>
<td>The national labour market board</td>
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<tr>
<td>ATP</td>
<td>Sweden’s state earnings related pension schemes</td>
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<td>CAN</td>
<td>Central association for information on alcohol and drugs</td>
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<tr>
<td>DN</td>
<td>Dagens Nyheter, a national quality newspaper</td>
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<td>DsA</td>
<td>Department of employment - publication series</td>
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<td>FMN</td>
<td>Parents against drugs - voluntary organisation</td>
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<td>LO</td>
<td>Federation of manual trade unions</td>
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<tr>
<td>LVM</td>
<td>Law on the compulsory care of substance misusers</td>
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<td>LVU</td>
<td>Law on the compulsory care of young people</td>
</tr>
<tr>
<td>RFHL</td>
<td>National association to help addicts</td>
</tr>
<tr>
<td>Riksdag</td>
<td>The Swedish parliament</td>
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<tr>
<td>RNS</td>
<td>National association for a drug-free society</td>
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<tr>
<td>TCO</td>
<td>Federation of white-collar trade unions</td>
</tr>
<tr>
<td>SA</td>
<td>Means-tested social assistance</td>
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<tr>
<td>SAF</td>
<td>Federation of employers' associations</td>
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<tr>
<td>SAP</td>
<td>Social democratic party</td>
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<tr>
<td>SCB</td>
<td>Central bureau of statistics</td>
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<td>Syringe exchange schemes</td>
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<td>SKR</td>
<td>Swedish kronor</td>
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<td>SoL</td>
<td>Social services legislation</td>
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Preface

When I began to take an interest in developments in Sweden in the 1970s, knowledge of and interest in the country was widespread. Now I find students barely know where the country is on the map. They no longer cite the reputation (probably mythical anyway) of Swedes for sexual permissiveness. They know about Volvo and IKEA, but have forgotten Björn Borg and Abba. Few articles on Sweden appear in the press; even less references are made to the country on TV and radio. In the age of post-Fordism, postmodernism and post-structuralism, even social scientists have turned their backs on what was for long regarded as the example of a modern society. For all its present troubles, however, Sweden remains a country from which there is much to learn.

Only with the publication of my analysis of the coverage of articles on drugs by the Swedish press (appearing here as chapter nine), did I feel that I had a body of work worthy of a PhD submission. When you look back at ten years work, there is much that you have said that you would rather hide or forget. But there has been some satisfaction in feeling that certain issues have been doggedly pursued. Section I, in particular, for me, represents something akin to an archaeological find, the excavation of which I continue to find fascinating.

Submitting previously published papers and chapters for a PhD may sound like an easy task. If it were possible simply to bundle up offprints and photocopies and write an introductory chapter, it would be. At Loughborough, we are required to present each item in the uniform format required of a PhD. Unfortunately, I had through accident, negligence and even design failed to keep all my past work on floppy discs. This meant that most items had to be scanned in our Computer Centre. The process was not without its problems. Before I could even begin the laborious process of ensuring a uniform format, I had to correct scanning errors. These were legion. The scanner misread words, end-note numbers, pronunciation and Swedish letters. When it did not mis-read, it seemed to incorporate word-processing instructions used by the original publisher, which remained a mystery to me. I have tried to the best of my ability to eradicate the mass of inconsistencies and errors I was faced with, but some remain (it has not been possible, for example, to replace all the ‘straight’ quotation marks produced by the scanner with those produced on any decent word-processor). I apologise for any remaining blips. The hard graft apart, this has been an enjoyable experience.

I would like to thank all my friends and colleagues in Stockholm, Karlskoga and Örebro for the help and friendship they have given me. I’d like to thank my colleagues at Loughborough for the companionship and the stimulating environment they provide. In particular, I am grateful to Professor Billig for his willingness to act as my Research Director. This submission is dedicated to my Swedish teacher, Karin Forsgren-Evans, without whom, none of this material would have seen the light of day. Last, but not least, my thanks go to Andrea, min fru, bästa vän och älskare.
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INTRODUCTION

This thesis consists of a number of original papers which have documented developments in contemporary Sweden. Section I concerns an area of Swedish policy - the debate about drug issues and drug policy - which, to my knowledge, has not been covered by any other non-Swedish scholar. The few Swedes who have made significant contributions to the study of the debate, with the exception of Henrik Tham, have had a focus different from mine (Tham 1991). Recent developments in the Swedish welfare state, the subject of Section II, have of course been of interest to a number of academics. Swedish researchers, however, often lack the broad social policy focus of their British counterparts, while non-Swedish researchers usually lack the language skills necessary to study Swedish material. The papers collected here document changes in the 1990s and can be said, in more ways than one, to follow on from those of Sven Olsson in the 1980s (Olsson 1986, 1987, 1988, 1989).

If there is one theme which can be said to underly these studies, it is that of a system under threat. Many Swedes have felt threatened by the forces of globalisation, divided over whether to relinquish national autonomy to the EU, worried about abandoning their military neutrality, concerned about the invasion of alien values and habits. It is in the context of these circumstances that the debates about the changing nature of Swedish drug policy and its welfare state have to be understood.

The selection

The papers and book chapters selected for this submission date from the first time I was in a position to make use of the Swedish language - which I had begun to learn in 1984 - on a visit to Karlskoga and Örebro in 1986. I had already become aware of a debate in Sweden about the numbers of children taken into care around 1980 and had written an examination of the relevant arguments and statistics (Gould 1987). The visit, financed by the Nuffield Foundation, was intended to examine the way in which the system of providing contact persons and contact families to individuals and
families who were in touch with social services, actually worked in practice. A chance reading of a report on Örebro county’s drug policy led me to see a connection between a number of different aspects of the work of Swedish social services departments - voluntary and compulsory measures for children in need of care, social assistance and alcohol and drug policies. On my return, I wrote a book around four case studies called *Conflict and control in welfare policy* (Gould 1988). Subsequent changes to drug policy preoccupied me for the next few years. Three of the chapters of the book and most of the papers written subsequently form Section I of this submission.

An invitation in 1992 from Professor Catherine Jones (as she then was) to contribute to a book on European welfare states was the starting point for a number of attempts to describe contemporary developments in the Swedish welfare state (Gould 1993). The latter form the basis for Section II of this submission.

My criterion for including papers and chapters in this work has however been that they contribute a degree of coherence to the whole. I could have included more papers from refereed journals but those which would have detracted from the coherence sought, have been rejected. From my two books, I could have selected the more theoretical chapters, but even these were felt to be inappropriate and I have chosen instead to summarise or cite relevant passages in this introduction. What I hope helps the various chapters here to hang together is the fact I have been monitoring developments in Swedish drug policy and Swedish social policy over a comparatively short period and that my manner of investigating these phenomena has not changed drastically during that time. There is, I would argue, a degree of thematic, methodological and theoretical continuity.

Inevitably some overlap occurs in Section I where I felt obliged in each separate piece to explain some aspects of Swedish social services, the temperance tradition and what was meant by the *restrictive line*. In Section II, similarly, separate items required some statement about ‘the golden era’ of the Swedish welfare state.

I would like first to explain how I went about my work and secondly to spell out the initial theoretical assumptions I was making. This will be followed by an account of the main findings of each section and an attempt to bring these together.
Methodology

Many of the chapters which form Section I have resulted from research visits to Sweden, funded by the Nuffield Foundation. The visit in 1996 to Karlskoga and Örebro was directly concerned with interviewing contact persons/families. The material I collected on social services, the social assistance dispute surrounding Alby and the debate surrounding the Örebro Drug policy programme was an indirect result of that visit (chapters 1-3). In 1989, Nuffield again financed a research visit to enable me to compare drug and alcohol policies in two counties - Örebro and Leicestershire (chapter 4). This involved qualitative interviews with a variety of professional workers and local politicians. In 1992, Nuffield again provided me with the funds to investigate the controversy surrounding syringe exchange schemes (chapters 6 and 7). This time, I found myself interviewing all the leading figures engaged in a national debate. I discovered early on that prospective interviewees often preferred the Swedish Institute to co-ordinate arrangements for study visits and this they did with proficiency. On these and other occasions I have been able to gather material relevant to other projects.

Chapters 5 and 8 were the result of keeping up with events through Swedish newspapers and periodicals and subsequently obtaining the necessary government reports and parliamentary debates. I began to receive second-hand copies of Swedish newspapers from the Swedish Embassy in London and to subscribe to journals produced by pressure groups involved in the debate about drug policy, Narkotikafrågan and Slå Tillbaka (later Oberoende). The Swedish equivalent of HMSO has always been prompt in dealing with requests for government and commission reports and the Riksdag's library has been a valuable source of information including reports of parliamentary debates.

The content analysis of how the Swedish press presents drug issues (chapter 9) not only took the longest time from conception to publication of anything I have written but also involved the most manual and clerical work. For six months I would travel down to the Swedish Embassy in London to collect a month's supply of the four national newspapers, carrying my heavy bundles by hand on bus and train. Selecting the articles and coding them was very time-consuming (in the chapter I refer only to
the articles on illegal drug but in reality I coded everything from alcohol, tobacco and medicinal drugs). Finally, I had to learn how to use SPSS in order to carry out the quantitative analysis and to select items for qualitative analysis. What had started in November 1991 resulted in one publication five years later!

The work in Section II on developments in the Swedish welfare state has been a consequence, a by-product, of more specific projects and is almost entirely based upon published, primary and secondary sources. The Swedish Embassy has been willing to send me second-hand copies of *Dagens Nyheter* (the Swedish equivalent of the British *Guardian*) on a monthly basis - enabling me to keep abreast of current social, political and economic events. In the last five years I have been able to build up a comprehensive file of press-clippings on almost every aspect of social policy and a range of social issues. A few years ago, I also discovered an excellent official publication, *Riksdag och Departement* (Parliament and Ministry) which summarises every important public document and enables one to chart the policy-making process from beginning to end.

**Theoretical starting points**

I would argue that there are certain theoretical assumptions underlying these chapters and that in most of them there is an attempt to relate the findings to contemporary theoretical concerns. As an undergraduate (1969-71), I was exposed to the functionalism of Parsons and Merton but at a time when they were being heavily criticised by conflict theorists such as Rex and Dahrendorf. The underlying assumption, that we can grasp the essence of a social system but that it has to be analysed in terms of change and conflict, has stayed with me. When neo-Marxist critiques of social policy emerged in the 1970s (Kincaid, 1971, Gough 1979, Ginsburg 1979), I could accept the significance that they attached to the 'determining' aspects of a capitalist economy but remained convinced that the state, the labour movement, and what I had called the *salaried middle class* (Gould 1981, 1982) possessed a greater degree of relative autonomy than their accounts suggested. As will be obvious, I could not entirely dismiss more pluralistic accounts of social stability and change.
I was also influenced at an early stage by cultural anthropologists such as Raymond Firth and Ruth Benedict. Firth referred to the “enduring elements in social activity” and Benedict to “patterns of culture” (Firth 1961 p 30, Benedict 1961). My visits to Sweden, the familiarity with the language and my acquaintance with recent developments have on the one hand strengthened a conviction that while global economic factors have had a major effect on Swedish society, the final outcome is the result of a range of conflicting forces which can be explained in pluralistic terms and with reference to cultural factors.

Section 1: Swedish drug policy

*Conflict and control in welfare policy: chapters 1-3*

As I have already indicated *Conflict and control* was also concerned with issues surrounding children and families in need of care. It began, however with a discussion of *social control*. After examining a number of, particularly neo-Marxist, accounts of the controlling aspects of social policy, it concluded like Joan Higgins, that monolithic accounts, though useful, devalued the genuinely humane and even radical aspects of welfare (Higgins 1980). Similarly, many of the contributors to *Social control and the state* criticised a tendency amongst theorists such as Foucault to ignore the complexity of the evidence (Cohen and Scull 1985). *Conflict and control* concluded that the controlling elements of Swedish welfare had been inadequately addressed in conservative, Marxist, left libertarian and social democratic accounts (Gould 1988, chapter 8). It seemed to me that critiques from the right which blamed state socialism and those from the left which attacked welfare capitalism were mistaken.

My analysis of the four case studies suggested that on issues of control much could be explained by authoritarian and libertarian alliances across the left/right divide. In the debate on children in care libertarian pressure groups from the left and the right criticised the alleged tendency for Swedish local authorities to remove children from their parents too readily; the *responsibility model* for dealing with social assistance claimants was supported by both hard-line marxists and those on the right; and the
restrictive line on drugs had attracted support from both the authoritarian left and the authoritarian right.

**Subsequent developments in drug policy: chapters 4-9**

In the later chapters on drug policy, I went on to qualify the earlier explanation in terms of libertarian and authoritarian alliances by reference to Sweden’s temperance tradition, the important part played by the pressure groups RNS (National Association for a Drug-free Society) and FMN (Parents against Drugs), the personal influence of Ministers such as Sigurdsen and Westerberg, the structure of social services, and the country’s economic difficulties.

While I was writing *Conflict and control*, the paper on the 1988 legislative changes (chapter 4) and the *Social Policy Review* chapter on the two counties (chapter 5) I had felt personally detached from Sweden’s drug policy debate. I had no personal involvement in drug issues and no particular axe to grind. But by the time I got to the syringe exchange issue (chapters 6 and 7), I was becoming critical of the moral panic that was beginning to stifle the liberal contribution to the debate. A Swedish colleague in the liberal camp, however, was still able to compliment me (if it was a compliment) on my “objectivity”. However, with the introduction of prison sentences for ‘own use of drugs’, I found myself becoming more partisan. The Minister for Health and Social Affairs, Bengt Westerberg, wrote a blinkered ‘restrictive’ reply to my paper on ‘pollution rituals’ (chapter 8) and my response to him in turn was rather intemperate (Westerberg 1994, Gould 1994b). I had by now become convinced that there was something intolerant and McCarthyite about the restrictive camp and its adherents.

The term ‘moral panic’ appears in the title of chapter 6 and in the introduction to chapter 8 but is hardly discussed. However, its use is well justified by the chapters in Section I, taken as a whole. It is clear from Cohen’s original exposition and a recent discussion of the concept (Cohen 1972, McRobbie and Thornton 1995) that the events I have described constitute an over-reaction by Swedish politicians, professional workers and the press.
[Moral panics] are a means of orchestrating consent by actively intervening in the space of public opinion and social consciousness through the use of highly emotive and rhetorical language which has the effect of requiring that ‘something be done about it’. (McRobbie and Thornton 1995 p562)

The influence of the restrictive camp over time has become more pervasive, intolerant and demanding. I think I provide ample evidence of "emotive and rhetorical language" and state more than once that the impossible goal of a ‘drug-free society’ is forever demanding that something more extreme should be done.

Conflict and control demonstrated the existence, in the early 1980s, in Sweden, of a genuine and hard fought debate between liberals and restrictivists around a number of welfare/control issues including drug policy. But by the mid-1990s the language and assumptions of the restrictive lobby had become the prevailing consensus of politicians, the professionals and the press. The term drogliberal in Sweden, was a term of abuse. It was a way of saying your ideas are wrong, irrelevant, dangerous and unacceptable. To make a liberal statement about drugs was to be un-Swedish, in the same way that saying something socialist in the U.S. was seen as un-American in the McCarthy era.

The later papers in Section I increasingly point to the nationalistic elements in statements by politicians and the press. In the first paper on syringe exchange schemes (chapter 6) - gaining inspiration from the work of Henrik Tham - I point out how:

Time and again in the....debate it was claimed that other countries had capitulated to the drug problem. Countries like Holland and the U.K....had allowed the problem to grow to a point where they had no option but to permit syringe exchange schemes. Sweden [it was said] was unique, however. It had created a comprehensive, caring network of drug agencies; it had criminalised drug use; it was firm in its stand for a drug-free society.

In chapter 7, I make the point that drug use and misuse in Sweden, in comparison with Britain, is seen as a much greater threat to national identity and character (the British
have other obsessions and fears - about which they can become just as irrational). This point is developed in chapter 8 where I try to apply the work of Mary Douglas to the threats imposed to the ‘boundaries’ of the individual and society; Crawford’s study of ‘self-discipline’ and ‘self-indulgence’; Åke Daun’s studies of the ‘Swedish mentality’; and Foucault and Cohen on social control. The paper on the press treatment of drug issues (chapter 9) adds further empirical evidence in support of these arguments with clear examples of the exaggeration of the effects of drugs, fears of the foreign and threats to the Swedish way of life.

Watney, in his analysis of press reactions to AIDS, argues that moral panics are not “discrete and discontinuous” (Watney 1987 p 42). They are the result of “rival and incompatible forces and values...involved in a ceaseless struggle to define supposedly ‘universal’ truths” (Ibid p 42). He goes on to say:

Moral panics do not speak to a ‘silent majority’ which is simply ‘out there’ waiting to listen. Rather, they provide the raw materials, in the form of words and images, of those moral constituencies with which individual subjects are encouraged to identify their deepest interests and their very core of being (Ibid p43).

I take this to imply that moral panics only work when they address deeply-rooted fears already embedded in a society’s culture. It is for this reason that I would argue that my work on Swedish drug policy documents a clear example of the unfolding and ‘mechanics’ of a classic moral panic.

This work on Swedish drug policy also led me to devise a Drug Attitude Scale which I was able to use to demonstrate that (a) there was a clear distinction between the attitudes of professionals in Sweden and Britain and that (b) there was a link between attitudes towards drugs and nationalism. The paper in which these results were published has not been included in this submission but it lends support to the findings presented in Section I and shows that this work has made a useful and discrete methodological and theoretical contribution to the drug policy literature (I).
Section II: the Swedish welfare state

**Capitalist welfare systems: chapters 10-13**

*Capitalist welfare systems* tried to explain what was happening to Western welfare states by reference to the related processes of post-Fordism and Japanisation. Others had already argued, notably in *New Times*, that capitalism was entering a new phase in which a core-periphery work-force, decentralisation, privatisation, consumerism, flexibility, business corporatism and welfare pluralism were principal characteristics (Murray 1989). Lash and Urry in describing the same process as *disorganised capitalism* (1987) had looked to the United States to explain what was happening in Western Europe. I suggested that the emergence of Japan and the economies of East Asia was a more likely determining force. Others had used the term Japanisation to describe the influence of Japanese management methods. I argued that business corporatism, a weak labour movement and welfare pluralism were already well-established features of Japanese capitalism. The fact that Thatcherism had adopted similar practices in the 1980s and that the Swedes in the early 1990s were beginning to do so, indicated that Japanese competitiveness through an increasingly globalised economy was forcing similar changes in Western Europe (Gould 1993, chapters 1 and 14). A new convergence was beginning to emerge. The recent work of Jeffrey Alexander has lent support to this analysis through his argument that there is a “neo-modern” convergence which owes as much to economic developments in the Far East as it does to Western capitalism (Alexander 1995).

It is perhaps relevant to point out that a recently published reader on post-Fordism and the welfare state said that *Capitalist welfare systems* was, “the most explicit attempt to apply post-Fordist theorising to social policy and welfare” (Burrows and Loader 1994 p 10).

**Subsequent developments in Swedish social policy: chapters 14-16**

What I have done following the chapters in *Capitalist welfare systems* referred to above, is to try and document the changes that have taken place in Swedish social policy since 1992. Initially I had assumed that the forces of globalisation would force the Swedish welfare system down the same path as the British. What has happened since has partly confirmed that prognosis but in a heavily qualified way. It is clear
even now (mid-1997) that while economic pressures are making it difficult to justify high levels of taxation and public expenditure, internal forces within Swedish society are making it difficult to make the kinds of reductions and carry out the sort of restructuring which British Conservative governments, in the 1980s, accomplished with comparative ease and enthusiasm.

*Swedish system in turmoil: debate, conflict and change*, published here as chapter 14, was a contribution to a collection of papers edited by Edward Brunsdon and Margaret May on contemporary Swedish welfare. I was asked to write about the changing political and economic environment in which Swedish social policy was operating (Brunsdon and May 1995). The bibliography clearly shows that nearly all of the source material was published in 1993 and was in Swedish. The chapter outlines the various debates taking place in Sweden about the merits and demerits of a large public sector and extensive state welfare. There can be little doubt that the criticisms made by economists, academics and journalists and politicians were very powerful but they met with an equally powerful defence. Part of the success of Thatcherism in Britain was that it coincided with deep divisions within the labour movement. Although there were clear signs in the early 1990s, that the Swedish labour movement was losing some of its strength and was engaged in internal conflict, it remained a coherent force for resisting neo-liberal ideas and policies.

The debate about entry into the European Community - as it was then called - took place at this time and are described in the same chapter. For the first time it was possible to bring together my work on social policy and drug issues. Not only were there many Swedes who feared that entry into the EC would lead to a decline in their sovereignty and many positive aspects of the ‘Swedish model’, but an important part of the debate concerned the consequences of joining an institution in which the alcohol and drug policies of member countries were more liberal than in Sweden. Some people’s fears for their national identity were clearly bound up with fears about alien substances and policies. These fears were very real and were exemplified by the narrowness of the margin for EU membership in the 1994 referendum.

‘Sweden: the last bastion of social democracy’ (chapter 15) was a contribution to *European welfare policy* a collection edited by Vic George and Peter Taylor-Gooby in which they discussed how various countries were dealing with the problem of
'squaring the circle' - meeting increasing welfare needs and demands at a time of constant or declining public resources (George and Taylor-Gooby 1996). The individual contributions were intended to provide the empirical details about which the editors would theorise. However, within one's chapter it was possible to speculate about the changes that were taking place. By then, the Swedes had had another general election, in which the Social Democrats were given an absolute majority over the centre-right parties which had formed the previous administration but not over all parties in the Riksdag. This victory was remarkable since it demonstrated that the Social Democrats remained Sweden's natural party of government. At a time when it was generally realised that the economy faced difficulties and that public expenditure austerity was required, the party of the 'People's Home' was elected. This was clearly a rejection of neo-liberalism and demonstrated that Swedes were indeed reluctant to go down the path that other Western countries had chosen. Nonetheless, it was also clear that the new Government would be unable to increase social programmes and expenditure. I concluded that a process of re-commodification would continue albeit at a slower pace and with less enthusiasm than that adopted by the Centre-Right coalition.

The same material formed the basis of a comparative article co-written with Jochen Clasen entitled Stability and change in welfare states: Germany and Sweden in the 1990s (chapter 16). Not only did the act of comparison make the task a slightly different one, but the opportunity forced me to focus on the reasons for Sweden's reluctance to embrace a wholesale dismantling of its welfare state. These were:

- The difficulties of achieving a consensus on welfare reform for a four-party coalition (which itself had no overall majority).

- The appointment of Bengt Westerberg, the Liberal party leader, as Minister for Health and Social Affairs. He played a significant role in defending the principles of Swedish welfare.

- The institutional obstacles identified by the Lindbeck Commission - particularly the role played by interest groups.
• The acceptance of the need for a strong social state and the absence of a strong laissez-faire tradition.

As I said in that paper, it has not been easy to challenge a political culture in which, as Heclo and Madsen once claimed, “the social democratic project has become the nation’s project” (Heclo and Madsen 1986).

Discussion

While Sections I and II are quite distinct in terms of factual content, they share a coherent approach in two principal senses. Each illustrates the dynamic interplay of the socio-economic factors which contribute to the development of social policies and both describe the attempt by Swedes to defend their rational society.

The dynamic interplay of socio-economic factors

Much of the debate about welfare state development in the last twenty years has been between two schools of thought. One can be characterised by an emphasis upon the influence of the economy. Wilensky, arguing within an industrialisation thesis framework, claimed that economic factors combined with the age of the population and “bureaucratic outcomes” were the most effective in explaining (a) differences in welfare expenditure in health care and social security and consequently (b) the degree of social equality attained by a wide range of different societies (Wilensky 1975). Political factors, in contrast, were said to have very little explanatory value. Neomarxist accounts, published around the same period, also placed an emphasis upon economic forces by arguing that welfare systems were the outcome of conflicting class forces which in a capitalist society were bound, to a considerable extent, to reflect the values and interests of the dominant class (Gough 1979, Ginsburg 1979). These contrasting positions were interpreted by writers such as Korpi and Esping-Andersen as implying that politics didn’t matter (Korpi 1989, Esping-Andersen 1985 and 1990). Their own analyses of welfare states, public expenditure and equality
became known as the *politics matters* school of thought. They argued that the strength of the organised labour movement played a crucial role in providing security and bringing about a greater degree of equality for the working class. A related, though similar, set of conclusions was reached by Castles and MacKinlay, who preferred to suggest that it was not so much the existence of a strong party of the left, but the absence of a strong party of the right, that produced greater egalitarian outcomes (Castles and MacKinlay 1979).

Much of the comparative work cited above was based upon a static multivariate analysis of macro-level statistics. I have chosen to examine one society in depth and would argue that my work has illustrated the unique interaction of a range of factors in Swedish social policy development rather than their respectively discrete impacts. In both the section on drugs and the section on the welfare state, the interplay between the economic, the political, the institutional and even the individual were focused on. In the drugs debate, the changing nature of Sweden’s economy operated more as a background factor to institutional and cultural forces. When it came to the welfare state, economic factors had much greater impact but they were held in check by the dynamic interplay of political, institutional and cultural factors.

*An Apollonian culture?*

The second way in which I believe it can be said that my two sections cohere, is that each illustrates and reflects fundamental features of Swedish culture - those of rationality, order and sobriety. When Furniss and Tilton discussed the characteristics of the Swedish welfare state, social democratic politics were only one part of their explanation. They also emphasised the influence of a “paternalist” tradition, a “tradition of Christian charity” and “the *rationalist* [my italics] conception of preventive social policy” (Furniss and Tilton 1977 p 123). Tomasson who saw Sweden as the “prototype of a modern society” said of the Swedes that, “It is doubtful if any people have such a thoroughgoing commitment to science and secular rationality” (Tomasson 1970 p287). Similarly Jenkins, describing Sweden as “the organised society”, said that the country’s welfare benefits were “not the only - though perhaps the most dramatic - manifestation of the Swedish talent for organising, regulating and systematising life” (Jenkins 1969 p 74). Daun brought together a wide
range of studies in his book *Swedish mentality* and concluded that *self-control, sobriety and rationality* were recurring features of such studies (Daun 1989).

In Sweden, both social policy in general and drug policy in particular, reflect a cultural concern with rationality, order and sobriety. The Swedish welfare state was an attempt to create an orderly society in which the fluctuations of a capitalist economy were tempered in the interests of security, social justice and equality (Tilton 1979). Policies and programmes were planned and organised in the light of social scientific research. It is hardly surprising that such principles and values should also find expression in an hostility to behaviour of those who use alcohol and drugs excessively. The ‘alcoholic’ and the ‘addict’ represent the antithesis of people committed to a rational and orderly way of life. What we have here is a fundamental reflection of the dichotomy of the *Apollonian* and the *Dionysian* where the former represents *order, sobriety and moderation*, and the latter, *disorder, drunkenness and excess*.

This distinction can be applied to modern Sweden, where the Apollonian values of Swedish culture are seen as under threat both from without (the forces of globalisation, privatisation and decentralisation which reduce the ability of national governments to pursue national goals; the more liberal policies of European Union countries towards both drugs and alcohol) and from within (those who use alcohol and drugs to excess, the drug dealer, drug liberals). The *restrictive line* of Section I is Sweden’s defence against the Dionysian forces of excess and intoxication, while the welfare state of Section II is a symbol of order which prevents a capitalist society descending into free-market chaos.

This should not be taken to imply a simplistic, reified view of culture. I hope that the detailed accounts of the debates and conflicts in these chapters, are proof enough that I see culture as as much of a contested terrain as the structures of welfare organisations or distributive policies. Swedish *culture* cannot easily be defined. Not only has Sweden become a multi-cultural society through the arrival of immigrants and refugees from Southern Europe, the Middle East and Africa, but amongst Nordic Swedes, what constitute Swedish values and traditions is a matter for debate. Nonetheless, there is a *Swedish way*, however difficult it may be to pin down, which is embodied in a set of institutions and values. The advocacy of the restrictive line and
the defence of the Swedish welfare state are two of the ways in which this has been expressed by people who see themselves as under threat.

Conclusions
I would argue strongly, that the papers presented here not only represent a coherent whole but make an original contribution to the study of Swedish drug policy and Swedish social policy. Sweden may no longer be seen as a 'model' for others to follow, as it was in the 1960s and 1970s, but it remains a distinctive society, the study of which teaches us something about social and political processes and the human condition. It is of academic interest to observe how a particular society sees itself and organises itself and how it reacts to change. It is of political, and normative importance that we learn not only how to create a more just and more rational society but also what limits there are to such goals. Pursuing the ideals of a Drug-free Society and the People’s Home are, in this regard, instructive. Now that Sweden is a member of the EU, the reciprocal influence that member countries can have on each other’s social policies is of practical political significance (3). As, I hope, is clear from this submission, the lessons to be learnt from Sweden are both positive and negative.

Notes
(1) The Drug Attitude Scale was tested on a sample of Swedish and British drug agency workers. Although the sample was not statistically representative the results were quite remarkable.

Eighty drug agency workers and employees in statutory and voluntary drug organisations in Sweden and forty in Britain were asked to respond to an equal number of liberal and restrictive statements about drugs. Mean scores of, respectively, 1.0 and 5.0 represented the most liberal and restrictive positions possible. The mean score for the Swedes was 3.8 while for the British it was 2.0. Only three Swedes scored less than 3 (the mid-point of the scale) and no British respondent scored more than 3. One Swede had the highest score of 4.8 and a British respondent had the lowest - 1.0! (Gould, Shaw and Ahrendt 1996 p. 112)
The scale was subsequently refined, and used in a project funded by the ESRC as part of the British Social Attitudes Survey (BSAS). Although it was not possible to carry out a comparative survey of Swedish attitudes at the same time, it was possible to test the hypothesis that drug attitudes were somehow connected with nationalism. The BSAS survey also contained a number of questions related to national identity and immigration. These were correlated with the scores from the liberal/restrictive scale with results that can be seen in the table below.

As I said in a conference paper delivered to the European Social Science Group on Drug Issues:

On every item, there was a clear link between the respondents' attitudes towards the 'foreign' and their attitudes towards illegal drugs. Those more tolerant of other cultures were more likely to be liberal in their attitudes towards drugs, those more hostile to other cultures were more likely to be restrictive towards drugs (Gould 1997).

<table>
<thead>
<tr>
<th>Attitudes towards the 'foreign' by attitudes towards drugs</th>
<th>Liberal</th>
<th>Moderate</th>
<th>Restrictive</th>
<th>Very Restrictive</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of those with different attitudes towards drugs who agree that:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. The world would be a better place if people from other countries were more like the British</td>
<td>15*</td>
<td>19</td>
<td>30</td>
<td>45</td>
</tr>
<tr>
<td>2. Immigrants increase crime rates</td>
<td>10</td>
<td>18</td>
<td>28</td>
<td>36</td>
</tr>
<tr>
<td>3. The number of immigrants should be increased or remain the same</td>
<td>54</td>
<td>34</td>
<td>27</td>
<td>21</td>
</tr>
<tr>
<td>4. Immigrants make Britain more open to new ideas and cultures</td>
<td>73</td>
<td>56</td>
<td>50</td>
<td>39</td>
</tr>
<tr>
<td>5. Lots of good traditions will be given up if we stay in the EU</td>
<td>21</td>
<td>36</td>
<td>46</td>
<td>53</td>
</tr>
<tr>
<td>6. It is better for society if ethnic groups maintain their distinct customs and traditions</td>
<td>35</td>
<td>12</td>
<td>15</td>
<td>11</td>
</tr>
<tr>
<td>7. It is better if ethnic groups adapt and blend into the larger society</td>
<td>51</td>
<td>68</td>
<td>65</td>
<td>72</td>
</tr>
</tbody>
</table>

Source: (Gould, Shaw and Ahrendt 1996 p. 108)
* Each percentage excludes those NOT agreeing with the statement. Rows should not be expected to add up to 100

(2) Nietzsche used this distinction in the Birth of tragedy to describe two dialectically-opposing forces in Greek tragedy. According to Bryman, for Nietzsche, Apollo, "symbolises . . . a range of values and ideals . . . form, harmony, beauty, measure, moderation, self-restraint..." while Dionysus symbolises "ecstasy, excess, instinctiveness, disorder, chaos, impulsiveness and spontaneity" (Bryman p17). Bryman went on to show how "the Apollonian-Dionysian axis is a fairly central one to social thought" (p 33), which has been used metaphorically to describe types of culture, personality and ritual (p 24). Benedict used the metaphor to distinguish between the cultures of North American Indian tribes. The Apollonian Pueblos "loved moderation", and delighted in "formality" and "sobriety" (Benedict 1961 pp 68
"Drunkenness is repulsive to them", she explained. The surrounding Dionysian peoples valued "all means by which human beings may break through the usual sensory routine, and to all such experiences they attributed the highest value" (Ibid p 58). These included dreams, obtaining visions through sensory deprivation, frenzied dance, drugs and alcohol.

(3) The EU has not only recently ruled that the Swedish state's monopoly of retail sales of alcohol should be abolished, but as I showed in chapter nine, there was an earlier attempt to ban the 'national' drug - snus. There have also been calls by Stockholm's City Commissioner and the founder of ECAD (European Cities Against Drugs), Carl Cederstjöld, for Emma Bonino's resignation as an EU Commissioner because she has made a statement in favour of the legalisation of drugs and claimed that cannabis has never killed anyone (Stockholm City Hall 1996). John Yates has claimed that the budget of ECAD is paid for entirely by the Swedish state (Yates 1996). He also alleged that Swedish delegates to international harm reduction conferences use wrecking tactics.

To be fair, one ought to mention that Sweden is also trying to encourage other countries to make the reduction in unemployment an EU priority.

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SECTION ONE

Swedish drug policy
CHAPTER ONE
SWEDISH SOCIAL SERVICES
(Conflict and control in welfare policy, Chapter 3, 1988)

Introduction

When people refer to the controlling aspects of social welfare, they are not necessarily thinking of any one service in particular. Examples can be found in health care, education, social security, housing, social and employment services. Nor are they suggesting that control lies solely in the hands of officials and professionals. It also resides in the very nature of a wide range of policies, regulations and legislation itself. The four issues which form the basis of the case studies in part two [this refers to the original book], and which prompted the writing of this book, are however all drawn from one area of welfare policy - that of the social services. They are specifically concerned with the conflict between the voluntary principle and the compulsory principle. That is to say, they are about when and under what circumstances social services are entitled to force or compel clients to have help or treatment. Although the four case studies are contemporary, they did not suddenly arise in the 1980s. In order to understand their significance, it is necessary to examine the origin of the social services in Sweden and the lively and prolonged debate about compulsory care which led to the major legislative reforms of 1982.

What is generally known about Swedish social services is that the standard and provision of services for the handicapped, the elderly and young children is very high. The handicapped are integrated into the community. Elderly people are helped by a whole range of services to live a normal life within their own homes. The more infirm live in service houses which are purpose built so that they too can have flats of their own but within immediate reach of supporting social and medical services. Places in day nurseries and state-employed child minders have been increased to enable both parents to be employed if they so choose.

The last two decades have seen a sharp increase in resources - in terms of buildings, equipment and staffing - for these services. Only 4500 social workers were
employed by social services in 1960, compared with 25,000 in 1980. In local authority recreation services the comparable figures were 78 and 2000. Psychologists and other similar professional workers increased from 7000 to 25,000. Total employees went up from 35,000 in 1960 to over 160,000 in 1975 (Ronnby 1985 p. 68 and pp. 146-7). Between 1965 and 1975 the number of home helps for the elderly grew by 65 per cent and the hours they worked by 178 per cent. According to Ronnby 25 per cent of pensioners were getting home helps in 1980. The total of children in day-care increased from 17,000 in 1960 to over 300,000 in 1980. Of all pre-school children 37 per cent were expected to have day-care places with the local authorities by 1982 and 70 per cent of those with working parents (Ronnby 1985 pp. 171 and 179). Of 7-10 year old school children with a registered need for day-care before and after school hours almost 80 per cent had places in 1981 (Elmér 1983 p. 186).

What is less well known is how social services are directed towards the most deprived members of the community who have to depend upon social assistance and those with social problems of one kind or another. This lack of knowledge or interest may partly derive from the fact that it is known that the extensive and generous nature of the rest of the welfare state and the commitment to full employment has resulted in relatively few people having to depend upon social assistance and that those that do, do so for relatively short periods of time. Indeed, John Greve, in his report on low incomes in Sweden, actually said, 'Social assistance payments play a very minor part in social policy - utilising less than one per cent of expenditure on social policy and only a small share of spending on income maintenance.' (Greve 1978 p. 2).

The fact is that the poor and deprived in Sweden evoke the same range of responses in Sweden as they do elsewhere. There are those individuals and groups who regard recipients of social assistance as layabouts and scroungers and those who regard them sympathetically as victims of social pressures and circumstances. The effect of the welfare state has been to minimise the necessity for people to rely on such benefits for long periods of time. It has also meant a positive and generous response towards the plight of those with social problems compared with other countries dominated by a repressive poor law ethic like the UK, the US and Japan, but it would be a mistake to assume that the Swedes have had no such element in the development of their social services. It would also be a mistake to assume that
Swedish policies towards the poor and the deprived are unambiguously liberal, permissive and tolerant.

But to understand Sweden's distinctive approach to those beset by social problems one has to go back to the turn of the century - to a Sweden beginning the long path to industrialisation; to a Sweden used to dealing with the rural poor; to a Sweden with the problem of Nordic drinking habits. There we find a set of attitudes similar in many ways to those found in Victorian Britain.

**From poor law to social welfare 1900-1968**

Two things strike a foreign observer about the development of social welfare in Sweden. The first is that the early development of the system was quite repressive. The second is that laws and measures to deal with alcoholism had as much prominence as measures to deal with the elderly, the poor and neglected or 'depraved' children. All text-books on social welfare refer equally to child care laws, poor laws and temperance laws. As will be shown below the approach to each area has been similar and mutually reinforcing.

**The poor law tradition**

At the turn of the century the lower orders, their drinking and other problems were perceived first and foremost as a threat to the social order. As such they were worthy of, at best, charity and at worst punishment and chastisement. A strong, puritan work ethic was seen as something which the poor lacked and with which they needed to be instilled. The poor were responsible for the plight in which they found themselves. Given any type of assistance they would abuse it. Assistance was therefore given reluctantly. The conditions under which it was given were punitive in order to discourage all but the most needy.

Charity efforts were co-ordinated through the Central Organisation of Social Work (CSA) - a body similar to and in some ways modelled upon the British Charity Organisation Society. CSA was dominated by middle-class intellectuals with liberal, Christian attitudes who saw the handing out of poor relief as an opportunity to make people diligent, thrifty, and abstinent; an opportunity to make them responsible for
themselves and not parasitic (Ronnby 1985 p. 253). A leading figure, Ebba Paul, told a CSA congress in 1906 a story about a man who although obviously in great need and clearly entitled to assistance, nevertheless refused to apply for it. Instead of condemning the harsh circumstances of the man and his family, or the stringency of the poor law measures, Ebba Paul was only too delighted to find someone who was prepared to suffer for the principle that it was his duty to supply for his own (Mattson 1984 p. 95).

Members of this body had an impact on social welfare throughout the first half of the century and sat on many of the boards and committees that influenced or ran welfare services. Long after the social democrats had established themselves as the governing party of Sweden, such people continued to dominate aspects of social policy (Holgersson 1981 pp. 81-93). Many of the institutions for the poor, the elderly, children and alcoholics were run by private individuals and philanthropic organisations. They were characterised by strict rules and corporal punishment and a morally repressive tone. The able-bodied poor could be moved on from one parish to another (rotegång) and even be sold off to the highest bidder (bortauktionering).

Illegitimate children were often removed from their parents and foster parents were paid to bring them up. Often such children would be traded as a source of cheap labour. The first child care law in 1902 was unique in that it made compulsory care an administrative decision rather than the legal one it is in most countries [only with the reform in 1982 were the courts given the final say (Grönwall and Nasenius 1982 p. 34)]. In other words the decision about compulsory care was largely a matter for the local authorities and one in which the courts had little say. The Act also introduced both the concept of a compulsory legal guardian for illegitimate children and of an övervakare, a supervisor of families in which children were neglected, badly treated or whose behaviour was considered immoral or dangerous. Both the guardian and the övervakare were lay persons of upright character appointed by local committees.

**Early measures**

The övervakare was later used in the temperance law of 1916 - a law which, in its turn was to have a lasting impact on other welfare legislation. An övervakare could be appointed against the wishes of adults whose drinking habits were either a danger to
themselves or to others. Such an appointment was part of a sequence of measures or steps that the newly set-up temperance committees had to take in dealing with people with an alcohol problem. First an investigation would take place. If as a result the law seemed applicable, individuals would receive a warning; if the warning went unheeded instructions would be given; if these failed an övervakare would be appointed; and if this had no effect proceedings would be started to take the offending adults into care - into an institution for alcoholics.

The reasoning behind this approach was that the threat of stronger measures would act as a deterrent to the offending drinker - hence the nickname, 'the thumbscrew method'. Holgersson argues that those in favour of temperance had created institutions originally in the hope that alcoholics would use them voluntarily, but they were considered to be so awful that they remained empty. The only way to get them used was to force people into them (Holgersson 1981 p. 115). Another argument for compulsion was that alcoholics became so addicted to their habit that they could not make responsible decisions for themselves. It was therefore up to the authorities to act in their best interests - an argument used today for the compulsory treatment of drug addicts.

In 1918 and 1924, a new poor law and a new child care Act also set up elected local committees to deal with problem families and the poor. The thumbscrew methods were applied here also. Adults who failed to maintain their families could be forcibly placed in the workhouse as could beggars and vagrants. Nor were such people allowed to leave until they could show they were in a position to maintain themselves (Mattson 1984 p. 101). Old people whose behaviour was troublesome and disturbing could be taken compulsorily into old people's homes. Those in care under the Act were not allowed to vote, a decision which was reversed only in 1945 (Grönwall and Nasenius 1982 p. 36). In certain circumstances recipients of social assistance were obliged to repay the amounts they had received in benefit. These Acts did at the same time mark an improvement in the provision of outdoor relief and the quality of institutional care.

The scope for obligatory help for the poor was widened... 'rotegång' and 'bortauktionering' ... were abolished. Institutional care was further regulated.
Care for the poor could be given in their own homes, private lodging houses or institutions. Kommuns (borough or district councils) had the responsibility for old people's homes, which could also be managed by several kommuns jointly. The county authority was given responsibility for the workhouses for those who neglected to maintain their families, beggars and vagrants. (Holgersson 1981 p. 100)

Improvements continued to be made in the 1920s and especially after 1932 when the social democrats came to power. More emphasis began to be placed upon preventative measures and treatment, but the fundamental principles of thumbscrew methods and compulsion remained. In 1922 over 50,000 children were in care; 37,000 were fostered compared with 16,000 in 1970 (Holgersson 1981 p. 108). Institutions were gradually brought under state control and regulation, but even as late as the 1940s a famous Swedish novelist found it necessary to draw people's attention to the plight of elderly people in institutions. In the interests of 'social hygiene' the sick, the mentally handicapped and the elderly were often thrown together in the same institution. Many of the old people would have been able to look after themselves in their own homes with a bit of assistance, and bitterly resented institutional care.

What the early legislation had done was to recognise Sweden's transition from a rural to an industrial society. Poverty and social problems had been dealt with in one way by farmers and the parishes, but urbanisation and industrialisation required that welfare services be put on a wholly different footing.

**Welfare in the 50s**

A further bout of legislative improvements were initiated in the 1950s with a new temperance law in 1955, a social assistance law in 1956 and a child care law in 1960. Ration books for alcohol which had been introduced in 1917 were abolished. Unfortunately but perhaps inevitably this liberalising measure seemed to lead to an outbreak of heavy drinking, which, combined with a widening of the applicability of the temperance law resulted in even more individuals coming to the attention of the temperance committees. Elmér reports about 30,000 people being subjected to various measures each year in the 1940s although only about 1200 adults were in compulsory
care each year (Elmer 1948 p. 283). Holgersson quotes a figure of 39,000 measures in 1954, 73,000 in 1956, 81,000 in 1966 and 61,000 in 1975. The vast majority of these were investigations, the value of which was highly dubious. Compulsory measures including the appointment of övervakare accounted for 21 per cent of all cases in 1966 and 13 per cent in 1975 (Holgersson 1981 p. 180). Grönwall and Nasenius claim that the new Act increased the amount of control that the authorities had over the lives of individuals. Even their freedom to live and work where they chose was restricted (Grönwall and Nasenius 1982 p. 49).

The social assistance law widened the grounds on which local kommuns were obliged to give assistance to people in need and made it possible to help claimants with more than the means to get shelter, food and clothing. No longer were relatives obliged to repay the authorities for assistance handed out to their kin. Some considered the new law a break with the past. No longer was the aim to frighten and deter but to give claimants a right to assistance. Others thought that continuities with charitable and punitive attitudes persisted. Certainly the regulations concerning custody of those neglecting to maintain their families remained until 1964 (Grönwall and Nasenius 1982 p. 50).

The child care law tried to reduce the numbers of children taken into care compulsorily and signalled a change in attitudes that was to result in a decline in the number of institutional placements. Parents were given greater rights to approach child care committees and know the grounds for their decisions. But the attitude that the best way to deal with children in bad environments was to remove them from their pernicious influence persisted, and both the committees and the police were given greater powers to investigate young people. It would seem that any advance in the rights of individuals was counterbalanced by increased rights for the authorities also (Grönwall and Nasenius 1982 p. 52).

**Movement towards reform**
The 1960s was a decade in which Sweden was seen by the rest of the world as a prototype for a mixed economy which had successfully achieved the goals of economic growth and high welfare expenditure. It was clearly true that standards in health care and housing had improved enormously. Full employment and decent
unemployment insurance made it unnecessary for many to be on the dole. Better pensions, more home helps and assistance with transport made it possible for the vast majority of old people to lead independent lives.

But for many progressive Swedes this success was flawed. Rapid industrialisation had taken its toll on a population that had within the space of two generations been transformed from a rural to an urban society. While many had gained from increased affluence and welfare, many had suffered in the transition. Individuals and families had been uprooted from the declining to the more prosperous regions. Internal migrants and immigrants from abroad had not always found it easy to acclimatise to the prosperous cities they had moved to.

As in Britain and the US poverty was rediscovered. Books began to appear which referred to the unfinished welfare state, and which described the conditions of the more deprived sections of society (Sjöström 1984 p. 140). In particular they often noted how Sweden's archaic poor law tradition had not yet been satisfactorily reformed. There was increasing concern about alcohol consumption and the new problem of drug abuse. There was concern about the fact that the social problems of deprived families seemed to be transmitted from one generation to the next and that welfare services exacerbated rather than solved their problems. That those whom society had given the worst deal should be forced to have treatment, forced to have övervakare, forced to have care, was seen as unjust. The social welfare laws were described as class laws since they disproportionately affected the working class. What kind of a socialism was this, reformers were asking, in which the most vulnerable were still punished for their plight? And how could you expect the deprived to take advantage of social services when all the time they felt that the threat of compulsory measures would be hanging over them?

Sweden was seen to be a welfare leader in all major social services but was regarded by reformers as a laggard in dealing with social outcasts, the rejected, the casualties of the system. In general it was felt that social work services need a complete overhaul, and in particular the issue of compulsion needed to be faced. Compulsory institutional care was seen as expensive and inefficient. Treatment was either non-existent or, where it existed, it was ineffective. Whatever the manifest rehabilitative function of custodial care, its latent function was always punitive. Open
care, undertaken on a voluntary basis, was not only cheaper but was likely to be more effective, since it involved clients in a way that respected their dignity and their rights (Lindblom 1982 pp. 205 and 211).

Social work in Sweden had only begun to establish itself in the 1940s. Until that time what later became social work was either carried out by elected officials or lay people. Social assistance was often dealt with by administrative or financial personnel (Ronnby 1985 p. 254). Inevitably in its early stages, social work was dominated by a charity-oriented casework approach borrowed largely from the US. If any social theory influenced social work training in the 50s it was functionalist in tone. The task was to help people to adapt to society. The radicalism of the 60s began to turn this task on its head by arguing that there was something sick about a pursuit of economic growth that resulted in so many human casualties. It was time for social workers to act as advocates for their clients against an unjust system.

The reformers argued that family problems could not be dealt with in an isolated individualised fashion. The divided responsibility of child welfare committees, temperance committees and social assistance committees led to a fragmented approach to problems. What was needed was a unified approach to the totality of a family's problems; generically trained social workers employed by a unified social work service. Social work should not simply respond to problems and crises when they presented themselves on the doorstep but should engage in a preventative strategy through outreach and community work. Problems were there to be detected before they reached crisis proportions. Community resources and networks needed to be strengthened. Social workers should aim to influence the political and planning systems so that these responded to the needs of their clients.

In other words, exactly what the Seebohm committee in England was arguing for. But whereas the Seebohm committee spent a few years deliberating these issues with the result that the Social Services Act was implemented in 1970, the Swedes set up a Commission in 1968 which did not result in legislation until 1982.
From social welfare to social services (1968-82)

It is not unusual for reform to take this long in Sweden. Indeed most major reforms go through the same process. Education, pensions, health care had all experienced a lengthy and thorough investigation before reforms were enacted. Investigating Commissions in Sweden spend a long time collecting evidence from all interested parties and when they produce reports these are sent out 'on remiss' to those same groups for their reactions. This approach in the past had yielded thoroughly worked-out reforms which had the support of a broad consensus of political parties, pressure groups, trade unions, and local authorities.

The issue of compulsion

What was different about this particular reform was the more turbulent period that it straddled and the fact that it had to grapple with the issue of compulsion. It was a period in which the drug problem grew and problems associated with immigrants came to the fore. It was a period in which the social democrats became more radical and consensus between the parties decreased. Trade unions and employers came into conflict as Sweden's economy worsened. It was a period in which the electorate voted a coalition of the bourgeois parties into power after 44 years of social democratic governments.

Moreover the issue of compulsion proved to be a contentious one. While some opposed all forms of compulsion in the social services, many accepted that it was necessary for the young. Indeed most industrial countries have compulsory measures to take children into care either because their parents are mistreating them or because their own behaviour gives cause for great concern. Many countries have compulsory commitment for certain forms of mental illness. But Sweden was almost unique in having compulsory measures for adult alcoholics (Lindblom 1982 p. 205).

The Commission itself, at least initially did not take a particularly radical line on this issue. Many of the reformers therefore decided to combine their efforts in a Co-operative Committee for Social Welfare Questions (SSM) to press their case against compulsion and for a new vision for social services. It consisted of a number of organisations representing client groups, local authority workers, social workers and their directors, the workers' temperance association - Verdandi, students and other
groups. While support came largely from groups on the left, SSM remained an alliance that cut across party allegiance and enabled liberally-minded people across the country to combine their efforts (Lindblom 1982 p. 196). As time went on LO and TCO gave their support and after 1976 increasing official support came from the SAP. Even the association of övervakare joined SSM in the 70s (Holgersson 1981). Gradually the movement for reform created a new consensus. The Minister for Social Affairs, Sven Aspling, was sympathetic and appointed four members of SSM to the Commission (Lindblom 1982 p. 195). Gradually its changing membership led to a majority in favour of reform.

In its first major report the Commission agreed on a range of reforms that SSM had fought for but still hung on to the idea that some form of compulsory care for adult alcoholics and drug addicts was necessary. But by the end of the 70s it had come out against such measures. The reformers had won. Or had they?

It is undeniable that the progressive wave had finally won clear support not only amongst the majority of members on the Commission but also amongst a number of social, political, professional and administrative groups. However the Liberal and Conservative members of the Commission were still opposed to the abandonment of compulsion for adults and indeed wanted it widened to cover drug addicts. So indeed did two pressure groups that had arisen in response to the drug problem - RNS (the National association for a drug-free society) and FMN (Parents against drugs). Moreover associations representing the courts, the police, the local authorities, the social welfare and criminal administrative boards (Socialstyrelsen and Kriminalstyrelsen) agreed. What is more to the point, so did the bourgeois government. 'The burden that a fixation with alcohol had placed upon Sweden's social welfare policy' (Holgersson 1981 p. 260), looked likely to continue.

The SOFT proposal

It would be a mistake to think that all the demands of the reformers and the proposals of the Commission waited upon the final report and the 1980s legislation. Already in 1970 a law had been passed to make possible a unified social services committee to replace the child care, temperance and social assistance committees (Elmér 1983 p. 65). Many social services departments up and down the country began to experiment
with new approaches and methods. One proposal of the Commission that was taken on board in the 70s was that of SOFT. Literally SOFT stands for an addition to social insurance.

The idea, according to the Commission, was intended to relieve social workers of the task of dealing with cash benefits under the old social assistance law. As in Britain means-tested cash benefits had begun as a responsibility of local authorities. But whereas in Britain the National Assistance Board and subsequently the Department of Health and Social Security had begun to administer social assistance, in Sweden it remained a function of the local kommun. The Commission took the view that the administration of social assistance was too heavy a burden on social workers and that their work with clients and communities could be more effectively carried out if it could be absorbed into the national administration of social insurance.

The attraction of the SOFT proposal for the reformers was not only administrative. They felt that the experience of constantly applying for social assistance was unnecessary and humiliating for many clients. All those who applied for social assistance were treated as though they had other problems as well. Social workers had to conduct an investigation into aspects of their private lives in order to ascertain whether they needed support and treatment other than money. While such investigations might be necessary for problem families and young drug addicts, there were many others for whom financial help was all that was needed. Moreover there were those with long-term disabilities and handicaps which made their need for social assistance a foregone conclusion. Putting all clients through what were often unnecessary bureaucratic procedures was seen as another example of social control - an attempt to deter people from applying in the first place - a further archaic link with the poor law past.

Without waiting for new legislation to transfer the streamlining of social assistance to social insurance offices, some local authorities began to experiment with schemes of their own. One such took place in a district of Stockholm (Sunesson 1985). Sunesson describes the desk-bound, legalistic nature of much social work in Sweden. Not only did the law impose all sorts of procedures but kommun added to these. The end result was a process which was often ritualistic, did little for the client and gave social workers no opportunity to use their professional skills. It was decided
to reorganise the district so that an intake team became responsible for allocating claimants to either a SOFT team which administered the more routine applicants for social assistance or a treatment team divested of its task of dealing with cash benefits. The time saved enabled other social workers to do outreach work with alcoholics, young people and the isolated. Within a matter of months 34 per cent of clients were claiming benefits through the SOFT method. According to Sunesson many of these people had been claiming benefits for years but the old system had not succeeded in helping them. It was so bureaucratic all it succeeded in doing was to waste the time of client and social worker alike.

The critics of SOFT were worried that people with genuine problems might be given an automatic right to benefit and fail to get the help they deserved. It was an example of 'social disarmament'. In consequence clients would be in danger of becoming welfare dependants because the new system had neglected to take an interest in them. Sunesson's view was that the old system had neglected such people anyway. What SOFT illustrated was that far from being an administrative issue, it was tied up with a view of social work in general. To the reformers, the old way of administering social assistance subjected too many people to the scrutiny of the authorities and made them distrustful of social workers. SOFT would give many claimants a sense of dignity and security and enable social workers to concentrate other forms of help where they were most needed.

The SOFT proposal, in the end, was not accepted by the government. The debate about its desirability, however, continues to rage into the 1980s and remains linked with the debate on compulsion.

The new legislation
A new social services law (SoL) replaced the social assistance law; a separate law (LVU) dealt with the compulsory care of young people. Meanwhile a new Commission had been appointed to deal with the issue of the compulsory care of adults. Its proposals were accepted and resulted in a further piece of legislation concerned with the care of alcoholics and drug abusers (LVM). SoL and LVU were enacted in 1980 and LVM in 1981. All three came into force on 1 January 1982. SoL
was an example of legislation which set a framework within which social services departments and social workers could operate fairly freely without being bound by explicit instructions and regulations. In section one the overall aim was set out as follows:

Public social services are to be established on a basis of democracy and solidarity, with a view to promoting economic and social security, equality of living conditions and active participation in the life of the community. With due consideration for the responsibility of the individual for his own social situation and that of others, social services are to be aimed at liberating and developing the innate resources of individuals and groups. Social service activities are to be based on respect for the self-determination of the individual.

(Ministry of Health and Social Affairs 1981 p. 5)

As an aim nothing could be further from the ethos of the old poor law. As Paul Lindblom points out there are many measures that can be directed at those in need of assistance, but not all of them can be said to respect the integrity of the individual, in a way that the paragraph above does. What is particularly surprising is that this Act was passed by a government of the right. Moreover, much to the chagrin of the Minister for Health and Social Affairs, representatives in the Riksdag from the Centre and Liberal Parties were perfectly happy with the socialist sentiments contained in the section.

The kommuns were charged with the ultimate responsibility for the welfare of people living within their areas. While it was up to individuals to seek help under the act, on a completely voluntary basis, it was the job of the kommun to go out of its way to ensure that it knew the needs of people in its area and that it created services to meet those needs. It meant providing people with economic assistance in the form of social assistance (SA) and other forms of assistance and help. It meant providing information, advice and treatment to alleviate all types of social problems. It meant dealing with the total social needs of individuals, families and their communities. It meant involving the community in social planning. As far as drug and alcohol abuse
were concerned the Act contented itself with admonishing kommuns to prevent and counteract abuse, providing information about the harmful effects of abuse and help and treatment for those who wanted it.

In a general way it charged kommuns with the responsibility to ensure that families had the support they needed in bringing up children; that resources were provided for those with behaviour problems and those with physical and mental handicaps. The elderly were to be given help to live in their own homes and given housing and communal facilities to enable them to lead a normal, meaningful life. Although residential and institutional care were to be provided, all efforts were to be made to enable people to survive in their own homes and within their own communities.

LVU catered for the compulsory care of young people up to the age of 18 (up to 20 where the care of social services was 'manifestly more appropriate') where:

- their health or development is endangered by lack of care or other conditions in their homes or young people seriously endanger their health or development by abuse of habit-forming agents, criminal activity or any other comparable behaviour.

(Ministry of Health and Social Affairs 1981 p. 35)

Compulsory care had to be approved by the county court except in the case of immediate custody, where the risk to a young person was too great for delay. Approval for this in the first instance had to be made by the chairperson of the social welfare council but the case had to go to the county court within a week of the order being made.

By and large, where people suffered from alcohol and drug abuse, social workers were to be guided by the principles set out in SoL and every attempt was to be made to ensure that care and treatment were provided on a voluntary basis. But where adequate care could not be made under this act, LVM was to come into operation. Care could be ordered where: 'People were seriously endangering their physical and mental health through the abuse or were liable to inflict serious harm on
themselves or on some person near to them through the abuse' (Ministry of Health and Social Affairs 1982 p 3). Again it was up to the county court to grant a care order which it could only do after a suitable investigation had been made of the circumstances and on the production of a medical certificate. Care could last for two months, with the possibility of renewal for a further two months.

This measure was very much a compromise that left no-one satisfied. The reformers wanted the abolition of compulsory care for adults and those that wanted to retain it preferred the old system whereby adults could be kept for up to six months. Nevertheless Lindblom felt that it was still an advance on the old temperance law. Compulsion was strictly limited; it could not be used until voluntary alternatives had been exhausted; there was no obligation on social welfare committees to use it; nor were they expected to use it if appropriate treatment could not be provided (Lindblom 1982 p. 208).

**Developments since 1982**

Before moving on to the case studies in Part two we need to consider briefly events subsequent to the new legislation. Because of the unease about how the new laws would work out, the bourgeois government appointed another Commission in 1980 to watch over future developments and to make further recommendations if necessary. The re-election of the social democrats in 1982 should have ushered in a new era for the social services with their new philosophy and rationale. Unfortunately the period has been dogged by the need for the government to reduce public expenditure in general and in the social services in particular. It has also been significant in that the person chosen to be Minister for social affairs, Gertrud Sigurdsen, should turn out to be someone who thought that the 1982 reforms had gone too far.

Sigurdsen's contribution to the evolution of social services in Sweden, in the eyes of her opponents has been to take a few steps back into the past. She has introduced the idea of 'mellan-tvång' or intermediate force and is seeking to strengthen the compulsory elements in LVU and LVM. Mellan-tvång is a term used to describe the measure introduced in 1985 enabling social services committees to appoint an individual to supervise a young person thought to be in need of care. Inevitably an
individual to supervise a young person thought to be in need of care. Inevitably an association is made with the idea of compulsory övervakare. In order to alter the LVU and LVM laws she has changed the composition of the Commission appointed in 1980, so that it will take a less progressive line. In the summer of 1987 the Commission proposed a lengthening of the time limit for the compulsory care of adults from two to six months. Part of the justification for this was the emergence of the AIDS problem and its association with drug abuse.

Moreover she has let it be known that she opposes the SOFT reform on ideological not administrative or financial grounds. She quite clearly believes that to allow too many people an automatic right to SA will lessen the amount of control over clients that social services departments and their social workers have at present.

**Conclusion**

What is difficult to understand for an Anglo-Saxon observer is the concentrated nature of Sweden's historical development. It is as though two centuries have become compressed together. On the one hand there is a repressive poor law tradition similar to Britain's in the nineteenth century. On the other hand there is a labour movement which advances the development of the welfare state more quickly and more ambitiously than any other industrialised country. In Britain, the ending of the poor law and the beginnings of a welfare state overlap but not to the extent that they do in Sweden. In British social policy there is a continuity of ideas, attitudes and policies that can be traced back to the past, but in Sweden this continuity is concentrated within the space of three generations. This makes the Swedish welfare state even more remarkable and in some ways difficult to explain.

It is undeniable that over the years there has been a liberalising of Sweden's welfare policies and provision. Institutional care has been reduced and improved. Means-tested social assistance has become less stringent and less stigmatising. People with problems are more likely to be seen as victims in need of care and treatment, rather than as parasites and criminals who deserve punishment. But this liberalisation has always been met with a degree of resistance and at times in recent years it has seemed as though the tide was turning. Sweden remains a society in which
compulsory care is used not only for adult alcoholics but drug addicts as well. It remains a society in which it is felt by some that other forms of compulsion are used too readily. It remains a society in which the conditions under which social assistance is given by some local authorities are very strict.

In British social policy we explain harsh and repressive attitudes in social policy by emphasising the strength of the right in British politics, and the conservatism of the British working class. But Sweden has consistently elected progressive social democratic governments supported by a powerful trade union and co-operative movement. The Swedish working class and indeed the Swedish population as a whole have embraced the concept of the welfare state in a way that British socialists and social democrats can only envy. And yet many Swedish writers explain the elements of control and compulsion in social policy in terms similar to those that we would use in Britain.

It is clear then from this cursory examination of the development of social services in Sweden that the debate on compulsion has a history that goes back to the turn of the century. Compulsion has its origins in Sweden's poor law and is associated with class repression. But it also has links with the temperance movement and the desire to control alcoholism. It has been attacked by reformers, many of whom have been associated with the labour movement. It has been supported by the right and the institutions of law and order. But I think it would be a mistake to see this conflict as a simple dispute between the left and the right. The present role of Gertrud Sigurdsen shows that the situation is a little bit more ambiguous than that. As we shall see from the case studies, there are many on the left - local politicians, social workers and activists and not simply those in government - who would like to see more restrictive policies and a return to a greater emphasis upon control and compulsion in the social services. The question then becomes one of how we explain such divisions.

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CHAPTER TWO

THE RIGHT TO SOCIAL ASSISTANCE

(Conflict and control in welfare policy, Chapter 6, 1988)

Introduction

British social policy is obsessed with 'scrounging' or the abuse of social security. The press, periodically goes in for bouts of scrounger-bashing. Sensational and lurid stories appear about social assistance claimants making false and multiple claims. They are reported as having jobs on the side and leading luxurious lives on the Costa Del Sol. Police raids are made on single homeless men, social security officials spy on the private lives of single parents who are reputed to be cohabiting, and the unemployed are accused of being work-shy. Some abuse obviously exists as an inevitable consequence of our having created a system in which such large numbers of people are dependent upon means-tested benefits. Much of it is exaggerated in order to whip up public hostility towards welfare claimants.

In my first visit to Sweden in 1982 the impression gained was that the abuse of social assistance there was a non-issue. Interviews with politicians, officials and social workers suggested that the problem existed but was regarded as very minor indeed.

Social workers are responsible for the administration of social assistance and make it their job to advise on welfare rights at the same time. There is no attempt to conceal from claimants what rights they have to benefits; on the contrary, it would almost seem as if the system operates to ensure that maximum claims are made. (Gould 1984a p. 17)

One group of social workers said that they would not dream of providing a client with second-hand furniture - it had to be new. Application forms for social assistance seemed to be short and simple. In short, claimants had a right to social assistance which gave them a good standard of living.
While all of this is no doubt true, subsequent investigations have suggested that the Swedes have another obsession which creates problems for claimants. Put briefly it is a preoccupation with self-improvement which manifests itself in a number of ways not least of which is the concern shown about the way in which people damage themselves through the consumption of alcohol and drugs. This has already been alluded to earlier in the book and will be dealt with in more detail in the next chapter, but it is mentioned now because there is a concern in Sweden about people becoming dependent upon social assistance and it is linked directly and indirectly with attitudes towards dependence upon alcohol and drugs. Claimants have to be weaned from such dependencies but the dispute is about how this can best be achieved.

This case study is centred around the introduction of a new approach to the administration of social assistance by a group of social workers based in the Stockholm suburb of Alby. But before describing that approach and the repercussions that followed, it is necessary to consider what the 1982 Social Services Act (SoL) had to say about social assistance and the advice Socialstyrelsen gave to kommuns about the principles that should guide its administration. The chapter concludes by suggesting that although the Alby dispute was about whether social workers should take a hard or a soft line with social assistance claimants, it was not primarily a dispute between the political right and the political left. Most of those who engaged in the public debate about Alby were socialists. It is therefore more accurate to suggest that the dispute was between different factions of the left - one tending towards a more authoritarian approach, the other towards a more libertarian one. In conclusion it is suggested that there are a number of reasons for linking the Alby dispute with the position adopted by individuals and groups engaged in the politics of drug and alcohol abuse.

Social assistance in the 1980s
There is little doubt that social assistance in Sweden is administered more efficiently and generously than in England. This is partly a consequence of having a strong economy and full employment, but partly because the welfare system is so organised...
as to diminish the necessity for people to depend on assistance. Pensioners, the unemployed, and those who are sick have high income replacement levels through social insurance; and the active labour market policy ensures that there are many schemes and accompanying allowances which make it unnecessary for many others to claim SA (Greve 1978, Wilson 1979). Nevertheless, the system does have problems and faults. Economic problems and welfare cuts have made Swedes more cost conscious, while growing unemployment, even if still low by European standards, has helped to swell the numbers of those on SA, as have problems concerning immigrants and single parent families. Social workers have found that more and more of their time is spent processing claims and less on case work and there has been discussion about the possibility of linking SA with social insurance administration as happens in England. For, in spite of the reform of social services in 1982, the administration of social assistance in Sweden remains a matter for local kommuns and social workers - a responsibility jealously guarded by some.

Section 6 of the 1982 Social Services Act states that:

The individual is entitled to assistance from the social welfare committee towards his livelihood and other aspects of living if his needs cannot be provided in any other way. The assistance must assure the individual of a reasonable level of living. The assistance must be designed in such a way as to strengthen the independent living resources of the individual.

(Ministry of Health and Social Affairs 1981)

This is developed further in the advice given to local authorities by Socialstyrelsen (Socialstyrelsen 1981). Social services should aim to give those seeking help, economic and social security, equality of living conditions and the opportunity to play a citizen's full part in the life of society. Even those working part-time or on low incomes have a right to claim, to bring their incomes up to local SA levels. However the advice also stresses that assistance should not be without conditions. Individuals are responsible for their own lives and it is not the job of a local authority to encourage dependence on state benefits. The point is to strengthen and complement individuals' own resources so that they can eventually manage without assistance and
lead independent lives. But this should not mean forcing individuals to accept certain forms of treatment or types of measure, or imposing social workers' own values on the client. Those seeking help should be offered a full range of measures and helped to choose what is most appropriate to their own values and situation. The process should be an active co-operation between social services and the client, with the ultimate aim of rehabilitation and independence. Social workers can influence and guide but not direct and force.

Local authorities have then the 'ultimate responsibility' to help claimants and claimants have a clear responsibility to help themselves. But if individuals refuse care or treatment or will not seek work, the local authority still has the responsibility to satisfy their need. 'One must be very restrictive with measures that can be seen as an interference with a person's integrity'(Ibid. p. 19). Force can never be a part of measures under the social services law. If force is necessary then other, more appropriate legislation must be used.

The emphasis in the new legislation is on assistance agreed to voluntarily, and against the use of force and compulsion. But as with 'voluntary' confessions in police interrogations, the word can have a number of interpretations yet remain true to its meaning. Even in the advice outlined above it is suggested that a social worker can legitimately 'influence' a client. If influence, why not persuasion? And if persuasion does not work, is pressure justified? Moreover, the concept of 'ultimate responsibility' by some social workers is taken to mean that if people come to them with problems they have an obligation to help them. A client may simply come asking for SA, but after a while the social worker is bound to enquire about the problems that are leading to a dependence on state help. After all the legislation itself says that one must aim to rehabilitate the individual and wean the client off an addiction to SA.

If the client is an alcoholic, then at the very least, various forms of treatment ought to be discussed; if the client has behaviour problems then some therapy might be in order; the single parent could be encouraged to have a contact person or contact family, or leave the child at a day nursery and seek employment; the work-shy should be encouraged to look for work even if that is difficult, since they might in the end lose the habit of work.
When situations such as these arise in the English situation they are dealt with by two different sets of people - the social security officer, dealing with money, and the social worker dealing with other forms of help. In Sweden it is the social worker who, together with the client, must make the decisions. The social worker must play an active, not a passive part. Local authorities, according to the law, have 'ultimate responsibility' (Ministry of Health and Social Affairs 1981). People should be helped to become independent, yet this must be done voluntarily. Is it any wonder that social workers find their role difficult, or that clients who don't want to help themselves or who find themselves disagreeing about the appropriate form of help, finish up resenting interference by social workers?

The dilemma is created by having to dispense SA on the one hand and forms of treatment, care and therapy on the other; by having to help people who cannot help themselves in such a way that they can help themselves. While the legislators and Socialstyrelsen may have felt that such dilemmas should be resolved in a fairly liberal way others have taken a different line.

The working party on social assistance

Soon after the 1982 reforms were enacted, the numbers of people receiving SA began to increase as did the cost to local authorities. Public concern led to much speculation about the reasons for this. Two of the theories put forward, in explanation, were that the increases were due to the 1982 reforms and the fact that a new category of people had begun to benefit. The term 'the new poor' was used to describe the allegation that house-owners, full-time workers and people on average incomes were benefiting from SA. Gertrud Sigurdsen, the Minister for Social Affairs, reacted sharply to this and set up a working party to investigate the problem. In its preliminary report (Socialdepartementet 1986) it looked at the facts and asked local authorities for their explanations.

The report showed that between 1981 and 1985 the numbers of people (adults and children) benefiting from SA increased from 343,000 to 534,000; the number of households from 178,000 to 294,000; while the cost to local authorities doubled to SKR 3358 million (£330 million). Whereas in 1875 4.4 per cent of the population had
been given needs-tested social assistance, and in 1975 5.1 per cent, in 1984 the figure was 6.1 per cent. In the UK, the comparable percentage of the population living on supplementary benefit is over 16 per cent (Wicks 1987), but the Swedish figures still gave cause for concern. How, the working party asked, could this come about when society already had a comprehensive welfare state. Part of the explanation, it suggested, was that poverty was relative and that as standards rose so did new needs. But it rejected any notion that a category of 'new poor' had come into being. On the contrary, many claimants came from the same categories, with the exception of the elderly, as in the past - the unemployed, the sick and those thrown onto the scrap-heap by structural changes in the economy (Socialdepartementet 1986: part 1, ch. 1).

Although unemployment was still low by international comparisons, it had risen from 2 per cent in 1980 to 3.8 per cent in 1983. Moreover a quarter of the workforce was in part-time work. Eighty per cent of households on SA were single adults with and without children. Single men were the biggest group here while single women without children had doubled. Even with SA the incomes of such people were 20 per cent below comparable groups. Sixty per cent of SA claimants in one year had been on SA the year before and many of them had previously had to rely on sickness benefit. Sixty per cent were under the age of 30 and as a proportion of all recipients the young were increasing. Less than 2 per cent of those over 65 claimed SA. Most SA claimants lived in rented property and families with two parents, or large numbers of children, had declined as a proportion of all beneficiaries (Ibid.).

When different local authorities were compared it was clear that the larger ones in the big cities had a higher proportion of SA beneficiaries but it was also clear that many of these had greater employment opportunities than many smaller towns. Unemployment was then only part of the explanation of growing SA dependence. When local authorities were asked for their explanations, they confirmed that unemployment, particularly among young people, was a major factor. Students and other young, single people formed an increasing proportion of claimants. Other categories were more diffuse. Single people often had other problems. They might be physically or mentally sick and/or have an alcohol or drug problem. Limited job opportunities hit members of this group particularly hard. In Kristianstad only 7 per cent of SA claimants had an alcohol or a drug problem; in Örebro 10 per cent; in
Solna it was estimated at 12 per cent; while in Lund the figure was put at about a third. In Helsingborg, the local authority examined a large number of long-term dependants (those in receipt of SA for more than nine months) and concluded that the biggest single category, 42 per cent had an alcohol or a drug problem. Sundsvall reported a figure of half all long-term beneficiaries on drugs. For single men this figure rose to two-thirds (Ibid., part 2, ch. 1).

One other factor associated with the increases in SA claimants was that of refugees and immigrants from outside the Nordic area. While some of the local authorities reported around 10 per cent of all households in this group, in Stockholm it was claimed that it accounted for 40 per cent of the actual growth in numbers (Ibid., part 2, ch. 1). Given that the capital city is also reputed to have a big drugs problem as well, it is not surprising that a major dispute about the administration of social assistance arose in one of its suburbs.

Alby

Alby is one of those modern suburbs built in the 1960s and 70s on the outskirts of Stockholm, to help solve the housing problem and to cope with the increased labour migration which was the result of economic expansion. By the 1980s, many of them had a high proportion of immigrant workers and their families and some, like Alby and Rinkeby, had more than their fair share of unemployment, social problems and SA beneficiaries. To many better-off Swedes, these estates had a reputation of being problem areas in which it was undesirable to live. The areas then began to experience the kind of downward spiral of deprivation all too familiar to those who know something of the sink estates of Britain.

To the British eye these suburbs still have a long way to go before the deprivation becomes as visible as in the UK (although it must be admitted that over a period of a few months during 1986 and 1987, many of them including Alby, suddenly and inexplicably became festooned with the most grotesque graffiti). The visitor who travels by Tunnelban (Stockholm’s underground railway) to these suburban estates emerges into a shopping precinct which also contains the principal services and offices. Everything looks modern, clean and spacious if somewhat
impersonal. As you wander around it soon becomes clear that the whole suburb has been planned with a lot of forethought. While some of the accommodation consists of high-rise blocks, there is much low-level housing as well. The building and design is of a high quality and there is little evidence of vandalism. The separation of roads (for cars) from paths (for pedestrians and cyclists) is arranged in a way that ensures maximum accessibility and maximum safety. Children can play among the trees and bushes and in the solidly designed play areas with little fear of meeting with traffic. Everywhere there is evidence of planners paying a great deal of attention to people's living needs.

Social services in Alby are administered from an area office of the larger Botkyrka Kommun. One of the social workers who joined the office when it first opened in 1975 described it as having long waiting times for appointments, too few employees and a high staff turnover (Sundelin 1985). Addicts and alcoholics were simply given money since there was so little time for anything else. During the 1970s, the number of claimants had grown but the resources to deal with them had not kept pace. Morale was very low.

Influenced by Tony Manocchio, an American consultant, a new intake team, from 1980, began to develop what subsequently became known as the 'responsibility model'. The basic idea seemed to be that social workers, to become effective, had to prevent themselves from becoming overwhelmed by their clients' problems. Instead of taking the view that clients were the weak and incapable victims of economic and social forces who needed constant support, social workers should aim to develop clients' resources - both material and personal - and networks so that they could manage their own affairs. Tasks which before social workers had done for clients, clients would now do for themselves. Since it was the intake team that met with new applicants for assistance and decided whether to turn people away, deal with them on the spot or refer them to the child care team or the social assistance/drug and alcohol-abuse team (an interesting combination of tasks in itself), the way in which they interpreted their role was rather crucial both for clients and the functioning of the rest of the department. As far as the intake team and their social services colleagues were concerned the new approach was much more rewarding and successful and morale increased. Social workers felt they were achieving something positive rather than
simply mopping up problems as they arose (Sundelin 1985). Unfortunately this view was not shared by all their colleagues in other services nor all their clients.

**Socialstyrelsen investigates**

A number of complaints in 1984, from clients and workers in other agencies led Socialstyrelsen to investigate what was going on in Alby. Early in 1985 a report was produced which alleged that those who sought help from social services in Alby were humiliated and insulted by social workers there (Socialstyrelsen 1985a). The evidence for this was based upon conversation and interviews with some clients, personnel from the employment office, probation service and the immigrant bureau, a couple of interpreters and a teacher. The details were made known to the press and sensationalised accounts in many national newspapers followed. The social workers in Alby, the District Council to which they were responsible and Botkyrka Kommun were outraged. What ensued was a lively public and professional debate in which the Alby team maintained that they had been unjustifiably pilloried, while Socialstyrelsen continued to collect and produce evidence in support of its case.

Socialstyrelsen produced a further report in April 1985 based on additional evidence that had come to light (Socialstyrelsen 1985b). The Kommun replied with a defence in May enlisting the help of Svenska Kommunförbundet - the Swedish Association of Kommuns (Botkyrka Kommun 1985) and Socialstyrelsen wrote a final report based upon social work records in July (Socialstyrelsen 1985c). Meanwhile individual clients registered complaints with the ombudsman, and Botkyrka Kommun registered a JK (judicial chancellor) complaint against Socialstyrelsen.

Far from being a local dispute, Alby became an ideological battleground for welfare bureaucrats and professionals, politicians and academics all over the country. Part of the dispute concerned the way in which Socialstyrelsen had gone about its investigation. This will be referred to later. But the ideological battle demonstrated that there was more than one way of interpreting the 1982 law and that advocates for both sides of the dispute could be found up and down the land.
The Allegations

Socialstyrelsen (what follows is based largely on Socialstyrelsen 1985c) was obviously convinced that the Alby social workers were acting in a way contrary to the letter and spirit of the 1982 Act which was supposed to be a new departure from previous legislation. The Act was based upon a fundamental respect for individuals, their rights, their independence and integrity. The old child-care, social assistance and temperance laws had contained elements of compulsion, coercion and punishment. The new, unified, law was based upon voluntary co-operation between social services and its clients. What was being said about Alby and the new methods being employed there, led Socialstyrelsen to believe that the law and the advice that it gave to local authorities was being openly flouted. However up-to-date the new methods were, they seemed to have the same effect as the old poor legislation.

Socialstyrelsen alleged that:

1. It was difficult for clients to get appointments. They were questioned on the telephone about why they wanted help and social workers decided there and then whether they had a right to assistance and whether they had other resources they could use. The effect was to discourage applications for help. People were being put off in their attempts to seek assistance. Moreover social workers were making judgements on too little information.

2. Some help-seekers tried to make appointments through their probation officers or officers from the immigrant bureau but social workers were insisting that clients act for themselves. While this was not happening in all cases, the fact was that it was an individual's right to use a representative to act on her/his behalf.

3. There was a requirement that when an application for help was made by one partner in a marriage, both had to attend the interview. Since there were many instances where this could have a detrimental or embarrassing effect (e. g. in the case of a battered woman) and since such matters might be difficult to discuss in a telephone call requesting an appointment, it was both unnecessary
and insensitive to insist on such a rule. While it might be necessary sometimes in order to check the validity of claims being made, there was no need for a general requirement.

4. People seeking assistance were often bombarded with questions about their personal circumstances in the manner of an interrogation. Their answers were treated with suspicion. The manner of the social workers was aggressive. Clients were asked to formulate their needs precisely and where they could not they were driven to distraction by their interrogators.

5. SA was not granted as a right but as something the client had to earn. The demands and conditions placed upon the client were difficult to meet. They were often formulated at too early a stage in the application for benefit. Some clients were expected to show evidence that they had made a number of job applications every day. Conditions were insisted upon which the labour market authorities themselves would not require. While it was right that an employable person should be at the disposal of the labour market, it was also right to see that people were given assistance in seeking, acquiring and keeping jobs. It was also suspected that alcoholics and drug addicts were being made to accept treatment as a condition of receiving SA. This was unjustified. If an individual had a right to SA, then the request should not be used as a means of fulfilling other social policy aims. Although the law stated that SA entitlement should not be without demands, it was important that social workers learn how to put these demands in a sensitive way. Individuals should be able to consider forms of treatment and help, and choose or reject them voluntarily. It was important to know how to handle the client with a rehabilitative aim in mind. How the individual reacted to and adapted to a demand was of fundamental importance. While social workers were entitled to make investigations relevant to an application for financial assistance it was wrong to try to find out if there were related social problems and circumstances immediately the first contact was made.
6. The use of techniques borrowed from psychotherapy was inappropriate in social services. Clients' words and statements were being played around with in a manner which was experienced as insulting. One client was subjected to a role-play performance by social workers who tried to demonstrate that an employer would find her manner unacceptable.

7. Another inappropriate method borrowed from the realms of therapy was the use of an observer. Many clients complained that while they were being interviewed by one social worker, another was looking on. Sometimes the observer said nothing or sat behind the client, giving a sense of unease, sometimes the observer discussed the client with the social worker while referring to the client in the third person. Although the local authority claimed that this method was helpful to both client and social worker, since the observer was able to provide an additional perspective, Socialstyrelsen considered it oppressive and unsuitable and far from being an impartial technique.

8. There was a poor relationship with other social agencies. The law required social services to co-operate with other authorities yet in Alby many of these complained that social services treated them badly.

In addition Socialstyrelsen claimed that clients were being kept waiting too long for appointments; were misinformed about their rights to benefits and rights of appeal; and were given benefits at levels too low for them to live on.

Throughout its report on the social workers' own case records, Socialstyrelsen frequently quoted the comments and views of three professors of social work in three Swedish universities, Stockholm, Gothenburg and Umeå, two heads of other social services departments and a psychiatrist, in support of its own case.

**Socialstyrelsen's supporters**

Among others who supported Socialstyrelsen in its criticism of Alby's social services, were the chairman of RFHL (National Association to help addicts) and the probation
officers of Botkyrka Kommun. The former claimed that Alby was simply the tip of an iceberg and that the recession in the economy was making the poor vulnerable. In other words it was no coincidence that the responsibility model should become popular just at the same time as the number of people dependent on SA was increasing. And by suggesting that Alby was the tip of an iceberg, the chairman of RFHL was suggesting that such attitudes and practices were not confined to just one locality (Socionomen 1985).

The probation officers applauded Socialstyrelsen's report, saying that their own fears had now been confirmed. They had been told by those at Alby that criminal care clients could be treated no differently to anybody else. The new method put clients at a disadvantage, whereas the law had intended to make social services more accessible. The Alby method demanded that clients should analyse and solve their own problems and when their attempts to do so failed, they were greeted with cynicism. This was little more than bullying by the authorities. They agreed that people had to be motivated and circumstances investigated but this needed time and required more skill, will and imagination than was shown in Alby (Fomell 1985).

The case for the defence

The official Botkyrka Kommun reply, largely written by Mats Christiansson, the District Head of the Alby Office, is a careful and rather bland document (Botkyrka Kommun 1985). While it attacked Socialstyrelsen's methods and conclusions, it admitted that there might be faults that could be corrected and suggested at the end how this might be done, in a tone of conciliation. At all times the argument sought to show that however different the Alby approach, it was simply an alternative way of implementing both the law and the general advice given by Socialstyrelsen.

The aim of the method was to help the clients see that there were alternative solutions to their problems. It sought to elicit the knowledge and resources of clients and to reveal to them that they had greater potential than they had thought. This often required a thorough and professional investigation into clients' problems. Social workers tried to get clients to state as clearly as possible what it was that they wanted and why it was that they thought they could not solve their problems other than by coming to social services. Earlier attempts to solve the problems were discussed and
new ways of seeing the problems were explored. Then attempts were made to
discover the long-term wishes of clients. After this the client's help in formulating
alternative solutions was sought. The way was then clear for client and social worker
together to formulate a plan of action for the future, with clear, concrete and realisable
goals. The law and Socialstyrelsen's advice said that assistance was not to be given
free of conditions and demands, and that people were to be helped to lead an
independent life. The Alby method aimed to do just that.

Socialstyrelsen's initial report was based upon nine cases out of the 2,000
subjects that the office had to deal with over the previous two years. Out of that
number there were bound to be people who felt that their wishes had not been met,
and who were aggrieved about the decisions that had been made. Yet, in 1984 there
had only been 15 appeals to the County Court by clients and in only one of these had
the judgement of the Department been reversed.

Contrary to what was said by Socialstyrelsen, waiting times for appointments
were no longer than in other offices - one to two weeks - and there were clear
arrangements for dealing with emergency cases. Representatives for clients could
arrange appointments, but it was important to meet clients alone to sort out their
personal problems. Where there were language difficulties, there was no problem
about the use of interpreters. As for the presence of an observer, that enabled a social
worker to enlist the help of a colleague on the spot. The alternative would be for the
social worker to discuss difficult problems with colleagues behind the client's back.
Since clients often had someone with them to cope with the interview, where was the
difference when a social worker needed the support of a colleague? The report
complained that clients were sometimes encouraged to see if they could borrow
money from friends, relatives, neighbours or the bank, yet in the general advice given
to local authorities they were asked to do just that. You could not expect to go into
people's problems and resources and in every case be obliging and agree with them.
People were bound to go away feeling depressed or dissatisfied at times. Differences
and conflict were inevitable in some cases. While a lot of energy went into avoiding
this and there might be grounds for making a greater attempt, conflict could not be
completely avoided.
The Kommun had enlisted the independent help of Kommunförbundet to examine the accounts of clients quoted by Socialstyrelsen, and to find out whether the degree of co-operation between social services and other agencies was as bad as had been alleged. Botkyrka's interpretation of Kommunförbundet's report was that it showed that far from there being unanimous opposition, many agencies strongly supported the Alby office and none were wholly negative in their criticisms. It was not surprising that agencies should disagree about how clients should be treated or about the appropriateness of different sets of demands or treatment. A resource-oriented agency such as social services, operating with a structured approach, was bound to differ with an agency which was not resource-oriented and had an unstructured approach. Moreover many of the client accounts were unreliable, factually incorrect and quoted out of context. It was felt that Socialstyrelsen's reliance upon client accounts to the exclusion of the views of social workers was to be deplored. More generally it was felt that all social work methods needed systematic evaluation, not just Alby's. Alby had found its previous practices ineffective and that was why they had begun to change five years previously. New methods needed time to be properly developed and evaluated and should not be judged hastily.

While Botkyrka rejected much of Socialstyrelsen's report, it did accept the need for further research into Alby's methods; the need for members of the welfare committee and the social services department to become more accessible and the need for a seminar in which other agencies and social services could discuss the issue of co-operation.

Comments by the Alby social workers

Generally speaking, the interviews that Alby's social workers gave to various journals tended to agree with the argument above but did also illustrate the greater harshness of the Alby approach in a way that the Botkyrka report did not. Christiansson himself was quoted as saying that if the department had a rule that spouses should present themselves together at interviews then there could not be exceptions, although his report claims there could. Another social worker criticised the social work assistant who had complained about the unfriendly nature of interviews with clients, by saying that it was not her job to get mixed up with the client but to keep a professional
distance from the problem. The characteristic of friends was that you chose them. This was confirmed by a male colleague who said that clients did not come to social workers to have a relationship (Sundelin 1985).

In another interview, the same social worker admitted that compared with critics in other social services departments, Alby did impose more demands and carry out more investigations. In the past, when clients who had been told to bring certain papers with them, failed to do so, social workers would ring round for the information, whereas now they would send them home to get them (Kristensson and Landahl 1985). Where clients discontinued a form of treatment and came back for further help, the answer would be that now they would get the help they needed as opposed to the help they wanted. Deductions would be made to their SA entitlement where for example a client claimed SA on return from a holiday in Majorca. But deductions were always well justified. They would investigate the existence of bills and arrears and did examine whether people's networks and resources could be used for loans rather than pay out SA (Persson 1985b).

At a debate on the responsibility model, held at ABF (the workers' education association) in Stockholm, Björn Löfholm, the leader of the intake team, insisted that the team accepted and worked to the letter of the new law. The law said that claimants should be helped with more than just money; that they should be helped to be responsible for their own situation and to develop their own resources; that help should not be given without conditions. He claimed that it was precisely because the Alby social workers respected people's independence and integrity that they placed demands on them and helped them to change their situation. He used the example of alcohol and drug abuse to show that by helping people to end their addiction, they were being helped to be independent and went on to quote, not the actual legislation but a preliminary report which had said that: 'The social welfare committee must always work positively to reach and help people who have an addiction problem even if they themselves have not requested help from the committee (my italics) (SoU 1979/80 44 p. 107). He added: 'This is to say that some attempt must be made to do something, even if someone only wants financial assistance ' (Löfholm 1985 p. 2). Löfholm was clearly interpreting the paragraph as forcefully as possible and it is clear that it is open to a weak and a strong interpretation. The 'voluntary' interpretation
would be that you offer an addict help but respect his right to refuse it. The 'compulsory' one would be that you help him whether he likes it or not. It would seem probable that Löfholm's interpretation, and that of his colleagues, would have leant towards the latter. His contribution to the debate concluded with the statement: 'The responsibility model has nothing to do with the new individualism or the principle, look after yourself and shit on the others. We have a legally-stated obligation to care and besides, that is the tradition of this country' (Ibid p. 3). It is clear from this statement that Löfholm was at pains to distance himself from the politics of the new right and he felt that he and his fellow workers were working in the best traditions of socialist temperance.

Earlier, in his contribution to the debate, Löfholm had also made it clear that he was opposed to attempts to separate the administration of SA from support and treatment. This can only have meant that he was not in favour of the SOFT reform. A similar stand was taken by Sundelin (the Narkotikafrågan contributor, see p. 61), in an article vindicating the Alby social workers, one year after the dispute blew up. In it he wrote:

SOFT ... aims to unify the payment of SA so that certain people are rejected by social work offices. The sick, young people independent of their parents, the unemployed, the low-paid, amongst others, shall receive payment solely through the post. Spokesmen, such as those from Socialstyrelsen, claim that social services will have to concentrate their work on those who most need personal assistance. This system would naturally go against the labour movement's traditional view of social assistance in which SA is regarded as a kind of help to self-help.

(Expressen 1986b)

If one assumes that Sundelin, who wrote many articles in support of the Alby social workers, was not simply expressing a personal opinion, then one can conclude that, struggling to get out of the Alby debate, was a socialist view of social policy that had little in common with those other socialists who had fought throughout the 1970s to liberalise Swedish social welfare.
**Outside supporters**

Although it would be impossible to gauge the exact strength of the two camps in this dispute, it is important to note that a petition, attacking Socialstyrelsen, was signed by 281 social workers, researchers and lecturers throughout the country, in June 1985. A number of the contributors to the debate in one of Sweden's professional social work journals also took the side of their colleagues in Alby. One, who worked for the same Kommun, though in another district, said that she had always found the Alby social workers very approachable and helpful and willing to discuss and explain their methods. She and a colleague from Rinkeby expressed support for the view that clients should be helped to help themselves (Mörner 1985).

Sten Åke-Stenberg, of the Institute for Social Research at Stockholm University, attacked the conspiratorial nature of the attack on Alby. He alleged that Socialstyrelsen had made up its mind before the evidence was collected and was not interested in a dialogue. He was suspicious of the reliability of the clients' accounts that were quoted and thought it unwise anyway to base very much on clients' accounts alone. He claimed that the press and academics had simply jumped on Socialstyrelsen's bandwagon (Stenberg 1985).

Lennart Grosin, of the University's Education Institute, attacked the popular theory that social policies often failed because of the prevailing structural inequalities in society. He thought that the Alby workers showed that deprivation was far from being simply the result of a mechanical process and that the deprived could help themselves. What was needed was the kind of aggressive, welfare ideology that was being formulated and implemented in Alby. To demonstrate that the Alby workers were not reactionary, he emphasised that it was part of their philosophy that full employment be restored and that people be given wages that they could live on (Grosin 1985). This reinforced the claim by Björn Löfholm that the responsibility model had more to do with the traditions of the labour movement than Socialstyrelsen's philosophy (Sundelin 1985).

**'Independent' investigations**

The outcome of this dispute is not clear. Both sides were able to claim a sort of victory. The judicial chancellor (JK) said Socialstyrelsen had the right to act as it did
since it had sufficient reason to be concerned and alarmed (Narkotikafrågan 1986). An assessor for länsstyrelsen (the county administrative board) backed the Alby office, on the basis of conversations with local politicians and administrators, an interview with Björn Löfholm and the opportunity to sit in on two meetings between clients and social workers. Hardly what one would call an inquiry! As for Botkyrka's claim that Alby had been exonerated by Kommunförbundet, it is difficult to agree with that interpretation. All that Kommunförbundet did was what Socialstyrelsen should have done in the first place. It consulted a wider range of agencies to find out whether they felt that the Alby office could be described as co-operative or not; and set out the accusations made by clients alongside their case-records and the comments made by their social workers. But it did not analyse or pronounce on the material - it simply collected it (Svenska Kommunförbundet 1985a and b). All that can be deduced from the cases is that clients and social workers disagreed, while the agency accounts are merely evidence that the debate about compulsion had re-emerged, once again, in Alby. Indeed the agency responsible for the care of drug addicts said exactly that: 'The debate is a continuation of the 1970s discussion about individual freedom in relation to social compulsion' (Kommunförbundet 1985a p. 4). On the one hand there were agencies which took a 'voluntaristic' approach to their clients' problems and found that the Alby office was uncooperative, unsympathetic, unimaginative and inflexible. Their clients were insulted and their values rejected. These included the job centre (arbetsförmedlingen), probation, the immigrant bureau, and a school-teacher. On the other hand the drug care agency, the alcohol clinic, the police and the child psychiatrists thought the workers at Alby were models of co-operation. They intervened early and saw that people got the measures they needed to deal with their problems. The Kommunförbundet report showed that Alby had friends as well as enemies, but Kommunförbundet itself, while it disapproved of Socialstyrelsen's sloppy investigation, in no way indicated its support or otherwise for the responsibility model.

The General Director of Socialstyrelsen, who had not been supported by Gertrud Sigurdsen over the Alby affair, subsequently resigned, to take up another job, tired of her disputes with the Minister (Expressen 1986a). Those directly responsible for the investigation into Alby moved or were moved into other posts. The Alby
workers claimed after a year had elapsed that they had not changed their methods, but the länsstyrelsen report showed that Botkyrka raised the level of social assistance; increased the numbers employed in all its districts; reduced the number of occasions when two social workers were present at interviews with clients; and improved the appointment system. The report also quoted the probation office and the immigrant bureau as noticing an improvement in attitudes at the Alby office after the media publicity (Länsstyrelsen 1986).

Conclusion

It is very difficult to reach a judgement about issues which rest upon the individual treatment of a large number of cases. All those engaged in the debate were defending particular views or interests which an outside observer cannot easily pronounce upon. Apart from disagreements over specific cases there was a dispute about the autonomy and rights of social workers which professional associations were anxious to defend, as well as the rights of local authorities vis-à-vis the central authorities.

What is of interest is that both sides made appeals to the same criteria of correct authority. Each claimed that the law and the general advice of Socialstyrelsen supported their argument; that their approach was in the best traditions of solidarity and equality; and that their opponents’ policies smacked of the old poor law approach. This was a dispute not between right and left. The social democrats had an absolute majority of seats over the bourgeois parties on Botkyrka Kommun, even without the support of the communist party. Gertrud Sigurdsen and even Olof Palme distanced themselves from Socialstyrelsen, itself dominated by those appointed by a social democratic government to administer social democratic policies. Rather it seemed to be a dispute between hard and soft approaches to social policy; between the authoritarian and the libertarian. If some were intent on stamping out social security abuse, they did not say so openly. Instead the argument was about how social services could best help people to help themselves. What approach best met the needs and interests of the deprived.

Whether or not the Alby social workers were too hard on clients is difficult to tell. What is not at issue is that they thought a harder approach was justified. They
thought it did clients no good to be cosseted by state benefits. Liberally-minded social workers, it was argued, did more harm than good by making weak or non-existent demands on clients. Indeed they perpetuated deprivation and inequality. Their opponents on the other hand considered that under the guise of more structure, more discipline and the distance of professionalism, Alby social workers were oppressing their clients and failed to see that a liberal approach, far from being soft, recognised the real difficulties that people faced. The liberal approach might take longer, but that process could not be artificially shortened by telling the poor to pull themselves up by their bootstraps.

In Britain the conflict over state benefits is illustrated by Norman Tebbit's suggestion to the unemployed to get on their bikes, to the outrage of socialists who claimed there were no jobs to go to. In Sweden the argument took place within the labour movement and within social work, and was about how you helped people to ride bikes and whether or not it was the responsibility of the state to provide stabilisers.

It is interesting to speculate on what made Socialstyrelsen act the way it did. It is undeniable that it failed to seek the views of social workers and it must have known that this would expose its arguments to attack. One can only conclude that its officers took a calculated risk, knowing that the Alby social workers had a coherent and well-argued case which would have the effect of diluting any criticism. While Socialstyrelsen could not prove its case by using one sided criticisms and accounts, it could draw the public's attention to what it saw as a worrying trend. The 1982 law had sought to establish a new ethos in social work services and, if Alby was indeed the tip of the iceberg, as some suspected, it was important to create a public debate about the possible consequences.

The debate itself has shown that the Alby method is hardly a localised and poorly supported phenomenon, but a viable alternative ideology to which many adhere. The law and Socialstyrelsen's advice are indeed ambiguous; probably a consequence itself of the conflicting ideologies that must have contributed to its framing. That some should continue to think that the disadvantaged might need more than voluntary help and benign persuasion; that pressure and even force might be the
best way of getting them to help themselves; and that the state should aid this process, should not surprise anybody familiar with Sweden's strong temperance tradition.

The need to prevent and control alcoholism and, more recently drug-abuse, has been an important element in Swedish social policy for decades. And the issues that these problems throw up, bear a marked similarity to the issues discussed in this chapter. How do you prevent or discourage people from becoming dependent on alcohol or drugs in the first place? How do you deal with them when they do? How early should you intervene? How do you help alcoholics and drug addicts lead an independent life? Do you encourage or pressurise them to accept help and treatment?

It is interesting therefore, that the article which most strongly supported the Alby social workers, was published by Narkotikafrågan, the official journal of the National Association for a Drug-free Society (RNS), an organisation in favour of stronger, more coercive measures to deal with abuse. In the same issue were articles supporting Tony Manocchio and attacking leading figures in the welfare establishment (a subtle point is made by a photograph of Karl-Erik Lundgren, a key figure in Socialstyrelsen's critique of Alby, which shows him holding a drinking glass, looking a little dishevelled (Narkotikafrågan 1985)). In contrast, RFHL which takes a more liberal line on alcohol and drugs policy and opposes RNS, supported Socialstyrelsen (Socionomen 1985).

Bearing in mind that we have been dealing with the manifestations of a basic conflict in welfare policy, which has not been a simple dispute between the left and the right, which has reflected divisions within the labour movement itself and which has its roots in a strong temperance tradition, it is time that we looked more closely at policies to deal specifically with the problems of alcohol and drug-abuse.

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CHAPTER THREE
DRUG ADDICTION, ALCOHOL ABUSE AND AIDS
(Conflict and control in welfare policy, Chapter 7, 1988)

Introduction
The visitor to Sweden is struck by the almost total absence of pubs or their continental equivalents. When you order alcoholic drinks with a meal, in a restaurant or a hotel, the price is prohibitive. You cannot buy strong beer, wine or spirits in a supermarket or grocery store. Instead you have to find one of the relatively few state liquor stores - Systembolaget. Systembolaget's window displays consist of advertisements for alcohol-free wine. Its motto, spola kröken means - flush spirits away, pour them down the loo.

On social occasions you become aware that Swedes are extremely reluctant to drink and drive because the penalties are so severe. Local authorities consider that to serve alcohol at civic receptions, is an unwarranted use of public money (1). In newspapers, national and local, there is a daily concern with the problems of abuse. Articles report details of the problems, describe alternative ways of tackling them, praise the work of key figures in temperance organisations and treatment centres, and give lengthy accounts of conferences. A lot of publicity was given recently to a conference of doctors in which it was reported that three-quarters of them wanted a return to the rationing of alcohol. Quarter-page anti-alcohol advertisements, paid for by Systembolaget, depicted a healthy young male nude, whose body, it was said, could so easily be damaged by alcohol. It ends with the sentence, 'It is a crime to both procure and give away spirits, wine and strong beer to those who are under 20 years old. The punishments are fines and imprisonment'.

The visitor's first reaction is amusement or cynicism. Apart from a few obvious alcoholics on the street, with their bottles and their cans, the visible evidence of the problem is not great. The propaganda seems like a temperance hangover from the past, a puritanical spoiling of pleasure rather than a response to a genuine problem. Sweden is a well-ordered society. People on the streets look very healthy. Everywhere
you see folk of all ages and both sexes cycling and jogging. Playgrounds, football pitches, ice-hockey rinks, swimming pools, ski- and athletics-tracks abound. Surely the estimate of 3-500,000 people with an alcohol problem, out of an adult population of six million is an exaggeration? As must be the fear that drugs are becoming culturally acceptable on a wide scale. Yet these matters are widely discussed and of obvious concern to many Swedes. Even the liberally aware, who feel slightly embarrassed by foreign incomprehension, are reluctant to contemplate a relaxation of the drinking restrictions, for fear that it will unleash an uncontrollable problem. That fear seems to be strongly rooted in the past.

It has already been demonstrated that temperance attitudes and traditions have influenced the development of social services, and policies dealing with children in care, contact persons and social assistance. It is now time to look more closely at those attitudes and the direct effect they have had on policies to do with alcohol and drug abuse, and, at the present time, AIDS. In this case study we will look historically at the links between the temperance and labour movements; and examine the nature of Sweden's alcohol and drug problems and some of the measures employed to tackle them. In the context of the debate about compulsion and the reform of social services legislation in 1982, we shall look at the opposing stands taken by some of the principal pressure groups and ask questions about their links with political parties. This will lead to a consideration of the controlling and restrictive way in which Örebro county proposed to deal with the drug problem, and the allegations made by young people there about the repressive means used by public officials. The chapter will end with the proposed changes to LVM that have been influenced, in part, by the emergence of the AIDS disease and the fact that the infection can be spread by drug addicts. It will be evident that while the political parties of the right seem to be solidly behind the trend to more compulsion, the left is very divided on the issue.

The temperance tradition
Heavy spirit drinking has been a cause for concern in Sweden going back generations. A religiously based temperance movement began to develop in the 1830s and 1840s, its members coming largely from the upper classes. What distinguished the modern
temperance movement which developed in the years of industrialisation towards the end of the nineteenth century, was that it was a popular movement rooted in the working class. The concern was more social than religious and resulted from an alcohol problem rooted in the breakdown of community life which accompanied industrialisation (CAN 1982 p. 27 and Lundqvist 1975: p. 181).

Lundqvist described the growth of three popular movements in the first two decades of this century which had a significant impact on the political development of Sweden; the labour movement, the free church movement, and the temperance movement. Of the 230 members of the lower house of the Swedish parliament, in 1911, 51 were free church members, 87 were social democrats and 144 were absolutists. Many, obviously, were members of all three. Lundqvist states that the proportion of absolutists was greatest among the social democrats compared with parties of the right. All three movements had an interest in universal suffrage and were able to co-operate politically to that end. In the 1911 parliament the social democrats demanded '... a decrease in military burdens, sweeping social reforms, energetic temperance legislation leading to statutory prohibition of intoxicating beverages' (Lundqvist 1975 p. 185). He argued that 'the temperance issue was clearly interwoven with defence and social reforms' (Lundqvist 1975 p. 185). It is for this reason that it is difficult to understand why modern Swedish socialists criticise temperance and welfare legislation prior to the 1980s as being class-based. Many social democrats would have supported the first temperance law of 1913 and the establishment of the Bratt system of rationing. Support for temperance measures was obviously something that cut across both party and class boundaries but was certainly strongly rooted within the labour movement itself.

Temperance organisations today have fewer members (400,000, which would be the equivalent of almost three million people in the UK) but they continue the study circle and youth work that began with Sweden's industrialisation. Politically too, their influence may have waned but they remain a force to be reckoned with. Indeed, at least four ministers in the present government are members of the Good Templars which means that they are totally abstinent. This combination of a powerful temperance tradition within a strong labour movement inevitably means that alcohol and drug problems have a high profile on the policy agenda. It also means that there
are a large number of research organisations and pressure groups whose job it is to maintain a high public awareness of the scale, and costs to society, of these problems.

The nature of the problem
The average consumption of alcohol is not high in Sweden. Compared with 37 other countries in 1983, Sweden came 31st, in the amount of alcohol consumed per capita (Centralförbundet för alkohol- och narkotikaupplysning [CAN] 1985 p. 27). In 1980 the amount for France, Spain, Italy and West Germany was over 12 litres per capita; for the United Kingdom the amount was 7.1, while for Sweden it was 5.7 (CAN 1982 p. 5). Nevertheless, it is interesting that given the much greater accessibility in this country, Sweden is not that far behind. Moreover the average level conceals a pattern of drinking and of drink-related problems that is certainly different.

Sweden came 11th in a list of spirit consumers out of 35 countries. In 1980 2.8 litres of alcohol per capita, in the form of spirits, was consumed, compared with 1.8 litres in the UK (CAN 1982 p. 5). The total number of deaths from cirrhosis of the liver, per 100,000 of the population, is also high compared with many other countries. A list of 32 countries, published by the World Health Organisation in 1979, showed Sweden lying in 18th place with a figure of 12.2 and England in 30th place with 3.9 (CAN 1985 p. 29).

One further indicator that suggests that the Swedes have a problem is in the number of people arrested for drunkenness. During the 1980s, the average number of those arrested for drunkenness, per 1000 of the population above the age of 15 was 18 - six times as great as the figure for England and Wales (CAN 1985 pp. 63-4). Although there are no doubt differences in the laws, definitions and procedures of the two countries, part of the explanation must be simply that a greater proportion of people become intoxicated in Sweden. This would seem to be confirmed by the other figures and also support the widespread stereotype that the Swedish problem consists of a small minority who drink spirits very heavily.

The evidence over time suggests that Sweden like many other countries in the post-war years has experienced a growth in average alcohol consumption. This is associated with growing affluence and the experience many Swedes have had with the
drinking habits of other countries, through foreign travel. But that trend seems to have been reversed from the mid-1970s. Similarly, there has been a lot of concern about under-age young people drinking alcohol. But that growing trend has also been reversed, especially with the withdrawal of middle-strength beer from the market in 1977. Generally speaking there seems to have been a narrowing of differences in alcohol consumption between different social groups, including that of the sexes. There are few precise figures but alcohol problems among women are also becoming a cause for concern.

The temperance lobby makes a great deal of the costs of the damage done to society by drinking problems, in terms of health care, car accidents and working days lost to industry. A recent estimate that received a lot of publicity was in the order of SKR 50 billion or 8 per cent of GNP. This was compared with estimates for Finland, Switzerland and the US which ranged between 1.5 and 4.0 per cent of GNP. In a country where alcohol is expensive and difficult to find, and when you have found it, the retailer tells you to stick to alcohol-free wine, this is a remarkable achievement. While many Swedish statistics on alcohol problems are very accurate, this particular estimate is difficult to believe.

Inevitably it is difficult to find figures on the use of illegal drugs as reliable as those on alcohol but most indicators show a rise through the 1960s and 70s with a slight falling off in the 80s. Moreover it is difficult to interpret some of the increases since they might have been the result of other factors such as a decrease in leniency by police and prosecution, increases in technical and personnel resources and a growing concentration on consumers of drugs. For example, Holgersson has shown how a rise in registered drug offences between 1979 and 1982, was almost entirely due to a sudden clamp-down by the police on small dealers (Holgersson 1986 p. 7). It is interesting to contemplate that these were the very years in which there was an increase in the number of children taken into care compulsorily; the last three years of the bourgeois government.

Pressure groups have estimated that there are between 30,000 and 75,000 regular drug users (RFHL 1985 p. 8 and FMN 1985 p. 4) while heavy drug abuse, such as heroin addiction, seems to affect between 10,000 and 14,000 people (CAN 1985 p. 7). Self-report statistics based upon surveys of young people and military
conscripts show that at the beginning of the 70s, approximately 15 per cent had tried illegal drugs of one kind or another. This had gone down to under 10 per cent by the end of the decade and in the mid-1980s the percentage would seem to be about 5 (CAN 1985 p. 6).

The illegality of drugs not only makes statistics unreliable but enables some pressure groups and interested parties to interpret them as they like. Some claim that the decline in self-report figures shows that the problem is diminishing, others that such figures grossly underestimate the scale of the problem. More restrictive measures that are followed by a decline in self-report figures (as happened in the example referred to by Holgersson above) could indicate either that the measures had deterred people from using drugs or that people had become too frightened to admit it.

Be that as it may, it is figures such as those referred to above that are used to justify the legislative and policy controls that are outlined in the next section.

Legislation and policy

Production, sales and purchase

The Swedish state has had a monopoly over retail outlets for alcohol since the end of the First World War. Until 1955 a system of rationing for those over 25 permitted a limited number of litres of spirits to be bought by men and a lesser amount by women. In restaurants, men and women were permitted differentially small amounts of spirits, to be served only with meals. Ration books were abolished in 1955 since they had become ineffective but there are still many in Sweden who believe that a return to rationing is justified. Until 1977 known alcoholics were placed on a black list and random identity checks in Systembolagets were made (CAN 1982 p. 14). Through their control over licensing local authorities are able to ensure how many and what types of establishments sell alcoholic drinks. Profits from and advertising of alcoholic drinks are curtailed by the state. The state then, in its attempt to reduce alcohol consumption, has controlled the manufacture, retailing, pricing, advertising and purchase of liquor.

Scandinavians have been very strict about drinking and driving since the 1930s, long before other European countries caught on. Driving licences in Sweden
can only be obtained by those with temperate habits and anybody found guilty of driving under the influence of drink to the extent that they are incapable of doing so safely, can be sentenced to prison.

The abandonment of controls of various kinds has not been very encouraging for the authorities. The year after the abolition of spirit rationing, sales went up by a third and drunkenness doubled. The attempt to encourage drinkers to switch to wine instead of spirits resulted in an increase in wine sales while spirits remained static (Karlskoga Kuriren 1986 p. 6). And the introduction of a medium-strength beer into ordinary retail stores caused an explosion of teenage drinking which has since diminished with the withdrawal of medium-strength beer from the market (CAN 1982 p. 6).

As to narcotics: 'The law prohibits and penalises the possession, offering for sale, transfer, importation etc., of narcotic drugs except for medicinal or scientific use. However, the actual abuse is not punishable' (Swedish Institute 1986). Successive changes in the law since 1968 have increased the punishment for serious drug offences to a minimum of two years and a maximum of ten years in prison. The penalty for minor offences has also increased, while in recent years there have been increasing calls from the bourgeois parties for criminalising the use or consumption of drugs (Holgersson 1986 pp. 7-8).

The temperance desire to control the supply and consumption of alcohol and drugs is obviously strong and to an extent punitive but it is equally matched by a desire to do something positive about these problems both for the sake of society and for the individuals most affected. Those addicted have to be helped.

**Treatment**

While the first temperance law of 1913 was concerned more with the protection of the public than with the care and treatment of alcoholics, subsequent legislation in 1931 and 1954 steadily redressed the balance. Prior to the Social Services Act of 1982, which made alcoholic problems the responsibility of the kommuns' social welfare committees, such problems had been the responsibility of local temperance boards. Describing the work of such boards, Davies and Walsh wrote:
If a temperance board receives a complaint or otherwise finds out that someone is abusing alcohol, it will make an investigation, the outcome of which may call for remedial action. The temperance board may also decide on the compulsory commitment to a public institution for alcoholics. There are also provisions under the temperance Act to put on probation persons addicted to drink, repeatedly under the influence of drink or having undergone compulsory treatment for alcoholism.

(Davies and Walsh 1983 p. 208)

SoL, as we have seen, put the emphasis on voluntary measures, while the Care of Alcoholics and Drug Abusers Act for adults (LVM) of the same year made provision for compulsory care. These replaced the old temperance legislation. SoL states that: 'The social welfare committee is to work for the prevention and counteraction of the abuse of alcohol and other habit-forming agents. Particular attention is to be paid to measures on behalf of children and young persons in this connection' (Ministry of Health and Social Affairs 1981 p. 9.). Care is compulsory where people are seriously endangering their physical or mental health through the abuse, or are liable to inflict serious harm on themselves or somebody near to them through the abuse. Social welfare committees are empowered to seek an order through the county court. Care for adults has to cease as soon as its purpose has been achieved or two months after its commencement. Young people under the age of 20, who seriously endanger their health through the consumption of drugs or alcohol, can be held for six months at a time (The National Swedish Council for Crime Prevention 1984 p. 20, and the Ministry of Health and Social Affairs 1981 p. 9).

At any one time, from 1976 to 1981, there were over 1000 adults in compulsory care and a similar number were admitted voluntarily. Compulsory admissions fell to less than 300 after the introduction of the new legislation but voluntary admissions rose to 3688 in 1983 (2). Total adult admissions for 1983 were 3917 or 6.3 persons per 10,000 of the adult population (Statistik Årshok 1986 p. 31).

In keeping with the general principles of social assistance mentioned in the last chapter, there is a duty imposed on the local authorities to provide the necessary
care and institutions. Under SoL the Social Welfare Committee has the responsibility to inform people of the harmful effects of abuse and to see that alcoholics and addicts get the help they need, while LVM demands that the Committee provides the institutions for those committed compulsorily. The Committee also has the responsibility of meeting a discharged alcoholic's immediate needs for housing, employment or education, and must appoint one of its officers to be responsible for contacts with the inmate. It is also the duty of public officials and physicians to bring alcoholics and drug addicts to the attention of the county administration.

In 1982 there were 24 institutions of compulsorily committed alcoholics with places for 1556 patients and 25 institutions with 815 places for those seeking admission voluntarily. In addition there were 340 places in treatment homes for drug abusers. Boarding homes for alcohol and drug-abusers are also provided by local authorities and other organisations. In 1982 there were 122 homes with 1738 places. Moreover, health authorities provide 140 outpatient clinics for alcoholics and 20 treatment centres for drug addicts (CAN 1982 pp. 20-1).

As we saw with social assistance generally, the opportunity and obligation imposed on people to help themselves is complemented by the reciprocal obligation on the authorities to provide the necessary support, help and treatment. In the UK compulsion does not come into the care of adult alcoholics and drug-abusers, but neither are the authorities required to provide the necessary help. From an Anglo-Saxon point of view, we may shrink from the coercive measures and illiberal controls the Swedes are prepared to adopt, but on the positive side it can be said that they show more concern that we do over the damage people do to themselves through the consumption of alcohol and the taking of drugs.

The debate that has been raging in Sweden over this issue has not been about whether it is the responsibility of the state to get involved or whether the state should provide a high level of resources to the problem, but how the authorities should intervene and with what degree of force. A number of individuals, groups and organisations have taken part in this debate but four pressure groups in particular have been chosen to illustrate the dimensions of the conflict.
Pressure groups

The four pressure groups selected have all played a significant part in the general debate about compulsion, and have done so in alliance with many other groups and individuals that cannot be mentioned here. Something first needs to be said about their origins and history and the way they relate to each other before going on to a description of their ideological and policy positions. The four are RNS (the National Association for a Drug-free Society), FMN (Parents Against Drugs), Verdandi (the Workers' Temperance Association) and RFHL (The National Association to Help Addicts).

It can generally be said that RNS and FMN would like to see a greater emphasis on compulsory and restrictive measures in welfare policy and were against the 1982 reform and that RFHL and Verdandi are very much in favour of the voluntary principle. Nevertheless, FMN co-operates with RFHL on a number of projects. FMN, RFHL and Verdandi all receive some sort of state financial support, whereas RNS jealously guards its independence. A prominent FMN member from Örebro, Peter Paul Heinemann, not only played a prominent part in the Örebro drug policy proposal, which will be dealt with later in this chapter, but has also been appointed by Gertrud Sigurdsen to the investigating committee which is recommending changes to the law concerned with addicts and alcoholics. She and the Prime Minister have both made favourable public comments about FMN, which have been interpreted by RNS as an attempt to drive a wedge between them. Certainly RNS and FMN have co-operated in producing similar policy proposals and in organising a petition in support of the criminalisation of the use of drugs, which collected 440,000 signatures in 1985 (Narkotikafrågan 30 1985 p. 3).

Verdandi is the oldest of the four, founded in 1896, and claims the largest membership - 50,000; RFHL began in 1964 and says it has 4,000 members; RNS, founded in 1969, claims 5,000 members; while FMN began in 1968 and says it has a membership of 10,000 people. It can clearly be seen that, with the exception of Verdandi, these organisations were all founded at about the time that drugs began to be seen as a major problem and that this coincided with the beginning of the debate about the reform of the social services. They have all been involved in that debate, then, from the start.
The accounts which follow have been collated from a variety of leaflets, policy statements and journals published by the groups themselves.

**RNS**

RNS considers the present welfare laws inadequate and condemns liberal attitudes towards drug use. The misguided humanitarian concern for the individual’s freedom of choice and integrity can have grave consequences for young people on drugs, it argues. To allow people to experiment and to pass drugs around among themselves can only lead to greater addiction. As addiction spreads like a disease, so individuals harm themselves their families, neighbours and society as a whole. To argue, as RNS says the liberally-minded argue, that you should not intervene until addiction has become obvious, is to wait until the damage has been done. Much of the blame for lenient policies and attitudes is placed at the door of senior figures in the social services establishment, who, it claims, are out of touch with reality.

RNS claims it is better to intervene early with measures in order to prevent individuals from damaging and spreading the drug habit to others. You cannot act only against the pushers and suppliers but must concentrate on the last and most important link in the chain - the consumer; for without the consumer there is no market. You cannot expect addicts to have the necessary discipline and will-power to take advantage of voluntary measures. The very nature of addiction makes it imperative that society should act responsibly to protect people from themselves. The consequences of not doing so mean that damage is done to many individuals, resources are wasted, and organised crime is encouraged to take advantage of the situation.

As far as the law is concerned it should be made clear that society cannot accept any non-medicinal use of drugs. Social services should be encouraged to intervene early where individuals are suspected of indulging in drugs. Early measures should be preventative and voluntary and include advice, support, visits from social workers and the appointment of contact persons. If this is seen to be not successful then compulsion should be used. Long-term support, supervision and treatment must be provided, whether the individual wants it or not. LVU should be changed so that an individual can be taken into care for between one and three years. The present
arrangement of a six-month period of care means that a calculating individual can wait until the period is over and then return to the drug habit. Moreover the age limit should be raised from 20 to 23, as applied under the old laws.

As for LVM, RNS considers that compulsory treatment of two months is simply not enough. Experts know that it takes at least a year to help addicts overcome their problem. Again it is argued that early intervention is necessary and that there should be a scale of measures starting with the milder forms of compulsion - supervision, warnings, compulsory meeting with social workers - before finally insisting on treatment and care. Care and treatment should of course be followed by compulsory supervision and after care to help people to acclimatise themselves to a productive, collective life. An aggressive and restrictive drug policy should be carried out at local and national levels and involve the co-operation of all authorities and voluntary organisations.

**FMN**

In most important respects of policy and analysis, FMN seems to be very similar to RNS. A major difference between the two associations is that whereas the latter is largely a campaigning organisation, concerned with organising meetings, marches, demonstrations and publicity, FMN is more concerned to promote support work among parents and all those who are actually related to people with a drug problem. Even those who disagree with its views respect the practical work it does with addicts. Its very motto tells us that its major concern is to help people to do something about their problems rather than wallow in them: 'The worst we can do is isolate ourselves and take on all the guilt. The best we can do is to seek fellowship with those in the same situation, and carry out a common campaign against drugs.' But its evangelical zeal at times has a tendency towards the apocalyptic. It considers that 1-2 million Swedes are on the verge of alcohol and drug abuse, which, out of a population of 8 million, is going it somewhat. It accuses Swedish tobacco manufacturers of having already designed packets and trade marks for marijuana cigarettes. It yearns for the old temperance legislation, albeit without its class bias and inadequate appeals procedures. It also claims that the abolition of the ration book for alcohol in 1955 led to a growth of pubs in Sweden analogous to the growth of mushrooms in a Swedish
forest. Anyone who has actually looked for both, would say that the task of searching for mushrooms is infinitely easier.

**Verdandi**

Whereas RNS and FMN focus almost exclusively upon the drugs issue, Verdandi, as an old temperance association, is more concerned with the alcohol problem but sees it in the context of social structure and social policy as a whole. It sees alcoholics as victims of a competitive and unjust social order: ‘We cannot accept a production apparatus which hits at all those who are unemployed, isolated and apathetic.’ (Verdandi 1985).

The association exists to promote community, solidarity and fellowship through local groups, so that alcoholics have somewhere to go where they will be welcome and can engage in social activities in a drug-free environment. It actually publishes an anti-care policy but by this term it obviously means that it is against care that is imposed on alcoholics and drug addicts. While Verdandi supports increased resources for social policy, it believes that there is a danger that when experts treat the deprived as objects, they can very easily finish up being blamed for society's ills. They become scapegoats. What social policy needs to recognise is that social problems are caused by isolation, rootlessness, poverty, alienating work and unemployment. What the poor need is meaningful jobs, adequate incomes and rights to decent housing and health services. Insofar as they need help, care and treatment it should be provided on the basis of the willing co-operation of those with problems.

In Sweden, it is argued, the willingness to pay taxes and support the welfare state exists because a high standard of services is provided for all. Those who want social services that look down on clients and use controlling methods while rejecting the need for improvements in the quality of those services should realise that the consequence will be a decline in standards, a reluctance to support the tax levels that make the welfare state possible and a lowering of the status of welfare workers. This has happened in the US where there is a reluctance to pay for services reserved for the poor. This, in Verdandi's view, is exactly what those on the right would like to see. They want to blame society's ills on those with social problems, reduce sickness benefits, cut day nurseries and free abortions, attack democratic schools and the
circumstances of the immigrant population and the voluntary principle in the care of alcoholics and addicts. It argues that the new moralistic demands for compulsion must not be taken seriously. Verdandi claims to be in favour of treatment that treats people as thinking, feeling, autonomous agents, not as biological machines to be programmed, governed and controlled.

**RFHL**

Like Verdandi, RFHL advocates the voluntary approach. And like Verdandi it suggests that the right way to study drug and alcohol problems is to look at their structural causes. Rapid industrial changes have had adverse effects on family and community life. Consumerism has supplanted traditional values. As a result many people become weak, insecure and vulnerable. The system creates such pressures that many are forced to flee from reality into the escapist world of drugs.

But, RFHL claims, it is important to get the problems into perspective. While alcohol has become socially accepted, average consumption has stabilised and is going down. Alcohol remains an age-old weapon to suppress political struggle, pacify the workers and hinder freedom. It wreaks awful damage on individuals, their families and communities but it is not a problem out of control.

A problem that deserves more attention is that of the legal drugs manufactured by the chemical industries of the western world. There is a double morality working where drugs like valium, sleeping pills, slimming tablets and stimulants of various kinds are concerned. Older people are often the victims of these drugs. There is much hidden abuse and the authorities sweep the matter under the carpet. Drugs are used to pacify prison inmates. We often complain that illegal drugs are imported from abroad, but how much damage is done in the Third World by the importation of legal western drugs? The use and abuse of legal drugs receives insufficient attention.

RFHL is suspicious of the motives of those who concentrate only on illegal drugs. It is also suspicious of those who argue for greater police powers to deal with drug-abuse. Increased use of technology, greater centralisation and professionalisation, have all led to a decrease in accountability and democratic control of the police, yet now they want to reduce people's liberties still further, using the drug problem as an excuse. What must be done is to reduce corruption within the
police force itself. Large, chiefly foreign, drug companies must also be subjected to increased controls. More objective research should be carried out into their products; advertising should be limited to supplying information; and the use of generic labels rather than brand names should be encouraged.

What RFHL is arguing here is that if there is a case for more control it should be of the authorities, not the victims of intolerable social pressures. Social services itself is becoming more professionalised, remote and bureaucratised. Some social workers are beginning to make peoples' rights to social assistance conditional upon their undertaking treatment; coercive and repressive measures such as urine tests for those suspected of taking drugs are being increasingly used. The economic recession has created a climate of suspicion, means-testing and control. RFHL suggests that the right to SA might be strengthened by transferring its administration to the social insurance authorities (the SOFT proposal) leaving social workers to get on with the task of assisting people with other problems in the spirit of the SoL legislation.

As far as control in the social services is concerned, RFHL is obviously worried that the vague wording of the LVU Act leaves it open to abuse by the authorities. Every effort must be made to prevent young people from being taken into care and where this is necessary, care must be taken to ensure that good contact is kept with the individual's family. Institutions must become less like prisons and good after-care must be provided.

LVM is also abused by the authorities. The courts don't follow the law and social workers do not advise people of their rights. Before the change in the legislation only alcoholics could be taken into care, now drug-abusers come under the same law. Yet RFHL does not feel that such controls should be abolished as there is wide party political and public support for them, but they should only be used where absolutely necessary and it should be recognised more strongly that it is social pressures that lead people to alcohol and drug abuse. Where the criminal law on the handling of drugs is broken, those found guilty should not automatically be sent to prison but should be given the alternative of a care contract. Supervision, treatment, education and training were better ways of dealing with drug offences than punishment.
The politics of pressure groups

These differences between pressure groups at a national level show that the new legislation which came into force in 1982 did not resolve the conflict over the use of compulsion in the social services. Not only are RNS and FMN very much in favour of more forceful measures to deal, in particular, with the drug problem, but their very success and influence has led to a strong reaction from their opponents, who quite obviously feel that the gains won for the voluntary principle can so easily be lost.

At first sight, it might appear as though RNS and FMN are likely to gain most of their support from the political right while Verdandi and RFHL would have the support of the left. In a very narrow sense this is so. The bourgeois parties support the criminalisation of drug use while SAP (Social Democratic party) and VPK (Communist party) oppose it. RNS admits that the Swedish Conservative party, of all the political parties, has the drugs policy closest to its own. Verdandi, prior to the 1985 election, claimed that there was a clear tendency in Riksdag debates, for the Conservatives to vote for the extension of compulsion; for the Centre and Liberal Parties to sometimes vote for and sometimes against; while the parties of the left tended to vote against (ALRO 1985).

As far as the pressure groups are concerned, Verdandi and RFHL seem to stress the structural inequalities in the social system and preach a more explicitly socialist message to a greater extent than do RNS and FMN. But there are reasons for this. Firstly, RNS and FMN, intend to recruit members across the political spectrum, who are united in what is basically a one-issue campaign. Secondly, members of RNS and FMN do not see drug and alcohol-abuse in structural terms. Rather they take a more behavioural approach. They argue that unemployment in the 1930s did not produce a corresponding rise in alcoholism and that the drug problem in Sweden today is concentrated in those parts of the country where there are plenty of jobs. It is not so much a question of deprivation as a question of affluence. It is commercialism which encourages addiction; it is the profits to be made that encourage drug dealers to entice people into abuse and it is the hedonism of the pop scene that tempts young people in particular to experiment with drugs. They argue that the answer to the problem, once people have become dependent upon drugs, is to ween or force them
out of the habit as soon as possible. This has the virtue of being an analysis to which some socialists and some conservatives can subscribe.

Those members of RNS and FMN who are socialists - and there are many, and at the highest levels - are just as much in favour of a welfare state and full employment as are other socialists, but they do not see how you can put your faith in the expectation that long-term structural changes in society will tackle the fundamental causes of the problem, and in the meantime rely on the voluntary motivation of addicts whose freedom to act has already been impaired by their very dependence.

Although the secretary of RNS, herself a social democrat, admitted when interviewed that Conservative party policy came closest to that of RNS, she also claimed that many of its members were social democrats and people employed in the welfare system such as social workers, teachers and doctors. Nor is this denied by the opponents of RNS. On the contrary it is not only admitted that many of RNS's leading figures are socialists but it is alleged that some of them had links with the authoritarian, and now defunct, Swedish Communist Party (SKP). There are also shared ideological links with the Hassela Collective, an institution for the treatment of drug addicts, which sees its socialist task in terms of solidarity with the working class.

That some socialists are prepared to adopt policies such as those favour ed by RNS, can be seen from the example of the drug programme proposal put forward by Örebro county.

The drug policy programme for Örebro Län
In September 1984 a report was published which put forward proposals for a new policy for dealing with drug abuse in the county of Örebro (Örebro Län 1984). The group which produced the report consisted of ten people. Two were county councillors; one, a councillor representing the town of Örebro; three were officers of the town and the county; two represented the remaining boroughs in the county. The last two were representatives of FMN, one of whom was Dr Peter Paul Heinemann.

Now on both Örebro county council and the town council the social democrats and the communist party have a majority of the seats. In the county the social
democrats have an absolute majority over all the other parties. It is curious therefore, that the drugs working party should include two representatives of an organisation which many on the left consider to be reactionary. It can only mean that on the issue of drug control in particular and perhaps on the issue of control in the social services in general, the social democrats are seriously divided.

Moreover the report itself reads like official RNS/FMN policy. There is the distrust of official statistics and the suggestion that the drug problem has almost reached the stage where there is a danger of drug-taking becoming culturally acceptable. This last point is based explicitly on the theories of Nils Bejerot, a leading thinker behind the policies of RNS. There is the same call for early intervention and criticism of the law on confidentiality as a hindrance to preventative work. Organisations are called on to co-ordinate efforts and pool information. It is even suggested that voluntary organisations which refuse to co-operate should not be given state funding.

It is suggested that different agencies should keep a watch on places where young people gather and that a register be compiled of addicts and those suspected of drug-abuse. Truancy and absenteeism from school should be watched as these are often a guise for drug-taking. While much of this has the flavour of the surveillance and victimisation attacked by Verdandi and RFHL there is also the emphasis on structural measures which they would support. The report calls for an adequate infrastructure of social security and social services for young people. There should be sufficient jobs, educational opportunities, labour market measures for the unemployed, and free-time activities to keep young people occupied. This sounds fine, but it does have rather totalitarian overtones when it is said that, 'The aim must be that all young people shall take part in some form of work or study. No dropouts ought to be permitted either in school or working life . . . No individual ought to be permitted to be outside all forms of community' (Örebro Län 1984). It is perhaps tempered by: 'The adult world must place loving demands on the young, to show that all people need an adequate society' (Ibid.). The report implies that adequate measures can only be taken if they exist in law and argues the whole time that what intervention the law does permit should be exploited to its fullest extent and legal obstacles should be got round (legally of course) where possible. The change in LVU in the summer of 1985 which made it
possible to demand that young people should attend meetings with social workers or be placed under the supervision of a contact person should be taken advantage of. A whole chain of measures, including urine tests should be used to ensure that appropriate intervention occurs at the earliest possible time.

The social services department in Karlskoga, which is a part of the county of Örebro, criticised the document for its tone and language (Karlskoga 1986). The use of military terms like mobilisation and medical terms like epidemic, exaggerated a serious problem unnecessarily, it claimed. So did the suggestion that there was much hidden drug-abuse when all available evidence said that the problem had stabilised. Existing legislation was quite adequate and further controls were unnecessary. While extra efforts could be made to prevent young people becoming addicted to drugs there was no need to have a county-wide organisation. Existing machinery and cooperation between different agencies and organisations worked very well at a local level. To suggest that voluntary organisations might be deprived of their grants, or that organisational ways should be found round the laws on confidentiality, was wrong. The kommun response went on to attack the tendency to deny young people the right to make decisions for themselves. While in no way wishing to encourage young people to experiment with drugs, the kommun felt there was a limit beyond which the authorities should not go in interfering with the rights of young people.

Other responses varied considerably - some supporting, others criticising, some in between - reflecting the differences we have already noted at the national level. As a result of criticisms and the fact that RFHL registered a complaint with the ombudsman about certain aspects of the proposal, the final report was somewhat milder. Out came the stronger remarks about confidentiality and the funds for voluntary organisations and the overall mood is expressed in more general terms. Nevertheless, the same respect for Bejerot's theories is there and the plea for a 'chain' of measures, linked to one another by varying degrees of severity, that, despite the denials, bears an uncanny resemblance to the 'thumbscrew' steps of the old social welfare legislation. The proposal remains a document influenced more by the philosophy of RNS and FMN than that of RFHL and Verdandi (Örebro Län 1986).

Nor is the Örebro proposal merely a hypothetical blueprint. The authorities in Orebro seem to have been acting on these lines for some time. The point made earlier
about the dangers of interfering too much in people's private lives was illustrated by an article in *Socialt Arbete* - a social work journal - in October 1985, entitled *The Dope Hunt* (Sjöstedt 1985).

‘The dope hunt’

The article was concerned with the experiences of young people in Örebro, who resented the way they were being treated by social workers, school counsellors, teachers and parents. It implied that they were often suspected of taking drugs simply on the basis of their lifestyle; they were blacklisted, followed and questioned by officials and expected to submit to urine tests. As a result they felt hounded in their private and social lives to such an extent that they in turn began to distrust the very authorities, including parents, who were there supposedly to help them.

Eva (14) claimed that some weeks after going to a music festival with friends who drank a little too much, she was summoned to a meeting at school attended by her parents, a social worker and the school-counsellor. The police were also there and produced photographs as evidence that Eva was mixing in bad company. Eva claimed that they suspected her of smoking hash on the basis of occasional truancy and her unconventional behaviour. She refused to submit to a urine test and as a result the suspicion deepened.

Eric, after being confronted by his father and a teacher with a list on which his name appeared as somebody suspected of being involved with drugs, was told by the school nurse that the grounds for the school's suspicion were that he played the guitar in a local rock club, often looked listless and wandered about aimlessly. Social workers followed him and his friends around town and observed them in cafés. Teachers watched for symptoms in school. He asked his father to stand up to the authorities but instead his father supported them. As a result Eric lost interest in exams and left home and school. Every time he had to go to social services for his SA, he did so with apprehension.

Others complained that they were suspected if they visited the town centre more than twice a week, and that social work field assistants would intrude on private parties. The author of the article questioned the wisdom of these actions and wondered
whether they could be justified in the name of a drugs campaign. He felt that they had the effect of making young people feel persecuted. They, in turn, resented and distrusted the authorities with the result that there was nobody they could turn to if they were in trouble. The campaign could actually finish up driving people into a drug environment.

The author of the article also interviewed two field assistants to get their side of the story. They claimed that they only acted on their suspicions when it was almost common knowledge that the people concerned smoked hash. One felt that little harm was done if the young people were innocent, but neither could say how many urine tests had proved positive. While denying there was any list of suspected drug-takers, they admitted that they did consider certain people at risk for whom they had a responsibility, and that early intervention was a part of local policy. In distancing himself from the practice of taking photographs of suspects in public places, one of the field workers was implicitly admitting that it went on. The author felt that while some of the things the field workers had said to him were reassuring, other statements seemed to corroborate the allegations of the young people. It worried him that some considered Örebro was in advance of other local authorities. Did that mean, he asked, that the rest of Sweden was on the way? The answer to that question will be given in the not too distant future.

AIDS and changes to LVM

For many years RNS and FMN have argued that the legislation of 1982 is deficient. They suggest that between the voluntary measure of SoL and the compulsory measures of LVU and LVM, there is a gap. Moreover, the compulsory measures themselves are too weak. They have argued that the authorities must be empowered to intervene at an earlier stage and that when compulsory care is deemed to be necessary, it should be for longer periods of time and consist of more effective forms of treatment. Narkotikafrågan, RNS's journal, is always citing examples of the failure of the legislation and of social services departments to deal adequately with the drugs problem. It is often suggested that even those addicts who are sent to institutions, have discovered that by being disruptive, they will be thrown out (Myrback 1987 p. 16).
No-one, not even the police, will force them to return. This argument is obviously intended to justify even more controlling measures but it is easy to see that others might say that such behaviour is an inevitable consequence of forcing people to have treatment anyway. Without the active and voluntary co-operation of abusers, they would say, you can achieve nothing.

Nevertheless Gertrud Sigurdsen and other members of the government are clearly coming round to the view that stricter measures are necessary. The investigating commission looking at LVM, under a new chairman, and with members like FMN's Peter Paul Heinemann, has finally produced a proposal to strengthen the legislation and to lengthen the period of care for adult alcoholics and drug addicts, with the demand that all those who inject themselves with drugs, shall not may be taken into custody. While this may have happened anyway, it cannot be denied that the demand for more control has come partly from the publicity surrounding the emergence of the AIDS virus.

RNS has painted a picture of drug addicts running around spreading the AIDS virus, while organisations like RFHL have been placed on the defensive by the obvious seriousness of the problem. In an issue of Narkotikafrågan devoted to the AIDS problem, one article claimed that 40 per cent and more of the whole population would be affected; another insisted that the authorities had no national plan to deal with AIDS; while Bejerot insisted that mass-screening, custody and isolation were essential. He added that his own experience of treatment in a sanatorium for tuberculosis illustrated that isolation could be both pleasant and good for one's personal development! RNS, in the same issue, repeated its plea for the criminalisation of all drug-use and wondered whether there was a case for the testing of the whole population for the AIDS virus (Myrbäck 1986).

In a similar issue of its own journal, RFHL worried about the conflicts that would arise if gay men and drug addicts refused to co-operate with measures that were forced upon them. How much tolerance existed amongst the population that felt threatened, it wondered. Would it be possible to influence general public understanding with information about risk groups (Slå Tillbaka 1985). Nevertheless, after some heart-searching and debate amongst the membership, RFHL finally came
down firmly in its continued support for voluntary measures and the free supply of syringes. The importance of tackling AIDS realistically was seen to override the possibility of the fact that free needles might be seen as condoning drug abuse (Lindgren 1987).

Another article said that AIDS was already a notifiable disease in Sweden and that anybody suspected of carrying the virus could be forced to have a test. Although a spokesman for the Ministry of Social Affairs claimed that it would be people's behaviour, rather than their membership of risk groups such as gay men, prostitutes and drug addicts, that would be the criterion for intervention, it was felt that in practice this distinction might not amount to much (Nilsson, I. 1985: p. 10). Another article, looking at Denmark's more severe AIDS problem, said that the Danes would not countenance the compulsory care and punishment of those infected with the AIDS virus, measures which were regarded in Denmark as 'typically Swedish' (Nilsson M, 1985, p. 36).

AIDS then has sharpened the debate about the extension of compulsory measures against alcohol and drug abuse. With the new report by the investigating commission into LVM, the scene was set for a controversial debate at the SAP conference in 1987.

The 1987 SAP conference
Political parties in Sweden hold their conferences, not annually, but every three years in preparation for the next general election. The 1987 conference decided the position of the SAP on a whole range of issues one year prior to the general election of 1988. The motions that were to be debated showed that the battle lines had already been drawn. There were motions to strengthen the rights of individuals under LVU and LVM; there were motions for and against a greater emphasis on control and compulsion; there were motions to attack the spread of AIDS by a variety of means. There were also attempts by the governing body of the party to lessen or mediate the resulting conflict (Partistyrelsens Förslag 1987).

As far as the compulsory care of alcohol and drug abusers was concerned, the Conference passed the motion to lengthen the maximum period of care from two
months to six. Legislation to this effect is expected to be placed before the Riksdag and to be passed in the Summer of 1988.

Conclusion
The evidence on alcohol consumption in Sweden is ambiguous. While average consumption is low compared with many countries, other indicators suggest there may be a serious problem. However it may simply be that a strong temperance tradition has helped to create a powerful lobby within the medical profession, the welfare bureaucracy and pressure groups which exaggerates the scale of the problem. It is even more difficult to pronounce on the consumption of drugs, since illegality makes the collection of reliable statistics impossible. Nevertheless it is clear that there is widespread concern about the abuse of alcohol and drugs in Sweden. However there are fundamental differences between the 'voluntary' and 'compulsory' camps about the causes of the problem and how to deal with them. Moreover the two camps do not correspond with the political left and the political right. While those on the right are more likely to want to see LVM and LVU strengthened, the period of compulsory care for abusers lengthened, and the criminalisation of drug use, this is more uniformly true for conservatives than it is for members of the Centre' and Liberal parties. Those on the left are also divided on the issue. Some socialists take the line that more control and compulsion will be ineffective and indeed, counter-productive; others feel that the problem is too immediate and destructive to rely on the voluntary motivation of individuals to seek help and treatment.

Notes
1. I attended a full council meeting in Karlskoga Kommun during my stay there, and was surprised by the brevity and formality of debate. When I asked afterwards whether they ever had lengthy, informal debates I was told that the last such occasion was when they had discussed the issue of whether public money should be spent on alcohol for official receptions.

2. This rather suggests that the replacement of the old temperance law by LVM had the effect of reducing compulsory care while at the same time encouraging more people to take advantage of voluntary treatment.
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CHAPTER FOUR
CLEANING THE PEOPLE'S HOME: recent developments in Sweden's addiction policy

Introduction
In the field of social policy generally, Sweden is known for being a high welfare spender; a social democratic country committed to full employment and the welfare state. It is also perhaps widely recognised that Sweden has for many decades had a rather restrictive set of policies in the field of alcohol, with the state having strict controls over the production and sale of liquor (Davies and Walsh 1983). It was only in 1955 that ration books for the consumption of alcohol were abolished and to this day it is possible to buy alcohol only in state-run off-licences which close at the weekend. Supermarkets are permitted to sell only beers of the lightest strength. In a country with a strong temperance tradition, it is not even surprising perhaps that stringent policies should also be evident in the field of illegal drugs. What is strange is that, given the scale and reputation of Scandinavian research generally about the effects of alcohol and drug misuse, so little is known outside Sweden about its policies towards the care and treatment of alcoholics and drug-addicts.

In this paper, discussion will be focused upon two pieces of legislation that have passed through the Riksdag (parliament) this Summer. One concerns the criminalization of drug use and the other the compulsory care of alcoholics and drug addicts. Each of these measures was preceded by a Government-commissioned report, the first by a working party appointed by the Ministry for justice and the second by a Commission appointed by the Ministry of Health and Social Affairs. Each report was sent out on 'remiss', a process seeking the response of significant or affected groups and organisations. The reports were accompanied by proposals for changes to existing legislation. The Government then drew up its own legislative proposals in the light of the reports, the remiss procedure and the advice of its own parliamentary draughtsmen. These various stages will be summarised as well as the parliamentary
debates which followed and an account of the final votes taken in the Riksdag will be
given. In conclusion it will be argued that a strong temperance tradition has led to an
obsession with substance misuse generally, which, in the face of economic difficulties
and the fear of AIDS, has resulted in the Swedish version of the new moralism,
precipitating harsh, controlling and possibly counter-productive measures.

The criminalization of drug-use
Successive governments in Sweden have set themselves against the criminalization of
drug use. Instead they have relied upon the Drug Punishment Law of 1968 which
forbids any form of trading in illegal drugs and their possession. The reluctance to
punish consumption itself has been reinforced over many years by successive official
reports - most recently by Samordnad Narkotikapolitik (SOU 1984:13) - for a number
of reasons, chief of which are:

that it is not customary in Swedish law to penalise somebody for private
behaviour which does no harm to another party

penal measures might discourage an individual from seeking help from the
appropriate authorities

the consumption of drugs is not easy to prove

the resources required by the police to investigate consumption would be
great. (Regeringens Proposition 1987/88:71 p. 7)

Since 1982 however the right wing opposition has raised the issue in the Riksdag
every year, in much the same way as capital punishment has been raised recently in
the British parliament almost on an annual basis. Although the Social Democratic
Government, with the support of Communist Party (VPK), has until this year refused
to take any action, pressure has been building up in other ways. Key figures in the
Government since the death of Olof Palme are staunch supporters of a tougher line
over the drugs issue such as the Health and Social Affairs Minister, Gertrud Sigurdsen and the Minister of justice Anna Greta-Leijon (*Riksdagens Protokoll* 1987/88:122 p. 13). The Prime Minister himself, Ingvar Carlsson, has stated publicly that he wants a ‘house clean of drugs’. Moreover, alcohol and drug policy have been divisive issues within the Social Democratic Party (SAP) for many years between those who have wanted to take a liberal and voluntaristic line and those in favour of more controlling measures (Gould 1988). Two influential pressure groups, the Association for a Drug-free Society (RNS) and Parents Against Drugs (FMN), with their cross-party membership, have mounted effective campaigns for more controlling measures to deal with those who use drugs. In particular a national petition calling for criminalization of drug-use, organised by RNS and FMN, claimed to have collected half a million signatures. Even more significant was the result of an official public opinion survey which seemed to indicate that criminalization was supported by 95% of the population (*Riksdagens Protokoll* 1987/88:122 p. 35). A working party report in 1986 finally came out with a proposal to amend the 1968 legislation so that it forbade the _possession and any other dealing with drugs_ (Ds Ju 1986:8). The latter was intended to apply to consumption amongst other things. Such actions could be punished by up to 3 years in prison. However, the working party, also inserted a clause in its proposal to the effect that where the action consisted only of _own use_ and where this was considered minor, fines would be the appropriate punishment. It went on to recommend that where it came to the knowledge of the police or public prosecutors that individuals had _sought or subjected themselves to treatment for drug dependency_ after the offence, they should not be held responsible.

If the general proposal, to widen the area covered by the criminal law, was intended to placate RNS and FMN, it failed signally. In its response to the remiss proposal FMN complained that fines were inadequate. It considered that even minor cases required that the individual be the subject of extensive investigation and some form of treatment. The proposal should be rejected as a meaningless gesture (*Regeringens Proposition* 1987/88:71 p. 38) RNS took a similar line. Against the background of a serious AIDS epidemic, it considered the working party's proposals necessary but hardly sufficient. They had symbolic value only but an effective drug campaign could not be conducted with symbols alone. RNS took the view that there
should be adequate control of all those who misused drugs. Those that were not willing, or were unable, to avail themselves of treatment should be made to do so and if necessary their freedom of movement be curtailed. Moreover, those suspected of consuming drugs should be subjected to tests of their bodily fluids, and then dealt with accordingly (*Regeringens Proposition 1987/88 71*, p. 40).

While the proposal received support from a number of bodies representing institutions of law and order and local authorities, similar agencies were divided over the issue. They thought the idea good in itself but were doubtful about its practical application. No such doubts affected the state's chief public prosecutor who considered it against legal traditions that individuals should be punished for doing something that affected themselves alone (*Regeringens Proposition 1987/88:71*, p. 49). He was supported by the Association of Swedish Prosecutors which took the view that the proposal would require an increase in resources which would be wasted if used (*Regeringens Proposition 1987/88:71* p. 50). The Swedish federation of manual worker trade unions, Landsorganisationen (LO), could not see why, since the law already punished possession it also had to be extended to consumption especially since (a) it was difficult to prove, (b) it was difficult to find an appropriate punishment and (c) such a measure might discourage people from seeking treatment (*Regeringens Proposition 1987/88:71* p. 51). These sentiments were echoed by RFHL (the National Society to Help Substance Misusers) which regarded the measures as costly, ineffective and counter-productive. They would encourage more people to experiment with drugs than they deterred. Since they made no legal sense and because evidence showed that problems were generally decreasing, it could only be assumed that the government was simply hoping to quell an uncomfortable issue prior to the election in September 1988 (*Regeringens Proposition 1987/88:71* p. 52). Much the same pattern of responses was repeated when it came to a detailed consideration of the wording of specific proposals. The term *any other dealing* was considered by many, including RNS, to be unnecessarily vague. RNS also specifically called for prison sentences when it returned to the issue of fines for *own use* (*Regeringens Proposition 1987/88:71*, p. 77). The proposal not to proceed against those suspected of minor offences involving consumption only, if they availed themselves of treatment, united RNS, the state prosecutor and RFHL although for different reasons. RNS could see
the possibility of the clause acting as a loop-hole for those who made a pretence of undergoing treatment with the sole intention of escaping prosecution. The prosecutor was simply irritated by what he saw as a poorly-constructed legal precedent which gave somebody who committed what would be a criminal offence, a way of determining their own sentence. Finally, RFHL condemned it as yet another example of trying to force people to have treatment. They claimed that drug misusers would not seek help simply because judicial formalities encouraged them to do so (Regeringens Proposition1987/88:71 p. 81, 83, 89).

Legislation and debate

The Government made one major change to the proposal before placing it before the Riksdag. The clause concerning treatment was amended to read so that it affected only those whose use of drugs had been detected as a result of them seeking care. Such cases should not be proceeded against (Regeringens Proposition 1987/88:71 p. 2).

The Government spokesman in the Riksdag, Lars-Erik Lövdén, was at pains to suggest that the criminalization measure was no great departure from previous policy. It had been resisted before principally because the resources had not been there to deal with the resulting cases. The situation had improved greatly in the last few years. Local authorities now had a wide range of services to offer those who used drugs and the co-ordination of health, social and legal agencies had made considerable advances. Lövdén emphasised that it was no part of Social Democratic policy to use force for its own sake. That was the preserve of the Conservatives. By making drug-use a criminal offence, society would be making it clear that it was an unacceptable activity. This would have an important psychological and symbolic effect particularly upon young people. And by making the offence punishable only by fines and not proceeding against those already undergoing treatment, the overall effect would be to maximise the possibility of people who used drugs giving up the habit or seeking help and support. Any greater use of force, such as prison, would only drive the problem underground (Riksdagens Protokoll 1987/88:122 p. 21). The opposition case was put by representatives of the Liberal, Conservative and Centre parties (Riksdagens Protokoll, pp. 3-41 ) They all welcomed the measure but criticised the Government for doing too little, too late. Had it acted earlier the problem would not have been as
bad as it had become. Each claimed that the official statistics which showed that the
drug problem had stabilised or was becoming less acute, were misleading. They said
that anybody could see what social workers and the police had been saying from their
own experience, that open drug-trafficking on the streets was widespread, "Stockholm
was awash with amphetamines (Riksdagens Protokoll 1987/88:122 p. 6). "There is
still an extraordinarily great influx of drugs into this country" (Ibid p. 25). Young
people were dying, crime was increasing. The only way to attack the problem was to
lessen the demand for drugs by concentrating on the consumer. There was no
evidence that large numbers of people sought help voluntarily unless they were given
a push by the attitudes prevailing in society at large.

Fines were not enough, the opposition argued, a prison sentence ought at least
to be a possibility. But to counter the charge that they wanted to put thousands of
young Swedes behind bars, they all insisted that the main purpose of including the
possibility of a prison sentence for drug use in the legislation, was, apart from its
deterrent effect, the fact that under Swedish law, only offences serious enough to
merit prison sentences, justified the police carrying out body examinations upon
suspects. Only in this way could those apprehended be made to undergo urine tests
and tests on other bodily fluids (Riksdagens Protokoll 1987/88:122 pp. 5 and 9)

Not only did the opposition arguments sound very similar to those of RNS and
FMN but the two organisations were often referred to. FMN in particular was deemed
to be the authoritative voice of parents of children who had 'gone under' with drugs.
Criminalization was a policy argued for by these parents; they knew what they were
talking about; they had first-hand experience of problems that drug-liberals could only
talk about; parents needed the support of the law to discourage their children from
experimentation with drugs (Riksdagens Protokoll 1987/88:122 pp. 5 and 8). Jerry
Martinger, the Conservative spokesman, at one point in the debate said:

Assume that misuser A is on the way home with 0.2 g of amphetamine in his
pocket, with a view to mixing it with water and then consuming it inside the
house. He runs the risk of being apprehended on the way home and being
charged with possession, for which he can be imprisoned. But the instant he
has made himself comfortable, and prepared his solution and begun to
consume it, the possibility of a prison sentence has been eliminated. Misuser A's assumed need for care has within the blink of an eye become such that no other consequence than fines comes into question. Does Lövdén consider that A's need for care was as obvious when he was on his way to his flat as when he was at home injecting the solution into his body? (Riksdagens Protokoll 1987/88:122 p. 29).

In RNS' remiss response, a similar anecdote appeared:

If we imagine that misuser X is on his way home with 0.2 g of amphetamine in his pocket with a view to preparing a solution for injection, he runs a risk of being apprehended and sentenced for a minor drug offence (with a maximum of 6 months in prison). But the instant X has made himself comfortable in his home and prepared his solution and begun to consume it, the possibility of a prison sentence has been eliminated. X's assumed need for care has within the blink of an eye become such that no other consequence than fines comes into question. Was not X's need for care as obvious when he was on his way to his flat as when he was at home injecting the solution into his body?...
(Regeringens Proposition 1987/88:71 p. 84)

Although the opposition parties criticised the Government they were bound to give their support in the final vote. Real opposition to the measure came from VPK and a handful of Social Democrats. Jörn Svensson (VPK) attacked the vulgar and primitive arguments of the right. Instead of reasoned argument based upon facts, the opposition representatives, had said that they did not believe in statistics and hard data. They claimed that there were other indications that the problems had grown. Moreover, he asked, how could these same people in the finance committee argue in favour of cuts in local authority spending, and yet claim that they were in favour of strengthening resources in the campaign against drugs. They wanted resources for police work which would be better channelled into care and treatment. The fact was that those who were damaged by society needed help and support not punishment (Riksdagens Protokoll 1987/88:122 pp. 14-18 ). A few Social Democrats supported
Svensson arguing that organisations like RFHL and Verdandi (the socialist temperance association) also had wide experience of the drug problem and that they did not feel that there was a need for punitive measures. On the contrary there were already sufficient means at the disposal of the authorities if they wanted to intervene in serious drug problems. To create more was to give into superficial, populist pressures from a small but vociferous group (Riksdagens Protokoll 1987/88:122 pp.32-41).

When the final vote was taken the Government had the support of almost all of the SAP, and the opposition parties. Only the Communist party's Riksdag members (with one exception) and a few Social Democrats voted against the proposal (Riksdags voting 1988a)

The care of misusers

When the Government spokesman had referred to an expansion in the provision of care and treatment facilities for misusers, in addition to whatever had been provided in the early 1980's, he probably had in mind the consequences of the next piece of legislation we have to consider. But before looking at the policy debates in detail it is necessary to consider the reforms which had taken place only a few years previously.

The 1982 reforms

Temperance laws have formed a part of Swedish welfare policy from the early years of this century and it has always been possible under them to take adult alcoholics into care against their will. In the 1960's a more liberal climate of opinion began to question not only the temperance laws themselves but the way in which temperance attitudes seemed to have such a profound influence on many other aspects of welfare policy, e.g. taking children into care and the administration of social assistance. In 1968 a government Commission was set up to investigate the need for reform (Holgersson 1981)

It was not until 1982 that three new laws came into force as a result of the Commission's work. The most important was the Social Services Act, a framework law which dispensed with the detailed regulations which had characterised welfare
laws in the past. It emphasised the rights of citizens to many forms of help from their local Kommuns (borough councils) and declared that those in need should be treated on the basis of respect for their self-determination. Section 11 states:

The social welfare committee is to work for the prevention and counteraction of the abuse of alcohol and other habit-forming agents. Particular attention is to be paid to measures on behalf of children and young persons in this connection. The social welfare committee is to disseminate knowledge concerning the harmful effects of abuse and concerning the help available by means of information supplied to authorities, groups and individual persons and by means of activation measures. The committee is also to support the individual alcoholic or addict and to ensure that he receives the assistance or care which he needs in order to overcome his abuse.

The whole emphasis of the Act was upon a voluntary partnership between social services and their clients. Only through co-operation and trust, it was thought, could you get people to become stronger and more self-reliant. It was the philosophy of the Social Services Act which was meant to determine the more limited role of the two pieces of legislation which came into force at the same time.

The first of these, the Care of Young Persons Act (LVU), was intended to be used as a last resort to protect children from the behaviour of their parents or themselves through compulsory care proceedings where:

(1) their health and development is endangered by lack of care or other conditions in their homes

or,

(2) young people seriously endanger their health or development by abuse of habit-forming agents, criminal activity or any other comparable behaviour.

(Ministry of Health and Social Affairs 1981, p. 35)
The second, the Care of Misusers Act (LVM) (Ministry of Health and Social Affairs 1982) concerned the compulsory care of adult alcoholics and drug addicts. The reformers had wanted to dispense with the compulsory care of adults completely but there remained others who were convinced that it was necessary. As a result a compromise was reached that satisfied no-one. Again it was made clear that LVM should only be used as a last resort when alcoholics or addicts behaved in such a way as to put their health in serious danger or to seriously damage themselves or their kin to the extent that there was an urgent need for care. In such cases proceedings could be started which could result in individuals being taken into care for up to 2 months with the possibility of a further extension of 2 months. It was argued that such a period would be sufficient to wean someone off drink or drugs and motivate them to accept help thereafter voluntarily.

This was considered by many reformers to be an improvement upon the old temperance law which not only resulted in people being taken into care for longer periods but in thousands of people with drink problems (largely working class) being investigated because of their behaviour (Larsson and Sjöström 1979).

The work of the Commission 1982-1988

The Commission was asked at the time that LVM was passed to keep an eye on the operation of the new Act and to report back to the Government. Over the next few years a number of reports of a fairly liberal nature were published upon various aspects of social policy but some members of the Commission found themselves increasingly at odds with the Minister for Health and Social Affairs, Gertrud Sigurdsen, particularly over drug and alcohol policy. So much so that in 1986 she replaced the liberal Chairman, and brought in a senior member of FMN, as an expert advisor to the commission. In 1987 the Commission's report on LVM was published together with a set of proposals for a new law with the same title.

"Misusers, social services, compulsion"

The title of the report above, indicates that the issue of compulsion was central to the Commission's deliberations. The Commission was concerned that, in its view, the position of those alcoholics and drug addicts who had become socially vulnerable had
deteriorated in the years that LVM had been in operation. Whereas in the 1960's most alcoholics had a job, now the majority were unemployed and lived either on a state pension or social assistance. More were becoming homeless. The death rate of alcoholics was higher than for the population as a whole and for drug addicts 10-15 times higher. Moreover, drug addiction was increasingly associated with crime, sickness and in the case of women, prostitution. The fact that no drug addicts had yet died from AIDS in Sweden was taken by the Commission to mean that they had probably died from something else before the HIV virus had had a chance to take effect. Nevertheless, the threat of the HIV virus being spread by intravenous drug users added to the need to deal effectively with the problem of drug misuse (SOU 1987:22 pp. 23-27).

The Commission thought that the help provided to alcoholics and addicts by the social services on a voluntary basis generally ought to be improved. Too often help had become simply a matter of handing out social assistance. Kommuns should form plans to tackle such problems and see that the plans were carried through. Greater co-operation within social services and between them and other agencies such as health care and labour market services was required. Better training and more specialisation for social workers were also needed. Although the reduction in institutional places for the treatment of alcoholics should have been compensated by an increase in resources devoted to community care, the reality was that resources were inadequate, badly-planned and poorly co-ordinated (SOU 1987:22 pp. 27-30).

Compulsory care was also criticised. Less people were being taken into care—there had been an almost 50% decline in the number of secure places—, and almost half of the inmates absconded (70% in the case of drug addicts). Although most people left LVM homes in a better physical and mental state than when entered, the long-term prognosis for them keeping off drugs and drink were not good. But none of this led the Commission to question the desirability of compulsory care. On the contrary the poor recovery rate was blamed upon inadequate follow-up care by the social services (SOU 1987:22 pp. 30-31).

The Commission therefore recommended the following (SOU 1987:22 pp. 31-37):
That the scope of LVM be widened. Whereas previously LVM had applied to those who had an urgent need for care as a consequence of their persistent misuse-use of alcohol or drugs and exposed their physical or mental health to serious danger or were likely to inflict serious damage to themselves or those they were related to, it was suggested that urgent be dropped and that a social indicator clause be added so that the law could be applied to those who seriously worsened their living conditions. It was felt that these changes would enable the authorities to intervene at an earlier stage in the 'career' of an alcoholic or an addict, particularly the young.

That the law placed an obligation on the authorities to intervene not simply empower them to do so.

That the law should be widened to apply to the misuse-use of alcohol, drugs and other dependency creating substances.

That the maximum duration of compulsory care should be increased to 6 months.

That local social welfare committees as well as the police be given the power to take someone into immediate custody where the circumstances are particularly acute.

That local welfare committees be given the responsibility for seeing to it that alcoholics and addicts received long-term follow-up treatment after their stay in LVM-homes, and that they were helped to find jobs, accommodation, education and training.

It was also suggested that the Social Services Act be amended to oblige social services departments to take a more active role in its preventative work and
together with individual clients work out and implement plans for supporting
and helping them.

The Commission recognised that LVM-homes in the past had been deficient in the
help they were able to give their 'clients' and called for an increase in the status of
such work and a more qualified approach. The Commission offered the Hassela
Collective (a number of residential rehabilitation homes based upon a strict socialist
philosophy) as an example of a more competent way of dealing with young addicts

Although the Commission called for more resources to provide for the
expansion of the care and treatment required for the above, it felt sure that the
economic costs would be matched by economic savings in the long run.

Responses to the Commission's report

The Commission's report was sent out on remiss to a wide range of organisations to
seek their reactions to the proposals. But before considering the remiss responses it is
important to note that the Government had already received considerable support for
the Commission's proposals from the 1987 SAP (Social Democratic Workers' Party)
triennial Congress. Although some of the motions put to the Congress were critical of
strengthening LVM and lengthening the duration of compulsory care, these were
rejected by both the SAP's governing body and the Congress itself (Partistyrelsens
Förslag 1987).

Although the majority of the responses to the Commission's proposals were
supportive, there was distinct hostility from many, including the federations of blue-
collar and white-collar workers (LO and TCO), the Association of Directors of Social
Services (FSS), client organisations such as RFHL and Verdandi, and even the
prestigious temperance organisation IOGT/NTO. Support tended to come from state
organisations representing the field of law and order, such as public prosecutor, the
judiciary, the police and the administrative board for criminal care. Local authority
associations and the pressure groups RNS and FMN also broadly supported the
proposals.
Most responses welcomed the proposals to improve voluntary care but were sharply divided over the widening of compulsory measures. The client organisations felt that it was hypocritical to impose the obligation on the most vulnerable groups in Swedish society to undergo compulsory care and treatment with consequent loss of liberty, without any corresponding obligation on the part of the authorities to provide them with jobs, housing and decent living standards. RFHL referred to this as 'violating the rights of the weakest' (*Regeringsens Proposition 1987/88:147* p. 153).

There was concern by LO, TCO and FSS that the application of LVM to individuals whose misuse might worsen their living standards, would mean that only those alcoholics and addicts without resources would be taken into care. In other words those who were well off would not be affected (*Regeringsens Proposition 1987/88:147* pp. 164-165). There was also a widespread worry that the involvement of the social welfare committees in immediate custody (a responsibility previously left to the police) would affect the relationship between social workers and their clients (*Regeringsens Proposition 1987/88:147* pp. 169-170).

But the major differences occurred naturally enough, over the extension of the duration of care to 6 months. RNS went so far as to claim that it was insufficient and called for a maximum of 1 year. Others, such as Socialstyrelsen (the administrative board for social affairs) and the Association of Swedish Kommuns seemed to want to cast doubt upon the wisdom of the measure while at the same time supporting it. LO and TCO simply proposed vague compromises. It was left to the client organisations to voice the strongest objection. ALRO (the Alcohol Problems Organisation) claimed that nowhere in the world was there evidence that such compulsion brought results. IOGT/NTO said that apart from the immediate saving of life, there was no evidence that the compulsory care of adults led to a break in the habits of misuse or a lessening of their destructive effects such as social isolation. FSS considered that there was no comparison between the kind of informal pressure that arose in a human relationship to bring about behavioural change and the formal pressure implied by compulsory care. RFHL thought that if you could not motivate someone to break habits of misuse in 2 months then you would not do it in 6. Verdandi suggested a maximum of 8 days (*Regeringsens Proposition 1987/88:147* pp. 185-195).
The debate on the legislation

After deliberating on the results of the remiss process, the Government made a number of minor alterations to the proposal to go before parliament. Two, of more substance, concerned the 'social indicator' clause while the other concerned addictive substances. The Commission had suggested that the criteria for making care compulsory should not simply be a matter of individuals' health but also of their social circumstances. It had used the phrase seriously worsen his/her living conditions, which the government considered too broad and consequently replaced it with runs an obvious risk of destroying his/her life. It also changed the Commission's reference to other dependency-creating substances to the more specific volatile solvents e.g. glue-sniffing) (Regeringens Proposition 1987/88:147 p. 3). None of the major amendments in the Riksdag were approved but it is worth noting the attempt by the Communist Party (VPK) to reduce the proposed maximum duration of care to 4 months and the Conservative (Moderate) attempt to increase it to RNS' 12 months (Socialutskottets Betänkande 1987/88:, pp. 40-41). Jörn Svensson, the VPK spokesman, argued strongly that the proposed legislation was an example of insidious control. Using the loosest of definitions the authorities could take adults into care. He thought the idea of forcing people to have treatment a contradiction in terms. It was, he claimed the task of a socialist government to free people from oppression, not subject the already disadvantaged to more of it. The SAP had become a new kind of aristocracy and had come to terms with a class-based society. It was doing the work of the Conservatives, to get conservative votes, but, he insisted, it would be the Conservatives that would win as result of this type of measure (Snabbprotokoll 1987/88:136 pp. 8-11).

The language used by the spokespersons of other parties was similar, but it was not, overtly at least, the language of control and oppression. The Conservative spokesman, Göte Jonsson, spoke of force as necessary in order to save lives. At another point in the debate he said:

I have no trust in the state, if it interferes in areas of individual responsibility, which the state has no right to do. Where it concerns responsibility for the
weakest members of society, for long-term alcoholics and addicts, we must bear responsibility for them in 
*solidarity* [my italics] (Snabbprotokoll 1987/88:136 p. 21).

This regard for humanity, was matched only by the spokesman for the Liberal party who insisted that 'love has its own compulsion' (Snabbprotokoll 1987/88:136 p. 5). While generally supporting her colleagues in the parties of the right, Rosa Osth, the representative for the Centre party, did at least acknowledge that compulsory care in the past had been used as a punishment. She said that while it was regrettable that such accusations were made of the present proposal:

> it was important to underline that the care provided should be worthy of the name (Snabbprotokoll 1987/88:136 p. 7).

Another frequent theme amongst those supporting the measures was that resources would be made available to ensure that qualified care and treatment were adequate. Why then, asked Jörn Svensson again, had local authority budgets been cut in recent years if there was such a willingness to spend money on social problems. It was the fact that this law followed on from cuts in social expenditure that made him feel suspicious of its real aims (Snabbprotokoll 1987/88:136 p. 22). Svensson's doubts were shared by a handful of social democrats, Lena Ohrsvik, for example, thought that resources devoted to compulsory care would be at the expense of preventative measures. She insisted that the new law did not have the support of the trade unions, social workers or client organisation. While the Commission had carried out research into the problem of misuse, she said, it had provided no evidence that compulsory care was effective. Sweden, alone with Finland, were the only two countries to have such legislation (Snabbprotokoll 1987/88:136 p. 30).

A strong, but emotive, theme in the arguments for compulsion in the debate, was that compulsory care would save lives. Not only was no evidence offered for this but as others pointed out, the effect of the legislation might well be to discourage individuals and those who advised them, to go social services in the first place.
The Government's proposed legislation was approved by the Riksdag on 8 June 1988. Nearly the whole of VPK, four Social Democrats and one Liberal voted against the proposal. The vast majority of SAP members, all but one of the Liberals and the entire Conservative and Centre Parties (bar absences) voted for the new version of LVM (Riksdags votering 1988b)

Discussion
Any attempt to explain a particular country's response to a social problem is bound to be tentative, given the complexity of cultural, economic and political factors that have to be considered. The argument advanced here will be that against a background of economic uncertainty, fears about alcohol, drugs and AIDS have struck a chord in Sweden's temperance tradition, and have forged alliances between the more authoritarian elements across the political spectrum. These fears have been expertly played upon and manipulated by two pressure groups in particular. It will also be suggested that the very imagery of official and non-official campaigns may be more significant than at first appears.

Economic Background
Sweden like other Western countries suffered from the economic recession of the 1970's. The first political response to this came in 1976 when after 44 years of Social Democratic rule a coalition government of the right was elected. It was re-elected in 1979 but growing economic problems and a large public sector deficit led ironically to a return of the Social Democrats to office in 1982. Although that deficit is under control and unemployment is under 2%, inflationary problems are a constant threat to an economy which relies heavily upon its ability to export. Similar economic problems in other countries seem to have resulted in increased political support for the right and evidence of a 'new moralism'. In Sweden, this would seem to have taken a different form. Relative economic and political instability may well have created a climate of insecurity accompanied by a collective desire to exert control over a wide range of economic and social problems. In such a situation it is not surprising for some groups to focus upon suitable scapegoats. It is often those who are dependent upon social assistance who find themselves in this position and recent research has
certainly shown that a large proportion of those on social assistance have an alcohol or drug problem. It is therefore important to consider the nature of these problems in Sweden.

**Alcohol and drugs and the emergence of AIDS**

Again, like other countries Sweden has experienced a drug problem and in recent years this has been exacerbated by fears concerning the transmission of the HIV virus through intravenous drug habits. Moreover, in a country where controls over alcohol are strong, it must have been disturbing to find that the average level of alcohol consumption rose during the post-war years until 1975, partly due to affluence and partly to foreign travel. Although Swedes on average consume less alcohol than most other European countries (CAN 1985 p. 27), the absence of a pub or café culture does mean that drink problems are more likely to be seen on the streets. And the incidence of death through cirrhosis of the liver is certainly quite high (CAN 1985 p. 29). But if Sweden has problems with alcohol, drugs and AIDS there would seem to be little evidence that these are disproportionately high, rather that the response to them has been disproportionately severe.

The evidence cited by the Commission did not indicate alarming increases in the overall consumption of drugs and alcohol in recent years. On the contrary, it was clear that average consumption of alcohol had diminished between 1975 and 1984 and that the 1985 and 1986 figures showed only a slight increase on those for 1984 (SOU 1987:22 p. 43). A graph illustrating trends in alcohol-related deaths also showed a marked downturn from 1980 (SOU 1987:22 p. 45). Self-report statistics for both young people at school and on military service about their drug habits were also admitted to show significant decreases in drug use (SOU 1987:22 p. 30). The Commission based its argument not upon increased misuse so much as the worsening health and social conditions of existing misusers. It was suggested that more were unemployed and homeless and likely to die prematurely - not that there were more of them. Some credence was attached too, to the possibility that a significant proportion of these problems were hidden and therefore not revealed by official statistics. Such an argument was reinforced in the Riksdag by those speakers who claimed that Stock-
holm was 'awash' with drugs and that there had been an enormous 'influx' of drugs into the country (see above).

Since no hard evidence was provided for these claims it may be that the fears generated by recent socio-economic changes have found a resonance in the more enduring historical and cultural fact of Sweden's temperance tradition.

The temperance movement

The temperance movement in Sweden, which originated in the 19th century, was not simply an upper and middle class attempt to control the lower orders but an integral part of the labour movement itself-an attempt to save its own members from the demon drink (Lundqvist 1975). In much the same way we find socialists in Sweden today wanting to save their comrades from the demons of drugs and AIDS. Certainly the argument that is often used about those addicted to drugs being unable to exercise sufficient will power to submit themselves to treatment is an argument that originated in connection with alcohol and was used to justify the compulsory care of alcoholics under the old temperance legislation.

Political alliances

However, even the relationship between temperance and socialism and the more controlling measures described in this paper is not simple. It has already been observed (Gould 1988 ch. 9) that some social policy debates in Sweden can be understood in terms of alliances between authoritarian elements on the political left and the political right on the one hand and libertarian elements across the political spectrum on the other. Certainly the controlling policies of RNS and FMN seem to have support in the SAP and amongst the parties of the right. It seems to be possible in the same ideological framework to unite those who feel something drastic should be done for the weakest members of society and those who wish to discipline the lumpenproletariat (if you are on the authoritarian left) or malingerers (if you are on the authoritarian right).

The more liberal policies espoused by RFHL and Verdandi were supported by a minority of Social Democrats and nearly the whole of VPK, arguing that those who were already victims of an unjust system should not be punished further. It is this sort
of argument which made the trade union federations reluctant to give the Commission
and the Government their support which is hardly surprising when you consider their
allegiance to the progressive camp in the 1970's.

Drug and alcohol issues in Sweden seem to cut across traditional political
loyalties, in much the same way that moral issues such as abortion do in the UK The
SAP has a very fine humanitarian record on a whole range of national and interna­
tional issues and yet debates described here suggest a Government and a party willing
to appease an example of moral panic. Both the Liberal and the Conservative parties
have opposed what they see as the excessive interference by the social democratic
state in the lives of individuals in the past, yet there was no dissenting voice in the
Riksdag from the right speaking on behalf of the rights of individual alcoholics and
addicts. This is even stranger when one considers that the Conservative Party
advocates a liberalisation of alcohol policy generally to bring Sweden into line with
other European countries.

Compared with the debates of the 1970's which resulted in the first LVM Act
of 1982, there has been a distinct shift towards a more controlling policy climate, in
which the accusation that your opponents are liberal on drugs, is the most powerful
weapon you can use against them.

A clean and tidy 'People's Home'
There may also be something significant in the imagery that some Swedes use
concerning their campaign against drug use. On both sides of the debates described
above there is a constant reference to a drug-free society. Moreover the Prime
Minister some years ago referred to his Government's aim to create a house clean of
drugs. Now Sweden also proudly refers to its welfare state as the peoples' home and,
as anybody who has visited the country will know, Swedish homes, offices, institu­
tions and public places are meticulously clean and tidy. Could it be, as Gustav
Johnson was once quoted as saying about the numbers of children taken into care, that
social policies are characterised by a desire to 'keep the streets clean'? Is the desire to
incarcerate alcoholics and drug addicts, in part, not simply a desire to care for or
control them but a method by which they can be tidied away?
**RNS and FMN**

Whatever the structural and cultural explanations of the phenomena discussed in this paper, it seems clear that two pressure groups, RNS and FMN, have efficiently played on a whole range of doubts and fears to influence the development of policy. Their very titles have symbolic significance. RNS as *the National Association for a Drug-free Society* can lay claim to being able to clean and tidy the peoples' home while FMN, *Parents Against Drugs* sets itself up as a body with the interests of the nation's children at heart. A climate has been created in which anybody who opposes strong measures to deal with a country awash with an influx of illegal narcotics, can be labelled a drug liberal who will stand by helplessly and watch young people dying and destroying their lives.

**Conclusion**

It will be interesting to see how events unfold in Sweden over the next few years. Will the current measures and the aim to rid Sweden of drugs be successful in alleviating the problem? If they are then we shall need to know more about the new Swedish Model. If they are not, will there be a return to a more liberal line or an attempt to make even minor drug offences punishable by prison sentences, and extend compulsory care to a maximum of 1 year. One suspects that the unrealistic aim of ridding the country of drugs will continue to demand even more drastic measures for its achievement.

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CHAPTER FIVE
ALCOHOL AND DRUG POLICIES IN SWEDEN AND THE U.K.: a study of two counties
(from Manning, N. and Ungerson, C. Social policy review 1989-90, Chapter 13, 1990)

Introduction
This chapter was written because it was felt there was a need to compare alcohol and drug policies at a local level in Britain and Sweden. There is already a body of literature which outlines the national policy frameworks of both countries (1), but in the field of substance misuse (2) there has been hardly any attempt to see how policies are interpreted and implemented locally. It is widely recognized in policy analysis that to focus on the national level is misleading, given the variations that can exist between different local authorities and agencies. Moreover, the further from the centre a policy travels, the greater can be the impact of particular local welfare professionals and administrators, as well as local pressure group activity. While such an argument is taken for granted within one’s own country, there is a tendency in comparative work to remain restricted to the level of national programmes, policies and legislation.

The choice of Örebro (Län) county and Leicestershire was partly a matter of convenience, since I work in the British county and had already had some research experience in Örebro (Gould 1988, chapter 5). But of greater importance was the fact that each of the two counties seemed to represent an approach which typified a certain national tendency. I shall describe these later as a 'restrictive' tendency in Sweden and a 'liberal' one in Britain. Note that I am not suggesting that the two are typical. Rather they each represent 'ideal types' in each country which one would be unlikely to find in the other.

Both Örebro and Leicestershire are prosperous midlands counties with low unemployment rates. Although Örebro Län is four to five times the geographical size of Leicestershire, Leicestershire has a population of 860,000, over three times the size of Örebro Län's 270,000 (both these facts need to be borne in mind throughout the
chapter, particularly when resources and problems are being discussed). However, neither could be described as including large conurbations.

Interviews were carried out with a variety of local professionals and officers in statutory and voluntary services in both counties, their 'capital' cities of Örebro (pop.120,000) and Leicester (280,000), and the small towns of Karlskoga (35,000) and Loughborough (55,000). The modest scale of the study made it impossible to interview all those concerned with substance misuse, but an attempt was made to interview those involved in the provision of specialist services, particularly those employed by health and social services, the education authority, the police and voluntary agencies. A similar range of non-specialists was also interviewed. This was felt to be important since their knowledge of, perception of, and referrals to specialist services were often crucial to the latter's effectiveness.

The questions concerned the substance misuse problems they faced, their respective policy rationales, the resources they had at their disposal, the degree to which they cooperated with other agencies, what difficulties they faced and what policy changes they would like to see. It was hoped in this way to elicit a broad picture of how the problem of substance misuse was treated in the two counties. The interviews were supplemented by annual reports and other documentation. The results of this survey are presented and compared after the next section.

Background

Swedes freely admit that their society lacks a 'pub' or café culture. What they mean by this is that for decades they have followed a policy which seeks to discourage alcohol consumption. Strict regulations ensure that establishments which do not provide restaurant facilities are not granted a licence to sell alcoholic drinks. As a result pubs are few and far between. Only state-run off-licences are allowed to sell wine, spirits and beer beyond a minimal strength. Moreover, Sweden's temperance movement, which has always had strong links with the ruling social-democratic party, has ensured that social policies generally have been influenced by temperance values. In particular, in the early part of this century, adult alcohol consumption was regulated by ration books, and the possibility of taking misusers into compulsory care has
existed under various temperance laws since 1913. While the ration book system was abolished in 1955, compulsory care persists not only for those with an alcohol problem but also for misusers of drugs (since 1982) and volatile solvents (since 1988) (Gould 1988 and 1989).

It is illustrative in this context to note that whereas Sweden is regarded as a very liberal country on many social and sexual matters, on drink and drugs it is restrictive. Consequently, Swedish policies towards AIDS and homosexuals are considered quite progressive, but as far as the risks of the HIV virus being transmitted by intravenous drug users is concerned, needle exchanges are not permitted by national policy. Yet while the British have quite a reactionary reputation on social and sexual matters, and at central government level illegal drugs are frowned upon, needle exchanges have been encouraged as part of the policy to combat the spread of AIDS.

Even more liberal of course is British society's acceptance of alcohol. In 1979, the Central Policy Review, a central government think tank, produced a report which argued that alcohol problems were reaching dangerous and costly levels and recommended, amongst other things, that the government should seek to reduce overall levels of consumption. The Report was never published, let alone discussed publicly. Since that time alcohol prices have continued to fall, consumption has risen, the number of retail outlets has grown and licensing hours have been extended. In Sweden, on the other hand, central and local governments are committed to reduce Sweden's already low per capita consumption of alcohol by 25 per cent, in accordance with the guidelines laid down by the World Health Organization. Moreover there is much pressure upon the Swedish government to introduce a nil alcohol limit for car drivers. Another interesting contrast between the two countries is that, whereas in Swedish public debate 'drug liberal' is an effective term of abuse, in the UK, it is possible for major public figures to call for the legalization of drugs (3).

In both countries, attempts are being made to reduce the medical emphasis on drug and alcohol problems. This entails cooperation between, and the coordination of, medical and social services, to ensure that people are offered a wide variety of community-based services from information, advice and counselling to detoxification, psycho- and behaviour therapy. Moreover, the recognition that many people have a range of alcohol and drug problems has led to services being less preoccupied with
'alcoholics' and 'addicts'. This wider definition of the 'problem' population has led in turn to a greater recognition of the need to coordinate the efforts of other statutory agencies - such as education, housing and the police and those of voluntary agencies.

In Sweden, collaboration between health care and social services is made a little easier by the fact that county councils are responsible for health care delivery, while the local kommuns (boroughs or districts) within the county are responsible for social services. In Britain, the National Health Service (NHS) is responsible for health care and the counties are responsible for social services. It is rarely the case that the boundaries of the NHS' district health authorities (DHAs) are coterminous with those of a county but this happens to be the case in Leicestershire, which means that cooperation between the DHA and Leicestershire's social services should also be somewhat easier.

In contrast it must be said that social services in Sweden have had greater experience in dealing with, and responsibility for, alcohol and drug problems. Apart from the temperance legislation referred to above, each of Sweden's major pieces of social services legislation imposes clear and explicit obligations upon the kommuns to deal with those who have such problems (at the time of writing, no such obligations had been imposed upon British social services departments) (4). Moreover Swedish social workers, unlike their British counterparts, have traditionally been responsible for the administration of social assistance. This has widened the scope for intervention into the lives of those who misuse alcohol and drugs and are dependent upon the kommun for financial support.

Örebro Län

Rationale

Örebro's policy towards drug use has been heavily influenced by the pressure group FMN (Foräldrar Mot Narkotika, Parents against drugs) which is well organized both locally and nationally. This group sees the problem as an epidemic which will spread unless society takes drastic action. As alcohol has become culturally acceptable, so might drugs. Experimentation with soft drugs by the young is likely to lead to a progression to harder drugs and a career which will result in serious damage to health.
if not death. It therefore follows that all drug use is dangerous, and that early intervention by the authorities is essential. Preventative work must be vigorously carried out in a high-profile campaigning style to prevent the young from experimenting in the first place; and the compulsory care and treatment of young addicts in particular is seen as necessary because addiction, by its very nature, prevents those affected from seeking care on a voluntary basis. The health and lives of young people must be protected by the coordination of the efforts of parents, social workers, teachers, doctors and the police. Early detection and intervention inevitably demand vigilance and close supervision of young people's lives and activities (Örebro Län 1986a).

This evangelical approach is not reflected to the same degree as far as alcohol is concerned, although a recent campaign by the local temperance association called for county councillors to make a public declaration of their intention to abstain from alcohol for three months as an example to the young. The responses (mainly assenting) were published in the local press underneath photographs of the local politicians (Sundell 1989).

Organization, staff and resources

The division of tasks between the Län and the kommuns is a complex and changing one. Often the administration of a particular service is in the hands of one, but is partly paid for in the form of grants and fees by the other. Consequently there is a need for the joint planning of some resources. One can say that the Landsting's (county council's) health department has responsibility for the institutional treatment of misusers and detoxification services, while the kommuns provide out-patient clinical and counselling services as well as access to various forms of accommodation.

At the present time the county authorities have responsibility for three homes, each with about 40 places (Örebro Län 1986b), one of which employs about 60 people, half of whom are medical and social work professionals (5). Since 1982 the county has also provided a special drug unit (50 per cent funded by the City council) solely to help young people. It employs seven full-time and three part-time staff, including a doctor, a psychologist and five social workers. The county's general
psychiatric hospital has a special drying-out unit with thirteen places and a
detoxification unit with 28 places (Örebro Län 1988).

Örebro City, a kommun divided into fifteen districts, employs three people to
run an alcohol clinic (including a part-time doctor and two nurses), nine in a unit for
adult drug misusers (including five social workers, a psychologist and a psychiatrist
from the L tn's health department), three in an alcohol information and advice centre,
six in a treatment unit, seven who run one short-stay hostel (21 places), twelve in two
long-stay hostels (21 places each), and others who supervise accommodation in
various flats - a total of 50 (Örebro Kommun 1988). Other kommuns, such as
Karlskoga, Lindesberg, Hallcfors and Kopparberg, also have advice and/or treatment
centres as well as special accommodation for misusers. Even some of Örebro City's
districts like Varberga and Vivalla-Lundby also employ specialist social workers and
assistants to counsel misusers and supervise them in their accommodation on poorer
estates. Substantial grants are also given to voluntary temperance organizations in the
kommuns to provide drop-in centres, recreational facilities, counselling and support.
Lastly, the county's police force employs ten criminal inspectors in its drugs squad.

Local problems: actual and estimated
Drug and alcohol problems are notoriously difficult to estimate, and a distinction has
to be made between those people who come to the attention of various agencies and
are helped or treated by them and estimates of the far wider range of people who do
not seek help.

The agencies in Örebro Län were only too willing to provide estimates of the
wider problems that existed. No prevalence survey was ever quoted but there was
substantial agreement amongst informants. Alcohol dependency in the county was
considered to be no different from the rest of Sweden; figures of one in ten of the
adult population were often quoted. There was concern that women were drinking
more than in the past but alcohol problems were considered to affect a wide cross-
section of age and status groups. There was clearly a big problem with what were
usually referred to as social rejects or outcasts (utslagna), often single men above the
age of 35, with a spirits problem. With more certainty Örebro kommun's information
and advice bureau was able to say that there were 6000 people who were dependent upon alcohol, by medical definition.

Estimates of the drug problem ranged between 2-5000 for the city of Örebro. The higher figure was often attributed to an estimation by misusers themselves. Most of those affected in the county were thought to be young men between the ages of 18 and 35, although an increasing number of young women were turning to drugs. It was also said that amongst young people there were more likely to be problems of mixed misuse (i.e. alcohol and drugs). There was particular concern that drugs were moving up the social scale. Whereas, in the past, it had been those who were without jobs and homes that were taking to drugs, more and more people with an established way of life were now doing so. Nobody thought that there were many cases of heroin or cocaine being taken. Cannabis and amphetamines were the chief cause for concern.

While the police claimed that 1250 individuals were on various local registers in the city as having a drug problem, the adult drug unit claimed that 500 individuals were known to other agencies. The latter, at any one time, was dealing with about 50 cases, while the county's drug unit for young people has reported an average number of new cases each year of about 30. During 1988 there were almost 400 visits to the latter unit by young people (half of them female), and almost 200 visits to the homes of young people by staff. In addition over 300 visits were made to other agencies concerning patients and 260 visits of a 'general preventative' nature (Örebro Län's Narkotikaenheten 1988) (6).

The city's alcohol clinic reported 447 people visiting them in 1988, three-quarters of whom were men and a quarter women. In total they made 2574 visits to the doctor to discuss alcohol and related problems. In addition 10,595 visits were made for medical treatment. This refers largely to visits made to the clinic by drinkers to obtain antabuse, a medicine which has the effect of making people vomit if they consume alcohol. This form of aversion therapy, common in Sweden, is hardly used in Britain.

In Karlskoga's Alcohol and Drug Unit, medical personnel tended to deal with alcohol problems and the treatment counsellors with those on drugs or a mixture of drugs and alcohol. Between 1984 and 1987, the counsellors dealt with 109 cases, 30 of whom were female. During the same four-year period 44 people were placed in
treatment homes for periods of up to a year, while twelve were placed in foster homes (Socialtjänsten i Karlskoga 1989). In 1987 over 6000 visits were made to the nurses in the unit (mostly to obtain antabuse) and 155 visits were made to people's homes. Visits to the doctor amounted to just under 400. Fifty-two people were placed in treatment homes (Socialtjänsten i Karlskoga 1989).

**Cooperation and coordination**

Many of the respondents recognised a need for cooperation between various agencies over alcohol and drug problems. Many were also part of one coordinating group or another. Rarely were other agencies cited as being uncooperative, but psychiatric services consistently came in for criticism (7). There is a statutory obligation for representatives of the county health authorities and the kommuns' social services departments to form a group to make decisions about resource planning for community and institutional care, Vårdresursplanering (VRP). There also exist advisory working parties set up at county, city and kommun level which aim to provide a forum for various agencies, statutory and voluntary. All of these deal with substance misuse to a greater or lesser extent.

VRP consists of a group of local politicians, backed by a working party of administrators. VRP functions with some difficulty since there are a wide range of interests to satisfy. There are often differences between the county representatives and those representing the kommuns; and between the larger and the smaller kommuns. A current problem besetting VRP concerns treatment homes for misusers. For some years places were being closed down because of the liberalizing laws of 1982 (8). The lengthening of compulsory care under the new 1988 LVM laws (9) has created a problem. More places may be needed in the future but who will pay for them? The county has the responsibility to provide and manage such institutions but the kommuns have to pay the fees of those who receive treatment in them. Moreover the county wishes to retain an emphasis upon institutional care whereas the kommuns would prefer to provide more community care. In the absence of state funding and with the pressure upon local budgets to cut expenditure, decisions about institutional care are not easy. Another recent problem concerns the provision of drying-out and detoxification facilities. These at present exist within the city but there is a demand for
such facilities within some of the kommuns. Agreement exists on the need for provision but not on which authorities should pay.

A different problem persists in the county narkotikagrupp. This has no decision-making powers or command over resources, but in 1984 it produced a policy programme for the county which by and large reflected the philosophy of FMN. This was subsequently watered down because of opposition from some of the kommuns, notably Karlskoga, where the social services department took a much more liberal line over drug problems. That tension still persists although in some ways it has mellowed. One of the intentions of the narkotikagrupp's drug programme was that each district of the city and every kommun in the county should have its own coordinating group to handle drug problems (Örebro Län 1986a). In reality such groups often find that they have insufficient drug problems to occupy their time and take on a wider brief, that of dealing with the problems of young people as a whole (10).

Cooperation between agencies is often made easier on those estates and in those areas where local agencies have actually been sited in the same group of buildings. In Vivalla-Lundby, a district of the city, the modern estate has many of its own public services located close by each other. This makes cooperation between social services, the school, and the medical centre a relatively easy matter. The same applies to the west district of Karlskoga and many others. Whether meetings are formal or informal, directly or indirectly concerned with misuse problems, cooperation between different services is enhanced by sharing the same or adjacent sites.

**Changes required**

Many respondents, including those in favour of compulsory institutional treatment, called for a greater emphasis upon preventative work, community care and smaller treatment homes, and some, particularly those in social services and in Karlskoga, were critical of the new law concerning misusers (LVM 1988: see notes 8 and 9). Others were well satisfied with the opportunities that extended compulsory care gave them but also wanted the consumption of drugs to be an imprisonable offence.

Although some, particularly the police, called for increased resources in dealing with the drug problem (11), there were many others who felt that the level of
resources was satisfactory, including, interestingly, FMN supporters. The latter seemed to think that changes in attitudes were of greater importance and called for greater cohesion and commitment in the fight against drugs. Others were critical of resource planning and considered the present arrangements unsatisfactory. Greater cooperation and coordination were also often mentioned, but whereas some were concerned with tackling problems more effectively in a general way and preserving the confidentiality of individuals, others clearly saw a need for less confidentiality and a greater willingness to disseminate information concerning individuals.

The latter view was particularly common amongst those who saw the problem of drugs increasing. One respondent expressed the view that the scale and cost of the drug problem in the future would threaten the whole fabric of democracy in Sweden. While many estimated substance misuse in the future as stable or a matter of fluctuating cycles, others were clearly perturbed by what they saw as the drug problem's scale. A respondent concerned with the alcohol problem also raised the prospect of the welfare state crumbling under the weight of the cost of alcohol problems, claiming that it needed to be reduced in order that the money could be spent for more useful purposes. Others who considered alcohol to be the greater of the substance misuse problems, doctors in the main, thought that a return to the ration book system was justified.

**Leicestershire**

**Rationale**

If there is a dominant approach to drug and alcohol problems in Leicestershire then it is one that has been heavily influenced by the community drugs and alcohol services (see below). These clearly reject a disease model of such problems and steer clear of such terms as alcoholism and addiction. The prevailing rationale seems to be that we have to accept that we live in a drug-taking society. People take drugs in a variety of forms (including alcohol) and do so because they do something positive for them: give them pleasure, help them relax, make life bearable, help them to cope with other problems. Most people will be able to manage their particular drug in a way that does little harm, but in those cases where drugs are mishandled and begin to add to their
problems, it is important that they have someone to turn to for information, advice, help or treatment. The job of these services is to minimize the dangers inherent in drug-taking. Risk-reduction is another way in which this philosophy is expressed (Cameron et al. 1981 pp 1-4 and Christie et al. 1989 pp 7-8). The concept of an inevitable 'drug' career has less of a place here. The experimentation with substances, which some young people indulge in, is seen as normal and in most cases, unproblematic; a phase which most pass through, relatively undamaged. Problems of misuse can take place at any time in a person's life and follow no particular pattern. What is important is that problems are responded to quickly, effectively, with minimal intervention and in the least stigmatizing way possible. Those who support this approach are usually critical of the kind of high profile campaigns that central government promotes.

Organization, staff and resources
The principal specialist services in Leicestershire are the result of cooperation between the district health authority and the county's social services department and the voluntary sector. The different parts of the Community Alcohol Service (CAS) were established towards the end of the 1970s while the Community Drugs Service was established in 1986. There are no specialized detoxification units in the county, apart from a few beds in a hospital for the mentally ill. What detoxification takes place occurs largely in people's homes.

The Alcohol Advice Centre and the Drug Advice Centre are voluntary agencies. Thus individuals seeking advice for themselves or relatives do not have to present themselves or reveal their identities to a statutory agency. Should further help or treatment be required, then people are referred to either the Community Alcohol Team or the Community Drug Team. Each of these consists of specialist medical and social services personnel.

The Alcohol Advice Centre consists of a director, a counsellor/administrator, a clerical assistant and a receptionist. Although it is a voluntary agency, it is largely funded by Social Services with the receptionist paid for out of the Inner Area Programme (75 per cent central government, 25 per cent City Council). The Alcohol Team consists of nine people: a consultant psychiatrist, a psychologist, six community
psychiatric nurses, a social worker and two secretaries. An important facility which the services make use of and are used by is Hastings Hostel, a registered charity, which has sixteen self-catering units for those with serious drink problems. Although no alcohol is allowed on the premises, it is not necessary for residents to abstain from alcohol. However, residents, who come to the hostel on a voluntary basis, must be motivated to do something about their problems. Through arrangements with a local housing association four further units provide nineteen places for people with alcohol-related problems. Altogether this core-cluster scheme, as it is called, is staffed by a team of twelve paid for by Social Services.

The Drug Advice Centre is also operated by a voluntary agency, Leicester Action for Youth Trust (LAYT) which is concerned with a number of problems faced by young people, drugs being one of them. It is financed by the DHA (70 per cent) and Social Services (30 per cent). An assistant director of LAYT is in charge of the Drug Advice Centre, which employs eight people: a county development worker, a drug-line volunteer coordinator, a risk reduction worker (part of whose job it is to operate a needle exchange scheme in the City), a hostel development worker, 1.5 social workers and two secretaries. The Drug Team consists of eight staff, including: a clinical psychologist, a consultant psychiatrist, clinical nurse manager, two community psychiatric nurses, two secretaries and a psychology technician (the clinical psychologist, clinical psychiatrist, the nurse manager, the psychology technician and one of the secretaries are shared with the Alcohol Team).

In addition the Health Promotion Unit employs a health promotion officer, concerned principally with drug and alcohol problems, and until recently the County Council's Education Department employed an adviser to schools on drug and alcohol misuse. Social services are currently about to appoint four additional social workers to work closely with two of the county's major hospitals on HIV and drug-related matters. The drug squad in Leicestershire Constabulary consists of thirteen officers.

**Local problems: actual and estimated**

No respondent was able to hazard a guess as to the numerical size of either the county's alcohol or drug problems. Although some thought alcohol problems were quite severe, Leicestershire was thought to have moderate problems in terms of
alcohol and a minor one in terms of drugs. The police were particularly concerned with alcohol where it resulted in public disorder and drunken driving. The drug squad claimed that although Leicester was a centre for the wholesale supply of heroin, there was little evidence of heroin or cocaine consumption within the county. As in Örebro, the principal illegal drugs consumed were cannabis, cannabis resin, and amphetamines. Another worrying problem amongst young people still at school was glue-sniffing.

The Drug Services annual report for the year ending April 1988 shows that there were 878 responses by the service but only 317 (36.1 per cent) were contacts with drug users themselves and 125 of these were telephone contact only. The majority of contacts were contacts with third parties (friends, relatives and agencies) concerning drug users and general preventative contacts, visits and teaching sessions (Christie 1989 p20) (12). The increasing use being made of the service is indicated by the fact that total initial contacts by the service were running at 30 a month in April 1987, but were over 100 by March 1988.

A different pattern of services response emerges from the Alcohol Advice Centre (Alcohol Advice Centre 1988) (13). The higher number of responses, 1444, consisted of 621 (43 per cent) contacts with alcohol users of which less than 60 were by telephone (4 per cent). The remaining responses were third party contacts and preventative contacts, visits and teaching sessions. Total responses rose for the following year by 70 per cent to 2455 but the actual number of problem drinkers dealt with rose by only 8 per cent from 760 in 1987-88 to 822 in 1988-9. People with alcohol problems had a mean age of 40, while those presenting with drug problems had a mean age of 30. Of the problem drinkers 66.7 per cent were men. Of the DACs all known drug users 58 per cent were men, but of those assessed for long-term treatment 74 per cent were men.

Cooperation and coordination

While most agencies were regarded as cooperative by various respondents where it concerned substance misuse, general practioners were most often cited as being out of touch, having a stereotypical view of drug problems, being isolated and unwilling or too busy to find out about what is available in the county. Yet while it was clear that
agencies made use of the Health Promotion Unit, the Alcohol Services and the Drug Services, there seemed little evidence of local groups of professionals coming together at a local level to deal with substance abuse. However, a number of respondents had recently received a circular from the ministerial group on alcohol misuse, encouraging the formation of local groups to tackle alcohol problems in their area. The circular suggests how this may be done and the kind of work that such groups might undertake (Department of Health 1989).

However, at a county/DHA level a number of coordinating mechanisms already exist. With the increasing emphasis upon reducing the occupancy of hospital beds and upon community care, the mechanisms for making decisions about resources in Leicestershire are the two Joint Consultative Committees one for the DHA and the County Council and one for the DHA and the District Brough Councils. Each body consists of equal members of the DHA and the Councils, with a smaller number of representatives from the voluntary agencies. It is to the JCCS' sub-committees of Health Education and Mental Health that those making demands for resources for drug and alcohol services would have to apply.

By and large such applications, when they concern substance abuse, come from two other coordinating bodies - LACDM (Leicestershire Advisory Council on Drug Misuse) and LCA (Leicestershire Council on Alcoholism). LACDM was set up after DHSS Ministers asked every DHA to set up a Drug Advisory Committee in 1985. The membership of the Committee was to include representatives from the health service, social services, the police, the probation service, the local education authority and the voluntary sector. Many of those interviewed about the work of LACDM seemed to think that it had been effective in terms of getting resources out of joint planning/finance machinery and from other central and local government initiatives, but that it lacked a coherent strategy for the future. Some of its problems were seen to arise from the fact that it was heavily influenced by health service professionals, most of whom were involved in the management of the service. What had originally given LACDM its cohesion seemed to becoming a source of disadvantage, dissension and confusion.

When difficulties arose they were as likely to be between different elements within the health service as between health and non-health agencies. There was also
concern about the under-representation of ethnic minority customers using the drug services. In part, it was felt that this arose because there was no ethnic minority representation; little contact with minority groups; and a general lack of outreach work in their direction. This was linked in the minds of some with the medical influence referred to earlier.

The same principal criticism was made of the county-wide coordinating body for alcohol problems, the Leicestershire Council on Alcoholism (a voluntary body and therefore different in purpose and status to LACDM). This body was not thought to function as well as LACDM and it was hoped that, with the possible future move to house the two services in the same building, one coordinating body could deal with both drug and alcohol problems. In particular there seemed to be a difference between those who preferred a medical approach based upon a reactive individual-oriented appointment-based system and those who favoured a pro-active, community-oriented, outreach service.

Despite these differences many respondents were proud of what the two services and their coordinating bodies had achieved in terms of a common philosophy, good practice and cooperation. It was said, more than once, that the alcohol service reached more than any other similar service in the country and there would seemed some strong comparative local data to support its claim to effectiveness (Cameron 1986).

**Changes required**
The possible amalgamation of alcohol and drug services in the same building was welcomed by those who preferred to see substance misuse as the principal focus of their work; as was the hope that this would lead to a unified management structure and coordinating committee. It was hoped too that this would lead to a better use of resources, a better way of tackling problems and a new sense of direction.

Within the health promotion unit it was felt that a more explicit acceptance by non-specialist agencies of substance misuse, and policies, personnel and resources to go with it were important. But although one respondent suggested that in-service training for social workers on drug and alcohol problems might come about (particularly where it concerned the well-being of children in families), generally-
speaking, in non-specialist agencies, there seemed little concern with substance misuse as a specific problem. There seemed to be some evidence for the allegation that in social services and probation there was a lack of concern about such problems at a middle-management level. This was reinforced by the non-specialists' claim that they did not need their own specialist personnel to deal with substance abuse. Indeed, in the case of the Education Department, it had recently chosen not to continue with the post of an advisory teacher with specific responsibility for substance abuse and instead to make it a part of the responsibility of a number of non-specialists.

Both non-specialists and specialists alike thought that there ought to be more resources for specialist services. One proposal was that the County, like the City, needed a risk reduction worker and the City, like the County, needed a development officer. The Alcohol Advisory Service needed an additional administrator to free the counsellor for counselling work, and a number of respondents pointed to the need for new staff to develop work with specific groups, such as ethnic minorities and women. Different respondents pointed to needs that were certainly met in Örebro such as drop-in centres, supervised housing arrangements and detoxication facilities (though on the latter there was some disagreement), as home detoxification and mental hospital detoxification were considered to be insufficient.

There seemed, amongst many non-specialists, a rather weak feeling that they should know more about substance abuse and that they should be doing more. This was reinforced by the many specialists who saw a real need to train, educate and inform primary workers about the problems. In addition, amongst both specialists and non-specialists there was the suggestion that collaborative work was what was required agencies and workers working together on the same cases. Again both the police and the alcohol service could see the need for more collaboration over licensed premises. Criticism too was aimed at those services, like schools, local social work offices and general practitioners, that seemed to operate in isolation from others.

Concerning the prognosis of drug problems in the future, many would not hazard a guess and most thought that problems were likely to remain stable. Alcohol problems were likely to grow, it was thought, as long as the price remained low. As far as policy changes for the future were concerned, there was substantial agreement that the government's high-profile scare tactics on the drugs issue were misplaced and
counter-productive. The greater problem of alcohol should be tackled centrally and locally in a variety of ways. Suggestions included further limitations on advertising, raising alcohol duties and lowering the alcohol limit for drivers. Many called for greater supervision and control over licensed premises and the 'drinking environment'. But always the emphasis was upon risk management rather than encouraging abstention. One respondent said drugs should be legalized, but in a controlled way; others said that liberal licensing hours were no problem, but that the drinking environment needed to be controlled. These were not arguments against control as such but for a different approach to the idea of control.

A comparison
The contrast between the way in which the practitioners in the two counties perceived substance abuse problems and dealt with them was considerable. In Örebro there was a view amongst many that alcohol- and drug taking were abnormal and life-threatening to individuals and to society itself. The aim was a drug-free society to be achieved through high profile campaigns and early, pro-active intervention. This approach was promoted by pressure from the traditional temperance associations coupled with the modern equivalent in terms of drugs - FMN. The conflict played out at a national level between the restrictive and liberal camps over substance use and misuse (Gould 1988 and 1989) was reflected in both the formulation and implementation of policies in Örebro Län. Even the outcome was much the same with a compromise between the two camps in which the emphasis remained on the restrictive side.

In Leicestershire, alcohol- and drug-taking were regarded as a normal and acceptable part of human life, but with dangers that required prompt intervention. Intervention was largely reactive and scare tactics were avoided. There was no evidence of particularly influential pressure-group activity but a group of liberally-minded health care professionals seemed to have had considerable influence upon local policies. Whereas at a national level the government's moralistic approach to drug problems stood in marked contrast to its soft-pedalling on alcohol issues, in the
County a more consistent attitude towards substance misuse as a whole led to a more tolerant and more understanding attitude towards the use of illegal drugs.

It may therefore be that in Sweden the strength of local pressure groups is an important factor in the formulation and implementation of local substance misuse policies. In Britain, where the existence of such groups is either weaker or non-existent, it may be (given the NHS's greater responsibilities for drug and alcohol problems) that the attitudes of local medical professionals are crucial.

In comparing the scale of both service provision and the problems they were designed to meet, it must be borne in mind that Leicestershire has three times the population of Örebro Län. Services in Leicestershire were heavily influenced by the medical profession and were centrally-based in the city of Leicester. The more locally-situated social services offices were not required by law to see substance misuse as a primary problem, nor did they. Although some work had been done to increase the awareness of primary workers in a variety of services, there was no line management pressure upon them to do so. In Örebro Län, social services were the responsibility of every kommun and were required by law to actively provide information and advice about alcohol and drugs, provide help and support to those with problems, and, together with the Lin health authority, see that there were adequate institutions providing residential treatment for those adult and young misusers taken into care voluntarily and compulsorily. There were three such institutions within the Lin, each with around 40 beds, but there was only one in Leicestershire, with sixteen places.

Örebro Kommun employed almost as many specialists to deal with substance abuse as the whole of Leicestershire County (about 50 people). Yet, while both counties had advice and treatment centres, many of the kommuns in Örebro county also provided such services. Accommodation for those with substance abuse problems was also more widely available in various kommuns. In Örebro city alone there were hostels with 50 places, while in Leicestershire there were, in addition to Hastings Hostel, only 19. Although detoxification took place within hospitals and people's homes in both counties the emphasis was on specialized medical units in Örebro and on home detoxification in Leicestershire. Moreover there is pressure at the present time for more locally-based detoxification centres in the kommuns; and while no-one
in Leicestershire wanted to put the emphasis on large detoxification units, there were those who felt that detoxification facilities were lacking.

It is difficult to compare the statistics concerning caseloads throughout the two counties but it would seem that the work of the drug unit for young people alone in Örebro Län (over 1100 ‘visits’) is similar to that handled by the drug team and advice centre in Leicestershire (less than 900 ‘responses’). In addition a number of kommuns including the one for adults in Örebro town, dealt with drug cases. As for alcohol problems, the number of problem drinkers receiving advice and treatment in Örebro Län’s clinic (447) and Karlskoga’s (approximately 250) would seem to come pretty close to the cases dealt with by Leicestershire’s alcohol services (822). But in addition, there were literally thousands of visits to nurses in the Örebro and Karlskoga units, many of which were for antabuse tablets, a corollary of which simply does not exist in Leicestershire.

Both in terms of resources and caseloads then, the figures in Örebro Län would seem to be similar to, if not greater than, than those of Leicestershire in spite of the fact that the latter county has three times the population of the former. This greater service response in Örebro would seem to be directly related to the perception of the problem in the Län. Many of those interviewed considered that the problem they were facing was of damaging proportions and they were able to quantify its scale, whereas in Leicestershire the wide problems were seen as moderate and no-one could put a figure on them. While there was talk in Örebro of society and the welfare state collapsing under the weight of such problems, there was no such talk in Leicestershire. It is very difficult to know what to make of these contrasting perceptions. Can it be that in the welfare state, where unemployment is below 2 per cent and material poverty is almost invisible; where housing, health care, recreation facilities and public transport are all of such a high quality; and where general living standards for the mass of the population are as high as in the US, that substance misuse problems are higher than in a country plagued by unemployment, poverty and a generally low standard of public services? Or are the problems in Örebro exaggerated by a temperance tradition which still sees alcohol as a moral evil and an anti-drug movement which defines all drug use as misuse and imagines it is possible to have a drug-free society? The converse may certainly be true, that in British
counties, the extent of alcohol and drug problems are under-stated, the awareness of the problems by non-specialist agencies, minimal; and the amount of resources and pro-active work necessary to adequately deal with the problems greatly underestimated.

Both counties recognised the need for cooperation and coordination and those involved in the various bodies seemed satisfied with the way they worked. Difficulties arose in both, between social services and health authorities, over the degree of community-based activity, but in Örebro there were significant differences over the allocation of resources and the financing of services. Here the differences were more between those who favoured a reactive appointment-based system and those who wanted more outreach work and community involvement. Although both LACDM and Örebro's narkotikagrupp could claim a clear cut philosophy, the latter's consensus had only been achieved after considerable conflict and debate, with many practitioners and some kommuns favouring a more liberal, less restrictive approach. Coordination at a local level seemed more a matter of course for the Swedes, although much of this was not concerned directly with substance abuse. There is evidence however that such coordination between agencies is being encouraged at a local level in Britain.

As to future needs, in both counties there were many who wanted to see more proactive outreach work and community-based work. Many would also like to see the price of alcohol increased. However there were also those in Orebro who also wished to see a return to the ration book system and a punishment of imprisonment for drug-users. In Leicestershire, the controls favoured for alcohol were less in terms of individual restrictions and more in terms of regulating drinking behaviour through controlling the drinking environment.

**Conclusion**

Two conclusions could be drawn from the above:

I That in Örebro they recognize the serious nature of substance misuse problems and make generous provision to deal with them and that in Leicestershire, problems are underestimated and neglected and services under-
resourced. Our tolerance of alcohol, it could be argued, is largely the result of the economic and political power of the brewing industry; a power that governments are unwilling to tackle. Moreover it would be politically difficult to restrict the ordinary citizen's drinking rights in a country where easy access to alcohol in pubs and supermarkets is seen as normal. It may also be that toleration of one serious drug, alcohol, makes it more difficult to be restrictive about other drugs.

2 That in Örebro, the Swedes have got such problems out of proportion, over-react to them and as a result, exacerbate and even cause them, whereas in Leicestershire, minimal but effective intervention ensure that problems are dealt with in a humane and understanding way. In trying to aim for a drug-free society and to prevent young people from indulging in experimentation, even in alcohol, Swedish temperance attitudes encourage the very behaviour they seek to repress. The lack of access to a pub or cafe culture promotes a sub-culture which indulges in both alcohol and drugs to excess as a reaction against an over-bearing authority. Evidence for this can be seen in the drunken behaviour of school students when term finishes, the exams are over, or on the occasions of certain national festivals - a pattern of behaviour often referred to by those involved in local coordinating groups.

Only a definitive study of the estimates of alcohol and drug problems in both countries could satisfactorily show which conclusion is the correct one. My own feeling is, quite genuinely, that the answer lies somewhere in between. The Swedes probably exaggerate the scale of the problems they have to deal with but respond to them generously; whereas we underestimate alcohol problems in particular and provide inadequately for them.

A more relativistic argument might suggest that the two countries have historically and culturally determined problems to which they have responded in the way best suited to their own systems and practices. If that is the case then there is little to be learnt from their respective problems and policies. But is the only conclusion a culturally-bound one which argues that different problems demand
different responses? On the contrary, the evidence of this chapter would suggest that there is strong meeting ground for those genuinely concerned with problems of substance misuse in both countries. There is much to be learnt from Sweden in terms of mobilizing resources and generating widespread commitment to deal with serious social problems. Equally there is much to be learnt from the British example in terms of recognizing the pleasures and needs which different drugs satisfy; the positive and rational side to such behaviour; and the complex and subtle ways in which risks and damage can be limited. Similarly, it is possible to see how a restrictive approach can so easily degenerate into a paternalistic repression, while a 'liberal' approach can so easily become the basis for benign neglect.

How to mobilize resources and commitment without generating a moralistic panic, on the one hand; and how to deal effectively with the problems of substance misuse in a way that respects the integrity and rights of individuals are two questions that many practitioners in Sweden and Britain could usefully cooperate over in the search for solutions.

Notes

2. I have sometime used the term substance misuse throughout to avoid constantly having to refer to drugs and alcohol.

3. For example Professor Patrick Minford, an economic adviser to Margaret Thatcher, Jonathan Guinness and Auberon Waugh.

4. The 1982 Social Services Law (SoL), the law concerning the Care of Young People (LVU), as well as the Law on the Care of Misusers (LVM), all refer in their early sections to reponsibilities with regard to substance misuse problems.

5. Sweden had more than 50 such residential institutions in 1986 providing more than 2000 places (Swedish Institute 1986; CAN 1982). In 1981, there were 13 residential homes in Great Britain with less than 270 places (DHSS 1982); while in 1986 in the
UK there were 78 catering primarily for those with alcohol problems with less than 1250 places. A significant difference when one compares the Swedish population of 8 million with the UK's 55 million.

6. Table 5.1 indicates in greater detail some of the activities of the drug unit including outreach work.

| Table 5.1 The activities of Orebro Country's drug unit for young people February 1986-December 1988 |
| Feb 86- Mar 87 | Mar 87 | Feb 88 |
| Feb 88 | Dec 88 |
| Visit to the unit | Boys | 107 | 91 | 191 |
| | Girls | 50 | 92 | 197 |
| | Total | 157 | 183 | 388 |
| Home visits | Boys | 144 | 86 | 104 |
| | Girls | 74 | 63 | 83 |
| | Total | 218 | 149 | 187 |
| New patients | 31 | 27 | 37 |
| Visits to other agencies concerning patients | 332 | 198 | 306 |
| General preventative visits | 226 | 239 | 260 |

(Source: Örebro Län's Narkotikaenheten-verksamhetsberättelse 1986)

7. Partly because, it was alleged, that such services failed to see individual problems in a social context, and partly because they sought to off-load difficult mental cases to agencies primarily concerned with alcohol and drug problems.

8. SoL, LVU and LVM (see above) were each an attempt to reduce the element of compulsion in Swedish welfare legislation. LVM in particular reduced the length of time an adult misuser could be taken into care compulsorily to a maximum of four months.

9. The new LVM (1988) increased the length of compulsory care for adults to six months.

10. These would include deciding what to do on those occasions during the year that school students would embark on bouts of heavy drinking eg the Santa Lucia festival, end of term and after examinations.

11. The drug squads in both counties felt that a major need was a greater range of cars, since the limited ones they had soon became recognisable by drug dealers and
users.

12. Details are as follows: 14.2 per cent telephone counselling for drug users' 6.8 per cent advice sessions for users (short-term); 11.0 per cent drug users assessed for long term treatment; 3.9 per cent drug users referred to other agencies; 0.2 per cent assessed inappropriate; 36.1 per cent (320) total concerned with drug users; 22.8 per cent telephone counselling for third party (agencies, family, friends etc.); 1.8 per cent advice sessions for third party; 34.0 per cent teaching sessions, visits, projects, service information only; 1.0 per cent not known. 4.2 per cent appointment not attended; 63.8 per cent total other responses.

13. Details are as follows: 4.0 per cent telephone counselling for alcohol user' 8.0 per cent advice for user (short-term); 30.0 per cent user allocated to prime therapist; 1.0 per cent user referred to other agencies; 43.0 per cent total concerned with alcohol users; 9.0 per cent telephone counselling third party; 3.0 per cent advice third party; 28.0 per cent teaching session, visits, projects, service information only. 17.0 per cent appointment not attended; 57.0 per cent total other response.

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CHAPTER SIX
SWEDEN'S SYRINGE EXCHANGE DEBATE: moral panic in a rational society?

Introduction
Sweden has the reputation of being a comparatively rational society in which public policy is often based upon pragmatism, scientific knowledge and carefully evaluated experimentation. In the field of public health this is especially so. If there is substantial agreement amongst the international scientific community that a particular measure is desirable for the public good, one would expect Sweden to be one of those countries prepared to take the lead in implementing such a measure. This however, is not the case in the field of drug policy.

For some years, there has been a growing international consensus amongst those working with drug problems, that a harm reduction approach is preferable to an approach based upon abstinence. Harm reduction has gained considerable support because of the threat to public health posed by the spread of HIV infection. It is an approach adopted by the medical profession and others working in drug agencies in many European countries, and promoted by WHO. Making clean syringes available to intravenous drug users (IVDUs) is one example of harm reduction. This practice has been adopted and takes many forms in a wide variety of countries.

In Sweden, an official report, based upon the experience of SES in the county of Malmöhus in southern Sweden and upon similar projects in other countries, recommending that the government encourage experimental syringe exchange schemes (SES) across the country, was fiercely debated. The final outcome of the debate was a decision to allow the projects in Malmöhus to continue and for two other counties to be allowed to establish similar experimental projects. Since no other counties applied to take part, the schemes in the cities of Lund and Malmö remain the only official examples of SES in Sweden (1).
This paper will describe the Swedish debate, the actors, their arguments and tactics, and seek to explain why a country with a proud record on public health issues has chosen to reject the path of harm reduction adopted by the international medical community. The data on which the paper is based have been drawn from academic journals, local and national newspaper reports, official publications and interviews carried out by the author during September 1992. But before we proceed to the details of the debate itself, it is necessary to set out the context in which the debate took place.

Swedish drug policy

The 1980s had started with a liberalisation of Sweden's social services legislation, in which temperance attitudes had traditionally played a significant part (Gould 1988). Although the law on the compulsory care of adult misusers (LVM) was widened to include drugs as well as alcohol, the maximum length of care was reduced and strict criteria applied to make such care an unlikely event. The number of alcohol and drug advice centres increased as did the number of residential homes for voluntary care. However, as the decade progressed, so an anti-liberal, or restrictive, policy grew in scope and in terms of public and political support. The essence of this approach, which is articulated most clearly in the works of Nils Bejerot (see below) and the publications and activities of the pressure groups RNS (The National Association for a Drug-free Society) and FMN (Parents Against Drugs), is to focus upon the consumers of drugs, to outlaw their behaviour, to harass them, to intervene in their 'drug careers' as early as possible and to take them into care compulsorily if necessary.

In the mid-1980s, counties such as Örebro adopted the restrictive line, with its aim of a drug-free society, as the basis of their drug policy (Gould 1988, 1990). At about the same time, the Minister for Social Affairs, Gertrud Sigurdsen, replaced the liberal chairperson of the Committee investigating the operation of LVM with a person more sympathetic to the restrictive line and appointed the chairperson of FMN, Peter-Paul Heinemann, to that Committee (Gould 1988). On the basis of that committee's report, a new LVM was passed in 1988, which extended the maximum period of compulsory care to six months. A further law, which made the use of drugs a criminal offence,
was also passed in 1988 (Gould 1989) (2). The following year came the decision by the Government and the Riksdag to restrict the SES programme. In a climate where drug misuse had clearly come to be seen as such an enormous social threat, it was not easy to argue that the threat of HIV infection was an even greater one. Harm reduction in general and SES in particular were regarded as dangerous steps on the slippery path to the legalisation of drugs. The proposal for nationwide, experimental SES projects became the subject of a sustained political campaign, exciting controversy between pressure groups, professional associations and political parties - a campaign which received considerable press coverage, nationally and locally.

The Lund model
The spread of the HIV through intravenous drug use had begun to cause concern in many cities throughout the world in the 1980s. Barbro Westerholm, the then General Director of Socialstyrelsen (National Board for Health and Welfare) (3), and others, including Kerstin Tunving, a psychiatrist working with a drug care agency in Lund, wrote to Sigurdsen in 1985 about the problems emerging in Stockholm and the Skåne region of south Sweden, where the cities of Lund and Malmö both had substantial problems with intravenous drug users (IVDUs) (Ljungberg et al 1989). Sigurdsen's opposition at the time led Tunving and her colleagues in Lund to design an SES which relied on the close cooperation of those working in the Department of Infectious Diseases in the University Hospital. Had the drug agency itself handed out clean syringes, it might have fallen foul of the law, but by referring clients to properly qualified medical practitioners the possibility of interference by central government was reduced (Christensson and Ljungberg 1991 p1295). The Lund scheme began towards the end of 1986 and was followed in 1987 by a similar scheme in Malmö. While some initial opposition existed, the local police, customs and social services came to accept and cooperate with the Lund/Malmö schemes.

The Lund Model must have been seen as something of a threat by the proponents of the restrictive line and early in 1988 Socialdepartmentet (the Ministry of Health and Social Affairs) asked Socialstyrelsen to investigate and report back by November. The Report was based upon an evaluation of the Lund SES and a description of the
more recent one in Malmö (Norrby 1988). Reference was made to a wide range of European countries which had made syringes more easily available to IVDUs and, in more detail, to the schemes operating in England, Scotland and the Netherlands. The Report recommended a three year experimental syringe exchange programme but in recognition of the political difficulties ahead, made some important conditions. Any SES should involve the offer of HIV testing; information and advice about the spread of HIV; a willingness to accept care and treatment within a drug agency; and the cooperation of local social, health and police services. Socialstyrelsen was to report annually on the progress of the project to the government and lay down guidelines for the operation and evaluation of projects (Olin 1988 p43-4).

The civil debate
From the publication of the Report in November 1988 to April 1989, when the Government reached its decision, a forceful civil debate ensued. The advocates of SES knew the extent of the opposition they faced from the Government, the Riksdag and even the AIDS Delegation, chaired by Sigurdsen - the, by now, former Minister for Social Affairs (4). What they could not have anticipated, perhaps, was the opposition from within Socialstyrelsen itself. The report recommending SES had been written by an official in the medical section within Socialstyrelsen, but was strongly opposed by the alcohol and drugs bureau within the social services section (5). The bureau not only persuaded the social services section to declare its own reservations about the SES proposal (Magnusson 1988) but actively encouraged outside opposition to it. Indeed, it would seem to have played a major part in the creation of a 'national' association called Social Workers Against AIDS (6) which voiced hostility to SES.

This division between the medical and social work professions at an official national level was also mirrored in the civil debate. Perhaps a more precise distinction would be between those medical personnel who worked for hospital departments concerned with infectious diseases and the medical and social work personnel who cooperated over the care and treatment of drug misusers. Christensson and Ljungberg claimed that, "Supportive declarations have been made by the Swedish
Medical Association, the Swedish Society of Medicine, [Doctors] Against AIDS and the Swedish Society of Psychiatry" (Christensson and Ljungberg 1991). But, not only did a minority of doctors of infectious diseases express reservations about SES (7), but psychiatrists working closely with local authority drug agencies, particularly those in Stockholm, often sided with their social work colleagues. Amongst voluntary groups, RFHL (The National Association to Help Addicts) came out strongly in favour of SES (RFHL 1988) (8), while FMN and RNS came out strongly against (Danielsson 1988a, Rosengren 1989).

Press coverage would seem to have been very balanced. None of the principal actors in the debate, when interviewed, felt that newspapers had done them a great injustice. If anything there was agreement on both sides that journalists, were marginally more pro SES than anti (9). A reading of some forty newspaper items supports this. News items often presented both sides of the debate impartially. Where debate articles appeared (a common feature of Swedish newspapers) both sides were given similar opportunities to present their arguments.

There were three, principal, inter-related themes which emerged from contributions to the debate. The first one concerned the effectiveness of SES and their implications for Swedish drug policy; the second, the roles and responsibilities of the medical and social work professions in dealing with drug problems; and the third, the question of the relationship between the state and the professional autonomy of doctors.

The effectiveness of SES
The strength of the pro-SES case rested on the claim that medical knowledge and experience, in Lund, Malmö and from abroad convincingly demonstrated that (a) SES prevented the spread of the HIV virus amongst IVDUs and that (b) there was no evidence that SES resulted in an increase in drug misuse. It was said that less than 1% of IVDUs were HIV infected in the Malmö/Lund area, whereas in Stockholm the figure was much higher (Tunving 1989; Ljungberg et al 1989). Reference was often made to a study by Käll and Olin which showed that over 60% of heroin injectors on remand in Stockholm were HIV infected (Käll and Olin 1988). The majority of dirty syringes were brought back in exchange for clean ones. There was evidence to show
that the practice of sharing needles had come down. There had been an increase in the numbers of new clients visiting the drug agencies in the area who were benefiting from advice, information and treatment (Carlberg 1988). Indeed, two thirds of those using the SES, also visited the drug agency. Many had agreed to be tested for HIV and became willing to divulge their names (Tunving et al 1991).

The opponents of SES challenged all of these claims. They questioned the scientific validity of the surveys that had been carried out. The high rate of HIV amongst IVDUs in Stockholm, quoted above, was an exaggeration, it was claimed. The true figure was nearer 25% (10). The low figure for Lund/Malmö was alleged to be the result of the late onset of HIV rather than a consequence of clean or non-shared needles. While 55% of syringes were returned this meant that 45% were not. Much was made of the fact that this meant that 5,000 to 10,000 syringes were on the loose, many of which, it was claimed finished up on streets, in parks and in rubbish, threatening the health of the public and refuse collectors alike (Danielsson 1988a; Thorsson 1989; Danielsson and Lundman 1990a). Addicts shared needles because of the high cost of heroin and the need for more than one user to share in a fix. The heroin users in Lund/Malmö did not include such a preponderance of criminals and the mentally ill, as did those in Stockholm (10). Many of the new recruits to the drug agency in Lund were non-IVDUs and so were not there as a consequence of SES (Danielsson 1988b). Nor could it be claimed that there were few young people under the age of 20 being supplied with syringes, since clients were not required to provide evidence of their age (Danielsson and Lundman 1990). Moreover, since there might be a high hidden figure of IVDUs in the region, the proportion attracted to and tested by the scheme was in all probability much smaller than the scheme claimed. Similarly, it was argued, the assertion that drug misuse had not increased as a result of SES had not been proven.

As for international experience, it was argued that those who advocated SES and harm reduction at WHO conferences also advocated the legalisation of drugs (Sigurdson 1989) (11). Moreover, it was noticeable that those countries which were most keen to have SES were those where the drug problem had got out of hand and the authorities had to capitulate (12). These same countries, it was often insisted, lacked both Sweden's restrictive drug policy and its comprehensive care facilities.
SES might be necessary in some countries because of the scale of the problem and the inadequacy of their drug services. In Sweden, it was claimed, HIV was thoroughly monitored. Most IVDUs with HIV were known to the authorities and had access to excellent facilities which provided them with the information and motivation necessary to protect themselves (13). Making syringes more available, it was argued, would increase the amount of drug misuse and consequently the extent of HIV infection amongst drug misusers. The answer was, as the secretary of FMN so often stated, to make drug misuse more difficult, not safer (Danielsson and Lundman 1990b).

The impact of SES upon HIV infection, it was asserted, was negligible. The spread of HIV was much more a matter of sexual behaviour than it was to do with drug misuse. One Professor of Infectious Diseases from Gothenburg claimed that it was more important to concentrate the fight against HIV on those immigrants and refugees who brought the disease into the country and to give appropriate advice to those Swedes who travelled abroad and visited areas of the world where HIV was prevalent (Iwarson 1991). In a similar vein, a psychiatrist in Stockholm insisted that the sharing of needles was more common amongst ethnic minorities in the US.

We do not have the culturally conditioned, more primitive psychological defence mechanisms, which coloured drug misusers from the ghettos and those of Spanish descent have. There, for example, one gets an extra kick out of sharing syringes (Annell 1989 p19).

Annell went on to argue that most IVDUs in Sweden were aware of the dangers and were careful about sharing. If the market were to become flooded with clean needles, drug misusers would be less careful, more likely to take a risk (Annell 1989 p20).

Apart from questioning the value of SES on scientific grounds then much of the argument concerned the value of the Swedish drug care system as a means of reducing the risk of intravenous drug use. Other countries, it was sometimes argued, might be better off copying Sweden rather than expecting Sweden to change its successful restrictive drug policy. On this issue however, the proponents of SES were equally
forthright. Sweden's drug policy was regarded by them as rigid, orthodox and ineffective. A Stockholm doctor cited a report on compulsory care which described LVM as "a tragic and expensive fiasco". He continued:

In spite of care costs amounting to over £200 a day, scarcely one misuser was drug-free in a follow-up study a year later. Of around 250 HIV infected misusers whom we have contact with at Roslagstull hospital, there exists hardly one who has stopped his misuse (Beckström 1989).

Tunving insisted that the attempt to wipe out drug use was not the way to combat the spread of HIV - an epidemic which threatened the Swedish social system (Tunving 1989). In more than one article she implied that those who opposed SES were in effect passing a death sentence on IVDUs.

We do not consider that drug misuse should be an offence deserving capital punishment. It is both cynical and shortsighted not to allow drug users to seek the protection which clean needles, under medical control, can give. It is cynical and shortsighted to oppose a campaign against an epidemic for ideological and emotional reasons (Tunving 1989).

Each side accused the other of proposing simple, shortsighted solutions to complex problems. As far as the opponents of SES were concerned, it was easy to supply needles to IVDUs and much more difficult to get them to abstain from drugs. In reply RFHL's secretary pointed out that getting misusers to give up drugs was often a long and difficult process, a process which was often unsuccessful and subject to many relapses (Carlsberg 1988). To deny IVDUs the chance of avoiding HIV infection on the grounds that they should give up drugs instead, was unrealistic and inhumane.
**Doctors and social workers**

The polarisation of the medical and social work professions in this debate is largely a reflection of the importance of the role played by social workers in problems of substance misuse. Even before 1982, municipal responsibilities for social assistance, taking children and alcoholics into care were closely intertwined. The 1982 reforms of these three areas made them the clear responsibility of unified social services departments. The job of investigating young people and adults suspected of serious misuse, and of deciding whether to institute care proceedings is a social work one. Alcohol and drug advice centres are to be found in many social services departments. Therapeutic homes are run by or financed by the municipalities. But hospitals and doctors also have responsibilities for the running of clinics which dispense medical treatments such as detoxification and antabuse. Clearly, there is much scope here for duplication as well as collaboration. County medical and municipal social work departments do indeed cooperate on many matters relating to alcohol and drug misuse. But there is also a degree of professional rivalry.

In the debate on SES, doctors and departments of infectious diseases claimed that SES were justified on the basis of "proven scientific knowledge and experience" in the medical field. This claim to expertise however did not go unchallenged. Members of the Hassela Collective treatment homes, run on restrictive principles and closely linked to RNS, warned people never to forget that:

> a society where misuse and deprivation are accepted, psychologised and medicalised is one in which solidarity, trade union and political forces find themselves at a disadvantage (Westerberg and Andersson 1988).

Those advocating SES, they continued, were the same "experts" who were responsible for the prescribing of amphetamine in the 1960s. This it was alleged, resulted in significant "new recruits" to drug misuse and caused great anxiety to "thousands of young people, parents, serious social workers, recreation leaders and politicians" (Andersson and Johansson 1989).
In an article in the social work journal, *Socionomen*, it was suggested by one of the social workers interviewed that he and his colleagues were there to assist people with their problems not to act as infection detectors. Another claimed that SES were a byproduct of the power that doctors had to formulate the problem of HIV and misuse. "They do not understand the circumstances which prevail on the streets and what a marginal effect free needles will have", he said (Berg and Grant 1989). Interviewed for the same article, Tunving said that social workers too often saw their role in moralistic terms. They needed to build up a degree of trust with misusers and recognise that many of the latter lacked the motivation to avail themselves of residential treatment. Misusers could still be helped but not by moralising. Tunving made a distinction between the high threshold work of getting the more easily motivated to abstain and the low threshold work involved in giving practical help those who found it more difficult to give up drugs. In reply, it was said that low threshold work such as SES was too frightening for many social workers who were used to work by making demands on their clients (Berg and Grant 1989). The article was aimed at building a bridge between the two professions and at avoiding "trench warfare", but clearly illustrated the hostility between the two groups. Doctors saw the opposition as "politicised" and as knowing next to nothing about medicine and HIV (14), while social workers regarded SES as an example of the medicalisation of the drug problem which showed a total disregard for the social and political consequences.

**Doctors and the state**

This view of doctors received its starkest expression in an article written by Gertrud Sigurdsen some months after the Riksdag had made its decision to restrict SES. In her article she insisted that only to a small degree could the campaign against drugs be regarded as a "medical problem" (Sigurdsen 1989). She parodied the cynical attitude of Doctors Against AIDS as follows:

Let them use drugs, but give them clean equipment for free! How they manage their lives as misusers is not something we need to bother ourselves with. It is not our responsibility (Sigurdsen 1989).
She concluded by saying that even doctors should follow political decisions especially as there existed no "scientific knowledge or tested experience" to justify SES (Sigurdsen 1989).

Daniel Tarschys, the Liberal chairperson of the Riksdag's Social Affairs Committee, was suggesting as far back as 1987 that Sigurdsen, who had described doctors advocating SES as "quacks", was the wrong person to chair the AIDS Delegation and that a professional should take on the job (Tarschys 1987). Two years later he complained that the majority in the Riksdag was entitled to express its provincial views but not to fight doctors acting in line with international scientific knowledge. Westerholm and Tunving were a little more forthright. They expressed astonishment that a former Minister for Health and Social Affairs could demonstrate such ignorance in saying that the drug problem had nothing to do with doctors claiming that politicians' blinkers and their attachment to a restrictive drug policy prevented Sweden from taking a realistic view of SES. But this was not the first time in history that those in power had wanted to force doctors to follow political decisions:

> We need only to remind ourselves of certain dictators attempts to force feed, torture and intern those they deemed "inconvenient". In such cases there have been doctors willing to follow political decisions. Such examples have led doctors all over the world to unite on ethical rules for their work (Westerholm and Tunving 1989).

It was not just the political decision to restrict the scope of SES that irritated its advocates. It was also the constant claim by the opponents of SES that offering clean syringes to IVDUs constituted a "dubbelbudskap" or double message. Because a law had been passed in the Summer of 1988 forbidding drug use, it was argued by the Chief Prosecutor, that doctors who handed out syringes were behaving unethically (Andersson 1988). The powerful argument that you could not make drug use illegal and turn a blind eye to the distribution of the equipment that made use possible, was evoked time and time again not only in the civil debate but also in the official debate.
The official debate

By the time that the Report from Socialstyrelsen had been published in November 1988, it was already known that there was strong opposition to the idea of SES within the AIDS Delegation, the Government, the Ministry of Health and Social Affairs, the Social Services Section of Socialstyrelsen, the Social Affairs Committee of the Riksdag and the Riksdag itself. Kriminalvårdstyrelsen (the Administrative Board for Prisons and Probation), the police and public prosecutors were also opposed to SES.

Few could have expected the civil debate to bring about a complete change of policy although there were those who thought that had doctors of infectious diseases presented their case more forcefully and with a united front, that they might have brought about such a change.

Socialstyrelsen: reservations and revision

It was presumably important nonetheless for the opponents of SES to present their case well. Had they not done so, it would have appeared as if Government and Riksdag were prepared to ride roughshod over medical opinion. The official criticism of the Olin's report began within Socialstyrelsen itself. The Social Services Section, in an official reservation published a day earlier than the Report, claimed that the spread of HIV had lessened over the last few years and that there were only a few cases of IVDUs infected with HIV even in Stockholm. IVDUs, it was asserted, were unlikely to expose themselves to the risk of sharing needles with someone who had AIDS. Moreover there was evidence that the decline in the number of IVDUs with HIV was due to changes in their behaviour. Sweden's restrictive drug policy and the criminalisation of drug use meant that it had more control over its drug problem than had other Western countries. While it was accepted that the Olin's report showed no evidence of SES leading to an increase in the number of new IVDUs, it was nonetheless "a crime against a restrictive policy to make misuse easier by distributing syringes" (Magnusson 1988).

Subsequently, the AIDS Delgation, Socialdepartementet and the Riksdag's Social Affairs Committee all called special meetings to which many of those involved in the civil debate were invited to express their views on SES and especially the conflict
between "the handing out of syringes and the criminalisation of all drug use" (AIDS Delegation 1988). While the Government considered its position, Socialstyrelsen revised its own recommendations in three respects. It proposed:

firstly, that only four counties should be involved in the three year experimental project recommended in the original report. These would include Malmöhus, Stockholm and two others.

secondly, that the original proposal of a lower age limit of 20 for those able to participate in SES, could only apply if they had to give details of their age. There was a right to anonymity only in the case of HIV testing.

lastly, that the guidelines that it would recommend for the evaluation of the four experimental projects would be based on the work of the British Monitoring Research Group and would be carried out by a research team which would include qualified medical and social science researchers (Sandlund and Olin 1989).

**Government comments**
The Government considered many of the arguments that have already been presented and made its own recommendation to the Riksdag's Social Affairs Committee. It recognised that the incidence of HIV amongst IVDUs was much greater in the Stockholm area than in Malmöhus (15) but did not accept that there was sufficient evidence to allay fears about the possibility of SES giving rise to more drug misuse. It expressed concern too about the ethical and legal contradiction between prohibiting use and providing injecting equipment. In spite of considerable doubt about SES, the recommendation of the Government was that Socialstyrelsen's revised proposal for four county experiments, including Stockholm and Malmöhus, be accepted. It insisted that "under no circumstances" should experimental SES take place outside those areas (Regerings skrivelse 1988/89:94 p22). But it went further than Socialstyrelsen's recommendation that cooperation be established between the health
care authorities and other agencies within the four counties. The Government insisted that participants in an SES should only be able to do so if they were prepared to accept treatment within their social services' drug agency (Regerings skrivelse 1988/89: 94 p 23). Moreover they expressed dissatisfaction with the idea of basing Swedish research on the British Model.

no research has managed to evaluate the effects of experimental projects upon the spread of HIV or drug misuse (Regeringens skrivelse 1988/89:94 p23).

It was therefore important, the Government stated, that Socialstyrelsen use the assistance of the medical research council (medicinska forskningsrådet) to evaluate the four projects.

The document produced by the Government did not resolve the legal dilemma about the handing out of syringes and the prohibition of drug use. It was simply concluded that as the different authorities in Lund had come to a practical solution of the problem, so the other three counties would be expected to do so.

**The Social Affairs Committee**

Socialstyrelsen had revised its own proposal to limit the number of counties involved in SES; the Government had insisted that drug users participating in SES should avail themselves for treatment; now it was the turn of the Social Affairs Committee to come up with even more restrictions. In its report to the Riksdag, the Committee insisted that the campaign against drug misuse was no less important than the campaign against AIDS and that both must be pursued with the same vigour and determination. Fears about the spread of drug misuse therefore meant that there had to be limits to the number of counties taking part in the experimental project. The Committee recommended that until it could be scientifically proven that SES did not promote misuse, the number of schemes should be kept to the minimum necessary to satisfy scientific requirements. It suggested that three counties should be sufficient for that purpose.
Stockholm ought to be excluded, without affecting the demand for scientific standards (SoU 21 1988/89 p13).

No explanation was given. Even the inclusion of Lund and Malmö was not to be taken for granted. Their practices would require revision for them to be able to continue with their work. No other SES was to be permitted. Any infection clinics or doctors operating an SES outside the three approved counties would be reported to the medical council for failing to act according to "proven scientific knowledge and experience". Moreover, the three counties participating in the scheme could only do so with the approval of their local social services departments (SoU 21 1988/89 p13).

**The debate in the Riksdag**

The debate in the Riksdag did not result in any further refinements of, or restrictions to, the recommendations of the Social Affairs Committee. The Committee's Report was unanimously accepted. However voting did take place on a number of important amendments. The majority of Conservative members, for example, tried unsuccessfully to put a stop to all SES. The Liberal Party wanted the Riksdag to accept the recommendations of the original Socialstyrelsen Report but only seven Social Democrats, Communists and Environmental Party members supported them. The debate demonstrated clearly the degree of cross party support for Sweden's restrictive line on drug policy. Indeed, a noticeable feature of contributions to the debate was the emphasis which speakers from every party placed upon the uniqueness and effectiveness of Sweden's approach to drug problems.

Daniel Tarschys and Barbro Westerholm, two Liberal members who had taken an active part in the pro-SES campaign reiterated the international consensus on SES. Tarschys wondered what Conservatives in Sweden made of support for SES by their counterparts in Britain. Surely, he asked, they would not accuse British Conservatives of being weak on drugs (Protokollet 1988/89: 105 p11.). Westerholm appealed to the spirit of the 1949 Geneva Declaration which stated that doctors should put their patients' interests above all else. She warned that Nazi Germany was an unpleasant
example of the state interfering in medical matters (Protokollet 1988/89: 105 p37).

But to no avail.

A Conservative member claimed that:

we in our land have the drug problem under control...The fundamental restrictive nature of the campaign against drugs, so persistently promoted by Nils Bejerot, is the only basis upon which opposition to drugs can have a chance to succeed. Drug policy must be restrictive and consistent and be consciously supported by public opinion (Protokollet 1988/89: 105 p10).

He was impressed, he said, not by international expertise but by the arguments of FMN and RNS.

We have also listened to representatives from drug care agencies in Malmö and Gothenburg. We have listened to representatives of social services in Stockholm, Hassela and the Maria Clinic for Young People (Protokollet 1988/89: 105 p 12).

A Communist member claimed that Sweden was different from other countries in having a restrictive drug policy. Gertrud Sigurdsen expressed pride in the fact that Sweden and Norway had the toughest laws on drug use in the world. She claimed,"We have a firm, hard policy which we should not relinquish. The aim is a drug-free society" (Protokollet 1988/89: 105 p30). Another Social Democrat insisted that it was those countries which were unable to control the drug problem which were also unable to cope with HIV.

So much money is involved in the drug trade in the US and several other countries, that they face an almost impossible situation. Such is not the case in Sweden (Protokollet 1988/89: 105 p 25).
The fear that SES would promote drug use was illustrated towards the end of the debate by another Conservative speaker who cited the case of a 15 year old girl who had twice been able to obtain a syringe from the Lund project in spite of the protests of the staff in the young people's home where she was held. She was now hooked, apparently, because it was so easy to get syringes. While offering no evidence for his claim, he insisted that there many other similar examples (Protokollet 1988/89:105 p33).

The outcome
By creating so many restrictions on the final version of the SES experiment, Government and the Riksdag virtually ensured that no further schemes would emerge and that if they did, few IVDUs would take advantage of them. Only Malmöhus county applied to Socialstyrelsen for official approval to continue with their innovative project. No other county applied to become one of the three experimental schemes permitted by the Government and the Riksdag. Doctors in Sundsvall and Uppsala were obviously interested and towards the end of 1989 debate articles concerning SES appeared in local newspapers. No application was subsequently made. Of the few counties in which the medical authorities had allowed syringe exchanges to take place without official approval, three stopped doing so, and two restricted the practice considerably (Svenska Dagbladet 1989). In 1992, Socialstyrelsen appointed a team of researchers, including an RNS member, to re-evaluate SES in Malmöhus so that a report could be written to comply with the three-year term. The report published early in 1993 failed to reach any definite conclusions (Rönberg et al 1993) (16).

Discussion
Given the prima facie strength of the case for SES - encouraged by WHO; supported by the medical profession in many countries and their governments; consistent circumstantial evidence of less HIV infection; no evidence of the spread of drug misuse - one might have expected a country like Sweden to have been willing, at the very least, to try SES in more than one county (17). How can the Swedish deviation be explained?
While a pluralist analysis of the political actors, their strategies and ideologies, can provide a surface explanation for the outcome of the syringe exchange debate in Sweden, more enduring features of Swedish society have to be considered if we are to explain the consensus behind the resistance to SES. The arguments of historical institutionalists are relevant here since there can be little doubt that Swedish political institutions were, to use Immergut's terminology, particularly "receptive" to the pressures brought to bear on them by advocates of the restrictive line (Immergut 1992 p 66). However, it is not enough to focus narrowly upon what Thelen and Steinmo have referred to as "intermediate-level institutions" (Thelen and Steinmo 1992 p 11). It will be suggested that some consideration also needs to be given to the wider issues of Swedish culture and the national obsession with substance misuse generally.

**Political factors**

When the legislation on LVM and the criminalisation of drug use were passed in June 1988, it was possible for some social democrats to claim that these were simply opportunistic measures taken to placate opposition demands prior to the general election in September of that year. The debate on SES would seem to disprove that idea. A newly-elected Social Democratic Government, with a safe majority in the Riksdag, was only too willing to apply the principles of a restrictive drug policy to the issue of SES. In this the social democrats were joined by all the other parties in the Riksdag with the exception of the Liberal Party - a party which has, however, been happy to follow a restrictive line in all other respects.

The arguments against SES expressed in the Social Affairs Committee Report and in the Riksdag Debate, not only repeated those put forward in the civil debate by FMN and RNS and their supporters but at times referred very favourably to them. FMN and RNS make no secret of the fact that they have formal and informal connections in Government and the Riksdag (18), and there can be little doubt that there is a close correspondence of view on drug issues between the restrictive lobby and the political parties. Support for the restrictive line was also to be found not only in the Ministry for Health and Social Affairs and the AIDS Delegation but also within Socialstyrelsen, the very body which had produced the Olin report. The same can be said at local government level where it is clear that councillors and social services
departments were unwilling to suspend restrictive assumptions even for a limited experiment.

The implication of this shared set of assumptions made the job of FMN and RNS a relatively easy one. There was a need to mobilise existing support within political institutions and to ensure that the issue of SES maintained a reasonably high profile. This was done by making representations to government and parliamentary committees and by challenging the medical case wherever and whenever it received publicity. But there was no need to gain much in the way of wider public support since the advocates of SES made no attempt to do so themselves.

**The restrictive ideology**

It is important at this point to provide a more thorough account of the restrictive line since it provides an important link between the political and the institutional factors under discussion. There is a fascinating uniformity about the ideological elements of the restrictive case against SES and the language used to express it. In many interviews, newspaper articles and official records, there was a close correspondence with the ideas expressed in FMN and RNS literature whether or not those expressing them were members of either organisation. Since the literature itself is a reflection and an application of the ideas of Nils Bejerot, it is to his work that we must now turn.

Bejerot was, ironically, a doctor, and over a twenty year period until his recent death an ardent campaigner for the restrictive approach. A founder member of both RNS and the Hassela Collective his writings became a source of inspiration to his followers. He saw the spread of the drug problem in epidemic terms. Drugs, used initially by a small coterie of bohemian artists, would subsequently be used by criminals, prostitutes and the mentally unstable. From these circles, if unchecked, drug use would spread to those with stable jobs and backgrounds and finally become socially acceptable. The prevention of a drug epidemic could be seen in terms of three strategies. **Primary prevention** aimed to provide the mass of the population with a decent environment, secure jobs and a good standard of living. While laudable in itself, Bejerot did not consider this strategy sufficient to prevent the spread of drug misuse. The **secondary prevention** strategy was aimed at the user. Early intervention was necessary before the individual became dependent on drugs; compulsory care
might have to be employed to persuade somebody to give up drugs; drug use should become a criminal offence. This strategy was the one favoured by Bejerot and forms the basis of the restrictive approach.

Tertiary prevention was necessary when drug use had taken on epidemic proportions. A society would have no option but to devote vast resources to the police and customs services to fight the suppliers, and to social and health care services to provide care and treatment for the casualties. A consequence of this expensive strategy was that the authorities would finally be forced to capitulate to the problem and promote ideas such as decriminalisation, legalisation and the prescribing of drugs (Bejerot and Hartelius 1984 pp62-80).

It is not difficult to see how harm reduction and SES would fit into the idea of tertiary prevention and be seen as capitulation to the problem. The advocates of SES were fighting against powerful forces in Swedish society which considered the threat of a drug epidemic as every bit as dangerous as the HIV epidemic. SES, far from being a solution to the spread of HIV was a sign of a society which had capitulated to the drug problem.

Institutional factors

The widespread acceptance of Bejerot's ideas must in part be due to the restrictive nature of Sweden's alcohol policies and the institutional forms these have taken.

The responsibility of local kommunes and their social services departments for matters relating to drug misuse and the compulsory care of adult misusers has a long history in Sweden, which has already been referred to above and in previous papers by the author (Gould 1988, 1989, 1990). At the very least this meant that, during the debate on SES, the medical profession had to face professionals and administrators within a different sphere of local government, who had already accumulated their own considerable experience knowledge, and ideas concerning the nature of misuse and its treatment.

Moreover, it can be argued that the medical profession in Sweden, has less autonomy than its counterpart in a country like Britain. Health care in Sweden is run by elected county councils and subject to control by county councillors. In Britain, the medical profession within the National Health Service had been allowed
considerable autonomy and influence. In Sweden, doctors are salaried personnel and lack the same degree of autonomy. This difference may be of little significance where many issues are concerned, but is crucial when the issue is as politicised as substance misuse.

Sweden's strong temperance tradition has also helped to maintain a powerful lobby of high profile professional and voluntary pressure groups in the field of substance misuse generally. This makes it very difficult for politicians to introduce new measures which touch on alcohol or drug problems without such measures inviting considerable scrutiny.

**A national obsession**

The various factors described above constitute a partial explanation for the reluctance of the Swedes to accept SES but they do not adequately explain why a restrictive policy has taken such a deep hold on Swedish institutional practice. More than a simple disagreement over social policy is involved when a consensus emerges around an issue in which a country's uniqueness is invoked from all sections of the political community. Time and again in the SES debate it was claimed that other countries had capitulated to the drug problem. Countries like Holland, and the UK, it was asserted, had allowed the problem to grow to a point where they had no option but to permit SES. Sweden, it was claimed, was unique however. It had created a comprehensive caring network of drug agencies; it had criminalised drug use; it was firm in its stand for a drug-free society.

In a paper entitled, *Drug control as a national project*, Henrik Tham has argued that:

The reaction against drugs has been so strong and so widespread in Sweden, because the campaign has been seen as a means to strengthen a threatened national identity (Tham 1992).

Through an analysis of the RNS journal *Narkotikafrågan* and debate articles in the four national newspapers, Tham identifies a number of inter-related themes which show a concern for "traditional values", "consensus", "the concept of the folk"
(people)", and "Sweden versus the rest of the world". What is portrayed is a picture of a people united against outside forces in defence of the national values of orderliness and conscientiousness.

Tham's analysis suggests the possibility of bringing together studies of national character, culture and contemporary political and economic events which will more satisfactorily explain the national obsession with the drugs issue. It is not possible to do more here than sketch how such a theory might be developed.

In the last twenty years Swedes have seen the People's Home lose its attraction as a model for other countries to follow. At the same time international competition has made it more difficult to maintain full employment, the welfare state and a sound economy - all things for which the Swedish model was justly renowned (Gould 1993). Immigration has upset the ethnic homogeneity of Swedish culture and more recently the need to enter the European Community has created fears of continental contamination particularly where border controls are concerned. Small wonder that the report from the Government's Action Group against Drugs should be entitled "We will never surrender". As Tham points out the cover is a photograph of Sweden's most southerly coastline, a symbol during the second world war of the country's determination to defend itself against invasion (Tham 1992 p91).

Drugs like heroin, cannabis and cocaine are seen as a threat partly because they are foreign. They, like immigrants, come from abroad and have come to symbolise a weakening of the national identity. In common with alcohol and other drugs, they pollute the body. But perhaps as important is the contrast presented by drug-induced attitudes and behaviour to the attitudes and behaviour of ordinary Swedes. In a comprehensive analysis of a number of studies of national character, Daun has shown the degree to which Swedes see themselves and are seen by others as rational, self-controlled, well-organised, practical, betraying little emotion (Daun 1989). Almost by definition, the drug misuser represents the opposite of all of these qualities. Drug misuse therefore, like alcohol misuse, is seen as likely to lead to the deterioration of the very qualities associated with Swedish social and economic success. Drug misuse therefore, like alcohol misuse, must be subject to restrictive controls if national identity and national character are to be preserved. The moral panic surrounding the drugs issue is the ironic means whereby a rational society seeks to protect itself.
Conclusion

In contrast to other European countries Sweden has been reluctant to introduce SES for fear that they would seem to condone drug use and encourage its spread. Whereas the medical establishment insisted that HIV was a greater threat than drug misuse, the anti-SES lobby argued that both problems were equally serious. The consensus behind Sweden's restrictive drug policy overrode the weight of scientific evidence and opinion drawn from SES in south Sweden and abroad.

It has been shown that a number of political, ideological and institutional factors go some way to explain the emphasis placed in Sweden upon the need to aim for a drug-free society but it has been suggested that a comprehensive explanation needs to explore more fully issues of national identity and national character. While there may be policy issues which can be understood purely in terms of the behaviour and strategies of the political actors involved, there are others which require a familiarity with the more enduring features of political institutions. Where, however, the issue is one which touches on a national obsession - and all societies have more than one - an adequate explanation must be widened to include the wider social structure and culture. The debate surrounding SES in Sweden was just such an issue.

Notes
1. The medical authorities in a small number of counties operated a clandestine SES while the controversy concerning Lund and Malmö took place, but most have relinquished the activity (Svenska Dagbladet, 1989).
2. There is no explicit legal prohibition of drug use in Britain, although the law has sometimes been interpreted to that effect. In 1988 it was felt the passing of such a law in Sweden would have an important psychological, or symbolic effect, even though the punishment for use was limited to a fine (see note 16).
3. In Sweden ministries are staffed by civil servants with responsibilities for financial and policy matters. Under each ministry there are one or more semi-autonomous administrative boards with the responsibility of putting government policies into effect. Socialstyrelsen answers to Socialdepartementet, the Ministry of Health and Social Affairs.
4. SES had already been discussed and rejected within the Riksdag's Social Affairs Committee on two previous occasions, 1986/87 and 1987/88. On the second occasion, however, an evaluation of the Lund project and similar experiences

5. The administrative board for health had been established in the seventeenth century and had a clear medical and scientific tradition. The social affairs board was founded early in the twentieth century and from the beginning had a more politically loaded role. The two were amalgamated in 1969 in the hope that they would form bridges. In the event clear differences between the two persisted (interview with Barbro Westerholm, September 1992).

6. This association no longer existing in 1992 when fieldwork on this project was carried out. Its secretary could not be contacted and no papers seemed to exist to indicate its policy stance, its activities or its membership. In the debate however, its ‘views’ were often taken to represent the social work profession as a counterweight to the very real Doctors Against Aids.

7. In particular, Professor Sten Iwarson of Gothenburg’s infection clinic.

8. But not until there had been a long and tortuous internal debate (RFHL. 1988). There were clearly great anxieties amongst some members.

9. This was the only point of agreement in interviews with Kerstin Tunving of the Lund project and Johan Danielsson, chairperson of FMN.

10. Interview with Anders Annell, a psychiatrist working with the City Treatment Group in Stockholm.


15. The figures stated were less than 1 per cent for Gothenburg and Malmö but between 10-15 per cent in Stockholm (Regerings Skrivelse 1988/89, 94, p. 4).

16. This hardly suggests the possibility of further experimentation with SES. Nor does the fact that in March 1992 the Justice Department issued a proposal to make the consumption of drugs an imprisonable offence (see note 2) Ds, 1992: 19). This became law in the spring of 1993.

17. Especially in the light of the fact that Norway, the only other country to operate a restrictive line similar to Sweden’s distributed 1 million clean needles to IVDUs in 1991 (Vinterhead, 1992).


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Á. Daun (1989), Svensk mentalitet, Rabén and Sjögren, Stockholm.


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Introduction

Syringe exchanges must be seen in the context of the national and local policies within which they operate, including drug misuse legislation; policy and practice on the prevention of drug problems, and of treatment and care for drug users; and the level of development of drug and medical and social services. (Stimson 1989 p256)

The widespread acceptance of some form of distribution of clean syringes to intravenous drug misusers (IVDUS), by many European countries in the 1980s might at first sight seem to challenge the validity of the statement above. The advocacy of syringe exchange schemes (SES) by the international medical community with the backing of the WHO, convinced that the spread of HIV infection was a greater threat to public health than drug misuse, might appear to have been an overriding and irresistible factor in the promotion of harm reduction policies. But policies and programmes do not occur in a vacuum.

We might have expected that Prime Minister Thatcher in the Britain of the 1980s would have resisted the trendy international consensus, insisting that SES would undermine her relentless 'war against drugs'. Similarly it might have been imagined that internationally-minded, pragmatic Sweden would have embraced the new consensus. In both countries the reverse was the case. Harm reduction became the basis for the UK's drug policy in the 1980s and SES were established throughout the country. In Sweden, the aim of a drug-free society, rooted in a restrictive drug policy, defined harm reduction and SES as signs of national capitulation to the drugs
epidemic - an epidemic regarded as every bit as dangerous as HIV. Why this was so can only be understood if one examines a range of inter-related factors.

The context

British drug policy prior to the 1980s had been dominated by the medical profession. The ‘British System’ (1) by which medical practitioners prescribed heroin to those who had become dependent on the drug had been established in the 1920s. The system had functioned well for a minority of middle class addicts but fell apart during the 1960s when heroin use became more widespread and more chaotic. Drug dependency clinics were set up and the right to prescribe was subjected to strict regulation. With the increase in heroin use and misuse in the late 1970s and early 1980s, a return to the more liberal approach implicit in the ‘British system’ was advocated by the Advisory Council on the Misuse of Drugs (ACMD). In a report published in 1982, the ACMD recommended:

the establishment ... of regional and district drug problem teams and of district drug advisory committees which together can ensure the co-ordinated development of services suited to local needs and can make available specialist advice and support for those working with problem drug takers. (ACMD 1982 p82)

It is interesting to note that the idea of community-oriented, multi-disciplinary agencies for problem drug takers was modelled on a similar approach that had already been proposed to deal with problem drinkers (ACMD 1982 p81).

The Government, committed as it was to roll back the frontiers of the state and to reduce public expenditure, nonetheless, implemented the Committee's recommendations through the Central Funding Initiative (CFI). Research into CFI some years later concluded that it had successfully created a network of diverse and innovative statutory and non-statutory projects consisting of medical personnel, social and community workers generally adopting harm minimisation strategies. Funding from central government had built on existing services and established new ones. The
success of the schemes was due to the ‘expertise, hard work and professionalism’ of those involved at the national and local level (MacGregor et al. 1991 p70).

The Swedish Government also helped to finance the expansion of both multidisciplinary, community-based drug and alcohol teams in the 1980s. It is clear that proportionately even greater resources have been devoted to such services particularly in terms of residential provision (see chapter five). The Swedish expansion was a consequence of new social services legislation which came into force in 1982. In an attempt to move away from a system rooted in the moralistic attitudes of the past, the old temperance legislation and the system of local temperance committees were abolished (Holgersson 1981). Although the compulsory care of adult alcoholics was liberalised by reducing the maximum period of care to two months and by stricter requirements on admissions, the new Law on the Care of Misusers was extended to drug misusers (Lagen om Vård av Missbrukare - LVM). Moreover accompanying legislation (the Social Services Act), aimed at reforming the structure and delivery of social services, placed obligations on local authorities to provide advice, information and counselling services. Even a new law on the compulsory care of young people prioritised alcohol and drug misuse as reasons for taking children into care. Social services in Sweden then, had and still have a major role to play in the field of substance misuse, whereas British drug and alcohol treatment has traditionally been dominated by the medical profession and to a large extent continues to be so.

Stimson and Lart describe the discourse on the nature of drug problems in Britain prior to the 1980s as medically dominated. The British approach was eclectic and pragmatic; it avoided treatment ‘programmes’; and ‘there was no politicisation of drugs problems’ (Stimson and Lart 1993). Nor, they implied, was there evidence of a dramatic campaigning approach. In Sweden by contrast abstinence oriented programmes such as the Minnesota Model were encouraged; alcohol and drug issues were politicised at the national and the local level. Moreover a modern equivalent of the temperance movement had emerged in the 1970s in the form of the campaigning pressure groups RNS (the National Association for a Drug-free Society) and FMN (Parents Against Drugs). Based upon the theories of Nils Bejerot, the restrictive policies advocated by RNS and FMN at the beginning of the 1980s had, by the end of the decade, become national policy.
Bejerot saw the drug problem in epidemic terms (Bejerot and Hartelius 1984). Drug use started in small circles of bohemian artists, but the habit then spread to criminal and deviant sections of society and became common among the unemployed and inadequate. If unchecked, drug use would become the norm among young people and those in secure jobs and with established ways of life. Drugs, in this discourse, are seen as dependency-creating to the extent that individuals lose the will to control their own lives. As soft drugs lead inevitably to hard drugs, so dependency becomes addiction leading to self-damage and death. Such a discourse is a far cry from the 'problem user' associated with the harm reduction philosophy.

Bejerot's analysis also referred to different kinds of prevention. Primary prevention was based on the erroneous assumption that it was enough to create a society based upon full employment, decent housing for all and generous levels of health care and social security. Only secondary prevention, which recognised the need to discourage consumption through the harassment of users and the criminalisation of drug use, provided for an effective, restrictive strategy. If such an approach was not adopted, then addiction problems would grow. Society would be forced to adopt tertiary prevention, involving the provision of enormous resources to the police, and customs on the one hand and to social and health care services on the other. Faced by such inordinate expenditure, the state would become susceptible to the arguments of 'drug liberals'. Prescribing methadone, decriminalisation and legalisation represented the final capitulation to the problem of drugs.

This analysis with its tough preventative strategy, advocated and publicised with great effect by RNS and FMN, had become, by the end of the decade a 'national project' (Tham 1991). In the Summer of 1988, a new LVM was passed which increased the maximum time for which an adult alcohol or drug misuser could be taken into care; the misuser had only to be 'in need' of care - not 'in urgent need' as under the 1982 law; local municipalities were obliged to intervene, where before they had merely been empowered to do so. Moreover, an amendment to Social Services Law was proposed to require local authorities to play a more proactive role in drug prevention (see chapter four). At the same time new legislation was introduced which made an individual's own use of drugs a criminal offence. Not simply possession, nor trade, but use. The offence was punishable by fines only but was considered of great
psychological and symbolic importance. It demonstrated that Swedish society regarded drug use as an unacceptable activity (see chapter four).

When official reports in both England and Wales (2) and Sweden recommended the adoption of experimental, nation-wide SES in 1988, it is clear, from the above, that the policy contexts in which they were presented were quite different.

The reports
According to Stimson, the pragmatic view that supplying clean syringes to IVDUs would reduce the spread of HIV infection, began to gather momentum in 1986. In that year, not only did the World Health Organisation endorse this view but Australia and various European countries as well (Stimson 1989). The McClelland Report in Scotland was 'the first Government commissioned report' in the UK to recommend SES (Hart 1990). In parts of England pioneering schemes were being operated by a number of drug agencies long before they received official recognition or financing (Donoghoe 1991). In Sweden too, doctors of infectious diseases in a number of cities saw it as part of their medical responsibility to provide IVDUs with clean syringes. In 1986, a scheme was organised in Lund, a city in the south of Sweden, so that the local drug care agency referred clients to the city hospital's department of infectious diseases (Christensson and Ljungberg 1991). The following year a similar practice was introduced in Malmö, a neighbouring city. Informal practice and international experience would seem to have precipitated both Governments to take a greater interest in SES.

In 1987 the British Government sponsored fifteen experimental SES through drug agencies in England and health boards in Scotland (Stimson 1989). At the same time research was commissioned into their effectiveness. In 1988 the ACMD, stated clearly that 'HIV is a greater threat to public and individual health than drug misuse' (ACMD 1988 p 1). It went on to recommend that SES be set up as part of a risk reduction strategy.

It is essential that drug misusers who cannot be persuaded to stop injecting should have access to sterile needles and syringes. (ACMD 1988 p2)
The Committee had heard and received oral and written evidence from over 70 witnesses and had examined the research literature available at the time.

Over the next few years the number of SES grew to over 120 and research papers and reports into the activities of many of them were duly published (Stimson et al. 1988a, 1988b, 1988c; Donoghoe et al. 1989; Lart and Stimson 1989; Lart and Stimson 1991). While the conclusions of these reports were generally favourable they made cautious claims for the success of the SES. Even in an article summarising much of this research in 1991, it was stated that:

The success of syringe exchanges as an HIV prevention strategy will ultimately be judged by the levels of HIV infection among drug injectors and their sexual partners. At this stage it is too early in the history of the epidemic and methodologically difficult to make a conclusive case for the impact of syringe exchange on the levels of HIV. *Interventions made now will be reflected in the AIDS figures anything up to ten years from now* (my italics). (Donoghoe 1991 p8)

What is clear from this statement is that the British Government had been prepared to finance SES on the basis of medical argument and research evidence which did not claim to be conclusive.

In Sweden, concern about informal developments amongst medics and the SES operating in Lund and Malmö, prompted the Social Affairs Committee in the Riksdag (the Swedish parliament), the AIDS Delegation and the Government to ask Socialstyrelsen (the National Board of Health and Social Welfare) (3) to investigate. The task was carried out by an official working for the health section of Socialstyrelsen in 1988 - Robert Olin. Olin's evaluation summarised the research carried out in Lund by the Department of Infectious Diseases and work carried out in other European countries, including England and Scotland. Olin concluded that the incidence of HIV amongst IVDUs in Lund and Malmö was low and that there was no evidence of either HIV infection or drug misuse spreading as a result of SES. Moreover, not only did some of those who visited the SES also attend the local drug
advice and treatment agencies but there was no evidence that the work of these agencies had suffered in any way as a consequence of SES in the area.

Olin therefore recommended a three year experimental, controlled SES in those counties where it was felt that there was a risk of HIV infection amongst IVDUs. He suggested that SES be attached to infection clinics as in Lund and Malmö; that they be based upon co-operation between hospitals, drug agencies, police and probation; that they should exclude clients under the age of 20; and that they should seek to motivate IVDUs to seek help and treatment (Olin 1988). Olin's report was published in November 1988 but after considerable public discussion and official debate, it was finally agreed in April 1989 that only three counties should participate in an SES experiment and that Stockholm should not be one of them. Since only the county of Malmohus, the county which included Lund and Malmö, applied to participate in the project, there has been no expansion of SES in Sweden since 1988. During that time those operating the scheme in Lund and Malmö have published the results of their own medical research on many occasions (Tunving and Nyholm 1991; Moestrup et al. 1991; Ljungberg et al. 1991; Christensson and Ljungberg 1991). It is clearly felt that SES has at least contributed to the low incidence of HIV amongst IVDUs in the county - less than 1 per cent. Moreover it is claimed that many of those who visit SES also take advantage of the advice and treatment agency and demonstrate an impressive willingness to be regularly tested for HIV.

Why was it that the British and Swedish authorities reacted so differently to proposals to encourage the development of SES? They had the same evidence, such as it was, before them, and the same conviction among the medical profession that SES were desirable. They did not, however, face the same degree of opposition and debate.

**Debate and opposition in the UK**

While it would be untrue to say that there was no opposition to, or debate about, SES in the UK, it is hard to find evidence of it. The literature on SES reveals some qualms at the national level and some local difficulties. Otherwise, the evidence would seem to focus on individuals and fragmented objections rather than any organised resistance. Interviews carried out with those responsible for research into SES,
members of the Institute for the Study of Drug Dependence and key figures in Scotland, have confirmed this view. Certainly none of those contacted were able to suggest any substantial literature which questioned the value of SES or to come up with any organisation noted for its opposition.

The ACMD itself is said to have had doubts about SES when it rejected the idea of introducing them early in 1986 (Stimson 1993):

on the grounds that there was little evidence that drug injectors shared because of a shortage of syringes, and that the provision of syringes was probably not a viable solution to the problem of the spread of HIV. (Stimson 1993 p11)

It clearly changed its mind over the next two years. Similarly, a Minister at the Scottish Office is reported to have implied publicly that SES might have the consequence of exacerbating ‘another scourge of our times drug misuse’ (Hart 1990 p11). In Scotland one SES in Dundee folded because of organisational problems, while local people picketed a Glasgow SES for almost a year. The problems, however, seemed to be concerned with the siting of SES and the lack of consultation in setting them up rather than the desirability of the schemes themselves. Initially, however, the police in Scotland seem to have discouraged pharmacists from selling clean syringes to IVDUs and there were doubts about the legality of supplying syringes (Stimson 1989 p254). Only one organisation contacted voiced strong reservations about SES - the Family Support Network (FSN) in Scotland. FSN believes any form of harm reduction should only take place within a residential setting under medical supervision. Interestingly, the interviewee claimed that this was in line with the policy of EURAD (Europe Against Drugs) an organisation based in Sweden with strong links with FMN.

More recently an article appeared in the journal Druglink which voiced a concern that SES might sustain and encourage the habit of injecting (Klee 1991). In a letter published in the following issue, a defender of SES claimed that after the publication of the article:
Exchange agencies in the West Midlands experienced immediate difficulties ... from critics of syringe exchange who cited Klee's article as evidence that exchanges are damaging or ineffective.

(Kinnell 1992)

It would certainly seem that publicity has the potential to encourage the voicing of opposition to harm reduction approaches even in the UK. This is reinforced by another article in Druglink by Allan Parry. Parry suggested that until a television programme revealed the seeming contradiction between the Government's war on drugs and the Department of Health's support for the prescribing of smokeable cocaine by Merseyside clinics, the chairperson of the Regional Health Authority had supported 'radical drug policies' (Parry 1991 p18). Subsequent criticism 'heralded the return of abstentionist doctors as the ideologues of regional drugs strategy' (Parry 1991 p18).

In spite of some evidence of opposition the general conclusion would seem to be that there has been 'little public, professional or political opposition in the UK' (Donoghoe 1991). Government action and the ACMD report did not precipitate hearings by parliamentary committees or a debate in the House of Commons. The Secretary of State for Health and his Department seem to have chosen a low profile approach to the introduction of harm reduction policies in general and SES in particular. In the absence of organised opposition and its concomitant publicity, the strategy would seem to have paid off. That option was, however, never remotely possible in Sweden.

**Debate and opposition in Sweden**

The opposition to SES within the Swedish political establishment was already strong prior to Olin's report. Indeed, it was because of suspicions about SES that the report was commissioned in the first place. The Riksdag's Social Affairs Committee, the Ministry of Health and Social Affairs and the AIDS Delegation had previously voiced their opposition to SES (4). Even within Socialstyrelsen there was no unity. Olin's report had originated in Socialstyrelsen's health section but was opposed by its social
services section. The latter not only published reservations about the report (Magnusson 1988) but its alcohol and drugs bureau seems to have encouraged outside bodies, like FMN and RNS, to criticise SES and to have taken an active role in setting up an association called *Social Workers Against AIDS* to add its weight to the criticism (5).

When the press reported protests to official bodies by outside groups, the latter were always said to include social work representatives. Usually these were social workers who worked in drug agencies, particularly in the Stockholm area, and/or who were members of FMN and RNS. It is difficult to say how the rest of the profession felt about the issue, or even if they felt anything at all. But when one adds the above information to the fact that it was social services departments which were ultimately given the right of veto over SES, it is difficult to avoid the conclusion that the profession as a whole, or a strong and vociferous part of it, was against.

The medical profession, in the form of the Swedish Medical Association, the Swedish Society of Medicine, Doctors Against AIDS and the Swedish Institute of Psychiatry, all declared their support for SES (Christensson and Ljungberg 1991) as did RFHL (The National Association to Help Addicts). However, with the exception of Kerstin Tunving, a psychiatrist, and her medical colleagues in Lund, and one or two other outspoken doctors, there is little evidence that doctors were as prominent as they needed to have been in this campaign (6). Indeed it was implied in more than one interview that the vulnerability of doctors' careers to political pressures led to their being unwilling to speak out.

The different parts of the criminal justice system including the police and prosecuting authorities were united in their opposition to SES, while in the Riksdag, there was a consensus amongst all political parties, with the exception of the Liberals, against Olin's report and its recommendations.

The press, on the whole, was surprisingly balanced. News articles tended to report both sides of the argument and debate articles representing the views of one side were religiously followed in another issue by articles putting the opposite side. But if the press cannot be said to have taken sides (7) the prominence and frequency of the articles ensured that the issue retained a high profile from the publication of Olin's report to the final vote in the Riksdag.
The strength of the argument put forward by the medical profession was that SES were based upon 'scientific knowledge and tested experience' supported by the projects in Lund and Malmö, the adoption of SES by many other countries in Europe and elsewhere, and their advocacy by WHO. Those arguing against therefore tried to undermine the 'scientific' nature of the evidence, the validity of the experience, the credentials of those individuals and countries in favour of SES, while claiming that Sweden's restrictive policies represented the only effective way of dealing with drug problems.

Medical practitioners had insisted that SES prevented the spread of HIV infection as evidenced by the differences in HIV rates amongst IVDUs in cities with and without SES in both Sweden and abroad (8). They also claimed that the contact between drug users and drug services was improved by SES and that SES did not result in an increase in drug misuse. Their opponents insisted, however, that differences between cities could be explained by other factors such as the onset of the HIV virus and the differential awareness of the dangers amongst IVDU populations; anonymity made much of the data on SES suspect; and there could be no way of knowing whether drug use was on the increase or the sharing of needles was on the decrease, since a large proportion of the syringes were never returned. Much was made of the fact that many syringes and needles were disposed of in refuse and public places, thus representing a danger to ordinary people (Danielsson 1988; Thorsson 1989).

The pro-SES camp claimed that social workers were medically ignorant and had no understanding of how diseases were spread (9); the restrictive camp responded by accusing doctors of medicalising a social and political problem and of having no knowledge and experience of how drug misusers behaved (Westerberg and Andersson 1988; Berg and Grant 1989p16). To the claim that HIV was a greater threat to public health than drug misuse, the reply was that each was as great a threat as the other and must be fought with similar ferocity (SoU 21 1988/89). The solution was to make drug use 'more difficult, not safer' (Danielsson and Lundman 1990). The chairperson of the AIDS Delegation denied that SES were justified by 'scientific knowledge and experience and insisted that doctors accept democratic decisions (Sigurdsen 1989). This was condemned as undue political interference in professional autonomy.
Unfortunately this is not the first time in the history of the world that those who wield power have threatened doctors and have wanted to force them to follow political decisions. (Tunving and Westerholm 1989)

As for the support of other countries and the World Health Organisation for SES, this was dismissed by Sigurdsen and others on the grounds that the advocates of SES abroad were often the same people who argued for the legalisation of drugs (Sigurdsen 1989). Other countries had, it was argued à la Bejerot, capitulated to their growing drug problems (Danielsson 1988). Sweden, with its restrictive policy had nothing to learn from them. These countries lacked the range of advice and treatment agencies and the residential provision for drug misusers that Sweden had. Comprehensive services and thorough HIV testing amongst IVDUs gave Sweden the protection which others sought through SES (10). Moreover, for the authorities to give out free syringes on the one hand and confiscate them on the other was hypocritical. The very fact that Sweden had passed a law which made own use of drugs a criminal offence meant that the offer of the means whereby drugs could be used, would be seen as an example of double standards (Lagerkrantz, quoted in Berg and Grant 1989).

In reply, it was said that Sweden's restrictive strategy had not been particularly successful. One doctor regarded compulsory care of alcohol and drug misusers as 'a tragic and expensive fiasco' (Beckström 1989). It was unrealistic to expect misusers to give up their habit. The process of giving up drugs was a long and slow one which often involved individuals regressing (Carlberg 1988). To deny clean syringes to IVDUS, Tunving argued, was tantamount to passing the death sentence on many of them (Tunving 1989).

In the early stages many of the above arguments were directed at national policy makers, and towards the end of 1989 and the beginning of 1990, local county councils and municipalities. At each stage of the official debate the range of SES to be permitted and the conditions under which they were to operate, were narrowed. Socialstyrelsen began the climbdown with a willingness to reduce the number of counties operating SES to four and to permit anonymity only when it came to HIV-
testing. This would enable the exclusion of those under 20 to be strictly observed (Sandlund and Olin 1989). The Government went further and insisted that those who participated in SES should agree to accept treatment in social services drug agencies (Regerings skrivelse 1988/89: 94). The Social Affairs Committee, in drawing up the final proposition to put to the Riksdag, reduced the four counties to three and excluded Stockholm (the city with the largest heroin problem in Sweden). Counties applying to be included in the three had to get the prior approval of all the municipality social services departments in their area (SoU 1988/89:21).

On the subject of evaluation, Socialstyrelsen had suggested, referring explicitly to the work of Stimson and his colleagues, that:

The guidelines should as far as possible be based upon the model applied by British research practice. (Sandlund and Olin 1989 p5)

The Government was uneasy about this as it claimed that no research hitherto had adequately evaluated the effect of SES upon the spread of HIV or drug misuse (Regeringens Skrivelse 1988/89: 94 p23). It recommended therefore that Socialstyrelsen make use of the Swedish medical research council (medicinska forskningsrådet) in its evaluation of SES.

The Riksdag unanimously accepted the final proposition placed before it but not before the Liberal Party had tried, unsuccessfully, to restore the original proposals of the Olin report. A spokesperson for the Communist Party spoke with pride of Sweden's restrictive policy and questioned the adequacy of international research into SES. Sigurdsen, for the Social Democrats, reaffirmed the aim of a drug-free society, while a leading Conservative expressed support for the ideas of Bejerot and the arguments put forward by FMN and RNS (Protokollet 1988/89: 105).

The outcome of the debate then, was that three counties could participate in an experimental three year syringe exchange project provided they could gain the cooperation of their local social services. When later in 1989 it seemed that the counties of Västernorrland and Uppsala might seek to participate in the scheme, the debate was continued in the local press with Danielsson, FMN's Secretary, and Tunving, of the Lund project, fighting their battles all over again, with the result that neither county
applied. In the end only Lund and Malmö were to take part. The results of
Socialstyrelsen's evaluation will be published in 1993.

Discussion
The factors which distinguish the approaches adopted by Britain and Sweden to the
issue of SES, can be listed as discrete items - cultural, historical, institutional,
professional and political - but it is more important to see the way they are interlinked.
The care and treatment of drug users in Britain has been depoliticized and influenced
by the traditions of the relatively liberal, medically-dominated British System. In
Sweden, the care and treatment of drug users has become very politicised and
influenced by a strict temperance tradition in which social services and local
politicians have had an important role to play. These differences made it possible for
the British to introduce SES without much public concern or debate. In Sweden the
commitment of high-profile, campaigning pressure groups and all political parties to
the aims of a drug-free society have made it almost impossible to take a pragmatic
line on any drug issue. One can also speculate on the importance of the fact that the
medical profession within the British National Health Service has created a greater
degree of political autonomy for itself than have Swedish doctors within a salaried
system run by elected county councils.

But all of this goes only part of the way to explaining why, in the UK, SES
were a non-issue, while in Sweden they were seen as a major threat to the public
health of the nation. We need to explain why in the UK a cross party consensus
enables issues like harm reduction to remain off the political agenda while in Sweden
a strong cross party consensus, from the conservatives to the communists, has become
totally opposed to anything which smacks of a liberal attitude towards drug issues.

As Tham has argued, drug policy has become a national project (Tham 1991).
Drug policy has come to symbolise the refusal of Swedish society to capitulate, to
give in, as other countries are seen to have done, to a contaminating, decadent
malaise. The debate about SES in Sweden was characterised by a persistent evocation
of nationalist sentiments. It was said that other countries had more severe drug
problems; other countries did not have a restrictive policy or adequate forms of care
and treatment; other countries did not even know how to conduct scientific research; other countries needed to learn from Sweden. There is a fear and a pride being expressed here. Fear that Sweden is about to become contaminated by other people's problems and a pride in Sweden's ability to stand alone where others have given in. It is the People's Home which is both under threat and a source of pride. The former Swedish Prime Minister, Ingvar Carlsson, once appealed for 'a house clean of drugs'. Swedish society is orderly and organised; Swedish homes are clean and tidy; the Swedish national character is controlled, serious and rational (Daun 1989). This orderliness, cleanliness, and rationality - this puritanical sobriety - are threatened by the contaminating, disorderly behaviour of the alcoholic and the addict. Unfortunately, the tough response elicited by such behaviour may be counter-productive. The over-reaction by society at large may serve only to perpetuate the very behaviour it seeks to eradicate.

In Sweden, a temperance tradition has led to a mutually-reinforcing obsession with abstinence and substance misuse which makes it very difficult to take a liberal or pragmatic line on drug-related matters. Such a tradition may once have existed in British society but, politically, is now a spent force. While from time to time British politicians might describe the drug problem as a major threat to social stability, such utterances have a ring of opportunistic rhetoric which do not correspond to a deep national anxiety. It may be that in common with many other countries, including Sweden, the British criminal justice system takes a severe view of the production, sale and possession of controlled drugs, but in the UK the drug problem, like homelessness, poverty and unemployment, is seen as a price society pays for its attempt to participate in the harsh reality of a global economy. And while the chaotic behaviour of the addict may be an affront to suburban sensibilities, it cannot be said that it offends a national pride in health, cleanliness and order. No one could accuse the British of being obsessed with public health, social hygiene or environmental decency.
Conclusion

The rejection of a medical consensus does not make Sweden an irrational society nor the UK's acceptance of it, a rational one (anyone familiar with issues such as homosexuality, capital punishment and fraudulent social security claims in British debates will be aware that the British have their own obsessions, where liberal, pragmatic and rational debate become almost impossible). What it does mean is that it was possible to implement SES and harm reduction policies in the UK because they were seen as minor, technical aspects of the care and treatment of drug misusers, a depoliticised area of social policy best left to the professionals. In Sweden SES were seen as neither minor nor technical. Drug policy is highly politicised because substance misuse has come to be regarded as a very real threat to social stability, traditional Swedish values and national character. What for doctors was a matter for their professional judgement about how best to prevent the spread of HIV, was for social workers, politicians and pressure groups a threat to a policy which has come to symbolise Sweden's determination -not to succumb to the drug 'epidemic'.

Notes


2. It must be very difficult for readers outside the UK to make sense of our use of Britain, Great Britain, the UK, Scotland, England and Wales. I have tried to be as precise as possible but what is relevant for one political entity is not always relevant for the others.

3. Each of the relatively small 'ministries' in Swedish government delegates national administration to administrative boards which are composed of representatives of major non-governmental bodies such as labour and business federations. Socialstyrelsen is accountable to, but a separate entity from, Socialdepartementet - the Ministry of Health and Social Affairs.

4. The Social Affairs Committee had published reports critical of SES in 1986/7 and 1987/8, while Gertrud Sigurdsen had consistently supported a more restrictive line in drug policy both as the Minister for Health and Social Affairs from 19821988 and as chairperson of the AIDS Delegation.

5. This association would seem to have been brought into existence by those opposed to SES within Socialstyrelsen - a strange thing for a quasi-governmental organisation
to do by any standards. Inquiries by me about those involved in the association and records relating to its existence proved fruitless.

6. One eminent consultant admitted to me that departmental politics had prevented him from playing a more active part in the debate. Barbro Westerholm thought that doctors could have made a difference to the outcome of the debate but few shared her view.

7. Both Johan Danielsson of FMN and Kerstin Tunving were agreed on one thing - that if there was any preference by journalists and their newspapers, the tendency was marginally more pro-SES than anti.

8. Liverpool as compared with Edinburgh; Lund and Malmö compared with Stockholm.


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CHAPTER EIGHT

POLLUTION RITUALS IN SWEDEN: the pursuit of a drug-free society


Introduction

The Swedish folkhemmet (the people's home) has a reputation for being liberal, humane, pragmatic, and rational. Politically it is regarded as a force for moderation. Other countries might boast of their military exploits and their economic superiority but Sweden has been justly proud of its social achievements. The historical compromise between employers and trade unions made a liberal corporatism possible that ensured a degree of equality and security that was the envy of many other advanced capitalist countries in the decades following the Second World War. But Sweden is also a disciplined society that, from time to time, has pursued policies to the extreme in the hope that they would lead to beneficial social change. Nowhere is this more true than in the field of substance misuse. As the Swedish economy managed the challenges of the 1980s, a Social Democratic government presided over a transition towards a restrictive drug policy with the ultimate aim of creating a drug-free society. With the crisis-ridden 1990s, a bourgeois coalition has been elected that has taken this policy to its ultimate conclusion. In July 1993 it became possible to imprison a person for using drugs. In consequence, the police can subject individuals to urine, blood and breath tests on suspicion that they are under the influence of drugs. This article seeks to show that this violation of individual integrity is a logical consequence of allowing a moral panic to govern a country's policies. What began as a paternalistic approach to public health is becoming increasingly punitive.

This paper begins with an outline of drug policy developments in Sweden in the 1980s through to the amendment of the Drug Offences Act, which has made the imprisonment of drug users possible. This will be followed by an account of the restrictive line and an explanation of its symbolic significance in Swedish society.
Swedish drug policy in the 1980s

During the 1980s, many European countries introduced drug policies based on the principles of harm reduction. The threat of the spread of human immunodeficiency virus (HIV) infection encouraged the World Health Organisation and national medical lobbies to persuade governments and health authorities to make clean syringes available to intravenous drug users and to provide services that would encourage drug users to reduce the risks of their behaviour to themselves and others. Even the British government, committed to a Thatcherite war against drugs and cuts in public expenditure, endorsed the Central Funding Initiative and its harm reduction philosophy (MacGregor et al., 1991; Advisory Council on the Misuse of Drugs, 1988). In Sweden too there was an expansion of resources for the care and treatment of drug misusers but based on a totally different philosophy (see chapter five).

No sooner had the liberal reforms to Swedish social services come into force in 1982 than attempts to move into the reverse direction were set in train (see chapter one). The laws introduced in 1982 were intended to keep the compulsory care of young people and adult substance misusers to a minimum. However, the then Minister for Health and Social Affairs changed the membership of the commission responsible for evaluating the operation of the law on the care of adult misusers (LVM), to ensure that its recommendations would follow a more restrictive line. The commission reported in 1987 and its recommendations were enacted in 1988 (see chapter four). The maximum time for which adult misusers could be taken into care was increased from 2 to 6 months.

That same summer, an amendment to the Drug Offences Act was passed that made the use of drugs a minor criminal offence, punishable by fines only. In many countries, including Sweden, the production, sale and possession of narcotic and psychoactive substances is illegal, but the fact that an individual has consumed a drug is not in itself against the law. Most legal systems assume that self-abuse and harm are not matters for the courts. What individuals put inside their bodies is a matter for themselves to decide. Those in Sweden who advocated the criminalisation of drug use argued that it was hypocritical to say that it was illegal to possess a small amount of an illegal substance but perfectly acceptable when that same amount was consumed.
This totally ignored the fact that the criminalisation of possession resulted from the possibility that the substance might be sold or given to another. Indeed it has been argued in other countries, including the United Kingdom, that possession for own use should itself be decriminalised. For the Social Democratic government and the Riksdag, the Swedish parliament, however, it was important to demonstrate society's disapproval of drug-taking. In an attempt to be sensitive to the criticism that such a law would deter drug users from seeking care and treatment, the act was worded in such a way as to exempt users who were undergoing treatment.

Later that same year, a proposal from the medical section of the National Board of Health and Welfare recommended in a report that an experimental programme to set up syringe exchange schemes throughout the country be adopted by the government. In the following months, in the press and at public meetings the arguments for and against syringe exchange schemes were fiercely contested by representatives of pressure groups and professional associations. However, the proposal was finally quashed by the Riksdag in April 1989 (see chapters six and seven) (1). It was clearly felt that the threat of a drug epidemic was every bit as great as the threat to society of HIV and acquired immunodeficiency syndrome (AIDS). Making syringes more widely available would, it was argued, be more likely to increase intravenous drug use than it was to reduce spread of HIV Another very strong argument used by the restrictive lobby was that having passed legislation prohibiting drug use, the authorities could hardly then condone the handing out of syringes

These measures had widespread political support. The tougher version of LVM and the criminalisation of drug use were supported by all Riksdag members with the exception of the small Communist Party and a handful of Social Democrats. The reluctance to introduce syringe exchange schemes was opposed only by the Liberal Party (2). This consensus has only been broken by the insistence of the new bourgeois coalition that the use of drugs be made an imprisonable offence. That amendment was passed in the Riksdag in April 1993 but was opposed by the Social Democratic and Left (formerly Communist) Parties.
Drug use: an imprisonable offence

In November 1991, 2 months after taking office, Bengt Westerberg, the new Minister for Health and Social Affairs and the leader of the Liberal Party, addressed a meeting held by the National Association for a Drug-free Society (RNS). He stated that (Olsson, 1991 p36):

The government considers that the present law concerning the punishment for drug offences does not go far enough. The 1988 law that criminalized all use of drugs was like "hitting air". Since the punishment is fines only, the police have no right to demand urine tests [urine tests can only be required where the offence committed is an imprisonable one - author] and cannot therefore prove that someone has misused drugs. We consider that consumption should be regarded as similar to all other ways of handling drugs. Consumption is the motor of the whole drug carousel.

The reporter of his speech said, 'The new minister sounded like a book by Nils Bejerot' (Olsson, 1991 p36). As will be made clear below, Bejerot had been the principal guru for those who advocated a drug-free society throughout the 1970s and the 1990s, and in 1991, Sweden had a minister who clearly accepted the restrictive analysis.

The following March the Ministry of Justice produced a report that examined measures against the use of drugs and minor drug offences (Ds, 1992: 19). Statistics quoted in the report showed that in 1990, for example, over 6,000 people were sentenced for drug crimes (3). Almost 70% of these were for minor offences - offences that were punishable by fines of up to 6 months in prison. Only 102 people had been sentenced for using drugs; 3,700 were found guilty of possession. The report expressed concern that so many cases were regarded as minor. The percentage of minor offences had risen from 50% in 1985 to 68% in 1990. There was also concern that what counted for a minor offence varied from one part of the country to another. One of the report's recommendations was that the upper limits for possession of cannabis and amphetamine should be reduced from around 80 grams and 10 grams.
respectively to 30-50 grams and 3-5 grams. Heroin and cocaine were regarded as considerably more dangerous and more dependency-creating, and it was therefore suggested that only very small amounts could be considered as for personal consumption.

The report also recommended that the special regulation governing own use be abolished. Own use of drugs would become just another minor offence for which imprisonment for up to 6 months would be an option for the courts to consider. This would automatically give the police the right to demand that drug users submit to urine and blood tests. The 1988 law was seen as having been ineffective. Moreover, the exception made of users undergoing treatment was seen as inconsistent with the principles of Swedish law. It was therefore proposed that this proviso also be abolished.

The rest of the report advocated amending other criminal laws so that references to urine, blood or breath tests or other searches and investigations of the body would be worded in a similar way. The formula recommended was that individuals be (Ds, 1992: 19, pp. 75 79):

obliged to undergo blood, urine or breath tests to check that they are not under the influence of a dependency-creating substance.

This form of words was then inserted in the criminal code, the Act on the Care of Criminals in Prison and the Drug Offences Act to apply to: prison inmates; prisoners allowed out on parole; and those given a sentence of probation where this was conditional on their (a) living in a particular area, (b) being employed in a job or engaged in training or education or (c) availing themselves of medical care, treatment for alcohol problems or any other form of care and treatment.

**The government's proposal**

The Riksdag's Justice Committee did little more then approve the above recommendations (Justitieutskottets betänkande, 1992/93: JuUI17). Nor did the government's final proposal alter the recommendations made in any way (Riksdagens proposition, 1992/93: 142). The latter document did, however, contain some
additional points of interest - such as the fact that 70,000 urine tests were being carried out annually in Swedish prisons. On the basis of these, it was estimated that 40% of prisoners were drug misusers. Tests, it was admitted, were carried out (i) when prisoners arrived, (ii) if they were suspected of using drugs, (iii) if they received unsupervised visits and (iv) if they were allowed to spend time outside the prison.

The government proposal admitted that there was concern about the reliability of urine tests but was satisfied that, if they were carried out carefully and in the right conditions, they were satisfactory. On the matter of individual integrity, it was admitted that testing was undeniably an invasion of the "personal sphere". The Minister for Justice, the author of the proposal, considered that (Riksdagens proposition, 1992/93: 142, p20):

The interests of creating a drug-free environment weighed so heavily that they justified the encroachment of an individual's integrity.

**Responses to the government proposal**

As is the practice in Sweden's system of policy-making, the report published by the Ministry of Justice was sent out on remiss to a range of interested organisations, statutory and non-statutory. The impression given by the government's own proposal was that most of the responses were broadly supportive of the measures referred to above. Most of the points raised can be illustrated by reference to 4 responses I have obtained - 2 in favour of the proposed measures (the National Board of Health and Welfare (Socialstyrelsen) and the Swedish Prison and Probation Administration (Kriminalvårdstyrelsen)) and 2 against (the National Association to Help Addicts (RFHL) and the Institute for Social Research (SOFI)).

Socialstyrelsen did not criticise any of the main proposals put forward in the report. It did stress, however, that the continued effectiveness of the Swedish restrictive model depended on the co-operation of a range of welfare, educational and penal agencies. In particular, it felt that more co-operation by the police with social services would be beneficial (Socialstyrelsen, 1992 p4):
The police must be reminded of their obligation to inform social services of suspected drug misuse and of the opportunity to intervene with support for misusers with the help of LVM. Examples exist of municipalities where the police never inform social services about their knowledge of adult drug misusers.

Socialstyrelsen also criticised the cuts that were taking place in drug care agencies in certain municipalities.

In supporting the proposal to make drug use an imprisonable offence, it expressed the view that young people who experimented with drugs on an occasional basis should only be tested and fined. Imprisonment should be reserved for established users and should be followed up with 'direct measures from social services' drug care agencies' (Socialstyrelsen, 1992 p4). Socialstyrelsen rejected criticisms of the reliability of urine controls which, it claimed, 'resembled those which came from drug milieux' (Socialstyrelsen, 1992 p2). It was also concerned about the implication in the report that a distinction should be made when dealing with minor offences, between hard and soft drugs - a distinction associated with the 'legalisation line put forward by the authorities and organisations in, for example, the Netherlands, Denmark and England' (Socialstyrelsen, 1992 p3) (4). In the view of Socialstyrelsen, cannabis and amphetamine were as dangerous as opiates and should be treated, by the law, in a similar way.

Kriminalvårdstyrelsen also stressed the need for penal measures to be backed by care, treatment and preventive measures. It agreed with Socialstyrelsen that the distinction made by "other European countries" between soft and hard drugs was questionable since the misuse of cannabis and amphetamine "gave rise to serious harm and social problems" (Kriminalvårdstyrelsen, 1992 p2). Urine tests were thought essential for the control of drug use in prisons, although, interestingly, it was not considered necessary to have recourse to blood tests as the report had recommended. Kriminalvårdstyrelsen felt it ought to intensify its measures to bring a halt to drug misuse and motivate inmates to seek care and treatment. Drug-free prisons were necessary to achieve these aims and urine and breath controls the means to that end. It
was concerned, however, that such tests should be properly regulated with a view to the integrity of those subjected to them.

Kriminalvårdstyrelsen did dissent from the view that the report's proposals would not require a major increase in resources. In particular, it pointed out that each urine test costs GBP 30 (given the current official figure of 70,000 tests a year, the total cost of urine testing to the prison service must already be in the region of GBP 2,000,000).

RFHL, an association that has consistently opposed the restrictive drift in Swedish drug policy, criticised the report for its punitive, costly and ineffective proposals. It questioned the reliability of urine tests and the use to which they would be put, suspecting that they would be used to justify further disciplinary actions against drug users in and out of prison. RFHL attacked the government line that tests and imprisonment were intended to create the legal means whereby care-oriented sentences could be imposed on drug misusers. They could not be offered care, claimed RFHL (RFHL 1992 p2):

A gigantic social disarmament has just begun. Half of our treatment homes stand empty, community care has been hit by massive cuts, preventive measures have a low priority, a redistribution from voluntary to compulsory care has taken place.

In RFHL:s view, the criminalisation for own use was the history of "the feather that had become a hen" (RFHL, 1992 p1). Society already had sufficient compulsory means at its disposal to be able to deal with drug misuse. Criminalisation would deter misusers from seeking help (RFHL 1992 p1):

Social services, not the police and the courts, should be the front line carrying out the campaign against drugs.

The response from SOFI was even more devastating. It criticised all the basic assumptions on which the report was based. Drugs were not society's most serious problem, it insisted; compulsory measures were not effective; increased punishment
would not stop the spread of drug misuse. The criminalisation of drug use, it claimed, violated a principle of Swedish law that self-inflicted action should not be a criminal offence. Moreover, governments had previously been committed to another principle - that there should be a general protection against forced body examinations. While SOFI accepted that exceptions to this rule might be justified, the ends in this case were not tenable and did not justify the means (SOFI 1992 p4). Harsher punishments were being sought because previous punishments were not achieving a literal interpretation of the aim of a drug-free society. In SOFI's view, this unrealistic aim would make every increase in punishment 'ineffective' (SOFI 1992 p2).

The debate in the Riksdag

The government's proposition was approved by the Riksdag and had the overwhelming support of the representatives of the political parties that formed the coalition - the Conservative, Liberal, Centre and Christian Democratic Parties. New Democracy, the maverick, anti-immigration party, which had entered the Riksdag for the first time in 1991 with 6.8% of the votes cast, vigorously supported the government line. Unlike the measures taken in 1988 and 1989, referred to above however, the majority of Social Democrats and the Left Party members of the Riksdag voted against (Riksdagsbiblioteket, 1993).

Much of the debate rehearsed the arguments already detailed above, but there were a number of contributions that deserve a mention. The government spokesperson, a Conservative member of the Riksdag, presented an undiluted version of the restrictive line. Punishing drug use by fines only had proved ineffective. The inclusion of imprisonment in the sentencing tariff and the consequent tests this made possible would have a preventive function, he claimed. Misusers would not seek help voluntarily at an early stage and had to be forced to do so. The consumer was the most important link in the chain since suppliers were replaceable. Stop the demand and there would be no market. Sweden was exposed to pressure from international drug syndicates, he argued, and its drug problem had grown due to the trivialising policies of the previous government. He accused the opponents of the proposed measures of favouring 'let-go' policies - an odd reversal of terminology for a representative of a party espousing *laissez-faire* economics. He rejected accusations of punitive measures
by emphasising the caring aspect of imprisonment and compulsory testing (Riksdagens snabbprotokoll, 1992/93:83, p. 41):

To place demands is, in this respect, to care. Our policy means that we care about people who are likely to end up in social misery.

Spokespersons for the parties of the left insisted that the proposals represented too great an emphasis on force and punishment and neglected the need for more expenditure on social provision. Even here, however, the spectre of a 'stream of narcotics' was raised and Sweden's superiority over other European countries in dealing with drug problems highlighted.

The spokesman for New Democracy gave even more support to the restrictive line than the representative for the Conservatives. Drugs, he insisted, governed the individual, not the other way round. Those who used drugs lost their will to determine their own lives. He felt that the report had not gone far enough. The law, he said, should oblige the police to intervene against drug misusers, not simply enable them to do so. He supported the policy of drug agency workers in Upplands-Väsby, who, he alleged, proclaimed (Riksdagens snabbprotokoll, 1992/93: 83 p42):

If you do not stand up and take a urine test [I do not think this statement was intended to be sexist - author], we will regard you as a drug addict.

Discussion and analysis
This article contends that with the passing of a law that makes the consumption of drugs an imprisonable offence, Swedish drug policy has gone beyond being exceptional to being extreme and dangerous. As one commentator said to me on a recent visit to Sweden, the policy is no longer restrictive, but repressive. The restrictive discourse that has gripped the official Swedish mentality has taken on a paranoid dimension. What began as the idea of one association and its guru, Nils Bejerot, has become the dogmatic ideology of the whole political system. What started as a reasoned alternative to liberal ideas has become the basis for fanatical
intolerance, so much so that academics and administrators who question, let alone criticise, the official line, are dismissed as ‘traitors’ and ‘capitulators’ (5). Countries in which harm reduction is practised are regarded as dupes of the legalisation lobby. And policies of legalisation and decriminalisation, which in some countries can at least be discussed, are attacked with McCarthyite intolerance. In the United States the term liberal has become a term of abuse; in Sweden the accusation of being a drogliberal places the arguments of an opponent beyond the bounds of reasonable discussion.

*The restrictive line*

The restrictive line claims that drug misuse spreads like an epidemic (Bejerot & Hartelius, 1984). Unchecked, narcotics are first used by Bohemian artists, then by criminals and prostitutes and finally by increasing sections of the public at large. To counteract this horrifying social malaise, it is argued, it is not sufficient to provide the population with decent homes and jobs, welfare and security, education and recreational opportunities; it is not sufficient to provide the police, the courts and customs with the powers to arrest those who manufacture and supply drugs; it is essential to enable the authorities to intervene early in the career of the (typically young and innocent) drug user and, if necessary, use force to 'motivate' them to accept the care and treatment the authorities have to offer for their disease. Countries that do not accept this rationale, it is asserted, become so overwhelmed by the scale of their drug problems that they are forced to capitulate to the insidious arguments of those who advocate decriminalisation and legalisation. In effect, the United Kingdom, the Netherlands, Denmark, Switzerland, Australia and the United States, to name but a few, are seen as slowly sinking in the mire of their own depravity. Only Sweden, situated in splendid isolation at the extreme edge of northern Europe, has had the sense to pursue the course of grace and salvation.

I use this terminology, not to mock or caricature, but to encapsulate the puritanical, fundamentalist nature of the restrictive line. There is no recognition here of individual users doing what they do for positive reasons: for pleasure or to cope with the stresses and strains of modern life. There is no understanding of individuals wishing to experiment with new experiences that may enhance their capacity to feel and express themselves. There is no appreciation of the possibility that most people
have the capacity to regulate and control their appetites. Young Swedes, in particular, it is insisted, must be kept under constant surveillance to ensure that they do not become contaminated and that they do not contaminate others (6). If necessary, those who use and misuse drugs must be kept isolated in treatment homes or in prisons until they are cured.

Nor is there a realistic recognition that with the globalisation of the world's economy; increased economic co-operation and competition; the migration of labour and refugees - that the substance use and misuse of other countries will become part of one's own domestic scene, just as much as their consumer products and other aspects of their cultures. Instead, the advocates of the restrictive line, pretend that it is possible to remain isolated from these trends while playing an active role in international trade and politics. Sweden is represented as a bastion in which a drug-free society can be maintained, under constant threat from foreign drugs, foreign drug syndicates, foreign ideas and policies (7). The restrictive line is practised discursively not only by the members of such voluntary organisations as the campaigning RNS (National Association for a Drug-free Society) and the more therapeutic and supportive FMN (Parents Against Drugs) but by many social workers working inside and outside drug agencies, by psychiatrists, by local and national politicians, by ministers and civil servants and in a stream of publications from books and journal articles to national and local newspapers. It was once said in a book about policymaking in Sweden that the social democratic project had become the nation's project (Heclo & Masden, 1986). It can now be said of Sweden's restrictive drug policy - that it has become the nation's project (Tham, 1991).

Explanations for the restrictive line

Why should this have been the case and why should it have resulted in legislation that violates some fairly basic rights in a country that has so often championed human rights in other countries? Various explanations have been put forward for Sweden's restrictive line (see previous chapters) that are presented briefly below. But the imposition of testing and imprisonment on those who use drugs demands a reformulation of these explanations.
Sweden, like many countries in northern Europe, is part of the spirit-drinking belt. Its drinking customs in the past have been linked to a cold, dark, harsh climate and the fact that spirits - aquavit, vodka and schnapps - were the natural alcoholic beverage. The drinking habits and problems faced in Sweden during the late nineteenth century, gave rise to a popular temperance movement that had strong links with the free church and labour movements. Strict controls over the production and sale of alcohol have been a feature of Swedish life throughout the twentieth century. Temperance legislation set up local temperance committees that were responsible for the control and discipline of those with drinking problems in the local community. These committees were abolished only in 1982, and a modern version of their functions is now carried out by social services departments. The Social Services Act, the Act on the Care of Young People and the Act on the Care of Adult Misusers all charge social workers and their departments with clear and explicit responsibilities in the field of substance misuse. This concern is reflected in the fact that temperance associations and voluntary organisations involved with drug issues often receive state support (8), and research into alcohol and drug problems is also generously financed by the state.

There are then a number of dynamically interacting factors that contribute to the maintenance of substance misuse as an important public issue in Swedish society. A drinking culture in which many drink to get drunk and a set of strict, institutional controls over such behaviour and its modern equivalent - drug misuse. There is still something missing from this account, which provides us with a context only rather than an explanation.

Pollution, the body and control

The very language of those supporting the restrictive line alerts us to the fact that drug misuse has become a metaphor for a wider social malaise (Sontag, 1991). The fear and hostility surrounding the issue in Sweden suggests a significant and symbolic link with the wider social system. Mary Douglas (1966 pp48 and 53), in *Purity and danger*, has said of pollution rituals:
Dirt is never a unique and isolated event. Where there is dirt, there is system. Dirt is the by-product of a systematic ordering and classification of matter, as far as ordering involves the inappropriate elements ... if uncleanliness is matter out of place, we must approach it through order. Uncleanliness or dirt is that which must not be included if a pattern is to be maintained. To recognise this is the first step towards insight into pollution.

If we assume that the obsession by the Swedish authorities with substance misuse and the extreme attempts to control it is an enactment of a modern purity ritual, we need to relate this to the wider social structure and culture.

Sweden is a highly structured society in which boundaries are clearly defined. The involvement of a bureaucratic state in every aspect of economic, political and social life has created a high degree of organisation and regulation. Centralised federations of employers and employees have become accustomed to reach agreements with each other and the state on a range of important policy issues. Such commentators as Roland Huntford (1971) have gone so far as to describe the system as totalitarian. Others have been more charitable and used the phrase 'the organised society' (Jenkins, 1969). What comes across from these accounts - sympathetic and unsympathetic alike - is a highly disciplined society in which the mass of the population has internalised the need for a strong state and the bureaucratic regulation of everyday life.

Accounts of Swedish culture suggest that this respect for discipline and regulation is internalised to a high degree. In a study of the Swedish mentality Åke Daun (1989) recently collated the results of a number of empirical and anecdotal accounts and concluded that Swedes are characteristically self-controlled, serious, rational and emotionally undemonstrative. Swedish homes, workplaces and public offices are characterised by a high degree of cleanliness and order. This cleanliness in the environment is paralleled by a society that attaches considerable importance to health and healthy recreation.

What I would like to suggest is that this emphasis on discipline and self-control, cleanliness, healthy living and order stand in stark contrast to the behaviour of the stereotypical alcoholic and drug addict. Crawford has made a distinction between
those who see 'health' in terms of 'control' and those who see it in terms of 'release'. The former are self-disciplined and the latter self-indulgent. To those favouring the former view, 'fat' is a 'confirmation of the loss of control, a moral failure, a sign of impulsiveness, self-indulgence and sloth' (Crawford, 1985 p71). Substance misuse could be similarly described from the point of view of sober, healthy, organised Swedes. Swedish values distance themselves from those of pleasure-seeking, self-indulgent addicts. Sober people are restrained in their behaviour - inebriates are loud and vulgar. In controlling the latter, the values of the former are reaffirmed. The ritualistic ways in which this is done are intended to contribute to social and system integration. Mary Douglas (1970 p101), in another work, has speculated on the controlling relationship between the social and the individual body:

The physical body is a microcosm of society, facing the centre of power, contracting and expanding its claims in direct accordance with the increase and relaxation of social pressures ... At the same time, the physical body, is polarised conceptually against the social body. Its requirements are not only subordinated, they are contrasted with social requirements.

There was indeed a relaxation of social pressure in the 1960s. The advocates of the restrictive line often refer back to that decade as a period of disastrous liberality in terms of drug control. Subsequently, in the 1980s the Swedish economy began to face severe problems. It has proved very difficult to maintain the high standards expected in 'the people's home'. Now, in the 1990s, the electorate have chosen a government that has the task of restoring the work ethic and the profit motive to the Swedish economy. The pressures are now on.

As Henrik Tham (1991) has shown through an analysis of articles on drugs and drug policy in Swedish journals and newspapers, much of the concern about drugs has been expressed in terms of "a threatened national identity". An emphasis has been placed on traditional Swedish values and the character of the Swedish people. The Swedish way of life is seen to be threatened by the invasion of the social body by foreign drugs. Tham points out that the cover of the official report of the Government's Action Group against Drugs is entitled - 'We will never surrender' -
and is illustrated by Sweden's most southerly coastline, a symbol of the country's fear of invasion in the Second World War.

Sweden has opened up its borders to international competition and is considering membership of the European Union. Immigrants and refugees want to enter the country in large numbers. It is not difficult to see how issues surrounding cheap continental alcohol and illegal drugs should come to symbolise wider threats to the social system. The external border/boundary of the country/social body is under threat and so are the external boundaries of the individual bodies, particularly those of the young. Customs officers guard the border keeping a watch over those who smuggle immigrants and drugs into the country. The police and social workers must keep a watch over the individual bodies that carry the seeds of a deadly virus, an epidemic that threatens the sober, rational Swedish way of life.

But what happens when existing controls are not sufficient; when despite education and information, a national network of advice and counselling agencies and residential homes, compulsory care and the prohibition of manufacture, sale, possession and use of narcotics and psychotropic substances, the problem persists? The only answer left is to gain access to the individual bodies themselves. The logic of Sweden's restrictive drug policy with its unrealistic goal of a drug-free society, as one of the remiss responses above indicated, will lead to even greater controls.

**Implications**

The technologies of surveillance used in Swedish prisons to achieve drug-free environments are now to be used on Swedish citizens with the aim of creating a drug-free society. A discourse that has insisted that drugs - the enemy - take over the body now justifies actions by the state to recover its territory. First the state is justified by international conventions to defend the social body against 'international drug syndicates', then its own laws justify the apprehension of individual bodies suspected of trading in drugs, and finally, to use Stanley Cohen's (1985) analogy, the 'fishing-net' is extended to those who have drugs in their bloodstream.

But as Michel Foucault (1977 pp26-27) points out, what is going on here is not a once and for all 'conquest of a territory' but 'a perpetual battle'. Drug users will
not stop using drugs, and the authorities, driven by a fanatical, remorseless logic, will have to step up the powers at their disposal:

Power is not exercised simply as an obligation or a prohibition on those who ‘do not have it’; it invests them, is transmitted by them and through them; it exerts pressure on them, just as they themselves, in their struggle against it, resist the grip it has on them.

The disciplined and highly structured nature of Swedish society may well suit the great majority of Swedes who have internalised the values of self-control, but as in any society, there will be those who reject dominant norms and values. There will always be those who give in to the oblivion that excessive drug use provides; there will be those who choose drugs to cope with the worries, anxieties and pressures of life in a tightly organised capitalist society; there will be those who want to taste pleasures other than those that are officially sanctioned; and increasingly, there will be those who will use drugs to assert their right to do as they wish with their own bodies, resentful of the intrusions and power of authority. The excessive measures taken by the Swedish state will deter some but inspire others to resistance.

In an article in Dagens Nyheter, shortly after imprisonment for own use of drugs was passed by the Riksdag, an editorial warned of the dangers of the police using the law to harass drug users. The national chief of police was quoted as saying (Dagens Nyheter, 1993):

We will strike early against these [rave] parties. They won’t get the chance to turn the tables on us. We will disturb them again, again and yet again.

The liberal fears of Dagens Nyheter did not lead it to oppose the imprisonment of drug users. It would seem to have accepted the assurances of the government that imprisonment was merely a device to deter those who experiment and ‘care’ for those who indulge. It is more likely that the police will interpret the letter of a law that enables them to arrest drug users, subject them to urine and blood tests and charge them with an imprisonable offence, using the full force of the state’s disciplinary
apparatus. They will begin to demand what the New Democracy representative in the Riksdag called for, the obligation, not the option, to intervene.

Conclusion
With the passing of legislation making drug use an imprisonable offence, Sweden's drug policy has entered a dangerous and repressive phase. The cultural consensus that sustained the restrictive line has now been broken. The left, to its credit, did not vote for the measure in the Riksdag, but it cannot be said that they opposed it with any vigour. The new bourgeois coalition has enormous economic problems on its hands and needs to deflect public concern about increasing unemployment, poverty and insecurity. Public expenditure is being cut and social programmes restructured to re-commodify the labour force (see section two). It is no coincidence that, at the same time that welfare is being reduced, control is on the increase. As drug residential homes and drug advice agencies are being closed, the prisons are being opened. For the government and the authorities, drugs and drug users, are the 'good enemy', acting as the scapegoat for society's ills (Christie & Bruun, 1985). It is easier to focus the public's attention on drugs as the apparent cause of human misery than to deal with the real causes of the anxiety and stress that lead people to misuse drugs - unemployment, homelessness, evictions, poverty, pressure and insecurity.

The restrictive line is aptly named, for it is a restricted code devised for parochial perceptions. The discourse of Swedish policy-makers needs to 'develop an elaborated code in which universal principles can be made explicit' (Douglas, 1970: 78) - to deal with the real problems of a complex world.

Notes
1. The final proposal was that there should be 3 counties taking part in a 3-year experimental programme, one of which could not be Stockholm (the city with the biggest heroin problem in the country). In the event, the only county to apply was the one in which the programme had existed prior to the report.
2. The medical profession seemed to have some success in getting its view across to the liberals, largely due to the persuasive influence of 2 liberal members in the Riksdag. In all other respects the party and its leader seem dedicated to the restrictive line.

3. In 1990, 45,000 people were found guilty of drug offences in the United Kingdom. Given that the population of the United Kingdom is nearly 7 times that of Sweden, there would seem to be a rough similarity between the two countries (Institute for the Study of Drug Dependence, 1991: 26).

4. This deliberate confusion of any remotely liberal distinction or argument with the advocacy of legalisation is bad enough when it appears, as it often does, in the Swedish press, but when it is expressed by senior levels of the Swedish bureaucracy, it is particularly pernicious.

5. When two leading researchers dared to suggest that the link between a restrictive policy and the small size of a country's drug problem was not proven, a prominent civil servant castigated their work as 'deficient, misleading and speculative' (Lindberg, 1992). When a criminologist, acting as an adviser to a government commission, similarly questioned the effectiveness of the restrictive line, a debate article by a journalist in *Dagens Nyheter* appeared under the headline ‘Drugs to be legalised’ (Ohrlander, 1992).

6. The first draft of Örebro's drug policy programme in 1984 wanted every young person to be in some form of organised activity. Young people in the city complained of undue surveillance and harassment by the authorities (see chapter three).

7. Sweden has always officially proclaimed its internationalism, has championed the cause of liberation movements and has been comparatively generous in its attitude towards immigrants and refugees. The difficulties imposed by this progressive stance may have caused anti-foreign feeling to find expression in anti-drug campaigns. Criticism of a recent international conference in Stockholm in the RNS journal *Narkotikafrågan* seemed as much perturbed by the use of English as the common language as by the harm-reduction policies discussed (Cnattingius & Wikesjö, 1993).

8. RNS has a policy of not accepting state grants.

**References**


CHAPTER NINE

DRUG ISSUES AND THE SWEDISH PRESS.
(International Journal of Drug Policy, Vol 7 No 2, pp 91-103, 1996)

Introduction

In contrast to many other European countries where drug policies have adopted harm reduction principles, decriminalisation is on the agenda and the legalisation of cannabis is often advocated, there is a political consensus in Sweden in support of what is called a restrictive (anti-liberal) line. This paper is concerned to gauge the extent to which the Swedish national press reflects that consensus and to what extent it gives sympathetic coverage to opponents of the restrictive line. The quantitative analysis of all articles concerned with drugs over a six month period is reported followed by a qualitative analysis of major news and feature articles.

The restrictive line

The restrictive line has come to dominate public policy debate about drugs in Sweden in the last 15 years. While the liberal reputation the country enjoys on a range of welfare, sexual and international issues may be justified, liberal arguments concerning illegal drugs are not welcome. The term drogliberal has become almost a term of abuse. Restrictive ideology is based upon a clear set of inter-related assumptions (1).

The misuse of any drug can spread like an epidemic, from minority groups to the whole population

All narcotic drugs are addictive and dangerous. No distinction should be made between soft and hard drugs. And all use is misuse.

Policies which depend upon either (a) maintaining a high standard of living, full employment and social security to prevent drug misuse or
(b) on prioritising those engaged in the supply of drugs, are doomed to fail.

Once drug misuse has spread and its medical and penal costs have become prohibitive, the authorities are forced to entertain liberal policies such as prescribing, harm reduction, decriminalisation and legalisation. In short, they capitulate to the problem.

The only successful strategy from the outset must be to concentrate on discouraging consumption in the first place by making the life of the user uncomfortable and by making drug use itself (as opposed to the manufacture, sale and possession of drugs) an imprisonable offence.

The operationalising of this policy at the local and national levels has [already] been documented [in previous chapters]. Previous research has shown how the restrictive ideology articulated by a doctor, Nils Bejerot, and campaigned for by groups such as the National Association for a Drug-free Society (RNS) and Parents Against Drugs (FMN) throughout the 1980s, had by the end of the decade gained widespread support amongst political parties of the right, left and centre and the penal and social work establishments. While some members of the medical profession had argued in favour of syringe exchange schemes, there is little evidence that they otherwise dissented from the basic precepts of the restrictive approach. Opinion surveys would seem to suggest that the general public was also behind official policy. What opposition there was to the restrictive line came from the National Association to Help Addicts and a few academics (RFHL 1989, Tham 1991, Lenke and Olsson 1992).

How does one explain this Swedish deviation from the European norm? My own attempt to do so has focused on a combination of factors to do with the country's strong temperance tradition (2), the salience of the social work profession, national insecurity and cultural values. This paper is an attempt to describe the role of the press in the maintenance of the restrictive line and in the presentation of a range of drug issues. Sweden's system of press subsidies is intended to promote a high degree of political balance and variation. This it does in terms of party political
representation very well. There is also a system of accountability which is meant to ensure balance through, for example "space for rejoinders" (Weibull and Börjesson 1991). This is achieved in part through the practice of debate articles in which an argument put forward by a public figure one day might subsequently be countered by another. In theory, at least, one might expect the press to present a range of views on a particular issue but what happens in the situation where there exists a political and public consensus - as in the case of drugs?

Drugs and the press
It is not unusual for the press in any country to take a harsh view of illegal drugs. The amplification of the drugs issue in the UK. was noted by Young in the early 1970s (Young 1973). More recently, Kohn has drawn attention to the way in which the press sensationalised heroin misuse in the 1980s (Kohn 1987). Crack cocaine in the US has received similar coverage (Reinarman and Levine 1989). The demonising of drug pushers and barons is a usual feature of press and television companies and the death of an 'innocent addict' often the basis for creating a moral panic about the threat of drugs to the fabric of society. It has to be said however that alongside articles about the narcotics menace, it has been possible, in the UK for example, to argue for legalisation and give publicity to those promoting harm reduction and de-criminalisation.

In Sweden similarly, there is evidence of both sensationalism and balance. Although a recent study by Tham has shown how newspapers and journals in Sweden have used the narcotics issue to represent Swedish traditions and values as under attack from alien forces (Tham 1991), articles about syringe exchange schemes seemed to result in a fair treatment of both sides of the debate (see chapter six). This raises the question of whether those who have criticised the press for its treatment of narcotics issues have been selective and ignored the extent to which articles representing a variety of views and standpoints have been published. To this end, the author has carried out a systematic analysis of all articles concerning drugs in the Swedish national press over a six month period.
Methodology

The period selected was six months from the decision to carry out the investigation (November 1991 to April 1992) when it was not known what future issues would arise. A centre-right four party coalition had been elected in the previous September and all that could have been said with any certainty was that the new government might be slightly more restrictive on illegal drugs than the Social Democrats who had held office throughout the 1980s and that the largest party in the coalition, the Conservative party, favoured a liberalisation of alcohol policy.

There are only four national newspapers consisting of two tabloid and two quality broadsheets (3). The tabloids, which produce evening only editions, are the social democratic Aftonbladet (A) and Expressen (Ex) which is liberal. The broadsheets are Dagens Nyheter (DN), which is liberal and Svenska Dagbladet (SvD) which is conservative. It was decided initially to select all articles in which the headline referred to illegal drugs or drug-related problems or behaviour (4). Articles were coded for basic characteristics, the subject of the item and any policy issue raised (5). Comments made to heighten or reduce concern about drug issues, and favourable and unfavourable comments on specific drug polices were also coded. Codes were also used to facilitate the selection of items for qualitative analysis.

The results of the quantitative analysis

In total there were 238 articles on illegal drugs, 21 less than the number of articles on alcohol. It can be seen from the table 9.1 that the number of articles was highest for Svenska Dagbladet. Many of these were however extremely short consisting of brief news agency items. As would be expected the tabloids were much more likely devote whole pages to an item often accompanied by disproportionately large photographs. There was also a greater tendency for the tabloids to carry more than one article on an issue on the same day or to run a series of articles over a number of days.
Nearly half of the tabloid items contained stories which were highly personalised (i.e. they referred extensively to the experiences of particular individuals to make a more general point). Dagens Nyheter did this to a much lesser extent and Svenska Dagbladet hardly at all. During the period under consideration very few editorial articles on drugs appeared and only 7% of all articles were written by non-journalists (most of these consisted of readers' letters). Over 90% were news items with editorials, debate, feature articles and letters making up the rest. Articles which mentioned specific drugs were more likely to mention heroin and cocaine followed by hash. Ecstasy, amphetamine and steroids were least likely to be mentioned. Of the 238 articles on illegal drugs, the principal subject of 160 (67%) was crime-related (in contrast only 27% of alcohol articles were crime-related) with the remainder concerned with drug misuse and drug-related problems (18%) or drug policies (13%).

It had been expected that many of the articles might contain negative references to drug misusers, drug dealing immigrants or foreigners, refer to Sweden's aim of a drug-free society, or make considerable use of abstinence oriented organisations like RNS and FMN. In the event the numbers of articles was extremely small suggesting that the press avoided the usual stereotypes and gave little publicity to the views of the restrictive lobby.

However, the 238 articles on illegal drugs contained 103 statements which could be said to heighten concern about drug issues and only 12 which could be said to reduce concern. Though not conclusive in itself this finding does illustrate the role of the press in amplifying social problems. The rank order of those making such statements were as follows:

Table 9.1
Number of articles on illegal drugs by newspaper

<table>
<thead>
<tr>
<th></th>
<th>DN</th>
<th>EX</th>
<th>SvD</th>
<th>AFTON</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>54</td>
<td>64</td>
<td>74</td>
<td>46</td>
<td>238</td>
</tr>
</tbody>
</table>
Table 9.2 Actors making statements which could be said to heighten concern about drug issues

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penal professions</td>
<td>33</td>
</tr>
<tr>
<td>Non-penal professions</td>
<td>27</td>
</tr>
<tr>
<td>Misusers</td>
<td>9</td>
</tr>
<tr>
<td>Members of the public</td>
<td>8</td>
</tr>
<tr>
<td>Editor/journalist</td>
<td>8</td>
</tr>
<tr>
<td>Celebrities</td>
<td>6</td>
</tr>
<tr>
<td>Government spokesperson</td>
<td>5</td>
</tr>
<tr>
<td>Politicians</td>
<td>3</td>
</tr>
<tr>
<td>Service workers</td>
<td>2</td>
</tr>
<tr>
<td>Foreign organisations</td>
<td>1</td>
</tr>
<tr>
<td>Dealers</td>
<td>1</td>
</tr>
</tbody>
</table>
| Total                           | 103   

It can be seen that nearly 60% of these statements were made by members of the penal and non-penal professions. Of the 12 statements which could be said to reduce concern, half again were made by the penal and non-penal professions. Clearly, it is professional employees whose views are most sought after on drug issues. Spokespersons for Restrictive and Liberal drug organisations hardly appeared at all. This lends no credence at all to the suggestion that RNS and FMN might have a disproportionate amount of explicit coverage in the press.

Only 63 of the 238 articles on illegal drugs referred to policy issues. When comments favourable to liberal policies were combined with comments unfavourable to restrictive polices to give a PRO-LIBERAL total and favourable restrictive and unfavourable liberal comments were combined to give a PRO-RESTRICTIVE total, they numbered 17 and 34 respectively. On the face of it, this might suggest a fair hearing for the liberal case, until we discover that 13 of the 17 liberal comments were entirely due to a few articles written by one journalist for Dagens Nyheter. Half of those who made pro-liberal comments were non-penal professionals while half those making pro-restrictive comments were politicians and penal professionals (see Table 9.3.). Again, restrictive and liberal organisations were not cited at all.
Table 9.3 Actors making comments upon policy issues

<table>
<thead>
<tr>
<th></th>
<th>PRO-LIBERAL</th>
<th>PRO-RESTRICTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>COMMENTS</td>
<td>COMMENTS</td>
</tr>
<tr>
<td>Editors/journalists</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Politicians</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Government spokespersons</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Penal professions</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Non-penal professions</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Employers' organisations</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Members of the public</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Misusers</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td><strong>17</strong></td>
<td><strong>34</strong></td>
</tr>
</tbody>
</table>

The great majority of articles which referred to policy issues contained neither favourable nor unfavourable comments.

Similarly, it can be said that the overall tone of 8 articles concerning policy issues was liberal and the tone of 16 articles was restrictive. Again it would seem that the liberal view was not entirely neglected, but this too was largely due to a few articles by the same journalist in Dagens Nyheter. Only one of the four national newspapers was prepared to give space to a positive consideration of liberal arguments.

**Discussion of quantitative results**

The quantitative results give little credence to the suggestion that Swedish newspapers give considerable coverage or support to the restrictive line. When every article over a six month period is included, the overall impression does not convey the strong restrictive messages one might have expected. The overwhelming majority of articles can neither be said to heighten concern over drug issues nor to express support for restrictive policies. Most articles can therefore be said to contain relatively factual and objective reporting even if a small minority of articles are clearly weighted in favour of the restrictive line.
This conclusion is largely due to the preponderance of what can be described as a daily diet of articles which in the main simply report arrests for drug and drug-related crimes and seizures of illegal drugs by customs and the police. It could be argued that the almost subliminal effect of such articles - no matter how factual - is to reinforce in the readers' minds the social disapproval of illegal drugs, but this would be a rather tenuous basis upon which to claim that the Swedish press propagated restrictive ideology.

However, as will be seen in the following sections, a more thorough reading of less routine, more substantial, articles does suggest that Swedish national newspapers do indeed endorse the restrictive line.

The results of the qualitative analysis

It was important that the qualitative analysis of a smaller number of articles could not be said to have been selected to reinforce an outcome which confirmed the author's interpretation of Swedish drug policy. It was therefore decided to include all articles that dealt with liberal and restrictive policy issues, feature articles, debate articles, editorials, series that ran over more than a day and/or groups of articles published side by side on the same day. Such a selection could not be said to favour a particular ideological outcome and it could be argued that, by definition, such articles represented important editorial decisions that rose above the routine inclusion of daily news items.

Articles on liberal policies

Two liberal policy issues were given coverage: the revelation that two of the Conservative Prime Minister's advisers had at one time made statements in support of the legalisation of cannabis; the other the policy of harm reduction.

The two advisers had apparently made their statements to a conference of the Young Conservatives in 1991 before the Centre-Right coalition under Carl Bildt was elected. The revelation was made in a journal, published by the National Board of Health and Social Affairs, which promoted the restrictive line (Linnell 1992). Most of the articles allowed little or no space for legalisers to put their case. Svenska
Dagbladet under the headline **DRUG LIBERALS CAUSE ANXIETY** quoted a Centre party spokesperson as saying that it was frightening that government advisers should consist of known legalisers. This, he claimed, clearly contradicted the strong signal that drugs were unacceptable in Sweden (SvD 1992b). The restrictive line could be under threat if government advisors thought differently. Dagens Nyheter added to the sense of conspiracy by saying that there was a ‘hidden’ degree of opinion in favour of legalisation which had grown within the Young Conservatives and had now ‘moved into government offices and close to Bildt’ (DN 1992 h). One 'legaliser' was given the opportunity to state his private view in a sentence, while the other was variously reported as having changed his mind.

The issue was followed up by the four newspapers in different ways. Svenska Dagbladet described how a civil servant in the Department of Health and Social Affairs addressed a conference of the National Association for a Drug-free Society reaffirming the Government's commitment to the restrictive line. He attacked a document produced by a number of European Cities in favour of a degree of decriminalisation and went on to say that ‘We say no to a society which accepts people being turned into chemically-controlled rats’ (SvD 1992 c). He said that a few years ago it would have been unimaginable that a Swedish organisation could have supported something once regarded as 'madness'.

Aftonbladet enlisted the support of a senior physician to attack those who considered cannabis no more harmful than alcohol. He claimed that the cannabis used today was ‘five times stronger than that used in the 1960’ (Afton 1992g). The physician went on to detail the harmful effects of cannabis - psychosis, hallucination, panic attacks, impotence, confusion, schizophrenia. He also took sideswipes at Liverpool, the model for harm reduction often invoked by restrictivists, where the authorities had clearly ‘given up’ the fight against drugs and taught young people in school how to use them less harmfully.

Expressen chose to attack a Social Democrat who had aligned himself with the new liberalism of the Conservatives. The Social Democrat was given the chance of attacking the ‘temperance apostles, the calorie counters and the health fascists who wanted to tell people what they could do with their own bodies’ (Ex 1992o). But Expressen went on to deny that there was any kind of link between the liberal policy
advocated by the newspaper on alcohol and those who wanted more liberal drug laws. ‘Alcohol’, it claimed ‘was part of Swedish culture and social life and one had to strike a balance between the good and evil aspects of drinking’. Why the same respect could not be afforded and the same balance sought for the drugs of other cultures, was not explained.

Not only was the Prime Minister himself often quoted as rejecting right wing ‘flummery’ but Dagens Nyheter carried a large article giving the views of drug addicts, one of whom who said, in the words of the headline *I HAVEN'T THE STRENGTH TO HUNT FOR HEROIN* (DN 1992 l). He ‘was terrified by liberal ideas about drugs that were being aired yet again in Sweden’. He and others, very eloquently, managed to endorse a number of aspects of the restrictive line. One condemned the legalisation of drugs and the provision of free syringes in other European cities as this would result in increased drug misuse and the spread of drug-taking downwards in age. Another claimed, contrary to what social workers said, that new recruits were on the increase and that Swedish authorities ought to be tougher in the protection of the young and ‘our land’. Others thought that joining the European Union meant more involvement in organised crime and that the police should stop all drug dealing.

In all of the above articles, legalisation was not only explicitly and implicitly attacked but was elided with harm reduction as a means of defending the Swedish way against the capitulation common in other European countries. In none of the articles were the proponents given a real opportunity to present their case.

The opposite could be said to be the case with the four feature articles on harm reduction and decriminalisation written by Kerstin Vinterhead, a well-known Swedish journalist, for Dagens Nyheter. In one she defended Dutch policy as more pragmatic, more gentle and as successful as the harder line taken in Sweden (DN 1992a). In a second, the views of an American advocate of harm reduction were given ample expression (DN 1992g). In a third, a doctor in Sweden's only syringe exchange scheme, was given the chance to complain about a new investigation into her project by opponents whose minds were already made up (DN 1992m). In the last article, problem drug users using Oslo's mobile syringe distribution scheme spoke very highly of the way in which the scheme had helped them (DN 1992n). Vinterhead's articles
certainly presented Dagen Nyheter's readers with a clear liberal point of view, evidence that harm reduction, at least, can be discussed in a positive way. Nevertheless, as will be seen below, her newspaper was just as likely as the other three to give prominence to restrictive messages.

**Articles on restrictive policies**

Articles which dealt with restrictive policies were also examined to see whether the coverage was balanced or had a clear tendency to favour either the policies or their critics.

Vinterhead, as part of the series mentioned above, wrote an article which outlined the Swedish approach to drugs policy and contrasted this with the approach adopted in other European countries. She herself did not criticise the restrictive line but gave space, to two criminologists, to air their critical views.

Aftonbladet was critical of the way in which those arrested for drugs offences were isolated in Swedish cells for many weeks in comparison with Denmark where a much smaller proportion are put into isolation. This criticism of one aspect of Sweden's hard line used the plight of a young female film actress, whose parents were outraged by the length and severity of isolation she received (see News articles below). Her own lawyer and the head of the Prison and Probation Administration provided support for the criticism.

Svenska Dagbladet reported in January on research which claimed the compulsory care which adults received under the law on the care of misusers (LVM) was almost a complete failure since most alcoholics and addicts reverted to their habits on release. This was not reported in the other nationals.

There was then some criticism of the restrictive approach. More typical, however, were pleas for tougher measures. Two features in Aftonbladet gave considerable coverage to two male heroin takers, one of whom had died while the other was said to be dying (Afton 1992e and 1992f). Both stories were a platform for the father of one and the mother of another to criticise the policy of compulsory care - not because its ineffectiveness might make it unnecessary - but because the carers lacked the appropriate skills and knowledge. The mother of the dead heroin user said her son was at his most calm when in prison for theft. She wanted capital punishment for
dealers. The father of the other drugtaker, a famous actor, pleaded for tougher abstentionist treatment along the lines of Narcotics Anonymous. This was followed by another short article which presented the facts about heroin in Sweden. Heroin misuse was on the increase, it claimed; those who used heroin needed to take increasing quantities of the drug to achieve the same effects; such dependence drove male misusers to theft and female misusers to prostitution.

No attempt was made in either article to explain drug dependence in any other way than through the nature of heroin itself. No hint of personal, familial or social problems which might have precipitated heroin dependence was considered. The cause of the one son's problem was attributed to the permissive climate prevailing when he was a teenager. LVM and the authorities had failed because they did not use a sufficiently strict approach in the treatment they offered. The only outside authority cited was RNS, whose spokesperson simply insisted that the only way not to become addicted was never to try drugs in the first place.

This call for tougher measures was already being addressed by the Government. Dagens Nyheter and Svenska Dagbladet had both reported the proposal to introduce prison sentences for those found guilty of using drugs (DN 1991 and SvD 1991b). Ministers were given the opportunity of justifying such a measure, claiming that it would 'help those hit by drugs' and that it would enable 'care to take place at an earlier stage'. One Minister's remarks were made to a meeting of RNS supporters. No mention of any criticism of this measure was made in either article. Indeed, Dagens Nyheter (the newspaper which published Kerstin Vinterhead's liberal articles, see above) carried an editorial a few days after its report implying that the whole country was behind the change in the law and that elsewhere in Europe, legalisers (or 'drug defeatists' as they were called) were happy to see the socially excluded "constantly and freely drugged" (this presumably refers to drug maintenance programmes) if only to stop them stealing from others. Not only was a repressive Swedish measure being dressed up a caring but European harm reduction was caricatured as expedient and exploitative.

The same indulgence was afforded proposals by large companies to test their employees compulsorily for drugs in the name of company security and product quality. In one article a union representative complained that this was a public
relations stunt aimed at increasing sales (DN 1992k). In the other, a prosecuting lawyer claimed that as far as drugs were concerned, "there was no such thing as a trivial offence" (SvD 1992a).

**Feature articles**

Articles on drugs can add credence to restrictive policies not by entering into policy debates but by exaggerating the problems created and threatened by drugs. To a considerable extent feature articles did exactly this.

Most feature articles on narcotics had a foreign connection. They were about the problems faced by other countries or the threat they posed to Sweden or Swedes. Dagens Nyheter reported on the number of Swedes serving long sentences in foreign gaols mainly for drugs offences (DN 1992b and 1992c). In another issue Spain was described as a country which as a result of its previous liberalism on drugs was now paying a high price. The headline claimed that Drugs were Spanish society's 'biggest problem' whereas unemployment was seen as a secondary problem. Legalisation was debated but was not approved of officially. It was pointedly stated that Spain did not have a law forbidding the USE of drugs (unlike Sweden of course). Assertions about the scale of the problems in Spain (70,000 heroin addicts; 90% of prison sentences linked to drugs) were made without explanation or discussion (DN 1992d).

Expressen published an article on drug mafia activities in St.Petersburg (a port on the Baltic and not too far from home). The City was reported to have 20,000 addicts. The story was a very personalised one which focused on a young man whose 'happy' childhood deteriorated after truancy led to theft, prison and unemployment, after which he became 'curious' about drugs even though he knew of the dangers. The point of the story was to show the despair and cynicism reached by those who experiment with drugs. It is the drugs which are blamed for the young man's condition, rather than whatever it was that had led him to truancy, crime and unemployment in the first place (Ex 1991c).

Subsequently, three full page articles appeared in Expressen about that area of South East Asia known as the Golden Triangle. No mention was made of the fact that the journalist was an RNS sympathiser (6). The picture presented was that of authorities vainly trying to eradicate poppy fields. The partial success of the Thai
authorities was contrasted to the fourfold expansion of opium production in Burma and Laos to 2,000 and 350 tons a day respectively. The trade in the drug reached out to all corners of the world, including Sergels Torg in the heart of the Swedish capital, through the triad and other secret societies (Ex 1992t). Follow up stories concentrated upon an ex-policeman in Thailand who had become an addict and a young tourist guide who had got into drugs to feed her poor mother (Ex 1992u and 1992v).

Aftonbladet under the headline THE DRUG THAT KILLS, reported from Spain and England where the drug ecstasy had become very popular that several hundred young people had died while many others suffered from the side effects of depression, sleep problems, tiredness and memory loss (Afton 1992d).

Implicit in all these stories is that drugs lead to tragedy for individuals and - if society is not tough enough - social decay. These themes are hammered home on the domestic front also. In a very personalised item, Dagens Nyheter publicised the experiences of a young girl who gave talks to school pupils about her drug experiences. She had begun to smoke hash at the age of 12 and slowly descended into cannabis psychosis.

The person in me died, I became a robot, I was a nobody (DN 1992e).

She was asked by a member of the audience what school and her parents should have done. School, she insisted, should have dealt with her more severely and taken her to the psychiatric service. Her parents should have been 'harder' on her and been willing to grasp what was wrong with her. The lesson was pushed home by the revelation that half of her old friends were dead and the others in young people's homes.

This article was coupled with another which emphasised that the drug problem in Sweden was hidden. A social worker (and an advocate of the restrictive line - though again this was not mentioned) claimed that amongst immigrants there was a big drug and alcohol problem because they were not in touch with social services. Drug agencies saw only the tip of a problem which was growing due to the worsening employment situation. New recruits to the drug scene were beginning to use drugs recreationally. These were not social outcasts but 'ordinary people' (DN 1992f).
It is interesting to note that when it suits journalists, an emphasis can be placed upon the success of the Swedish model in reducing the size of the drug problem, whereas on other occasions they can give considerable coverage to the growing scale of drug misuse. Indeed, when such a position is taken, far from it being suggested that the restrictive line may not be working, it is argued that the problem is created by the authorities being too liberal. In another Dagens Nyheter article, the headline asserted that *HARM FROM DRUGS IS ENORMOUS*. The police were quoted as saying that drug misuse was on the increase and that the amount of drugs seized by them was between 6% and 8% of the total used. An estimate of the cost to society was put at 120 billion kronor, without any indication as to how such a figure had been calculated. A sub headline suggested that the police were worried by ‘cautious laws and the calls for liberalisation’. No evidence was given for such calls but it was claimed that legalisation would lead to disaster. It was regretted by the police that they were hampered by laws which prevented them from using infiltration, provocation, plea bargaining for informers and bugging devices (DN 1992o). A debate article, written by a spokesperson for the Conservative party, in Svenska Dagbladet also claimed that the drug problem was soaring and blamed the previous Social Democratic government’s ‘catastrophic’ cutting of police resources, for failing to make drug use an imprisonable offence and for underestimating the scale of the problem (SvD 1991a). Only a policy built on ‘restrictive’ assumptions could, in his view, succeed in creating a drug-free society.

Expressen condemned a different set of authorities for their lack of toughness in dealing with drug misuse under the headline *ASSISTANCE FOR DEATH* (Ex 1992r). The article blamed the death of a young female drug misuser on the willingness of the authorities to give her social assistance. Not only did social services delay demanding that she undertake treatment for her problem, but when they finally stopped paying her rent, the courts allowed an appeal against the decision. In passing it was mentioned that she had undergone a period of compulsory care which obviously had not succeeded. Moreover the evidence for her drug-related death was far from conclusive. She had died in a car crash while under the influence of amphetamine. This did not discourage the paper from printing a further article in which the social
affairs minister was given the space to say that there was clearly a weakness in the law which should be reviewed (Ex 1992s).

News articles: series and groups
Expressen attacked the courts for their misplaced generosity in two articles which ran on consecutive days concerning a social services department which had paid a claimant’s drug debts (Ex 1992m and 1992n). The front page headline read GOT K124,000 (i.e. £12,000) FROM THE SOCIAL TO PAY DRUG DEBT. The department had initially refused to pay the claim but had no choice when the claimant subsequently appealed. By the time that the decision had been overturned by a higher court the money had been paid out. The second of the two articles named the errant judges with a headline WE ONLY FOLLOWED THE LAW positioned under their three photographed faces.

Foreign authorities came under fire when two Turkish drug dealers were set free after being deported from Sweden. It was alleged they had used their ill-gotten gains to buy their release (Ex 1992k). A subsequent article revealed that one of the Turks had taken out Swedish citizenship (Ex 1992 l). He was not only entitled to return to Sweden but had a right to a Swedish pension which could be paid even if the man continued to live in Turkey. This article is a good example of a newspaper’s attempt to fan outrage on a number of fronts - against drug dealers, social benefits and foreigners. The right to the Swedish pension had no rational relationship to the alleged corruption in Turkish society but drugs provided a useful irrational connection.

Expressen had an opportunity to applaud the action of the courts a few days later when another Turkish immigrant was given a 19 year prison sentence. On 8th April this was reported in a short article (Ex 1992p). The following day a similar size article appeared accompanied by one photograph spread over two whole pages of the man in his cell under the headline 19 YEARS FOR DRUG CRIME (Ex 1992q). The additional pieces of information contained in the second piece concerned the man’s family. The Turk made it clear in interview that he would shoot any man who tried to
supply drugs to his daughter. Not only was he a drug dealer and a foreigner but a hypocrite to boot.

Drug issues can be sensationalised by connecting them with other social problems. The world of decadent celebrities can also provide such a background. In April both Expressen and Aftonbladet devoted five full pages (including 3 whole front pages) each to an anonymous film star who had been arrested at a film premier on suspicion of having committed a serious drug crime (Afton 1992a,1992b and 1992c: Ex 1992b,1992c and 1992d ). There was little hard news in the story, which in the absence of the celebrity might have merited a few lines. She was pleading not guilty to having dealt in cocaine and LSD. Her boy friend was being sought in connection with ecstasy dealing. Aftonbladet seemed to take a sympathetic line from the beginning (subsequently it was outraged by the young woman's continued isolation, see above). The film star was described as ‘beautiful and talented’. A headline reported her lawyer as complaining that her arrest was a scandal. She could have been arrested any number of more discrete times in the previous week, he claimed. It was as if the police wanted to play up the situation ‘to get greater mass media coverage of the arrest’. Aftonbladet connived in the latter while seeming to deplore it.

Expressen used the story to focus, in two additional articles, on the way young people were increasingly resorting to stimulants such as amphetamine and ecstasy. Moreover they were mixing their drugs.

Hash on Thursday.
Spirits on Friday.
And ecstasy on Saturday.
Such appears to be the new drug culture out amongst the young (Ex 1992e).

Ecstasy appeared at ‘nightly orgies of marathon dancing’. Young women were quoted as saying that they could only dance 12 hours at a time with the aid of drugs. Parents were warned by police to be on the lookout for ecstasy tablets.

This coupling of personalised articles with those addressing a more general trend occurs frequently. Another example can be found in the treatment given in March by
Dagens Nyheter and Expressen to the use of anabolic steroids Expressen focused on a celebrity who had once used anabolic steroids to build up his body. He cited old friends who had suffered side effects but had ignored them (Expressen 1992h). The accompanying article was built around quotations from experts who warned of the dangers as steroids were being used not only for training by athletes but by those who wanted merely to fight on the streets. An American doctor claimed that 30% of users had serious mental problems. In the US the problem had become an ‘epidemic’. Sweden too was in danger as steroids were ‘flooding in from the East’ (Ex 1992i). In an interesting afterthought at the end of the article, the journalist made the point that previous expert information about steroids which had proved to be false had made young body builders cynical:

We couldn’t trust doctors before, why should we do so now when they talk about the side effects.

There may have been a lesson here for Expressen and its staff but there was little sign of its being learnt as the article went on to claim that steroids were responsible for aggressive and domineering behaviour, citing an American body builder who had killed his small son after taking steroids. It is just this kind of simplification that hinders rather than helps genuine education and prevention. Sensationalism before sense.

The day before, Dagens Nyheter had also warned of such drugs coming from Eastern Europe and the Soviet Union. Easier accessibility was resulting in the spread of use, downwards in age, to school children. The accompanying article quoting experts claimed that steroids could cause depression, anxiety, sleeplessness and mental disturbance (DN 1992i and 1992j). Both of articles made good use of the metaphors of drugs ‘flooding in’ from ‘foreign countries’ and ‘spreading’ to wider sections of the Swedish population.

In December Expressen had revealed another route into the People’s Home for drugs (Ex 1991a,1991b and 1991d). A postman who sorted letters in a Stockholm suburb intercepted packages containing heroin from Thailand to fictitious addresses. This story gave rise to three articles all of which stressed that the heroin had been sold
‘almost entirely to children and young people’ between the ages of 13 and 17. Little evidence was advanced for what was described as a ‘heroin epidemic’ other than the ‘tens’ of youngsters who had sought help for their dependence at a county clinic. ‘Tens’ later became ‘we know that at least 30 are affected’ while the police claimed that the ‘dark figure is very great’. In spite of the claim in restrictive ideology in Sweden that there is no distinction between hard and soft drugs, newspapers like Expressen use it when it is convenient to do so. In the first of the two articles, heroin is described as one of the ‘absolutely strongest drugs which results in dependence from the first day’, while the second begins with the tale of a teenager who started by smoking hash.

Many of the ingredients of the classic tabloid approach to drugs are illustrated in this mini-series - insidious entry into the country, the corruption of the young, the allure of soft drugs, instant dependence on hard drugs, the epidemic. Blame is placed on social services by parents for not providing sufficient recreational opportunities for the young but nowhere is it suggested that the misuse of drugs in this area was created by anything other than the addictive nature of drugs themselves. No-one asks why young people are becoming problematic drug users.

Two months later Expressen carried two articles on THE NEW DRUG TAKERS spread over two pages consisting largely of a photograph of Patrick behind prison walls (Ex 1992f). The ‘factual’ article consisted of a social worker and doctor from a well-known clinic (the restrictive ideology of which was not mentioned) for the young. The experts claimed that drug misuse was spreading from the deprived groups of youngsters to those from well-established circles. Patrick, was then used, in the accompanying personalised article, to illustrate how experimenting with hash at 14 led to injecting amphetamine some years later. In answer to the question...

You used drugs for 7 years before someone did anything. What do you have to say about that?

Patrick replied:
I don't know. It's difficult to talk about. It wasn't my parents' fault that I began to smoke hash. I was curious but not all young people experiment. But certainly it would have been good if someone had intervened in time.

Again the cause of the problem is drugs themselves - the solution is early intervention by the authorities. No attempt is made to discuss any other problems Patrick may have had to induce him to misuse drugs. A reference to the shock of his father's premature death at the age of 55 is glossed over.

Aftonbladet in a two-day spread in April, under the front page headline *KILLER DRUG IS SPREAD IN SWEDEN*, did allow some speculation that the present generation of youngsters had been abandoned to day nursery care and neglected by their parents as a possible explanation for drug misuse amongst the young, but otherwise relied upon the usual scare tactics (Afton 1992i and 1992j). In the US, it stated, the new drug - *ice* - had been connected with half the murders in San Diego and was spreading like 'wildfire'; 'one puff and you can become psychotic'; Hawaiian research had shown severe damage to new born children; it was so cheap it was 'seen as a threat to the whole of society'. Ice had been used in Sweden and could spread especially amongst the young at rave parties. The first of the articles claimed 'in the last half year a whole range of new drugs had flooded into Sweden'. The second developed the theme of school children being especially vulnerable under headline *SCHOOL CHILDREN SMOKE HEROIN*. Much of the material seemed to be a reworking of Expressen's December articles with the added information that one high school was subjecting *all* of pupils to urine tests. Unfortunately the school nurse did not yet have the results. Again it was stated that new drugs were flooding into Sweden and an ex head of Americas Drugs Enforcement Agency said that, 'There now existed a powerful stream of drugs directed towards Sweden'.

**Discussion of qualitative results**

In contrast to the quantitative aspect of this analysis, the qualitative results clearly confirm that the Swedish national press tends to reinforce the ideas and assumptions associated with the restrictive line. One of the four newspapers gave substantial space
to arguments in support of harm reduction but no newspaper gave space, beyond one or two comments, to arguments in favour of decriminalisation or legalisation. Moreover, the line taken by its one maverick liberal journalist was clearly rejected by her newspaper, Dagens Nyheter, in a significant editorial. Where, in other articles, those cited took a liberal line, their position was made clear, and condemned. However, on four occasions, known supporters of the restrictive line were given space for their views but it was not seen as necessary to say that they were supporters of the restrictive line or RNS. It was assumed that their views were 'normal'.

There was little evidence of substantial criticism or questioning of existing policy. Indeed, any failure of existing policies or measures was more likely to be seen as a justification for more severe, tougher measures and policies. When other countries were portrayed as having growing problems of drug misuse, their liberal policies were blamed. When evidence was presented of growing drug problems in Sweden, far from blaming restrictive line, there were calls for its reinforcement.

Other countries were seen as capitulating to drug problems where Sweden was portrayed as fighting them. Foreigners and foreign countries were the source of drugs and Sweden constantly in danger of them flooding into the country. Drugs, their addictiveness and damaging consequences were blamed for other social problems but rarely were the social problems of Swedish society described as being the cause of drug misuse.

**Conclusion**

This analysis of articles concerned with illegal drugs has not shown and could not show that Swedish newspapers are a major influence on the country's drug policy. It has already been argued elsewhere that the reasons for the restrictive line go deep into Swedish culture and its temperance tradition. What the quantitative data of all the articles failed to show but has been revealed in the qualitative analysis of a significant sub-sample, is that the press reinforces many elements of the restrictive line and gives little space or credence to liberal alternatives.

Paradoxically, the six month period covered by this study was one in which a number of articles, particularly in Expressen, argued in favour of a more liberal
approach to alcohol policy. In one important editorial, the newspaper attacked Sweden's restrictive line on the retail sale of alcohol.

By bringing up generation after generation in the belief that queues [at state-run liquor stores] are an absolute necessity for the survival of Swedish culture - through talking about alcohol as 'forbidden fruit' - the state monopoly contributes to the infantilism amongst Swedes and their drinking habits (Expressen 1992a).

A similar comment could be made about the treatment of drug issues in Expressen and the rest of the Swedish national press.

ADDENDUM
Snus: the national drug
In the context of fears about new and foreign drugs flooding into a country, it is enlightening to examine what happens when the boot is on the other foot. Seventeen per cent of Swedish men and two per cent of Swedish women, use what in Sweden is referred to as *snus*. The English translation is *snuff*, but oral tobacco better describes this strange substance, a lump of which is inserted between a user's gum and lip to enable the nicotine to enter the blood stream. To those unfamiliar with the habit, watching someone 'inject' snus is almost as revolting as watching someone inject heroin. But in Sweden it is a macho habit which researchers are at pains to demonstrate is not as damaging to the heart as smoking tobacco and 'only' five people die a year from mouth cancer caused by snus (SvD 1991c; Afton 1991).

When the European Parliament voted to ban snus while negotiations concerning Sweden's possible membership of the European Community were ongoing, Expressen reported that the Swedish tobacco industry together with civil servants were trying to make the power holders in Brussels understand this "Swedish national product" (Ex 1992g). A Swedish journalist was quoted as saying that the Europeans were simply trying to nip the future possibility of tobacco-related harm in the bud. But as Expressen pointed out in an editorial a few days later, the snus question could determine whether the Swedes decided to vote for entry into Europe. The rest of the leader was concerned with other countries' concerns over Maastricht and political union. Clearly snus was a comparable issue. Within two weeks, Expressen's EU correspondent was saying that snus was no small matter.

Bureaucrats in Brussels who will in the future rule over us, have decided that we should not use snus (Ex 1992j).
He went on to admit he hated the stuff, but like Voltaire would go to the grave for the right of others to use snus.

It is salutary to reflect on the outrage expressed about 'foreign' drugs, their effects on individuals and society (whether hard or soft) and the need to stem the threatening flood and the lack of sympathy for another group of countries trying to do the same thing with a Swedish 'national' drug.

Notes
1. These statements have been compiled from a reading of the works of Nils Bejerot (Bejerot 1978; Bejerot and Hartelius 1984) and of Narkotikafrågan the journal of RNS, the National Association for a Drug-free Society.

2. In Sweden, the temperance tradition led to a rationing of alcohol from 1916 to 1955. Compulsory care for adults with alcohol problems was also introduced in 1916 and survives to this day. Alcohol is expensive and cannot (except for low alcohol beer) be obtained in supermarkets or grocery stores. State-run liquor stores are open only on weekdays from 9.30 am until 5.00 p.m. with late night opening on Thursdays until 7.00 p.m. During the period of the study, a number of articles appeared, particularly in Expressen, complaining about the length of queues over the New Year period.

3. The circulation of the four in 1992 was as follows:

<table>
<thead>
<tr>
<th></th>
<th>WEEKDAYS</th>
<th>SUNDAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFTONBLADET</td>
<td>369,000</td>
<td>436,000</td>
</tr>
<tr>
<td>DAGENS NYHETER</td>
<td>390,000</td>
<td>446,000</td>
</tr>
<tr>
<td>EXPRESSEN</td>
<td>540,000</td>
<td>637,000</td>
</tr>
<tr>
<td>SVENSKA DAGBLADET</td>
<td>215,000</td>
<td>228,000</td>
</tr>
</tbody>
</table>

Number of Swedish households 3.8 million
Swedish population 8.7 million

Sources: Swedish Journalists' Association 1993; Statistika Centralbyrán 1993.
(Mass media 1993/4, Tidens Förlag)

4. To simplify the task of selection, it was decided to ignore the numerous and weighty supplements to the quality papers in particular. Since supplements in the quality newspapers dealt exclusively with issues such as sport and cultural affairs, the sections of the tabloids dealing with these topics were also excluded from the analysis. This inevitably led to an under-representation of issues such as drug-taking in sport and articles about the quality of different wines and the ambience of some pubs and restaurants.
5. Such as size, type of article (news item, feature article, editorial etc.) extent of illustration, position in the newspaper and the main drug under discussion. The main subject of the articles was also coded and any policy issue which was subject to comment.

6. The journalist not only contributed to *Narkotikafrågan*, RNS's own journal, but had written a book on the country's drug problems which was promoted by the association for its restrictive credentials.

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Young, J. (1973) 'The myth of the young drug-taker in the mass media' in Cohen, S. and Young, J. The manufacture of news, Constable.

Newspapers
Aftonbladet (Afton)
(1991) Snuset prisas - skonar hjärtat, 28th November
(1992a) Vi märkte att hon levde vilt, 10th February
(1992b) Hon är mycket målmedveten, 10th February
(1992c) Filmtjärnans pojkvän greps, 12th February
(1992d) Diskodrogen som dödar, 3rd March
(1992e) Heroinet dödar min son, 17th March
(1992f) Heroinet dödade Krister, 19th March
(1992g) "Marijuana fem gånger starkare än på 60-talet", 24th March
(1992i) Mördarknarket sprids i Sverige, 18th April
(1992j) Skolbarnen röker heroin, 19th April

Dagens Nyheter (DN)
(1991) Sätt alla knarkare i fängelse, 29th November
(1992a) Mjuk linje mot knark, 11th January
(1992b) Livstidsstraff hotar svensk, 20th January
(1992c) Knarkbrott vanligast, 20th January
(1992d) Heroinister få stryk, 9th February
(1992e) "Min tonårstdag är borta", 15th February
(1992f) Dolt missbruk blir synligt, 15th February
(1992g) Gratis sprutor bromsar hiv, 16th February
(1992h) Rådgivare vill släppa knark fritt, 17th March
(1992i) Skolpojkar tar dopingpreparat, 18th March
(1992j) Missbruk leder till kronisk smärta, 18th March
(1992k) Drogtest i stor skala, 18th March
(1992l) "Jag orkar inte jaga mer heroin", 19th March
(1992m) Kritiker synar sprutbytesprojekt, 21st March
(1992n) Rena sprutor direkt på gatan, 16th April
(1992o) "Knarkets skador enorma", 23rd April

Expressen (Ex)
(1991a) Posten var heroincentral, 14th December
(1991b) Här säljs heroin till skolbarnen, 15th December
(1991c) Knarkmaffian i St Petersburg, 17th December
(1991d) KGB grep knarkledarens svenska kurir, 17th December
(1992a) Det är något fel på systemet, 4th January
(1992b) Svensk filmstjärnor greps, 9th February
(1992c) Hon har svikit oss alla, 10th February
(1992d) Polisen jagar pojkvännan, 11th February
(1992e) Maraton-danserna marknad för nya ungdoms-drogerna, 11th February
(1992f) De nya knarkarna, 27th February
(1992g) Snuset stoppas, 12th March
(1992h) Svullo dopade sig, 19th March
(1992i) Idag tar ungdomar anabola steroider för att släss på stan, 19th March
(1992j) Snus är inte någon skitsak, 25th March
(1992k) Köpte sig fria för knarkmiljonerna?, 27th March
(1992l) Frislätte knarkhandlaren kan få svensk pension, 28th March
(1992m) Socialen betalade 124000 för mannens knarkskulder, 29th March
(1992n) Vi följde bara lagen, 30th March
(1992o) Att knarka i liberalismens namn, 5th April
(1992p) 19 års fängelse - svenskt rekord, 8th April
(1992q) 19 år för narkotikabrott, 9th April
(1992r) Bidrag till döds, 13th April
(1992s) Vi ska se över lagen, 13th April
(1992t) Det nya opiumkriget, 21st April
(1992u) Knarkpolisen som blev heroinist, 22nd April
(1992v) Knarklangare för mammas skull

_Svenska Dagbladet (SvD)_

(1991a) Antalet missbrukare uppe i 30,000, 23rd November
(1991b) "Fängelse för knarkare", 11th December
(1991c) Våldsam död vanlig bland haschmissbrukare, 27th November
(1992a) "Het" linje för knarktips, 17th January
(1992b) Drogliberale oorar, 18th March
(1992c) Regerings nej till laglig narkotika, 22nd March
SECTION TWO
The Swedish welfare state
CHAPTER TEN

SWEDEN: Economic, political and social context

(Capitalist welfare systems, Chapter 10, 1993)

Introduction

Swedish society was regarded by many as something as a model for capitalist countries from the time that Marquis Childs wrote his book, *The middle way*, in 1936, to the publication in the mid 1970s of Furniss and Tilton's, *The case for the welfare state*. It seemed to some that Sweden had achieved an impressive balance between the needs of the business community to respond to the changing conditions of the private market, thereby generating profits, and the demands of employees for security and a good standard of living. Even in the middle of the 1980s it was possible for journalists to applaud Sweden's ability to maintain both a prosperous economy and a generous welfare state. To others Sweden had held out the possibility for decades of a country that was creating an evolutionary path to a democratic, socialist state. Only as the decade came to an end did it become clear that the country's economy was facing the sort of crisis that was bound to lead to a profound questioning of the size and function of the public sector.

It has been pointed out that attempts to analyse the forces that gave rise to the Swedish welfare state have alluded to the persistence of pre-industrial features of Sweden, the influence of social reforms in other countries, the Social Democratic concept of the People's Home in the 1930s and the post-1945 years of reconstruction (Olsson 1990). None of these can in fact be ignored. A complex web of social, political and economic factors has conspired to create the conditions that made the Swedish experiment possible. But it is principally the force of international competition which has in the last few years brought about the most profound questioning of the middle way.
**Industrialisation and neutrality**

Few would have predicted the Swedish Model from the conditions that prevailed for most of the 19th century. Poverty had often been the lot of those eking out a living on the land, but the consequences of the agricultural and industrial revolutions towards the end of the century were so severe that one million Swedes were said to have emigrated to the United States between 1880 and 1910 (Wilson 1979). It may even be that this mass exodus alerted even the most conservative to see the need for improving social conditions sufficiently to encourage the remaining population to stay (Heckscher 1984 p 37).

But within Swedish society a number of conditions had already been created which were to make social and political reform less difficult than in many other countries. A strong centralised state with sophisticated administrative machinery had existed for some centuries. Those working on the land had not experienced the same subjection that those in more feudal societies had. There existed institutionalised procedures for government to consult the major classes of pre-industrial Sweden and farmers played a more independent part in politics than in other countries (Tomasson 1970). Castles has suggested that the non-conservative nature of Sweden's rural population is the principal explanation for the country not developing a powerful political party of the right (Castles 1978).

Popular education was widespread in the 19th century and literacy high. In the manufacturing workshops, or bruks, that had slowly become established in the dispersed towns and villages, employers had already started their own paternalistic brand of welfare, often providing housing, health care, education and pensions to their workers (Huntford 1971). The population, in terms of religion and ethnicity, was fairly homogeneous, and remained so until well into the latter half of the twentieth century. It was perhaps therefore not surprising, with the problems brought on by industrialisation, that class emerged as the clear basis for both conflict, and ultimately, compromise in the century that lay ahead (Tomasson 1970 p 5).

Sweden's economic development was made possible by the existence of rich sources of raw materials, principally timber, iron-ore, and copper. Both these and its manufactured goods provided the basis for export-led development towards the end of
the 19th century. The process of industrialisation created the most appalling conditions for many of those who worked on the land and in the factories and mines. In response to the problems of dislocation, poverty and alcoholism, three popular movements arose to represent the views of the growing urban mass - the labour movement, the free church movement and the temperance movement. Membership of all three was not uncommon and they provided the basis for alliances pressurising for reform (Lundqvist 1975).

By the end of the century both the social democratic party (SAP) and a federation of manual workers' trade unions Landsorganisationen (LO) had been established. A few years later the employers created a federation of their own - SAF. For the first thirty years of the century the conflicts between employers and workers were often severe resulting in major strikes and lock-outs. During the same period, however, political and social changes were introduced: universal suffrage was completed when women were given the vote in 1921; capital punishment was abolished; changes were made to the old poor law; unemployment insurance through trade union associations was established; and temperance legislation was introduced.

The first, albeit minority, socialist government was elected in 1920 but the major breakthrough for the SAP came in 1932. The depression years led to increased unemployment in Sweden as it did in most other capitalist countries. The victory in 1932 was to begin an uninterrupted series of social democratic governments until 1976. In the early years it was the support of the Agrarian Party which provided the SAP with parliamentary majorities. In return for subsidies to protect the farmers the Agrarians accepted the need for major relief projects for unemployed workers - the first historic compromise (1). Unemployment was not the only major social question faced by the new régime however. The decline in the population led to widespread concern that resulted in support for a whole range of measures to encourage larger families and ameliorate family hardship.

Within a few years Childs was heralding the Swedish middle way between capitalism and socialism; a way of prosperity and security which was given a further boost in 1938 by the second historic compromise - that between the two sides of industry. Under the threat of state interference in the wage negotiations LO and SAF reached an agreement at Saltsjöbaden in 1938 which was to be the first of many basic
agreements concerning wage rises, providing a basis for co-operation between capital and labour which became an important factor in subsequent productivity.

Sweden was to remain neutral during the second world war. Its economy was thereby spared the devastation suffered by so many other industrial nations. But the war provided Swedish industry and the steel industry in particular with the same sort of opportunities that the Korean war was later to give to the Japanese economy. It would seem that it was the war which helped to provide the basis for the impressive economic development after 1945.

**Post-1945 economic development**

Despite its neutrality during the second world war, the mobilisation made necessary by the threat of war, had the effect on the Swedish economy of raising public expenditure and taxation (Olsson 1990 p 115). The Governments were subsequently able to redirect this expenditure to meet its social and economic goals. For the next two decades the economy grew at an impressive rate. Swedish industry became highly concentrated, a situation encouraged by the government's labour market economy and LO's negotiating stance.

The strength of the labour movement was demonstrated by the continuing support given to the SAP by the working class and by the high degree of unionisation that has remained a characteristic of the Swedish system. According to Scase, around 80% of manual workers voted for the SAP throughout the 1950s and 1960s. A similar proportion of male manual workers were members of trade unions affiliated to LO (Scase 1977) (a figure which subsequently rose to 90 per cent).

The implementation of an Active Labour Market Policy from 1948 onwards, with the co-operation of the trade unions' and the employers' federations, meant that economic and social goals could be pursued in relative harmony. The solidaristic wage policy pursued by the trade unions was aimed at ensuring that the lowest paid manual workers received disproportionately higher wage rises than the higher paid workers. This had the effect, through centralised industrial agreements, of forcing inefficient and less profitable firms out of business. For many years redundant employees were encouraged to re-train and move about the country to take up
employment, which again obviated the need to maintain less prosperous firms in the declining regions. The combination of trade unions pursuing security and solidarity, governments taking an active interest in the welfare of the people and of industry and employers willing to co-operate with government and trade unions, seemed to provide the Swedish economy with a cohesion and harmony that led to prosperity and productivity. Industry had an adaptable and flexible work force, the labour movement had members satisfied with their wage packets and their security.

**Cracks in the consensus**

From the late 1960s onwards however this happy combination began to falter. Increased competition from abroad and the recession following the oil crisis of 1973 led to a serious decline in certain sectors of industry, notably steel and shipbuilding. Government policies were leading to increases in taxation and social security contributions. Trade unions, goaded by discontent amongst rank and file manual workers, began to make more radical demands upon government for the protection and participation of employees in industry. In response to these changes, a significant proportion of the electorate began to shift its preference to the political parties of the right.

The essence of the Swedish Model had been the coexistence and co-operation of both sides of industry, with the state, albeit in the hands of the Social Democrats, playing a neutral role. This neutrality was jeopardised by demands from LO for greater industrial and economic democracy. LO and SAF had been unable to reach an agreement on an extension of industrial democracy. Pressure was put on the Government by the unions to pass legislation, the Co-determination Act 1976, which would give trade unions rights to information and negotiation and reduce management prerogatives. At about the same time the SAP adopted another LO scheme, the wage earner fund, whereby 20% of a firm's profits would be paid into a fund, with the result that after twenty years, significant parts of the Swedish economy would be collectively owned. In the event neither the Co-determination Act nor the form the wage-earner funds eventually took when they were established in 1983, had anything like the radical outcomes, their devisors had hoped for (Fulcher 1991). But even in
the form of a proposal, the wage earner funds, in particular, galvanised SAF into outright hostility.

The unions and to an extent the SAP, in the years approaching the 1976 election, seemed to be moving away from an accommodation with capitalism towards democratic socialism, while the employers became more intransigent in their relationship with labour. The Swedish Model of centralised, corporatist collective bargaining was beginning to show signs of strain. White collar workers and their union federation TCO did not always see eye to eye with LO, particularly on wage issues. Moreover there were clear signs of conflict between the growing army of public sector employees and employees in the private sector. Not only was it becoming more difficult for LO and SAF to agree, but fractions within labour organisations were beginning to emerge (Fulcher 1991).

In contrast to the model industrial relations of the early post-war decades, the 1970s were ridden with conflict. By the 1980s SAF had begun to reject centralised bargaining on the grounds that it was leading to wage rivalry rather than wage restraint, with a consequent spiralling of labour costs. In recent years, agreements between employers and employees have been made at the level of individual industries with increased local flexibility. Some of these have resulted in a strengthening of the link between:

- company profits and workers' pay, [which have] started to weaken the traditional consensus amongst workers. Productivity-based deals, profit-sharing and convertible loan stock (which give employees the option of buying shares in their company on favourable terms) are spreading like wildfire (Economist 1990 p6).

Others have taken the form of co-operation between blue and white collar workers to establish "single status" agreements, a phenomenon which SAF has described as a British development worthy of emulation (SAF Tidningen 1992). It is ironic that this practice has arisen in Britain largely due to the influence of Japanese companies there.
Continuing economic problems

The problems facing the Swedish economy had begun in the mid-1970s when:

wages rose by some 45% in two years, world demand for Swedish capital goods simultaneously slumped dramatically after the OPEC crisis of 1973-4 and *Japanese* [my italics] competition...hit them (Economist 1981 p87).

The disadvantages of increased wage costs and tougher international competition were not helped by the bourgeois governments of 1976 and 1979. These not only wasted public resources in a vain attempt to rescue ailing companies, but proved incapable of encouraging the growth of high-technology industry amongst small firms. Meanwhile Sweden's large, successful multi-national companies such as Asea, Volvo, Electrolux and Ericsson, were beginning to invest more resources and employ more people outside Sweden than within.

These development were not reversed when the SAP was returned to government in 1982. Initially, a 16% devaluation, seemed to stimulate the economy. Between 1982 and 1986 industrial production grew at a much greater rate than the OECD/European Community average (Economist 1987). Profits were at record levels, manufacturing exports grew by 7%, productivity by 8% and industrial investment by 15%. The economy was booming (Guardian 1984). But it was not to last. Stagnation set in after 1988. Inflation rose to 11%; economic growth and living standards declined and unemployment began to grow. Although inflation came down to 2.4% in 1992, unemployment looked set to grow from 4.5% in January (double the rate of the previous year), to 6% by the end of the year according to the Labour Market Board (DN 1992d). GDP and net investment contracted by 1.3% and 8.5% respectively in 1991 and were expected to contract still further by 0.2% and 7.5% in 1992.

Increasingly, the size of the public sector in Sweden has also come to be seen as a principal factor in the country's economic stagnation. Public expenditure had risen from 30% of GDP in 1960 to over 60% in 1980 where it remained until the end of the decade (Olsson 1990 p120; Economist 1990 p15). Social expenditure which had amounted to less than 20% of GDP in 1970 had climbed to over 30% in 1976 (SCB...
1990). Since 1988 it has been above 35% (SCB 1992). Public sector employment which had been about one fifth of total employment in the 1960s, rose to one quarter in the mid-1970s and continued to climb. By 1980 it constituted one third of all employment (Olsson 1990 p124). By the end of the 1980s the figure stood at over 34% (SCB 1992).

If the attempt to stabilise these figures has been a feature of Government policy during the 1980s, it would seem as if their reduction is to be the task of Governments in the 1990s.

The political scene
The dominance of the SAP in government from 1932 has perpetuated the fragmented right in Swedish politics. While the Centre Party (as the Agrarian Party came to be called) had co-operated with the SAP in the early stages of their rule, the small Communist Party, VPK, had latterly come to support the SAP whenever they lacked a clear majority in parliament. As a result the only way in which the right could form a government was through an alliance of the three bourgeois parties - Center (Centre), Folk (Liberal) and Moderata (Conservative). Perhaps because of the prevailing paternalist culture, but certainly because of the SAPs success, all three had supported strong state welfare in the post-war years. They might have criticised trade union power, public bureaucracy and the high tax burden, but they did not attack the welfare state as such.

As can be seen from table 10.1 below the socialist and the bourgeois blocs in the Riksdag, the Swedish parliament, were evenly balanced throughout the 1970s and the 1980s.

From 1973, elections have been held every three years, to a single chamber based upon proportional representation. Any party that receives over 4% of the vote gets seats in parliament. In 1976 and in 1979, the parties of the right were able to form governments with a small overall majority. But it was clear, that none of them, were in a position to challenge the SAP as the single, largest party in the Riksdag.
Table 10.1: Results in Riksdag Elections 1976-1988:
Number of Seats

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>The bourgeois parties</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conservative</td>
<td>55</td>
<td>73</td>
<td>86</td>
<td>76</td>
<td>66</td>
</tr>
<tr>
<td>Liberal</td>
<td>39</td>
<td>38</td>
<td>21</td>
<td>51</td>
<td>44</td>
</tr>
<tr>
<td>Centre</td>
<td>86</td>
<td>64</td>
<td>56</td>
<td>44</td>
<td>42</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>180</td>
<td>175</td>
<td>163</td>
<td>171</td>
<td>152</td>
</tr>
<tr>
<td><strong>The socialist parties</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Democrat</td>
<td>152</td>
<td>154</td>
<td>166</td>
<td>159</td>
<td>156</td>
</tr>
<tr>
<td>Communist</td>
<td>17</td>
<td>20</td>
<td>20</td>
<td>19</td>
<td>21</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>169</td>
<td>174</td>
<td>186</td>
<td>178</td>
<td>177</td>
</tr>
<tr>
<td>Green</td>
<td></td>
<td></td>
<td>20</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Brunnberg 1991

The two elections in 1976 and 1979 resulted in bourgeois governments, which by most accounts were not a success. On many issues the three parties remained divided. Not only were they unable to make significant reductions in social expenditure, but their rule coincided with a particularly difficult time for the economy. The ironic result was that two right wing administrations succeeded in nationalising and subsidising weak industries, something that the social democrats had resisted (Economist 1981). Their failure to co-operate or to improve the economy's performance would seem to have led to a rapid disenchantment amongst the electorate. The SAP was returned to government in the next three elections, 1982, 1985 and 1988. The only other significant change was the emergence of a Green Party (Miljö) in 1988.
The organisational strength of the SAP

The strength and significance of the SAP was vividly described by Linton in the mid-1980s. In 1982 the Party had a membership of almost one and a quarter million people. Nearly one million were collectively affiliated through their trade unions but 300,000 were individual members. The latter figure was almost identical to that of the Labour Party in Britain, a country with a population six times greater than Sweden's. Even the youth section had a membership of 45,000, six times greater than its British equivalent. Nor was this membership passive. Linton suggested that through consultation and political study circles the Party:

succeeded in harnessing the intelligence of its membership to the task of policy-making (Linton 1985 p17).

Linton described how a system of press subsidies helped to sustain newspapers which reflected a wide range of political views. Social democratic daily newspapers amounted to 21, a figure that had remained stable for many years. He went on to describe a whole network of organisations which seemed to encompass all aspects of an individual member's life:

In Sweden people can lead their lives in the warm bosom of the labour movement, reading a labour paper, shopping at the co-op, taking evening classes at the [Workers' Educational Association], going to a dance at the People's Hall, joining in the social activities of their trade union or the SAP branch, leaving their children at the Young Eagles while they go out to their study circle. They can completely envelop themselves in the environment of the movement (Linton 1985 p22).

The strength, cohesion and organisation of the labour movement in Sweden were indeed impressive, but times were changing.
From decentralisation to crisis

The SAP Government in the 1980s found it increasingly difficult to avoid policies more associated with parties of the right. As a consequence the relations between the Party and LO were often fraught. The growth in public expenditure was halted, local authority expenditure was limited, financial markets deregulated and exchange controls lifted. An ambiguous development in the 1980s was the policy of decentralisation. Ideologically it was justified as a means of restoring democracy to the people by making services less remote and more effective. Elander and Montin have cited a number of examples. Framework legislation for social services, health care and planning replaced detailed prescriptive regulations; the national administrative boards abandoned their directive role for a more advisory and evaluative one; free kommun were set up on an experimental basis to allow some local authorities to have greater autonomy over their finance and organisation; other kommun experimented with neighbourhood councils; and lastly business methods were used increasingly. The latter also took the form of local authorities setting up ‘companies, foundations and trusts’. Elander and Montin imply that these were not full-blown examples of profit-making free enterprise (Elander and Montin 1990). They fell short of the outright privatisation advocated by the bourgeois parties but they were clearly a step in that direction.

But these decentralisation measures were occurring at the same time as central government was placing more controls on local authority expenditure. The two processes actually complemented each other. If you were going to reduce the resources going to local authorities, the least you could do would be to place less financial and administrative restrictions on them, in the hope that they would find ingenious ways of managing with less. Unfortunately, local experiments in reorganisation were not enough on their own to reduce the scale of the public sector or to promote economic growth.

From 1988, a series of economic crises were met by austerity packages which so offended the SAPs Riksdag ally, the Left Party, that bourgeois support was required. In 1989 an increase in VAT was passed through the Riksdag with the support of the Centre Party. Further tax reforms were carried with the support of the Liberal Party. The old, high marginal rates of income tax were abolished; a standard rate of 30% on
all incomes was levied as a local income tax; while central Government was to receive an additional 20% from those who had incomes in excess of SEK170,000. This simplification was welcomed by many, but the parties of the right complained that the overall burden had not changed. LO meanwhile was more concerned with the regressive direction of the SAPs taxation policy. LO successfully opposed the introduction of waiting days for sickness insurance and resisted a Government attempt to introduce a wages and prices freeze in 1990. As will be seen in the next two chapters, important changes were being undertaken in all areas of social policy throughout this period.

In the months approaching the General Election of 1991, opinion polls saw support for the SAP decline to less than 30%, only a few points ahead of the Conservatives. Moreover, a new party of the right emerged, New Democracy, more committed to cuts in public expenditure and immigration controls than the established parties of the bourgeois bloc. The Conservative and Liberal Parties published a joint programme called *A new start for Sweden* which had a clear neo-liberal message. The aim was to promote 'the market economy, competition and individual ownership'. As far as social policy was concerned, the intention was to carry out a revolution in freedom of choice:

In concrete terms, this means that citizens will get the opportunity to decide for themselves even in the field of social services. Starting from a system of common finance, money ought to a large extent follow the choices made by individuals themselves (*Ny Start för Sverige* 1991).

The time for a 'system shift' seemed to have arrived.

**The 1991 election and its aftermath**

By the time the day of the election came, the SAP had regained some of its lost support but polled the lowest percentage of votes cast in a national election since 1932. But the three main bourgeois parties also had a disappointing result - receiving
less than 40% of total votes cast and little more than the SAP. The final distribution of seats appears in table 10.2 below.

Subsequently, Carl Bildt, the Conservative leader, was able to form a four-party coalition Government (Conservatives, Liberals, the Centre Party and the Christian Democrats), but this had no overall majority in the Riksdag. His Government was dependent upon the maverick behaviour of New Democracy, a party with which none of Bildt's partners in the coalition wanted to co-operate.

Table 10.2: The Election of 1991

<table>
<thead>
<tr>
<th></th>
<th>Per cent of votes</th>
<th>Number of Seats</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bourgeois parties</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conservative</td>
<td>21.9</td>
<td>80</td>
</tr>
<tr>
<td>Liberal</td>
<td>9.1</td>
<td>33</td>
</tr>
<tr>
<td>Centre</td>
<td>8.5</td>
<td>31</td>
</tr>
<tr>
<td>Christian Democrat</td>
<td>7.1</td>
<td>26</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>46.6</strong></td>
<td><strong>170</strong></td>
</tr>
<tr>
<td>New Democracy</td>
<td>6.7</td>
<td>25</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Socialist parties</strong></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Social Democrat</td>
<td>37.6</td>
<td>138</td>
</tr>
<tr>
<td>Left (former Communist)</td>
<td>4.5</td>
<td>16</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>42.1</strong></td>
<td><strong>154</strong></td>
</tr>
</tbody>
</table>

**Source: Brunnberg, K. (1991)**

During the months following the September election the new Government began its task of producing a 'system shift' within Swedish society. Its intention was to reduce public expenditure by SEK 10 billion each year for the next three years and to reduce the overall tax burden. The difficulty which the Government faced was that only the Conservatives had a clear ideological determination to roll back the frontiers of the state. Bildt coined the phrase *Den enda vägen* - the only way - to describe the policies he would like to see. Unfortunately this single path seemed to branch out in different directions. The Liberal leader, who had become the Minister for Social Affairs in the
Government, spoke against the scale of public expenditure reductions proposed; the Liberal, Centre and Christian Democratic Parties have all rejected certain cuts in adult education; while New Democracy has voted with the SAP and the Left against the abolition of the partial pension.

Nonetheless, as will be seen in the next two chapters, there are clear moves in the Swedish system towards deregulation, decentralisation, a market economy approach to social matters and a mixed economy of welfare. Moreover, privatisation plans for postal, telephone, airline and rail services were due to be announced later in 1992.

More significantly, the complex network of social democratic institutions was slowly being undermined by events and reinforced by government action. Unionisation amongst manual workers had fallen from 90 to 80%, the same percentage as for non-manual workers. Individual unions could not afford to contribute as much money to LO as they had in the past, with the result that LO was having to lay off employees. The new Government has abolished tax allowances on union membership fees, cut the state contribution to study associations, and reduced press subsidies by 5%. Local authorities, faced with cuts in their own budgets were unable to fund social and political associations (many of which had strong links with the labour movement) to the extent that they had done previously. The labour movement's own insurance company, Folksam, faced considerable losses while the socialist newspaper group, A-Pressen, had recently become bankrupt, leaving the SAP with a large debt to pick up.

While some of these changes may seem of minor significance in isolation, together they form a pattern which suggests that the Swedish Model is undergoing substantial change. However, the new set of forces behind this change has yet to make a clear mark on some of the more enduring features of the society.

**Corporatism and consultation**

Economic growth after 1945 benefited enormously from the institutional co-operation implicit in the Swedish system. This co-operation was demonstrated in many ways by the composition of administrative boards and the consultative processes by which many government policies were formed. While government ministries have
employed relatively few civil servants to prepare legislation, to manage the state budget and to play a key role in the policy-making process, it has been left to the administrative boards to take on the responsibility of policy implementation. These boards have been corporatist in essence, consisting of representatives from business, the unions, and any other groupings in society which have had a major interest in the area being administered. The staff employed by these boards have, in the past, been considerably greater in number than those employed by the ministries. The important point is that at a significant point in the policy-making process, organisations outside government have played an important role. Moreover the organisations represented were the same ones which outside government often found themselves in conflict. Membership of the boards undoubtedly enabled them to come together with Government in a formal way to agree on both the implementation of, and recommendations of changes to, government policy. Significantly trade union and professional associations representatives have often constituted the majority on such boards.

It is also important to note that it has been customary for the party in government to ensure that senior posts in state administration are shared between senior representatives of the main political parties. Although the social democrats have for most of the years since 1932 been in office, it would be unthinkable for them to have a monopoly on all offices of state. Thus the opposition parties are also involved in the policy-making process.

Perhaps the most systematic form of making sure that a wide range of views are heard by government has been the commission and remiss systems. New policy initiatives have usually been initiated by the appointment of a commission to investigate an aspect of policy that seems to require change. The members of such commissions are usually people outside government whose expertise would seem to make them qualified to investigate a particular area. Such commissions seek to evaluate available evidence, carry out new research, establish experimental schemes before coming up with a report with a set of proposals. The latter are sent out 'on remiss' to as broad a range of interested groups as possible, asking them to respond. The final set of proposals and the responses from affected organisations are then dealt with by a cabinet committee which comes up with an amended set of legislative
proposals to put before parliament. This process can take between anything from two to ten years. It is a process which is intended to take into account, as far as is possible, the different interests that characterise a complex capitalist society.

While such a system seems to have performed very well in times of economic growth, with the different parties prepared to be reasonable and compromise as long as their interests merited some consideration, it has been put under considerable strain in years of low and sometimes negative growth. To reconcile the demands and needs of manual workers, salaried workers and employers in the private sector, all the employees in central and local government and the whole range of voluntary organisations dependent on state assistance, has become increasingly problematic. It has proved very difficult to make significant public expenditure cuts in a society where the cultural expectation of improved state benefits and services has become deeply entrenched.

Cultural characteristics
The success of the social democrats for many decades after 1932, must in part have been due to the fact that the aims and aspirations were in tune with a large section of Swedish society. When we look at the way in which others have described the cultural characteristics of that society, it is not difficult to see why there should have been such a close fit.

The social democratic project has become the nation's project (Heclo and Masden 1986).

The quotation above was followed by a description of those qualities which the authors felt characterised Swedes - pragmatic, ideological, adaptable and moralistic. They are said to take a pragmatic approach to their laws and institutions and are prepared to adapt these to changing circumstances as long as the changes are justified by logical, painstaking and rational argument. The ideological and moralistic commitment to state welfare would seem to run deeply amongst many groups in the society; as indeed does a commitment to internationalism and an antipathy to alcohol.
and drugs. Perhaps sobriety would best describe the approach of many to life in Sweden, though exceptions to this rule are quite visible.

Work and social lives are dominated by large organisations. In their free time many Swedes would expect to participate in and through study organisations, leisure organisations and pressure and interest group organisations. They are described as being rather conformist in such participation, subordinating their individuality to the needs and interests of the organised group. So much so that others have implied that as a result of excessive paternalism and authoritarianism, Swedes have become self-policing.

In contrast, and, according to Heclo and Masden, in consequence their private lives are very private indeed.

Just as American individualism creates a land of the gregarious, so Swedish communitarianism creates a land of the truly solitary (Heclo and Masden 1986 p 22)

Jenkins, complaining about the reluctance of Swedes to invite foreign visitors into their own homes, dismissed the explanation that they were shy, and claimed that they were simply indifferent. Jenkins also insisted that the Swedes were better at organising 'things' than they were at relating to people.

These particular insights would seem to explain a number of features of Swedish society that puzzle observers. On the one hand foreign visitors on business are given a great deal of co-operation and information in a friendly and polite manner; but little interest is shown in them subsequently. Swedes have a very internationalist outlook on life as a matter of principle, but immigrants, while receiving many benefits and service to help them cope with their new country, feel totally isolated from what seems an unfriendly, cold culture. Similarly in the field of welfare. Considerable resources go into the provision of staff, space and equipment - whether it be in the care of the elderly, the handicapped or children; but one is often left with the feeling that the relationship between the client, patient or disadvantaged individual and the welfare bureaucrat is formal and rule-governed.
Social divisions

Sweden would seem then to be a society in which compromise and co-operation have been a hallmark of both its institutions and its culture. Major compromises between significant social actors have enabled the society to function and progress in a rational, pragmatic way without too many traumatic cleavages. It has for long been described as socially homogeneous, particularly in terms of religion and ethnicity. Protestant Swedes were able to build a 'people's home' for a people who were not riven by ethnic and religious conflicts. With a Social Democratic government which proclaimed a non-aligned internationalism abroad and a spirit of egalitarianism at home, the Swedes have been in a good position to tackle major social inequalities.

The fact remains that Sweden is a capitalist society which inevitably generates inequalities of income and wealth. The continuing control of many of Sweden's most powerful companies by the Wallenburg family is a good example of the latter (Burton 1989). It is a hierarchical society in which incomes are distributed according to market place and bureaucratic values. Recent research has shown that income inequalities by social class were reduced considerably between 1965 and 1975 largely as a result of redistributive public policies; that this process continued at a more moderate pace over the next ten years; but that since the mid-1980s inequalities have begun to widen (Persson 1990).

Recent medical research has illustrated a similar, though somewhat earlier pattern with regard to occupational differences in mortality rates and health. Death rates for manual and non-manual workers; differences in their children's mental health and physical heights narrowed up until the 1960s and thereafter began to diverge (see next chapter). The evidence would seem to suggest that by the 1980s a range of class inequalities was beginning to widen.

Sweden also remains a country in which gender inequalities persist. It is more likely that women will gravitate towards humanities courses in education; caring, clerical and part-time jobs in the labour market; take time out of work to have and rear children; and perhaps ultimately care for the elderly. Nonetheless a high proportion of women, 80%, were employed in the 1980s and although almost half were in part-time employment compared with a small proportion of men, the ratio of women's hourly
earnings to those of men was a high 86% (Wernersson 1989). There is a high degree of segregation in the job market however, with a larger proportion of women than men being employed in the public sector and vice versa for the private sector. It is therefore not surprising that women have achieved high occupational status in the public sector while few have reached elite positions in the private sector. In political terms however, it cannot be denied that women have considerably more power in Sweden than in many other countries. While the election in 1991 resulted in a drop in the number of women MPs (from 132 in 1988 to 100), even in a right wing coalition cabinet women were well represented - eight out of a total of twenty one. Nor were their ministerial posts soft ones since both the Finance Minister and the Minister for Foreign Affairs were women. There would seem to be overwhelming evidence of a reduction in gender inequalities in Sweden.

Sweden is also a society to which immigrants and refugees have been attracted from other parts of Scandinavia, and, for the last three decades, from Southern Europe and troubled parts of the globe such as the Middle East and South America. Inevitably many of these people have found it difficult to get decent jobs and promotion and, as in Britain, the unemployment rate for ethnic minorities is twice as high as for the indigenous labour force. If they do not feel particularly discriminated against, they do not feel particularly welcome either. Moreover, it is true that in recent elections immigration has played a negative role especially with the advent of New Democracy in the Riksdag. The emergence of small nationalist political parties and an increase in racially-motivated attacks on (and even murders of) members of ethnic minorities, have been the cause of recent concern. It is to the credit of the Swedish authorities however, that not only have all party leaders in the Riksdag been prepared to join an anti-racist march, but even leading military officers have written a joint letter to the press rejecting the misuse of military uniforms and insignia by nationalist groups. Similar reactions by elite figures in Britain and Japan are hard to imagine.

Swedish egalitarianism has not always lived up to high expectations but it cannot be said that it has failed. On the contrary, the following chapters will show the extensive lengths the authorities have gone to try and alleviate the more obvious and grinding inequalities. Few would deny that the status and material standards of the
low paid, women and ethnic minorities has been higher in Sweden than in most other countries.

The solidarity of the labour movement, the commitment to full employment and public sector expansion by successive Social Democratic Governments have been the principal egalitarian forces in Swedish society. Full employment has prevented the development of a substantial underclass and has ensured that both women and minority groups have plenty of employment opportunities. The LO policy of wage solidarity has protected the low paid and has ensured that immigrant workers have not been used to undercut the wages of indigenous workers nor been used as a divisive force as has so often happened in other countries. Lastly, public sector expansion has provided a whole range of jobs, especially for women, while child care provision has made it easier for young women with families to take up paid work.

But this egalitarianism is now threatened by the economic and political changes which have already been described. A weakened labour movement, decentralised bargaining and increasing unemployment are likely to create a divisiveness in which solidarity with the low paid, women and ethnic group employees will not have the same importance as before. Moreover cuts in the public sector, increased charges and privatisation are likely to hit the vulnerable groups in receipt of benefits and services, while reduced employment opportunities in central and local government may well affect women disproportionately.

**Demographic change**

Sweden does not have to cope with the density of population experienced in Japan and Britain. A population of only eight and a half million people inhabit a country twice the geographical size of Britain. Nor are its principal cities large. Greater Stockholm has 1.5 million inhabitants; Gothenburg, 700,000; and Malmö less than 500,000. One would hardly therefore expect the sort of social problems that are associated with really large conurbations - with or without an extensive system of state welfare.

Another important demographic fact is that the proportion of elderly people in Sweden has been high for some time - 18% at the time of writing. Given the high standards of pensions, health and welfare services for the elderly which have been
developed, and the difficult economic circumstances of recent years, this proportion is presenting the politicians with some difficult policy choices. Moreover, the proportion is set to rise, as in Japan and Britain to over 20% around the year 2020.

In the last few years there has also been a 20% rise in the numbers of children born, an unanticipated rise which forced the last Social Democratic Government to revise its policy of guaranteeing state nursery provision for all those who needed it. Demographic changes then, are beginning to put even more pressure upon an economy already in severe difficulties and at a time when public welfare is coming under close scrutiny. It is not surprising that the new Government should be looking for alternatives to state provision.

**Conclusion**

Those factors which led to Sweden's post-war success were particularly well-suited to the requirements of a Fordist society. The centralised relationship between the employers and employees enabled large scale organisations to reach agreements concerning pay, working practices and working conditions with relative ease and little conflict. The state's active labour market policy guaranteed low levels of unemployment and a flexible well-trained labour force. Consistent Social Democratic Government created a welfare state which has provided considerable protection and security to the whole population. The methodical, rational planning mentality of Swedes, their institutions and their culture enabled the system to function with an impressive degree of consensus and co-operation.

But these same factors have become something of a hindrance in a post-Fordist world. In spite of persistent economic difficulties in the last twenty years, successive Governments, both Social Democratic and Bourgeois, have been reluctant to embrace the structural and ideological changes which have occurred elsewhere in Europe.

Opinion polls leading up to the last election strongly indicated that the electorate felt that taxes were too high, the public sector too large and inefficient, and that the bourgeois parties would be more likely to bring about the right conditions for economic recovery than the socialists parties - yet the result gave four parties a minority mandate, and a fifth party an unpredictable influence on events. The
Swedish electorate is clearly reluctant to embrace unbounded, conservative rule as the Japanese and British have done.

However, it is clear that major changes are taking place. Industry and commerce, operating internationally have adapted to many of the changes taking place around them and have pressed for entry into the European Community. The Social Democratic Governments of the 1980s, particularly after 1988, have reluctantly recognised that the public sector must cease to grow and become more flexible and efficient. A view endorsed by LO (Fulcher 1987b). Moreover, it is clear that a lot of thought has been given to the harmonisation of tax and finance policies with those of Sweden's competitors. Privatisation, market orientation, competition and effectiveness have become key concepts in political debate. Decentralisation is occurring in collective bargaining and political structures. Deregulation is taking place in the public and the private sectors.

The Swedish welfare state is a formidable set of institutions and practices which is not easy to dismantle, not least because so many have come to depend upon it for benefits, services and jobs. It has had considerable support from a strong labour movement and public sector unions and professional associations. But economic developments and social change are slowly breaking up the alliances which have sustained "the People's Home".

Notes
1. Swedish writers seem to use the term historical compromise to describe, first, the co-operation between the SAP and the Agrarian Party in the 1930s; second, the agreement between LO and the SAF in 1938; and, finally, the appeal made by the SAP government in the late 1950s and early 1960s to manual and non-manual workers alike.

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CHAPTER ELEVEN

SWEDEN: Health, social security and social services

(Capitalist welfare systems, Chapter 11, 1993)

Introduction

Only towards the end of the 1980s has Sweden been forced to examine its social policies seriously. It is currently involved in a major revision of public and social expenditure and the role of the state in the provision of welfare. Commitment to the institutions of the welfare state has been seriously tested throughout the rest of Western Europe. Some governments, like the British, have embraced the opportunity to erode the principles of full employment, universalism and high quality public services only too willingly. Others have done so with great reluctance. But none have found it as difficult to jettison the principles of the welfare state as has Sweden. This is partly due to the fact that the People's Home is more a source of national pride than elsewhere; because so many people have something to lose in terms of jobs or benefits; but also because in Sweden the welfare state was an integral part of the whole modernist project. No institution was left untouched by the idea that a strong Social Democratic state in collaboration with centralised organisations representing major interest groups could create a Good Society.

The Swedish welfare state: an overview

We have seen that Sweden had already begun to earn a reputation for its social policies even before the second world war. Extensive provision for employment relief and measures to stem the decline in the birth rate were established in the 1930s. But much of the rest of welfare provision was in the form of poor relief or subsidies to non-statutory organisations. In the early years of the century, the poor relief associated with a rural society had to give way to a system more appropriate to an industrialised, urban society. Not surprisingly the early measure were strict, moralistic and repressive (Holgersson 1981) although, according to Heclo, they did
not suffer the same swings between outdoor relief and the workhouse that had characterised the British system (Heclo 1974). Legislation covered the care of children, the poor, and, almost unique to Sweden in terms of emphasis, temperance legislation. The inter-war years saw improvements in the management of those institutions which took children, the poor and alcoholics into care. In particular the state took greater responsibility for both the provision of welfare services and the regulation of those provided by others.

A universal, but means-tested, old age pension was established in 1913 but the benefits were very low. State subsidies were increasingly given to voluntary sickness benefit societies, but no state scheme was established. Similarly with unemployment. The state preferred to provide subsidies to unemployment benefit societies run by trade unions, than introduce a system of national insurance. Only for work injury did a compulsory national insurance programme exist.

It is clear however, that during industrialisation there had not been the same degree of hostility towards either the labour movement or the idea of state intervention, as had existed in many other capitalist societies. Moreover employers' and employees' organisations had already begun to co-operate over national wage agreements in the 1930s. With the ending of the second world war, a strong economy and a government which had, because of the wartime environment, been able to raise public expenditure and tax levels, Sweden was in a better position than either Japan or the UK to begin to expand social programmes.

With the introduction of flat-rate old age pensions, child allowances, and a national earnings-related health insurance scheme in the early 1950s and the controversial state earnings-related old age pension (ATP) in 1960 and major reforms in employment services, education and housing, Sweden began to achieve a formidable reputation in the social sphere. ATP in particular was the clearest indication of the third historic compromise, that between manual and non-manual workers. The Swedish welfare state was to be predicated upon the idea of high quality services and benefits for all. If everybody benefited from state welfare provision, it would gain universal support. It became difficult in the 1960s and 1970s to find areas of welfare where the Swedes did not excel. In spite of economic difficulties, shared with the rest of the Western
world, after 1973, the Swedish authorities continued to improve on the scale, scope and quality of welfare provision until well into the 1980s.

Social security
It must be said that compared with most other countries, social insurance benefits, generally, have not only been higher in Sweden in both relative and absolute terms but that they have covered a wider range of contingencies and have aimed to give those who are insured, benefits to cover almost any eventuality where income capacity has been impaired. Moreover most benefits have been linked to a base amount which in turn has been index-linked to price changes. While in the sixties and seventies these arrangements were regarded with envy by foreign observers, in the 1980s they have come to be seen as highly problematic.

Social insurance in Sweden has been provided through a national, unified system administered nationally by Riksförsäkringsverket (RFV) and locally by social insurance offices. Contributions to the insurance scheme since 1974 have been paid for by a payroll tax on employers. Since employers regard their contributions as non-wage labour costs, it can be argued that employees are paying indirectly for their benefits. It may be significant psychologically that employees do not actually see such contributions, or increases in contributions, as deductions from their wage and salary packets. However as payroll costs have risen, employers have no doubt insisted that these be taken into account in awarding pay increases.

Pensions
All Swedish citizens are entitled to a basic old age pension regardless of contributions. Those dependent upon the basic pension alone have also been entitled to a means-tested but generous housing allowance and a substantial supplementary pension to partially compensate them for not having an earnings-related pension. The state earnings-related pension (ATP) together with the basic pension was intended to give old people about 65% of what they had been earning in the best fifteen years prior to retirement. To qualify for a full ATP pension, contributions needed only to be made for a maximum of thirty years. Many manual and non-manual workers have
also been contributing to occupational pension funds which give them a further ten per cent of their income in retirement. As these various schemes have come to maturity so many workers have been able to expect an income in old age ranging from 65% to 85% of their pre-retirement incomes.

Wilson, writing in the late 1970s, was clearly of the opinion that the fifteen year rule - whereby one's pension was related to the best rather than the most recent fifteen years of income - would benefit manual workers whose earnings capacity might not, as is the case with non-manual workers, occur towards the end of their working lives. She was also concerned that in being over-generous to the existing generation of pensioners, the Swedish economy might be building up problems for the future (Wilson 1979).

In some ways Wilson has been proved right, in other ways not so. Ståhlberg's analysis of ATP, 30 years after its introduction, has shown that the rule whereby to qualify for ATP only 30 years of contributions were necessary, has advantaged higher income groups more than the fifteen year rule has advantaged manual workers. Their combined effect has been regressive. Manual workers are likely to make more years contributions than those white collar workers who spend a greater amount of time in full-time education. Women have also been advantaged by the need to pay contributions for only 30 year since many of them have been forced to take time out of the labour market to bring up children (see Table 11.1).

Ståhlberg points out more significant ironies however. The originators of ATP imagined that Swedish prosperity would be longer-lasting than it has proved to be. They thought, wisely it seemed at the time, that to link ATP benefits to wage rises would prove costly. Benefits were therefore linked to price rises. But with sluggish growth in both the economy and in real wage rises, financing state pensions is becoming more and more expensive. In 1960 ATP contributions came to 1.9% of the payroll. In the 1980s they rose to 11%. This rise will continue as the ratio of those in employment under retirement age falls relative to those aged 65 and above. But Ståhlberg shows that the payroll contributions will have to increase to massive proportions unless the economy can grow at an annual rate of 3% (see Table 11.2). Moreover with price indexed pensions rising faster than real wage growth, the value
of pensions relative to wages will increase with the result that pensioners could be much better off than those in work (Ståhlberg 1990 p 10).

Table 11.1 The ATP benefit/contribution ratio for the cohort born in 1944-50 by social class and gender

<table>
<thead>
<tr>
<th>Social Class*</th>
<th>Benefit/ Contribution ratio</th>
<th>Social Class</th>
<th>Benefit/ Contribution ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men I</td>
<td>0.88</td>
<td>Women I</td>
<td>0.94</td>
</tr>
<tr>
<td>Men II</td>
<td>0.80</td>
<td>Women II</td>
<td>0.82</td>
</tr>
<tr>
<td>Men III</td>
<td>0.78</td>
<td>Women III</td>
<td>0.65</td>
</tr>
</tbody>
</table>

Adapted from Ståhlberg 1990 p228

*Social class in official Swedish statistics uses the following categories: Social Class I, higher-grade salaried employees and large-scale businessmen; Social Class II, lower-grade salaried employees and smaller-scale businessmen; Social Class III, manual workers.

Table 11.2 The national pension schemes' (basic pension, special pension supplement, and ATP) contributions as a percentage of payroll

<table>
<thead>
<tr>
<th>Year</th>
<th>Real Wage Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>1995</td>
<td>27.5</td>
</tr>
<tr>
<td>2015</td>
<td>44.1</td>
</tr>
<tr>
<td>2035</td>
<td>52.5</td>
</tr>
</tbody>
</table>

Source Ståhlberg 1990 p220

Ståhlberg has suggested one policy option which may offer future governments a way out of the problems raised by ATP. The earnings-related element in ATP applies only on incomes up to a certain level. If this ceiling were to remain fixed while wages rose, more and more employees would find themselves with incomes above the ceiling.
Today 13.1 per cent of men and 1.7 per cent of women have incomes above this ceiling. According to the National Social Insurance Board's [RSV] calculations, 75 per cent of men and 50 per cent of women will have incomes above this ceiling by the year 2025, given an annual real wage growth rate of on average 2 per cent. If growth is less, say 1 per cent, the figures will be 40 per cent of men and 10 per cent of women (Ståhlberg 1990 p 229).

Since the cost of raising the ceiling would be high (and if the economy continues to prove sluggish, very expensive in terms of pay-roll contributions) Ståhlberg argues that it would be better to let the real value of the ceiling fall. The effect of this would be a decline in the real value of the ATP pension. A policy for the future income related pensions could then be based upon the funded occupational schemes rather than ATPs pay-as-you-go system (Ståhlberg 1990 234). Ironically this is precisely the sort of system advocated by the Liberals and the Conservatives at the time that ATP was debated in the 1950s and one which is likely to appeal to them increasingly in the future.

While all insurance systems based on a pooling of risks lead to some groups benefiting more than others, any major systematic inequities have to be sorted out. In the Swedish case the growing proportion of elderly people allied with poor economic performance is going to produce anomalies. The Swedish Government is faced with the difficult choice of, in effect, reducing real wages in order to pay for pensions, or of appeasing pensioners at the expense of the work-force. Either way a significant body of voters will be alienated. The original aim of ATP was to help cement a sense of solidarity between blue-collar and white-collar workers. In the event that aim has been difficult to achieve.

Flexible retirement and partial pensions
Not only have old-age pensions been more than adequate for many to live on, but there have been other built in advantages. Swedes have been able to choose whether to retire early (minimum age 60) and have a lower pension, or retire later (maximum age 70) and have a higher pension. This flexibility was further increased by the
possibility of having a partial pension. Having reached the age of sixty, old age pensioners have been able to choose to work part-time and supplement their incomes with a proportion of their pension. Both these measures have provided old people with a degree of choice that has been impressive by most other countries' standards. Laczko has shown that where partial pensions have been introduced in other countries it has been because governments have been looking for ways of encouraging older workers out of the job market - as a short term measure to cope with serious unemployment problems. In Sweden they have been implemented to give older workers a degree of choice and flexibility in their lives (Laczko 1988).

The future of the Swedish pension system

The recently elected bourgeois Government has set up a commission to investigate the state pension system with a view to substantial reform. The opposition parties have suggested that ATP should be subsidised by the proceeds of the wage-earner funds which the Government has abolished. Although this proposal has been resisted by the Government, it is well aware of the fact that on present economic performance, it is going to be impossible to finance its pension commitments. For that reason it has already proposed the abolition of the partial pensions scheme and is raising of the minimum number of years that individuals have to contribute to ATP.

Health insurance

Another major area of social insurance, that of sickness benefit, has also been the centre of debate and controversy. All employees are part of the national sickness insurance scheme which employers contribute to in the form of a payroll fee. Until recently employees were entitled to 90% of their pay when absent from work because of sickness. This amount, in 1991, was payable up to a ceiling of an annual salary of SKr 241,500 (approx. £24,000) (Swedish Institute 1991).

Similarly, parents could claim 90% of their income when they took time out from work to give birth or to look after a child during its first four years. The father could, in addition take ten days leave after the child was born. Either parent could also claim parental leave of up to sixty days a year to look after a sick child; take care of the other children while the mother was having another child; or take a child to a medical
examination. All of these benefits amounted to 90% of income lost or SKr 60 minimum. A survey of employees by Arbetslivscentrum has shown that 73% experienced no difficulty in obtaining parental leave. The research also showed that although women took nearly 95% of the total days of leave, 20% of fathers had taken parental leave at some time (SvD 1989c).

Concern about the rising costs of sickness benefit has led to a major investigation and calls for reforms which will help reduce the costs. In 1979 Wilson suggested that the average number of days lost in Sweden because of sickness was the highest in Europe. By the end of the 1980s the RFV was claiming that 25 days per worker were being lost per year on average. It was claimed that there had been a 35% increase in the total cost of sickness benefit since 1987 (SvD 1989d). Wilson had suggested that the ageing of the workforce and the increase in the numbers of women employed might have been having a disproportionate effect (Wilson 1979 p55). The same concerns existed at the end of the 1980s but also focused on the growing numbers of those receiving early retirement, or disability pensions because of long term health problems and those claiming because of injuries received at work.

A Commission investigating sickness insurance recommended a number of reforms in 1989. Some of these were administrative - paying benefits at the end of the month rather than every fortnight, and making employers responsible for the first fourteen days of sickness benefit. Other changes were more concerned with rehabilitation measures claiming that benefits were being paid out for long-term injuries and sickness, when effective rehabilitation could enable them to return to work. In this connection, experiments have been carried out in some parts of Sweden to pay sickness benefit on a part-time basis to encourage sick workers to go back to work as soon as they can manage to cope with some employment (Folksam 1988).

In 1991, the former Social Democratic Government cut the value of sickness benefit from 90% to 65% of income for the first three days of illness and 80% thereafter for 90 days. Parent benefit was also reduced to 80% of income. This has been followed by a proposal from the new Government to introduce two 'waiting days' for which the sick would receive no benefit. Moreover employers have been given responsibility for the administration of the first 14 days of benefit and for investigating the rehabilitation needs of those who experience long periods of absence from
employment due to sickness. No longer is it felt that a doctor's certificate is sufficient proof of an absentee's medical condition.

Health insurance also covers patients for the major part of the costs of medical care. Until recently, visits to the doctor on an outpatient basis cost SKr 60 (approx. £6). This covered the visit, the writing of any prescription, and any X-rays and consultancy visits that resulted. Any medicines prescribed cost the patient up to SKr 65, although life-saving drugs were free. For hospital care, the local social insurance office would deduct SKr 55 a day from the sickness benefit the patient received. Pensioners received free hospital care for a year but also had to pay SKr 55 subsequently. There were also charges of SKr 35 for visits to different kinds of therapist - e.g. occupational therapists, physiotherapists and psychotherapists. The new Government has increased the fee for a visit to the doctor from SKr 60 to SKr 100 and the charge for a prescription from SKr 65 to SKr 90 (with an additional SKr 30 for extra items). Presumably many of the other charges mentioned above have been raised correspondingly.

Dental care is also covered by health insurance but not so well. Patients have had to pay 60% of the costs up to a total of SEK 2,500 and 25% for costs in excess of SEK 2,500 (Folksam 1988). Dental charges have also been increased drastically recently.

**Child allowances**

Child allowances have long existed for each child in the family in Sweden. During the 1970s it was suggested that the value of these allowances had been eroded by the failure to raise them in line with the cost of living as happens with other benefits such as the basic pension (Wilson 1979; Elmér 1983). Although increases have continued to be erratic in the 1980s, child allowances had, until 1992, maintained their value at roughly one fifth of the base amount, against which many benefits are calculated. The recent large increase, for 1991, from SKr 6,720 per child per year to SKr 9,000 was quite extraordinary. It was even more impressive when set against the additional allowances that larger families received. A three child family received an extra SKr 4,500 per year, the fourth child entitled the family to an extra SKr 9,000, while the fifth and subsequent children attracted a further SKr 13,500 (Folksam 1990). However, one of the first measures taken by the new Government has been to
postpone the annual rise of the child allowance due at the beginning of 1992 in an attempt to save SKr 1.7 billion.

**Unemployment benefit**

Unemployment Benefit, in spite of the emphasis upon state provision in Sweden, has remained the administrative responsibility of the trade unions. Contributions are made by the employers and subsidised by central government, but 43 unemployment benefit societies, closely associated to trade unions, administer the benefit. The value has borne a constant relationship to the base amount and in 1990 varied from a minimum of SKr 174 a day to a maximum of SKr 495 a day. For many unemployed workers who are members of trade unions their benefit comes to 75% of the income lost. Benefit can be drawn for up to 300 continuous days, or 450 days for older workers. For newcomers to the labour market or those who are not members of trade unions, an inferior system is administered by the Labour Market Board. The daily amount of benefit paid roughly equivalent to the lowest amount paid out by the trade unions i.e. SKr 174.

This system is also about to undergo significant change. There is a proposal for a general, obligatory scheme to replace the present arrangement. It is not intended that the trade unions should continue to administer unemployment benefit. On the contrary, that task might even be given to a private agency. In the meantime, unemployment benefit contributions have been doubled for 1992 and will be tripled for 1993.

**Medical care**

The Swedish medical care system is largely state-dominated. Over 90% of the Swedish medical system is in the public sector and only 5% of doctors are in private practice. It is an expensive system. Sweden devoted 3% of its GDP to its medical care system in the early 1960s and employed the same proportion of the total workforce within it. In the early 1980s the proportion for both exceeded 10%. While a considerable part of these resources was necessitated by the growing numbers of elderly people, they also reflected a commitment to a high standard of public services.
Those standards came under increasing scrutiny in the 1980s, as it became clear that the economy would be unable to maintain them and as the needs for and demands on services grew. Measures have been taken to reduce the overall cost of medical care, to increase efficiency and competition and to decentralise services and decision-making.

While the Ministry for Health and Social Affairs and Socialstyrelsen - the administrative board - have the responsibility for overall legislation, supervision, policy and planning, the 23 county councils have the major responsibility for medical care provision and the Health Act of 1983 strengthened local autonomy. The county councils are empowered to levy a local income tax which finances 60% of the health care budget.

It has been argued that while different county councils might have different parties controlling them, there has been a cross-party consensus on the need for a good public sector medical care system. The conflict at local level has been between the politicians and the medical profession rather than between different political parties (Ham 1988). The end result has been the creation of an impressive array of services. County hospitals provide the whole range of medical specialisms for their populations, but they also have access to the facilities of a regional teaching and research hospital of which there are six throughout the country. Primary care, which for many years was neglected in Sweden in favour of hospital provision is now extensive. Medical centres in most localities can be found. These provide the services of doctors, nurses and a range of therapy specialists. While health indicators are only partly attributable to health care provision, these services must take some credit for the fact that Sweden has the second lowest infant mortality rate and the second highest life expectancy in the world.

However, in spite of the fact that the medical care system is both comprehensive and universal, inequalities in health and health care persist. While Sweden has a low rate of mortality amongst men between the ages of 45 and 64 compared with other industrialised countries and the rate has improved for many non-manual groups since 1970, it has worsened for many of those in manual occupations (Diderichsen and Lindberg 1989). Diderichsen and Lindberg go on to show that manual workers, both men and women, are more likely to be hospitalised for lung cancer, cardiac infarct,
strokes, alcohol-related injuries, psychoses, attempted suicide and motor vehicle accidents. The Swedish Medical Institute has shown that whereas death rates for manual and non-manual workers had been almost identical in the early 1960s, since that time death rates for the former had increased while for the latter they had decreased (DN 1990c). An official report into children's mental health has similarly demonstrated that whereas there had been a narrowing of differences between socio-economic groups in the 1950s, the children of manual workers now were four to five times more likely to have serious social and mental problems than those from other socio-economic groups (DN 1991a). A similar pattern held for children's heights. In 1960 there had been hardly any difference between the heights of seven year old children with parents in manual and non-manual occupations; such differences had increased significantly since that time (DN 1991c).

It is important however to remember that Swedish standards, even in spite of internal inequalities, might still be superior to those of other countries. Vågerö and Lundberg, for example, claim that class differences in mortality and sickness exist in both Britain and Sweden, but that not only are the class differences not so acute in Sweden but Swedish workers have a lower mortality rate than socio-economic groups I and II in England and Wales (Vågerö and Lundberg 1989).

**The pressure for reform**

The cost of maintaining Sweden's high standards are an increasing cause for concern. An international team of health economists has claimed that Swedish medical care is characterised by overstaffing and low productivity. Pointing out that the number of doctors in the system had doubled since 1975, it went on to say that increasing costs could not be attributed to the need to treat more elderly people but had arisen because age had become over-medicalised (DN 1991j). This sort of argument had already led to experiments to improve the efficiency and competitiveness of hospitals. A report in the BMJ (British Medical Journal 1990) has described how some hospitals have organised themselves into relatively autonomous base units which manage their own budgets and make their own decisions. This does not sound very different to the recent attempts by the British Government in both the National Health Service and Education to create more localised management systems.
However, an article in the Economist refers to two-year waiting lists for minor operations and a disinclination amongst hospital staff to reduce inefficiency (Economist 1988a). The article went on to say that some county councils were paying fixed price fees for cases sent to Sophiahemmet, Stockholm's largest private hospital. Olsson describes how Sophiahemmet was revived by a private insurance company in the 1980s, insures 3,000 persons and has a potential for insuring some 30-50,000 more. The premiums for such insurance can be set against an individual's tax liability and is proving popular with corporate management and the self-employed (Olsson 1990 p 270). He describes another experiment in the private sector as the City Clinic Ltd - a scheme for busy business people who preferred to pay for quick treatment near their places of work in the city centre than queue 'half the day for a consultation in the suburbs' (Olsson 1990 p271).

Under the last Social Democratic Government, hospitals were having to rationalise and prioritise in order to cope with their lengthy waiting lists which varied from a few months to in excess of two years for certain operations (SvD 1989b). The Diagnosis Related Groups (DRG) system borrowed from the US was beginning to have an impact. DRG enabled hospitals to cost operations and types of treatment with the aim of improving management, planning and evaluation. Units within hospitals were setting themselves up as private entities selling their services to other departments, hospitals and areas. While the Government claimed that more efficiency was needed rather than more resources, the Conservative and Liberal Parties insisted that competition from an expanded private sector was required.

It is too early to say whether the results of increased competition within the public sector has resulted in greater efficiency, but other consequences are more evident. Many hospital departments were having to close and staff, particularly temporary ones, laid off even before the Bourgeois Government came to office. There was evidence too of increased pay differentials with some counties able to pay their nurses more than others. Belatedly, the use of generic drugs was being considered in an effort to make savings (DN 1990b). These trends have been reinforced by the new Government. Market principles have now been widely adopted within the health care system. Primary care doctors in Stockholm have been given control over their own budgets. The Government has not been able as yet to promote the private sector in a
big way but it has provided extra money to reduce waiting lists, on the understanding that services from the private sector should be bought in to help with this process.

As in Britain it may be that the aim of expanding the private sector in health care may not prove that successful, but there does seem to be a necessity and a willingness to experiment with a variety of measures to curb and reduce health expenditure and to make better use of existing resources. What divides the SAP from the Bourgeois Parties is not so much the need for markets and competition, but the role and size of the private sector.

Social Services
Social services are also having to consider ways of improving their effectiveness within the constraints of increasing responsibilities and dwindling resources. But this is occurring after a prolonged period of change and expansion.

With the abolition of its old poor law legislation in the 1950s Sweden began to develop a more humane and modern approach to social services. Legislation remained based upon three divisions: (a) the administration of means-tested social assistance, (b) the care of children and (c) the care of those with alcohol problems. In the view of many liberal commentators, however, the new laws continued to reflect the patriarchal and repressive traditions of the laws they had replaced (Holgersson 1981). Whereas the rest of the Swedish social policy was based upon the labour movement's philosophy of solidarity, social services were still rooted in the capitalist work ethic. An investigating Commission in the 1970s, backed by widespread support from within local authorities and amongst social workers, recommended a liberalisation of social services legislation. New legislation finally came into effect in 1982. It was one of the first examples of the law providing a general framework for public agencies to work with, rather than detailed regulation of their activities. The foundation of the new approach was to be found in the preamble to the Social Services Law (SoL), which made it clear that assistance was to be given to those in need in a way which respected their integrity and independence. This law which covered help sought voluntarily by the client, dealt not only with cash benefits but the care of the elderly, of pre-school children, the handicapped, those with substance
misuse problems, and other forms of advice and assistance. Two additional laws
governed the circumstances in which children and adult substance misusers could be
taken into care compulsorily. In each it was clearly the intention that such care should
only be used as a last resort. Legislation towards the end of the 1980s, however,
reversed the liberal trend and compulsory care was made easier (Gould 1989). If the
legislative changes of 1982 were a belated response to the permissive climate of the
1960s, then the more recent changes can be seen as a response to the harsher social
and economic climate of the 1980s.

The principles of SoL remained relatively unaltered although there have been calls
for its revision. It is possible that to an extent the permissive nature of SoL
encouraged a greater expansion of social services and social assistance than was
affordable in the 1980s. It is certainly the case that the social democrats remained
opposed to private ventures in child care throughout the period. For them the
principle, state provision for all, also meant higher standards for all. If a public
service became identified solely with the needs of the deprived, it was felt, then the
service itself would deteriorate. To no group has this been felt to be more applicable
than the elderly and the care and services they were entitled to receive.

The care of the elderly

It has already been made clear that the income replacement levels of Swedish
pensions are very high. In addition to their pensions, elderly people in Sweden are
likely to receive housing allowances which have made it unnecessary for all but a few
to claim social assistance. It was the opinion of Wilson and Greve in the 1970s that
poverty amongst pensioners was much more rare than in the UK (Wilson 1979;
Greve 1978). Part of the credit for the circumstances in which the elderly live is due
to the work of the local municipality, or kommun, social services departments. These
have had the responsibility for providing, not only accommodation for those elderly
people who cannot live by themselves unaided, but also for providing services to help
those who live in their own homes.

It is said that over 90% of those over 65 live in their own homes and a small
percentage with their adult sons or daughters (Swedish Institute 1989). Three per cent
in old people's homes; three per cent receive long term care in hospitals; while a
further three per cent live in servicehus. Service houses consist of up to a hundred flats and are a form of sheltered accommodation. They have been designed to enable old people, who are fairly independent but who find living alone difficult, with those support services which enable them not to have to go into the old people's homes. The services will often consist of a cafeteria, and those services associated with day centres. Indeed in large majority of local authorities the services located in the service houses are available to other elderly people in the community. With the conversion of old people's homes during the 1980s, or their closure, service houses have come to play a greater role in the care of the elderly.

Home helps have continued to be provided to about a quarter of elderly people, but during the last decade the number of recipients of this service has decreased while at the same time the number of hours provided has increased. It is those above the age of 80 and others in greater need who benefit from this greater targeting of resources (Sundström 1988). Sundström found that quite small percentages seemed to take advantage of the subsidised community services provided such as chiropody, hairdressing, meals and taxis, over the three month period she investigated. She also claimed however that over half of all elderly people used these services at some point during their retirement.

For some time there has been confusion about the divided responsibility that has existed between the county council health authorities and the kommun social services departments in the care of the elderly. After much deliberation the last Social Democratic Government transferred the principal responsibility to the kommuns. A measure which took effect from the beginning of 1991. One of the first difficulties faced by some kommuns was a lack of accommodation. The premature closing down of old people's homes had left them without sufficient means to take on old people being discharged from hospital. Another was financial. Although central government had transferred resources to the kommuns for their extra duties, they nonetheless faced growing responsibilities at a time that their overall financial situation was deteriorating. With the cost of home helps and social assistance doubling in the 1980s, kommuns were being driven to find new ways of organising their services.

The new Government's approach is to emphasise the plurality of provision with a much greater reliance on the informal and private sectors. The Social Affairs Minister
has said that the elderly themselves should decide where they get their care from, implying that resources should follow the customer. Many kommuns are beginning to privatise their home help services and even the servicehus complexes. The hope here is that there are cheaper and more effective forms of provision to those traditionally provided by the kommuns. Whether or not this proves to be the case, there has been a clear abandonment of the principle that it is the state's responsibility to provide a high quality service for all.

In the last few years it would appear that one of the consequences of the austerity measures taken by both the Social Democratic and Bourgeois Governments has been a deterioration in the financial situation of elderly people with the result that many are now having to resort to social assistance.

**Social assistance**

In Sweden it is the kommuns which also administer means-tested social assistance. This is done by social workers employed in social services departments. SoL makes it clear that such assistance should be given where people's needs fell below a reasonable level and they are unable to provide for themselves in any other way. Typical situations where social assistance might be given are:

- as a top up to families on low incomes
- to the unemployed (where other unemployment support is not granted or is insufficient)
- to the sick (where sickness benefit is insufficient or not granted)
- to those drawn into an industrial dispute
- to those house-bound with young children, unable to get child care and therefore unable to seek employment.  

(Folksam 1990)

An ambiguous feature of SoL is its reference to the fact that assistance ought not to be entirely without conditions. While this may have been intended simply to ensure that
the system was not abused, it has led some authorities to take a very proactive stance in 'encouraging' claimants to try to provide for themselves (see chapter four).

In the early 1980s Elmér was able to claim that the proportion of the population living on social assistance had declined from 10% of the population in the 1930s to 4% in the more prosperous of the post-war years. This, he attributed to the way in which the social insurance system had helped to maintain the living standards of the old, the sick and the unemployed in amore effective manner. The old in particular, he insisted, hardly had to resort to social assistance at all because of the high level of pension provision (Elmér 1986). It can also be argued that the extensive provision of child day care made it possible for many single parents to seek employment. Official statistics show that the proportion of the population claiming social assistance was between 4% - 5% from 1977 and 1981. Of the 250,000 households in receipt of benefit in 1983, about 40% were single men, 40% single women (half of whom had children), and 20% couples (three quarters of whom had children) (SCB 1986).

For many the experience of being on social assistance was a short-lived or occasional experience. During the early 1980s, only one per cent of social expenditure was devoted to social assistance. The benefit itself, for an adult, was similar to the basic income of pensioners and was up-rated annually in line with prices. It is interesting to note that social assistance rates corresponded fairly closely to the systematic calculations made by the state agency Konsumentverket as to what constituted a reasonable standard of living (Socialstyrelsen 1985).

Many of the more positive features of Sweden's social assistance are now changing however, particularly as a result of the increased demand caused by unemployment but also by the kommuns' financial difficulties. The cost of social assistance doubled during the 1980s and in the first quarter of 1992 it grew by 25% compared with the same period the previous year. Not surprisingly, many kommuns have reduced their benefit scales accordingly and Socialstyrelsen has claimed that there are those who are paying benefits below the existence minimum which it recommends (SvD 1992). Even in Stockholm where the rates are higher than in other parts of the country, severe reductions have occurred (see table 11.3 below). In October 1991 a decision was taken to reduce social assistance rates and to introduce a new short term benefit for the first three months. For a single person this was a reduction in benefit of over 20%.
According to Vinterhed, the proportion of unemployed claimants of all those who received social assistance in Stockholm rose from 8% in 1990 to 20% in 1991. Moreover, not only were benefits being reduced in value, but stricter demands were being made on claimants (Vinterhed 1991).

Table 11.3: Revised social assistance rates, SKr per month, October 1991

<table>
<thead>
<tr>
<th></th>
<th>Old rate</th>
<th>New short term rate</th>
<th>New long term rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single person</td>
<td>3,570</td>
<td>2,825</td>
<td>3,285</td>
</tr>
<tr>
<td>Single parent with two children</td>
<td>6,860</td>
<td>5,631</td>
<td>6,171</td>
</tr>
<tr>
<td>Family with three children</td>
<td>11,670</td>
<td>10,070</td>
<td>10,800</td>
</tr>
</tbody>
</table>

Source: DN 1991h

Conclusion
There can be no doubt that it will take a great deal to radically change the structures and policies of the Swedish welfare system. The range of services and personnel, the scope and generosity of the benefits, the all-embracing pervasiveness of the programmes testify to a formidable structure. It is hardly surprising, that given the institutional, electoral and ideological support the system has received in the past, that some should be "pessimistic about the chances of a real withering away of the welfare state" (Olsson 1990 p285).

However within the space of a few years a bewildering array of changes has taken place. It is clear that the future might result in a greater commitment to private and occupational pensions, and a lesser reliance on a state earnings related scheme. Sickness Benefit has been reduced and greater control over its administration given to employers. Conversely, trade unions are about to be deprived of their role in the administration of unemployment benefit. Health charges and insurance contributions for employees have been massively increased. The private sector is being encouraged in child care, the care of the elderly and in medical care. The informal sector will be
relied on more in the future to take care of old people. Dependence upon social assistance is increasing, while the benefit is being reduced and the eligibility rules toughened up. And last but not least is the fact that public sector workers are facing a much more insecure future than ever before. There are too many similarities in these measures to pretend that Sweden is not going down the same path as the British system. The question is how far will Sweden travel.

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CHAPTER TWELVE

SWEDEN: Education and employment

(Capitalist welfare systems, Chapter 12, 1993)

Introduction

The social democratic aims of the Swedish welfare state have been stamped on every aspect of social policy not least the education and employment services. Equality of educational opportunity for different social groups has shaped many educational reforms and programmes. In the 1960s it was important to give working class children the same opportunities as those from middle class backgrounds; women opportunities the equal of men's; and ethnic minority pupils similar chances to those which indigenous pupils have enjoyed. In the 1970s there were attempts to redress the imbalance of educational opportunity that had grown up between the generations and programmes were introduced to provide adults with a second chance. The aim of equality was also linked with the idea of promoting democracy, of providing all citizens with the knowledge and expertise which would enable them to play a full part in democratic processes.

Employment policy has been characterised by the commitment to full employment. Citizens were seen as having the right not only to work but also to decent wages and working conditions. Subsequently these aims were extended to include the right to meaningful jobs and to have some democratic influence over employers' decision-making.

Moreover, both sets of policies, in the past, have been seen as establishing the necessary conditions for economic growth. The Swedish active labour market policy was seen at one time as a model for other capitalist societies to follow and certainly influenced the creation of the British Manpower Services Commission (see chapter eight). Similarly with education. An OECD report, in 1969, described Sweden as a lead country in educational policy-making:

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Educational concepts in Sweden, such as extended postponement and flexibility in school career choices, equalisation of social participation in higher education, insistence upon a rapid expansion of numbers and a simultaneous increase in quality in an already highly developed school system and the introduction of scientific investigations into educational policy issues, are only representative of this position (from Boucher 1982 p 193).

While the major programmes of both education and employment services have expanded in the last two decades, their achievement of the social and economic goals expected of them, has in recent years come under more critical scrutiny.

Social Democratic Governments in the 1980s began to return to more prosaic, more instrumental aims in education while the newly-elected Bourgeois Government is losing little time in its attempt to dismantle the social democratic inheritance. As full employment is being relinquished as a policy goal, so there are moves to erode the employment rights built up through previous legislation.

Education

The Swedish post-war educational reforms were able to build on a system that reflected a deep commitment to popular education at all levels. Adult education in study circles and folk high schools established by the labour, free-church and temperance movements and their educational associations, had firm roots in Swedish society. Indeed it has often been argued that it was the experience of leading social democrats in the study circle tradition that made a democratic, non-elitist approach to mass education, possible. Moreover, the state education system has been a highly centralised one, with national administrative boards accountable to the ministry of education having the responsibility of running the system. In a structural sense this made major educational change all the more easy to achieve, especially as even the curriculum of schools was directed from the centre.

The Swedes had begun to think in terms of comprehensivisation as far back as 1940, but it was only in 1969, after various reports, research projects and experiments, that
the country had a basic all-through comprehensive school serving children from 7 to 16. The principles and aims behind that lengthy process have in the last twenty years been applied to the rest of the education system with varying degrees of success. Initially, comprehensivisation was intended only to bring equality of opportunity to all of the country's children, but by the end of the 1960s other more ambitious aims were on the cards.

Education, it was increasingly argued, should be used to bring about positive social change in society and to extend the principles of democracy in all areas of organised life. Adults, who had not had access to educational opportunities earlier in their lives should be given the chance of returning to the system. Access at all levels should be increased. Another set of demands made by those dissatisfied with the way in which the educational system was operating, concerned the isolated nature of educational institutions. Educationists were seen as people divorced from the real world and therefore unable to prepare young people for it. The outside world, it was argued, should impinge more on the school and the school venture into the outside world. In particular this was associated with demands for a more vocational approach to education. The term recurrent education came to be used to represent these new contributions to educational policy-making and the Swedes set about implementing it with enthusiasm and commitment.

**New structures of opportunity**

Considerable resources have also been devoted to education. The percentage of GDP devoted to education had risen to 7.8 per cent in 1970; remained between 7 and 8 per cent until the late 70s; reached 9 per cent around 1980 and has in the last ten years fallen back to below 8 per cent (SCB 1990). Large numbers of staff have been employed in schools, particularly teachers but also medical and counselling staff. The staff pupil ratio, in the early 1980s, was reported by Boucher to be 10:1 (Boucher) but class sizes may often be nearer to thirty pupils, because of teachers being on leave, engaged on non-teaching duties or involved with very small groups, e.g. home language teaching for immigrant children (Economist 1988b. Conditions in educational establishments were described by Boucher to be extremely good, with
spacious, well-furnished rooms, plenty of books, resources and equipment (Boucher 1982).

As has already been mentioned, Sweden had spent the 1960s establishing a fully comprehensive system for the compulsory years of schooling - *grundskola*. Children's education is organised in three stages for 7-10 year olds, 10-13 and 13-16. Classes are organised on a mixed ability basis. All pupils pursue the same subjects or have the same choices. The subject range remains broad throughout grundskola with all children studying Swedish, English, maths, sciences and arts as well as working life orientation courses in the later years. There are no formal national or entrance examinations taken by pupils during or at the end of grundskola. However, marks are awarded based upon continuous assessment in the last two years.

When young people leave grundskola, few of them seek work or find employment. A varying proportion will find themselves on government schemes for the young unemployed. The vast majority (around 90%) stay on to attend the upper secondary school - *gymnasieskola*. The reform of the gymnasieskola in 1971 brought together three different types of school - the old, academically-oriented, gymnasieskola; fackskola which provided courses that were both academic and vocational; and yrkesskola in which courses were more specific and vocationally-oriented. These three divisions continued to form the basis of three lines which young people could choose from on entry to gymnasieskola. Initially there were five 3-4 year academic lines which led to university entry; four 2 year general theoretical and vocational lines which might lead to other forms of post-secondary education; and thirteen more specific 2 year vocational lines, which tended to lead straight to the labour market.

Students were faced with a free choice of lines regardless of their school performance to date. Their teachers might have encouraged them to choose particular lines, but if they and their parents disagreed then they were at liberty to choose what lines and courses they wanted. The only restriction was availability. According to Boucher, this meant that about 25% of young people failed to get into their first choice of lines, with a consequent sense of frustration (Boucher 1982). In spite of the obvious conflict between the idea of a centrally-planned set of courses and free choice by the consumer, Boucher claimed that planning did not determine people's choices. Students were not required to meet simple manpower requirements. The choice they
had was a genuine one even if a substantial minority might not get exactly what they wanted. Under this system, all students would choose some vocational lines and from 1981 were expected to complete a substantial amount of work experience (Boucher 1982 p102).

The last of the major reforms of the education system came in 1977 with changes in higher education. Higher education was reorganised on a regional basis around the six universities of Stockholm, Lund, Umeå, Uppsala, Göteborg and Linköping. Together with university colleges (similar to the British polytechnics), they make up the 34 högskolor providing various forms of higher education throughout the country. Not only do 35% of those leaving the upper secondary school attend högskolor, but also a large number of mature students who may follow their courses on a part time basis or through distance learning or a mixture of these plus a full-time component. The total number of students registered in higher education has risen from below 50,000 in the early 1960s to over 150,000 in the 1980s. New enrolments in 1950 were only 3,500 while in 1987 they amounted to 52,200 (Askling 1989 p 291).

All higher education students need to have reached a certain standard of Swedish and English to qualify for entry. In addition good grades in academic lines at upper secondary level are the most certain route to a university education. However, there are other routes which may qualify a candidate for entry: completion of two year lines, certain kinds of adult education, or simply reaching the age of 25 with at least four years work experience.

The old faculties have gone - to be replaced by a structure based upon occupational sectors: (i) technical, (ii) administrative, economic and social welfare, (iii) medical and nursing, (iv) teaching and (v) cultural and information (Askling 1989). This vocational emphasis is also mirrored in the way in which many courses are oriented towards the needs of the local economy. Moreover, högskolor are managed by boards which include a majority of members who represent 'the public interest', many of them from the local area served. In this way, a system which is run centrally by the National Board of Universities and Colleges (UHÄ), can also respond to local needs.

Adult education, always a strong part of the Swedish tradition, also expanded in the 1970s. Local authorities, both kommuns and counties, provide a range of general and vocational education course. According to the Swedish Institute, each year about
160,000 participants (100,000 of whom are women) take courses which lead to improved job or educational opportunities (Swedish Institute 1990). Official statistics certainly suggested that sort of figure for 1982 when 154,000 students were quoted as attending municipal courses. However that figure steadily declined to 129,000 by 1988 (SCB 1990 p344). Residential adult education colleges - 130 folkhögskolor - provide a wide range of short courses to 250,000 people according to the Swedish Institute but only 15,000 attend courses lasting 15 weeks or more (Swedish Institute 1990; SCB 1990a p354). Last, but not least, over 300,000 study circles, organised by 11 study associations cater for the more recreational, education needs of over 650,000 adults (1).

The recognition of adult educational needs has also been extended to immigrant workers who have been given a right to paid educational leave from their employment for up to 240 hours, to learn Swedish. While it could be argued that such a measure has benefited employers and society as a whole, there can be little doubt that it was intended to redress the educational and linguistic disadvantage many immigrants have.

Part of the general increase in adult participation in all forms of education must also be due to the law on educational leave passed in 1975. This gave adult workers the right to request leave from their employers to attend educational courses. Employers had to comply with the request within six months or could be taken to an industrial court. The Act did not include any provision for financial maintenance however. This was educational leave, not paid educational leave. But when students were in a position to get state support to attend a course or were prepared to finance themselves, leave was relatively easy to get. Few adults would have used EL to read for a degree full time, but more were able to use it to obtain a university education on a part time basis. Trade unions, who had pressed for educational leave, used it to organise short courses for their members. These might be for no more than two hours a week and last six to eight weeks. Topics covered might be to do with industrial relations, health and safety, negotiating skills or cover topics of social and political interest. With trade union backing it was relatively easy for employees to obtain educational leave (Gould 1984). Within the trade union movement this sort of education was seen as an opportunity for people to rise "with their class" not "above it" (Viklund 1977). It was
also one of the few clear illustrations of education being used to redistribute cultural power.

**Achievements and shortcomings**

What has all this expansion meant in terms of the aims set out by various government commissions in the 1960s and 1970s. It is clear that Sweden has been committed to mass education at every level. All social groups are represented not only throughout grundskola, but gymnasieskola, högskola and in adult education in a way that few countries could match. Tuition fees have been non-existent for the individual with the exception of study circles where small charges have been made. The staffing and facilities are usually of a high standard. Buildings and classrooms are spacious and well-designed. Teaching and non-teaching staff have been plentiful and equipment in good supply. Education has also clearly taken a more vocational direction. Work orientation in grundskola, work experience in gymnasieskola, occupational 'faculties' in universities and colleges have all sought to ensure that education has occupational relevance. However, this should not be taken to mean that education is narrowly geared to the labour market. Recreational, sporting and cultural activities have had an important part to play at all levels.

The expansion in the 1970s, which slowed right down in the 1980s, has not achieved all that it aimed for however. Equality and democracy have not been as successfully accomplished as have greater access and the emphasis on the vocational.

One of the more significant egalitarian goals has been the provision of tuition in 'home' (mother tongue) language for the children of immigrants and refugees. Between 60 and 80% of most of Sweden's ethnic minorities have availed themselves of the right to home language tuition under the new national curriculum - Lgr 1980. Similar percentages have been given extra help with Swedish. These efforts have been made to help the children of ethnic minority parents become bi-lingual - maintaining their ethnic identity as well as becoming Swedish speakers. Critics have suggested that the end results are semi- rather than bi-lingual children; inadequate, rather than competent in both languages (McNab 1989 p80-83). Complaints have also been levelled at the scale of resources going to a doubtful project which also has disruptive effects on other aspects of school education. On the whole however,
research seems to show that these measures have contributed to greater educational achievement amongst the children of Sweden's ethnic minorities.

Women too have certainly benefited considerably from the expansion of Swedish education. The national curriculum of 1969 aimed to create not only more educational opportunities for girls, but also to discourage subject and ultimately occupational stereotyping by gender and to enhance the awareness of gender issues in the classroom. In terms of participation, equality has been more than achieved with more women than men to be found in gymnasieskolor as well as högskolor and more impressively in adult education, but there remain marked difference in gender choices in upper secondary school lines and in courses chosen in post-school education. Askling shows that whereas 78% of those in the technical sector of higher education are men, similar proportions of women can be found in the medical and education sectors (Askling 1989 p296). Similar segregation is also found in programmes for the unemployed and in jobs themselves, where men are more likely to be found in the private sector and women in the public. While some may attribute these differences to the influence of the labour market or to choices of young people or to the influence of teachers (Wernesson 1989), what is undeniable is that educational institutions themselves have not been able significantly to erode such segregation.

Much the same might be said concerning class differences. Obviously the opportunity for large numbers of children to stay on after the compulsory school leaving age and to go on to some form of higher education means that more working class children than ever before achieve higher levels of education. Even in adult education it has been reported that when asked if they had taken part recently in some form of adult education 43% of unskilled workers said they had. Moreover, this did not compare unfavourably with 58% of professional workers and 54% of other white-collar workers (Economist 1988). However some writers have commented disappointingly upon the persistence of class inequalities in educational achievement. Härnvist noted that in 1968 the 'free choice' of lines in the last year of grundskola showed that the great majority of children from all social groups with high grades chose the academic line, and children from manual and routine white collar backgrounds with low grades did not. But even when their grades were low, high percentages of children from the higher occupational groups chose the academic line.
Svensson showed that while the chances of children from socio-economic group (SEG) III had improved relatively to those from SEG I in terms of the choice of the gymnasieskola academic line, large differences between those from different occupational groups remained (see table 12.1).

The big improvement would seem to have taken place for the children of manual workers starting the upper secondary school between 1965 and 1969. The ensuing ten years hardly made any difference at all in the life chances of different occupational groups except to see an increase in the proportion of those from SEG I.

Table 12.1: The percentage choosing 3 and 4 year university preparatory upper secondary education in different birth cohorts as related to sex and socio-economic group (SEG).

<table>
<thead>
<tr>
<th></th>
<th>Male students</th>
<th>Female students</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEG I</td>
<td>52 57 62 65</td>
<td>47 50 50 58</td>
</tr>
<tr>
<td>SEG II</td>
<td>26 32 33 31</td>
<td>23 28 32 32</td>
</tr>
<tr>
<td>SEG III</td>
<td>11 17 19 18</td>
<td>10 16 13 17</td>
</tr>
<tr>
<td>All</td>
<td>21 28 33 31</td>
<td>19 25 24 29</td>
</tr>
</tbody>
</table>

Source: quoted in Härnqvist 1989

Jonsson and Arman focused not on the choice of 3 and 4 year lines but on their completion at the end of gymnasieskola in 1984 and found that 59% of young men and 48% of young women from SEG I completed compared with 18% and 17% respectively completed from SEG III. Jonsson and Arman were particularly concerned about the way in which the rules governing entry to neighbourhood comprehensives seemed to reinforce social segregation through spatial segregation (Jonsson and Arman 1989).

Figures on social class differences in higher education are much more difficult to interpret since there is an enormous difference between those following degrees in medicine and engineering at one of the six main universities and those doing much shorter vocational courses at provincial colleges. Nonetheless, it would seem that
males from SEG I are seven times more likely to start higher education than those from SEG III (Hjärnqvist 1989 p 296). Moreover

students from theoretically-oriented upper secondary school lines and with academic home backgrounds still dominate in long and prestigious programmes, such as the training of physicians.... Students with non-academic backgrounds and from vocationally-oriented upper secondary school lines dominate in shorter programmes (Askling 1989 p297).

In adult education, Arvidson has suggested that the study associations which grew out of the old popular movements have become simply a part of the establishment. Whereas the old study circles provided their members with knowledge to strengthen their cause, today they have become the focus of leisure pursuits for the already educated (Arvidson 1989). Rubenson claimed that while there had been a large expansion in adult education in the 1970s, it had begun to decline relative to the other sectors of education in the latter years of the bourgeois government and continued to do so under the social democrats from 1982. He suggested that municipal adult education which catered for the already educated to an even greater extent in the 1980s was beginning to gain resources at the expense of the study associations (Rubenson1989).

But a more significant decline took place from 1976. From the time that the Bourgeois Government was elected the whole notion of a ‘general redistribution of cultural and economic resources was allowed to lapse’ (Rubenson 1989 p127). This trend was allowed to continue after the social democrats were returned to office in 1982. Education was seen much more in terms of the facilitation of technological change than the democratisation of working life (Rubenson 1989 p127). Ball and Lundqvist have argued that this trend was also evident in the retrenchment of education generally in Sweden, in the way in which the employers’ views concerning educational change began to take precedence over those of the trade unions. They argued that this was also a part of an international trend which emphasised the need to get back to basics and for excellence (Ball and Larsson 1989). As Englund argued,
the scientific-rational model of education had won over the democratic one (Englund 1989).

If some social democratic and socialist writers have expressed disappointment with the pace of egalitarian and democratic reforms, Boucher has perhaps expressed a wider view. He described how the optimism of the 1960s had become the doubts of the 1970s which in turn had become the uncertainties of the 1980s. Writing as he did in the early 1980s he knew that education was about to face economies. While he felt that it was unlikely that there would be a return to the principles and traditions of the years prior to 1960, there was, he felt, no longer a general recognition that education could solve major social problems and inequalities. But what the Swedes had achieved, he admired - the broad, balanced curriculum, with all young people studying science, culture and the environment right up to the age of 19; the commitment to very successful language tuition throughout the comprehensive system; the help given to ethnic minorities to retain their children's linguistic identity.

It may be that the very best schooling in England is very good indeed. The very worst can be very bad. In Sweden, the range is narrower. But faced with the choice of average school matched with average school, there is little to regret and much to be grateful for in the Swedish experience (Boucher 1982 p204).

This view has been reinforced by tests carried out by the IEA (International Association for the Evaluation of Educational Achievement) between 1964 and 1985, which have shown that differences between schools are not so marked in Sweden as elsewhere. Swedish children also score particularly well in tests of scientific knowledge, comprehension and English language compared with children from other countries. However, they do poorly in tests of mathematical ability (SvD 1989a).

How such evaluations will be affected by more recent developments in Swedish education remains to be seen.
Recent developments

Policy changes in education have reflected changes going on elsewhere in Swedish society since 1989. The worsening economic situation has been a major factor in these changes but they have not all resulted in cuts to services and expenditure. The last Social Democratic Government began for example to encourage local authorities to lower the school starting age from 7 to 6 but there has been a reluctance on the part of both parents and kommuns to take up this opportunity. One of the attractions of this measure to central government may have been that the cost of school place was lower than that of a place in municipal child care. Similarly, in the midst of its economic problems, the Government also decided to lengthen the two year vocational lines in gymnasieskolor to three years (DN 1991e). The Bourgeois Government accepted this reluctantly but has postponed financing the measure, leaving some kommuns to finance the expansion themselves (DN 1992a). This was attacked as short-sighted by the General-Director of the Labour Market Board, as the cost of the extra year at school was a quarter of the cost of attending a labour market course, which in a time of growing unemployment was the likely destination of the premature school-leaver (DN 1992c).

What expansion there is now in numbers, at any stage of the education process, is likely to be at the lowest possible cost. Decentralisation of the responsibility for the running of schools to the kommuns by the Social Democrats, reinforced by the bourgeois coalition's policy of deregulation, has certainly given local education authorities more autonomy, but that autonomy has to be used to try and find more cost effective ways of providing the same (if not greater) level of services for less money. Stockholm was forced to reduce its educational psychologists and counsellors in 1990 (DN 1990a). Linköping undertook a similar exercise over a year later when it created a pool of care staff (nurses, counsellors, psychologists etc.) from which schools were expected to purchase specific services (DN 17th 1991g). Adult education and the home language tuition for ethnic minorities were also pruned by these and other kommune, under the Social Democratic and the Bourgeois Governments. It is also clear that reduced resources and the growing birth rate is going to mean larger classes in the future and less scope for meeting the special needs of small groups of children with learning difficulties (DN 1992e).
Administration is another area where it is felt that cuts can be made. With more autonomy at the local level there is less need for administrative staff at the national level. Skolöverstyrelsen, the national board for schools, has been replaced by a smaller unit. Seven hundred and fifty staff were made redundant and only 230 re-appointed (DN 1991d) to the new body.

Parents are to be given greater choice as to where they send their children to school. As with child care and care for the elderly, so the new Government has decided that resources should follow pupils whatever school they go to, whether it be run by local authorities or privately-owned. Private education in Sweden has traditionally catered for less than one per cent of the school-age population, considerably less than in Japan or Britain, but that could change. When plans for the privatisation of a school in Nacka, Stockholm, were announced, the pupils went on strike, worried about the consequences. Since the school was to have become a company with two owners, the pupils wanted to know where the profits were to come from; whether class sizes would grow; and whether they would have to pay for school dinners (DN 1991k). Even the educational reforms of the British conservatives fell short of outright privatisation. It will be interesting to see the results of this, seemingly drastic, policy change.

Educational aims and the curriculum may also be about to change. The school minister of the new Government has already said that she expects a future national curriculum to have a 'clearer knowledge profile', to be more subject-based, and to be purged of its social tasks (DN 1991f). A directive from the minister to the committee considering the national curriculum, has already criticised theme- and project-based work (DN 1992d). The Education Minister has also indicated that he wants to remove the aims of democracy, equality, vocational relevance and regard for the environment from legislation governing universities. The key words in his policy document are instead 'freedom and competition with quality' (DN 1992b).

This will fit in nicely with plans to allow Universities like Umeå to become private institutions. There will be more competition for the best students and the best teachers so that Universities will have to enhance their reputations. To get to university, if the Minister's proposals are accepted, it will be necessary to cover the three years of the high school curriculum. It will no longer be acceptable to qualify
for entry by demonstrating that one is 25 years old and has had four years of work experience (DN 1992b).

We can thus see that the new Government would like to introduce structural, curriculum and ideological changes which would reverse the progressive and socialist tendencies of the past. As in Britain, pluralistic policies at the local level have been complemented by tighter Central Government control over finance and the curriculum. There is a new emphasis on markets, competition and traditional subjects on the one hand and a playing down of egalitarian and democratic aims on the other. The schools minister may claim that parents' choice of school for their children will not be determined by the size of their wallets (DN 1991f), but there are others who believe that that is the inevitable logic of the Government's new policies (DN 1992f).

**Employment policy**

If the Swedish system has, in the past, tried to provide educational opportunities for all, it has also tried to provide decent employment opportunities for all its workforce. This has been achieved by a strongly corporatist, interventionist approach to industrial policy and the labour market. An impressive range of measures has been aimed at providing jobs; decent working conditions and job security; opportunities for training and retraining; advice, guidance and information on the state of the job market; help for people to move to areas where there are more jobs available; and opportunities for those who for one reason or another have found themselves at a disadvantage in the labour market. In the years of unparalleled economic growth, these measures were often seen as generous ways of ensuring that nobody suffered the adverse consequences of a free market without some support and opportunity. In Keynesian terms they were seen as counter-cyclical and economically stabilising. The combined strength of the trade unions and the Social Democratic Government behind such measures was hard for employers to resist. Nor did they wish to do so as long as their own profitability was not unduly threatened.

However as economic growth has slowed down and as the competitiveness of the Swedish economy has been weakened, the inexorable inequalities of the occupational structure have asserted themselves, in spite of labour market policy measures. In
consequence, the very solidarity that was the keystone of the labour movement has been eroded. Private sector workers have different interests to those in the public sector; white collar workers do not always share the same interests as blue collar workers. These differences have become increasingly obvious in pay negotiations in the last decade and a half (Fulcher 1991). Fears of an underclass have already begun to emerge (DN 1991b, DN 1992g); others talk of Sweden becoming, like so many others, a two-thirds/one third society. In a country which has prided itself on a commitment to full employment many must now be feeling threatened by the spectre of growing unemployment.

In what follows some of the principal measures that have become important parts of the active labour market policy will be outlined together with some details concerning its development in recent years.

The Labour Market Board

The Labour Market Board (AMS) is an administrative board established to carry out the policies established by the Government and under the jurisdiction of the Department for Labour Affairs. It came into existence to regulate the labour market in 1940 as a wartime measure, but was subsequently used to ensure that labour market problems were adequately dealt with by a partnership of the government, employers and trade unions. The membership of the Board has reflected the dominance of trade unions in Swedish political and economic life. Trade unions have had six representatives on the Board, over one third of the total, while the employers have had only three. This pattern was replicated at county level to take responsibility for county-wide services and at a local level for employment services. In 1991, SAF decided to disengage itself from much of the state apparatus and relinquished its membership of AMS at government, county and local levels.

The principal aim of AMS has been to make an important contribution to post-war Keynesian macro economic policies through the use of selective employment measures. These have been designed to provide training places when unemployment rises, to encourage the mobility of labour and to avoid bottlenecks in labour supply. In doing so AMS was supposed to ensure that full employment did not lead to inflation, and alleviate the experience of unemployment (Hedborg and Meidner 1984).
The main tasks of AMS are to provide employment services, training opportunities, job creation places and employment subsidies. Cash support for those unemployed people not covered by the unemployment benefit schemes administered by the trade unions is also the responsibility of AMS.

**Employment services**

Employment services are provided in most localities as a state monopoly and employers are required to register vacancies with local offices. In fact employment agencies deal with 90% of vacancies and are credited with filling over 66% of the job placements that take place in a year (Taylor 1989). Staff give help and advice not only on the jobs that are available but also on opportunities for training, relief work, sheltered workshops, aptitude testing and rehabilitation. In the 1970s, Wilson claimed that the service was being criticised for concentrating too much on the hard to employ (Wilson 1979). In the 1980s, there has been a greater concern for efficiency. The service is now completely computerised and it is hoped that waiting times will be reduced. In the mid 1970s, Philip was impressed by the 1:15 ratio of employment agency staff to unemployed people (Philip 1978), but more recently it has been felt that staff have concentrated too much on administration and not enough on face to face contact with clients (Swedish Institute 1988). There has also been a great concern about matching job-seekers to the jobs available since the combination of low unemployment and an increasing demand for more qualified, and highly specialised labour, has resulted in bottlenecks in the labour market illustrated by an excessive demand for technicians (Ds A 1988:3).

The service faces two other problems. Firstly, a decline in the ratio of vacancies to the numbers of unemployed people. In 1975 there were 63 vacancies for every 100 unemployed; in 1980, 57; and in 1985, 26 (Ds A 1988). Even in Stockholm the ratio of unemployed to vacancies, had by the end of 1991, become 5:1 (DN 1991i). Secondly, a trend in increased long term unemployment:

In Sweden the long-term unemployed are defined as people having been unemployed for at least six months...In 1964 the share of long-
term unemployed was 8 per cent. In 1975 this share had grown to 15 per cent and in 1986 to 22 per cent (Ds A 1988:3).

With the prospect of growing unemployment, these percentages are likely to grow still further.

**Training and retraining**

Training measures for the unemployed and those seeking to re-enter the work force or change their employment, have always been provided on a considerable scale, but this has varied according to the economic climate and the size of unemployment itself. Wilson reported that 10-12,000 were on training schemes at any one time in the 1960s (Wilson 1979), but that rose to an all time high of 56,000 in 1979 (Ds A 1988:3). Women in particular have benefited from the expansion of training programmes. Whereas they made up only 14% of trainees in 1960, they constituted 46% in 1970 and 53% in 1989 (Wilson 1979; Swedish Institute 1990b).

From 1979, young workers began to be provided with separate schemes under the aegis of the education authorities, which led to a reduction in the monthly total of training places to between 30-40,000. The reduction was also partly due to a greater unwillingness to give training allowances to those under the age of 25 ‘since people of this age ought to be educated through the regular school system (DsA 1988:3 p57)’. The daily training allowance which workers received in 1990 was between SEK 297-495 which compared well with unemployment benefit (SEK 174-495). In spite of these high income replacement levels, it has been reported that funds for training have been under-utilised because of the reluctance of the unemployed to take advantage of them. Moreover between 1980 and 1986 the statistical probability of unemployed people getting training was halved (Ds A 1988:3 p57).

**Opportunities for the young unemployed**

The rise in youth unemployment in the 1970s brought a similar concerted response from the Swedish authorities as it did from those in Britain. In 1980, a youth opportunities programme was started for 16 and 17 year olds, while in 1984, a Youth Team Law came into force for unemployed young people between 18 and 19.
Teenage unemployment was over 11% in 1983 when the figure for the workforce overall was at a height of 3.5%. By 1988, total unemployment had come down to 1.6% and that of youngsters to 3.3%. In 1984 when the youth team programme began, 14,000 were on the youth opportunities programme at any one time, while 30,000 took part in the Youth Team Programme.

The administration of these schemes is the responsibility of the education services, although some assistance is given by AMS. The youth opportunities programme consists of an induction course, training and work experience with an employer, usually, but always in the public sector. Wages are not set at market rates and the employer receives a grant of 60% of wage costs. Those who take part in the youth teams programme receive market rate wages while employers are compensated in full (from 1989 a new but similar programme guaranteed employment but compensated employers for only half of their wage costs). It is local kommuns who guarantee young unemployed people a place on the scheme and in the majority of cases provide the employment. An attempt to promote induction courses in the private sector would seem to have floundered on employers expecting to pay youngsters at lower than market rates (with 50% coming from the state), while unions were insisting on such rates in full. AMS has insisted that young people should devote a specified period of time to job-seeking while on such schemes (Jonzon and Wise 1989).

Jonzon and Wise also report that not only are there more women than men participating in such schemes - 60% and rising - but also that women spend more than the average time of seven months on youth teams before finding employment. There is no right to unemployment benefit if young people refuse to participate in youth teams. In accordance with Sweden's Lutheran attitude towards work, Jonzon and Wise suggest this rule was intended to prevent dependency. A similar argument has been used by the British conservatives. It is perhaps not surprising to find that research has shown that employers tend to stigmatise youth team participants as failures (Jonzon and Wise 1989).

Hartmann argues that Sweden has moved from being a country where education was encouraged not only for its own sake and for its contribution to the economy, to one in which full time education for young people is a cheap way of keeping them off the labour market. In a similar way the exclusion of the young from relief programmes
and restricting them to youth opportunity programmes and youth teams is also an attempt to reduce the cost of youth unemployment. This treatment of young people, following legislation in 1974 which gave regular adult workers security of employment while stipulating that young workers could only work at the same rates as adults, has combined to marginalise the role of many youngsters in Swedish society. He argues that young people would prefer apprenticeships or employment with proper vocational training. Instead they are offered inferior government palliatives - an "unemployment career" (Hartmann 1985).

Opportunities for the hard to employ
Recruitment subsidies amounting to 50% of wage costs for a six month period were introduced in the 1980s to encourage employers to take on the long term unemployed. A greater proportion of these placements are in the private sector and lead sometimes to private jobs. Most of those taken on in this way tend to be men. In contrast the youth teams which operate in kommuns consist predominantly of young women who finish up working for local authorities anyway (Jonzon and Wise 1988). On average the number of job subsidies operating in 1984 was 20,000 declining to 10,000 in 1986 (Ds A 1988:3).

Public works, or job creation schemes, have been a feature of Swedish labour market policy for over half a century, and remain an important part of the way in which the difficult to employ are handled. Before 1984 young people were able to take advantage of these schemes and the numbers on them rose to 59,000 in 1983. With the young pushed towards youth teams and with an improvement in the employment situation, the number declined to 19,000 in 1986 (Ds A 1988:3). Again the wage offered was the going rate for the job.

With the increase in immigration in the 1960s and 1970s, there was concern that immigrant workers could easily become disadvantaged because of language difficulties. For some years AMS financed the right of immigrant workers to have 240 paid leave for tuition in the Swedish language. This responsibility was transferred to kommuns in 1986 (Elmér 1986).
Help for handicapped workers

The number of wage subsidies to employers who take on disabled workers, combined with those in sheltered workshops, rose from 48,000 in 1979 to 79,000 in 1988 (SCB 1990). Comparative research carried out in 1974 showed that whereas 29,000 were employed in 250 sheltered workshops in Sweden, in the UK the equivalent figures were 8,700 in 94 workshops (Moores, Booth and Duncan 1987 p132).

There is little doubt that under Social Democratic Governments, labour market policy has employed a wide range of measures to complement macro-economic policy but also to further social goals; to alleviate unemployment and to help disadvantaged groups. It is also clear, however, that when faced with growing unemployment, particularly amongst the young, there has been a tendency to take a tough line with trainees. If that tendency was apparent under Social Democratic Governments in the 1980s, it is likely to be reinforced in the 1990s under the new Bourgeois Government.

New policies

Swedish active labour market policy has been predicated upon full employment. It has also assumed an arbetslinje, that it is better for a worker to be usefully occupied on a training scheme, a job creation programme or in a sheltered workshop. According to the Director-General of AMS this is now under threat. He has predicted an unemployment rate of 6% for Autumn 1992 (and more recently 7% for the Summer of 1993). AMS training and job creation places amount to 3% of the workforce and are now full to capacity.

One can justly ask whether we are on our way into Europe through a Europeanisation of Swedish unemployment. Is it time to say farewell to full employment? (Bernhardsson: DN 1992d)

There would seem to be little evidence of a Bourgeois Government determination to keep unemployment low. However, like its predecessor in Britain in 1979, it cannot afford to allow unemployment to rip and at the same time reduce labour market measures. In its January 1992 budget, it gave AMS the SKr 20 billion it needed to continue to provide 3% of the workforce with training and job creation places.
continue to provide 3% of the workforce with training and job creation places. Resources for handicapped workers and deprived regions have been made a priority. Money has also been given to reduce the social security contributions of employers in poorer regions. But if other aspects of employment policy are anything to go by, it will not be long before AMS faces changes. Subsidies to company health schemes have been abolished as have the training and information grants for the Co-determination Law. Work injury insurance is to undergo drastic revision. More significantly, the wage-earner funds are to be abolished and employment rights to be reviewed. SAF has already made it clear that it wishes to see higher fines for wildcat strikes, compulsory membership ballots before a strike, compulsory arbitration, less job security, less rights to leave from employment and more protection for employers (DN 1991m). Trade unions leaders are obviously fearful that these measures will become Government policy (DN 1992g). Moreover there has been a clear message coming from SAF and the Labour Market Minister that wages will need to be reduced to keep small firms in business and young people in employment.

**Conclusion**

Even if the present scale of AMS programmes has been protected, there can be little doubt that they operate in an increasingly hostile environment. There are clear signs that both Government and employers want a more flexible, less demanding, more docile work force. The attempt to achieve this is taking place on a number of fronts. Unemployment is being allowed to grow, wages are being depressed and employment rights eroded. Each of these reinforces the other. SAF is encouraging both single union deals and decentralised pay bargaining (see chapter ten). At the same time education is becoming more market-oriented and instrumental in its aims and organisation. Education is now about the competition for good jobs and the disciplined knowledge required to get them. It is now clear that the concepts of equality, recurrent education, industrial and economic democracy, have become diluted and that the likely driving force behind education and employment policies in the future will be, as neo-Marxists so neatly put it, "the reproduction of labour power and the maintenance of the non-working population" (Gough 1979).
For years other countries felt they had much to learn from Swedish experiments in the fields of education and employment policy. But even in Sweden, social democracy is on the retreat and the imported policies and principles of the new right are in the ascendancy.

Notes
1. Swedish Institute literature often refers to at least 2 million participants in study circles. Boucher suggest that an SCB investigation in 1976 showed that this referred to 650,000 individuals, many of whom attended more than one course (Boucher 1982: p154)

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CHAPTER THIRTEEN
SWEDEN: Perspectives and evaluations
(Capitalist welfare systems, Chapter 13, 1993)

Introduction
Events have moved too rapidly in Sweden in the last two years for there to be a substantial literature which considers their significance. It is nonetheless instructive to look at how different writers have examined and explained developments in the last two decades. The whole nature of the debate about Sweden has shifted from one which concerned the success or otherwise of the "middle way"; to whether or not Sweden was on an evolutionary path to socialism - "the socialist way"; while currently the debate is about whether a reduction in the public sector and stimulation of the private sector represents "the only way" for Swedish governments of the future. What had appeared to be the unassailable welfare state is now on the path towards post-Fordist welfare pluralism.

The middle way
During the post-war years in which the middle way enjoyed such a strong reputation, it was difficult for critics to carry much conviction. Those who claimed, like Parkin, that Sweden was not particularly egalitarian or socialist (Parkin 1971); or that it was, on the contrary, both too socialist and authoritarian (Huntford 1971), seemed to miss the point. The Social Democrats, it was argued by others, had long since abandoned any revolutionary pretensions. They were concerned simply to manage capitalism in as efficient and effective a way as possible while ensuring that the vast mass of the population enjoyed a high standard of living and a high degree of security. American reformists in particular were pleased to find a country where gross national product per capita was similar to that of the US, but in which there was little evidence of the slums and primary poverty which disfigured their own society. Tomasson had described Sweden as a "prototype of modern society". Furniss and Tilton saw
Sweden as "the archetype of the modern welfare state" (Tomasson 1970; Furniss and Tilton 1977). When post-modernists today refer back to the 'modernist project', it ought to be remembered that Sweden was seen as the supreme example at the time.

Furniss and Tilton were also impressed by the political consensus which surrounded social programmes. The Swedish welfare state had its origins in the paternalism of employers; the moral obligation of Christian traditions; a pragmatic and preventative approach to social problems which regarded them as wasteful and inefficient; as well as a social democratic ideology which emphasised liberty, equality and solidarity. Social democratic governments had not sought to nationalise large sections of the economy but had helped it function efficiently and equitably. The trade unions, in their view, had used their strength wisely to help maintain full employment while at the same time developing an anti-inflationary strategy without which full employment would be jeopardised. The active labour market policy gave workers a sense of security and made them willing to accept rationalisation and restructuring. Extensive counter-cyclical measures, such as state regulation of investment, ensured that the economy did not suffer the booms and slumps experienced elsewhere. All the indicators seemed to suggest that the effect of social programmes on the life chances of ordinary Swedes, quantitatively and qualitatively, were extremely beneficial. The expansionist attitude towards social policy that prevailed in Sweden contrasted with the more restrictive approach of the British. In the view of Furniss and Tilton, "Sweden's accomplishments make it natural that other nations should strive to imitate it" (Furniss and Tilton 1977).

Furniss and Tilton were writing too early to be able to consider the implications of some of the more radical reforms, introduced by the social democrats in the mid-1970s. But in their wake other commentators began to express doubts about the more idealistic representations of the People's Home. Wilson, writing in the latter half of the 1970s, admitted that on many aspects of social policy, Sweden compared well with other countries, but she expressed concern about the extent to which high social benefits, taxes and social security contributions were becoming a disincentive for employees to work and for employers to invest (Wilson 1979). She even went so far as to question whether too much was being done for the elderly. Shenfield, had no such doubts. To him it seemed that a major change had taken place in Swedish social
democracy. Whereas, initially, Social Democratic Governments had co-operated with capital, now they seemed set on milking it. The degree of influence that trade unions were beginning to have in economic and political life struck him with horror. Workers were being brainwashed by trade union education programmes and children in day nurseries by socialist teachers. The state was making too many decisions about people's welfare and company investment. The degree of state dependency was stifling individual initiative (Shenfield 1980).

Socialist writers had also criticised excessive state interference but from a different standpoint. There were those who felt that reformism had done too little to reduce the power and wealth of individual capitalists, and too much to manage and manipulate the workforce on behalf of the employing class (Sjöström 1979). Ronnby put it differently when he criticised the state technocracy which the Social Democrats and the trade unions had established. Democracy was a facade, he argued. People had too little control over their own lives. They were controlled by welfare bureaucrats and professionals. The state apparatus preferred to pursue a policy of adapting individuals to the system rather than change the system for the benefit of individuals. Capitalism created casualties, and the welfare state merely mopped them up (Ronnby 1981).

Similar attacks were made on the nature of Swedish corporatism. Panitch argued that capitalism employed corporatist approaches to social and economic policy in order to incorporate trade unions and diffuse their demands. Corporatism in Sweden was used to reduce the wage pressure that resulted from full employment in an attempt to sustain profitability and competitiveness (Panitch 1981).

In the 1960s, criticisms such as the above might have been easy to dismiss, but by the late 1970s it was more difficult to do so. The SAP had lost two elections in a row; the Swedish economy had severe problems; labour relations were no longer stable; and the bourgeois governments of 1976 and 1979 had not been able to either improve economic performance or tackle public spending. Nonetheless, with the re-election of the SAP in 1982, it was still possible for its more radical supporters to hope that the forward march to socialism would be resumed.
The socialist way

For theorists of social democracy there was a battle to be fought over the importance of politics in the determination of levels of welfare spending and the characteristics of welfare systems. Many Marxist accounts of the welfare state had implied that it was an institution which to a large extent functioned to meet the needs of capitalist societies. Although social democratic reformism could improve the lot of the working class at the margins, it was argued, the political complexion of a government was of no great significance. The balance of class forces within the capitalist state ensured that whoever was in government, capital held the reigns of power. A similar argument, though not a Marxist one, had emerged in the more empirical work of Harold Wilensky. Using regression analysis, Wilensky had claimed that his data demonstrated that the main determinants of the level of health and social security expenditure were economic growth, the age of the population and the age of the social security system. Factors such as political ideology and political system seemed to account for a very small degree of the variation between countries (Wilensky 1975).

What is important about these different analyses from our point of view is that they seem to have stimulated a vigorous defence of Swedish social democracy. Castles, a political scientist, criticised Wilensky for the "futility" of his sociological approach to politics and claimed that all that Wilensky’s methodology showed was that rich countries had more to spend on welfare than poor countries. In an analysis of similar data, but making use of different criteria, Castles, claimed to demonstrate that it was not so much the presence of a government of the left which was important as an predictor of welfare spending and equality, but the absence of a strong party of the right. Sweden's small Conservative Party, it could be concluded, was a significant factor in the development of the welfare state (Castles 1978; Castles and MacKinlay 1979).

Others, however, took a more positive stance. Stephens argued that whereas other countries' welfare states were pursuing a corporatist path, the Swedish welfare state might be on the road to socialism. The creation of a welfare state, which, through measures like the ATP pension scheme, had commanded the support of working class and middle class electors alike, gave social democracy greater strength than elsewhere. The near permanence of Social Democratic Governments, the high degree
of unionisation, the degree of political consciousness in the population - all provided necessary preconditions for socialist development. Moreover, the labour movement had moved away from the "welfare state reformism that had dominated its policy for almost forty years back to the original programme of the party - democratic ownership and control of production" (Stephens 1979 p 177). The Co-determination Law of 1976 had given unions a greater influence over management and the employee-investment funds, if enacted, would bring about greater control of private enterprise decision-making. His examination of the Swedish case had cast an "optimistic light on the possibility of a parliamentary transition to socialism" (Stephens 1979 p 200).

Korpi, in spite of the loss of the 1976 election by the Social Democrats, which he put down largely to the exploitation of the issue of nuclear energy by the Centre Party, also remained basically optimistic about the future for socialism in Sweden. LO's wage-earner fund proposal showed that:

the collective power resources and social consciousness of the workers had developed to a point where the dominance of capital in the sphere of production was no longer accepted (Korpi 1978 p 332).

In Korpi's view internal competition amongst wage-earners was "on the verge of being abolished" (Korpi 1978 p 4). The grave-diggers of capitalism were still at work, he claimed.

In another publication following the return of the Social Democrats to office in 1982, Korpi was even more optimistic about the future of socialism. High unionisation; the working/middle class support for the Social Democrats; and the possibility of economic democracy through the co-determination law and the wage-earner funds - all gave support to the idea that the power resources of labour transcended those of capital. Sweden had not suffered the welfare backlash experienced by other countries. On the contrary, the welfare state seemed to be "well-entrenched among the voters" (Korpi 1983 p 207). Korpi continued to demonstrate the importance of his power resources argument throughout the 1980s. In a study of the rights to sickness benefit in OECD countries from 1930 onwards, he yet again attacked those pluralists and Marxists who took a pessimistic view of the democratic
potential for radical change. Social rights, he concluded, could not be regarded a function of capitalism or state bureaucracy. His data showed that "class-based left parties" played a significant role in their development (Korpi 1989 p 325).

Meanwhile, a parallel argument was being developed by Esping-Andersen. In a number of publications from 1980 onwards, Esping-Andersen developed the concept of de-commodification (Esping-Andersen 1985, 1987, 1990). Under early forms of capitalism the wage-earner had had to earn a living to survive. Without alternative means of sustenance workers were totally dependent upon their ability to sell their labour. Labour became a commodity. With the evolution of social security, rights to unemployment, work injury and sickness benefits there was a lesser degree of commodification, but the level of these benefits, their duration and the rules which governed their eligibility varied considerably from one welfare system to another. In Esping-Andersen's work, Sweden stands out as an example of the society in which the greatest strides have been made towards reducing an employee's reliance on the market's demand for labour i.e. in which there is a high degree of de-commodification. This has been achieved by making the greatest efforts to maintain full employment; by ensuring that income replacement levels are high, benefit duration is lengthy, and the take-up of benefits is widespread. Moreover, the generous provision of disability benefits, educational leave, maternity and parental leave, means that there are a variety of ways open to employees to lessen their market dependency.

It is not surprising, given the pervasiveness and thoroughness of the work of people like Korpi, Esping-Andersen and Kolberg, that social democratic literature on the welfare state in Sweden should have remained so optimistic throughout the 1980s especially in the context of the three election victories experienced by the Social Democrats in 1982, 1985 and 1988. With this background in mind, we can now turn to the work of Sven Olsson. This work is important because a number of studies of welfare developments in capitalist countries during the 1980s, seemed to carry a chapter by Olsson on Sweden (Olsson 1986, 1987, 1988, 1989). Although the concepts of power resources and de-commodification are hardly mentioned, Olsson's acknowledgement of the work of Korpi and Esping-Andersen and his own optimism suggest that he was not out of sympathy with their studies. Writing in the middle of the 1980s Olsson claimed that inequalities of living conditions had been significantly
reduced between 1960 and 1981. Although he was critical of the persistence of educational inequalities and was reluctant to pronounce on the variability of health services and their outcomes, he thought it significant that while unemployment had grown elsewhere in Europe, in Sweden it had not risen above 4% in the early years of the decade.

Despite the reported shortcomings in actual welfare the welfare state must be regarded as not only being fairly successful, but also...an irreversible feature of Sweden for the foreseeable future (Olsson 1989 p 303).

In another paper written at about the same time and certainly after the 1985 election victory of the Social Democrats, he noted that the outside world no longer seemed to hold the Swedish model in the same esteem as before. Of the 1982 election he said that it demonstrated the strength of the social forces behind the welfare state, and of 1985 that the election was fought on a consolidation platform. With some satisfaction he noted that while Sweden’s Conservative Party had become more hostile towards state welfare, it had gained less electoral support in 1985 than in 1982. Nevertheless it was clear that the welfare state was becoming a more contentious issue politically, between the forces of consolidation and those which sought to dismantle it. There was, however, no major retrenchment and Olsson again reiterated his belief in the welfare state’s irreversibility (Olsson 1987 p 78).

A subsequent paper, remains optimistic but one senses a gathering of the clouds. Olsson noted the deterioration in welfare provision in other developed countries but claimed that there was no evidence of a national welfare backlash or of an anti-welfare coalition. One local authority had attempted major cutbacks in welfare expenditure and a few isolated cases of privatisation had broken out, but otherwise, he suggested, there was little to suggest that the welfare state was under threat. The Social Democrats had even expanded child care and improvements to parental benefit were also being proposed. He concluded that the prospects for social welfare were "rather favourable in Sweden especially as the economy is recovering in the mid 1980s....the national backlash still seems far away" (1988 p 90). Only in the introduction to his
collected papers did he at last permit himself to wonder whether regression was a possibility (Olsson 1990 p 35).

While it is possible to understand the optimism of Korpi and his colleagues, given the electoral success of the Social Democrats in the 1980s, one is also entitled to wonder whether their theoretical framework obscured the possibility of a more pessimistic interpretation of events. For two commentators on Swedish social democracy and its system of industrial relations, there were clear signs of strain throughout the 1980s. Pontusson, writing for the New Left Review in the early 1980s claimed that Korpi, and others who saw Sweden as maturing towards socialism, had failed to appreciate the nature of the economic crisis Sweden was facing. Swollen welfare expenditures were simply adding to that crisis. The Swedish welfare state was becoming dysfunctional for capital. Korpi he argued, neglected global economic developments, and the need for Swedish firms to compete in world markets. Korpi may have been right to say that Social Democratic rule had resulted in a redistribution of resources from capital to labour and Esping-Andersen was certainly right to claim that citizens had been de-commodified to a significant degree. But these developments, combined with full employment, had led to a decline in the kind of labour discipline that Swedish capital required to adapt to world markets (Pontusson 1984).

In a subsequent paper, Pontusson admitted that the adoption of the idea wage earner funds in the 1970s was a direct challenge to capital. But precisely for all these reasons, he argued, Swedish capital had begun to fight back. SAF had become much more politicised and was beginning to speak out on what it saw as the waste and inefficiency of the public sector. It was using the mass media more effectively to advocate "the restoration of market forces and corporate profitability" (Pontusson 1987 p 22). Perhaps the most telling part of Pontusson's analysis was his statement that the internationalisation of major Swedish firms had made them less dependent upon a "welfarist recovery strategy based upon domestic demand stimulation" (Pontusson 1987 p 24). Inevitably, the wage earner funds, when legislation was finally introduced, were a pale reflection of the original radical proposal. They may have saved the face of LO and the SAP Government, but it could not be pretended that they were a major threat to capital.
While Fulcher - a specialist in the field of Swedish industrial relations - recognised that there was a radical side to the labour movement which corporatist thinkers like Panitch perhaps neglected, he too saw little radicalism in the co-determination legislation and the wage earner funds. By the time they were on the statute books, he argued, they had become mildly reformist - neither a great threat to capital nor a great bonus for labour (Fulcher 1987a). In a review article, Fulcher continued to express his doubts about 'labour movement theory'. The success of the Swedish system, he insisted, depended not simply on the policies advanced by the labour movement, but on the success of Swedish capitalism and the co-operation with labour, that for many years had been the chief characteristic of the Swedish model. The corporatist consensus may have broken down, but that was not because power now rested with the labour movement. Employers and their federation SAF had resented the radical direction, the labour movement had taken and in the 1970s and early 1980s and had begun to fight back. Private sector employers were no longer interested in centralised negotiations and were introducing company level schemes for bonuses, profit-sharing and employee share ownership (Fulcher 1987b p 137). In a subsequent study, Fulcher described the deregulatory, supply-side policies of the Social Democrats and their abolition of exchange and import controls as clear evidence of a shift to the right. For Fulcher, "all this [raised] the difficult question of the degree to which the distinctiveness of the social democratic welfare state [could] be maintained" (Fulcher 1991 p 302). A year after the publication of his book, the results of the 1991 election confirmed Fulcher's doubts.

The only way
The implication of both Pontusson's and Fulcher's critiques of the Korpi school is that the latter overestimated the significance of labour's power over the state and underestimated the power of capital. They also overestimated the radical commitment of the labour movement's leadership. High union membership, strong electoral support for the Social Democrats and opinion polls which indicated widespread support for the welfare state seem to have contributed to a belief among the genuine radicals in the SAP that more of the same would ultimately lead to socialism. This
partly explains why Sweden has been going in a direction different to that of its international competitors for some considerable time. Understandably, bravely - but perhaps foolishly - the goals of full employment, the welfare state and 'the strong society', were maintained while other countries were concentrating on productivity and social disarmament. The signs were there to be read in the global economy and they were becoming clearer within Sweden itself. Unfortunately they were camouflaged by the persistent return of Social Democratic Governments.

Support for the SAP in the 1980s may have been as much a support for the strong, 'natural' party of government as for its policies. Perhaps the SAP was preferred because the weak and divided parties of the right, judged on their performance from 1976 - 1982, had little to offer. But the composition of the right had slowly been changing since 1970. The Conservatives have doubled their electoral support from 11% in 1970 to 22% in 1991, while the combined support for the Centre and Liberal Parties has been halved from 36% to 18% during the same period. Moreover, throughout the 1980s the neo-liberal tone of the Conservatives became more strident, while the policies of SAF became more partisan and market-oriented, each insisting that the only way out of Sweden's economic difficulties was to reduce the size of the public sector and the burden of high taxation.

If the more radical section of the SAP deceived itself into thinking that its political power was greater than it was, it may also have been guilty of taking too uncritical a view of the public sector and the welfare state. Expansion in itself was neither socialist nor egalitarian. Evidence of waste and overmanning, inefficiency and low productivity, growing inequalities should all have been acted upon sooner. Libertarian left critiques of the Social Democratic technocracy, like that of Ronnby, had not been heeded (Ronnby 1985). In consequence, it has been left to theorists of the right to attack the public sector.

In a series of debate articles in the liberal newspaper Dagens Nyheter, the economist Södersten has mounted a formidable attack on waste and inefficiency in central and local government. His claim is that until the massive expansion of the public sector which began in the 1970s, Sweden had experienced decades of consistent and unparalleled economic growth. With the growth of public sector employment from 25% to 33% of all employment, and the expansion of public sector
expenditure from 35% to over 60% of GDP, Sweden's economic performance has declined (Södersten 1991a). He quotes figures submitted to the Government committee on productivity (whose brief excludes a consideration of public sector productivity) which suggest that productivity in the private sector has declined from an annual rate of 5% in the early 1960s to 1.6% in the late 1980s, with the most rapid decline taking place since 1975 (Södersten 1992a). For the decline in the performance of the private sector, Södersten blames public sector expansion almost entirely. In his view, the combination of high marginal rates of income tax in the 1970s and the 1980s, coupled with a complicated system of tax allowances led to middle class people manipulating the system to make enormous capital gains in the buying and selling of shares, property and housing. The real losers of this system were the manual workers who rented their homes and the value of whose real pay stagnated. Class divisions had increased (Södersten 1991a). This would seem to be confirmed by empirical data referred to in the three previous chapters.

Another principle line of Södersten's critique is the low productivity of public sector employees. He cites many examples of doctors working much shorter hours than their counterparts in other countries, of overstaffing in health care, child care, the care of the elderly and recreation leaders. He complains that there are so many different forms of leave which are well provided for that on any given day only one third of Stockholm County's workforce turn up for work (Södersten 1992b). In the private sector he insists, workers with low productivity would move to jobs with higher productivity. If the Social Democrats had allowed this to happen in the 1980s, when there was an upturn in the economy after devaluation, things might have been different. Instead the public sector was allowed to take up spare labour in times of recession but did not shed it when the economy picked up (Södersten 1992a). The result is a swollen public sector with an insatiable, gargantuan appetite for resources (Södersten 1991b).

His last line of criticism is reserved for ATP - the state earnings related pension which is always heralded in the social democratic literature as the policy which signalled the historic compromise between the working and middle classes. Södersten claims that ATP has led to a decline in personal savings and has deprived the private sector of investment. At the same time the chief losers of the rule which entitles those
with 30 years of contributions the right to a full pension, are those manual workers who work from the time they leave school until they retire and whose wages are affected by contributions throughout that period (Södersten 1992b).

If Södersten's argument is valid, then this would explain another development in Sweden which the Social Democrats have underestimated. While Korpi and others have prided themselves on the a working/middle class alliance which has given staunch electoral support to the Social Democrats, they have neglected the other working/middle class alliance. Much of the support for the SAP comes from those who by virtue of their employment or their benefits have a vested interest in the public sector. Meanwhile, disillusioned private sector manual workers, particularly young ones, who have seen their real pay remain steady or decline, have begun to support the parties of the right.

Conclusion
The middle way, based on corporatist co-operation and consensus between government, business and trade unions provided Sweden with prosperity, security and a reduction in major inequalities up the 1970s. Ironically the egalitarian, radical and expansionist policies associated with the labour movement in the 1970s - the socialist way - seem to have brought neither prosperity, greater equality nor socialism. Instead they would seem to have blinded many into believing that Sweden could ignore trends that were occurring elsewhere in the world. The Swedish Fordist economy was becoming less competitive, wages were rising too fast as a consequence of increasing rigidities in the system of pay bargaining, and capital investment was going abroad. The welfare state in these circumstances could not continue in its existing form.

Sadly, the Swedish experiment would seem to have reached the limits of reformism. De-commodification could only go so far. The use of unemployment as a policy device, the privatisation of public services and reductions in welfare benefits, which elsewhere have re-established the primacy of market discipline and social control, are painfully and slowly dismantling the People's Home. Labour, even in Sweden, is in the process of re-commodification.
References


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CHAPTER FOURTEEN
THE SWEDISH SYSTEM IN TURMOIL? Debate, Conflict and Change
(from Brunsdon, E. and May, M. Swedish welfare: policy and provision, 1995)

Introduction

Many societies have experienced periods of greatness in which their institutions have functioned in a way to compel admiration and emulation amongst others. For a time, it seems as if their power and effectiveness will last forever. When change comes, as it inevitably does, and other societies, with different institutions and cultures, establish a new supremacy, the old find it difficult to adapt. The British Empire was based upon a range of institutions and social practices which, when decline set in, proved resistant to change. It took the British a long time to adapt to the loss of empire. A similar process is now going on in Sweden. The once and justly famous Swedish model is no longer functioning as well as it did. Other forms of economic and social organisation are being developed to cope more effectively with the problems of a post-Fordist world. Every aspect of what was once regarded as an essential feature of the Swedish model is being questioned. The new uncertainties are prompting some to be bold and seek new forms of adaptation; others, fearful of the changes raging about them, try to resist. The forces of action and reaction create havoc with old loyalties and alliances. The end result will be a mixture of continuity and discontinuity, but as yet it is impossible to see what will and will not survive.

This paper will begin with an outline of the principal characteristics of the Swedish model and its seeming ability to cope with changes in the world economy in the 1980s. Crises which have afflicted the system since 1989 will then be considered along with the current re-appraisal of key aspects of what were regarded as essential features of Swedish society.
The Swedish Model

The view of Sweden as a country which successfully combined the best aspects of capitalism and socialism dates from Child's *The Middle Way* (1936). Over the years, this view was strengthened by the centralised pay bargaining undertaken by the employers' federation (SAF) and the federation of manual worker trade unions (LO) from 1938; the establishment of an active market policy in the post-war years; and of a welfare state that provided a universal and comprehensive set of benefits and services. All of this was achieved during a period of economic growth which resulted in a high standard of living for the mass of the Swedish population. By 1970, Sweden was seen as the 'prototype of a modern society' (Tomasson 1970).

Strains within the Swedish system became apparent during the 1970s. The Swedish Social Democrats had been elected continuously to government since 1932. For some in the party the achievements were solid enough. Material poverty was non-existent, capitalism's excesses had been firmly held in check, full employment and the welfare state had been firmly established in the social imagination by the term *folkhemmet* the people's home. But for others, this was not enough. In the view of those on the left of the party, the distribution of wealth and political power remained capitalist in nature. They felt that having achieved a measure of political and social democracy, it was time to promote a degree of industrial and economic democracy. A Co-determination Act came into force in 1976 to give trade union representatives a greater say in company affairs; a proposal for *wage-earner funds* was also floated to give trade unions and their members a future stake in company profits. It was clearly felt by socialists at the time, that if any country could achieve socialism by reformist, non-violent means, it would be Sweden (Stephens 1979).

Paradoxically while these proposals were being discussed, Western capitalism was experiencing its first major crisis since the unparalleled years of post-war prosperity. The Swedish economy, like many others, experienced problems in the aftermath of the oil crisis of 1973. The Swedish electorate reacted by increasing its support for the parties of the Right for the next two elections in 1976 and 1979. The elected coalition governments (comprising Conservative, Liberal and Centre Parties) had little impact on the growth of the Swedish public sector and the welfare state. Perceptions of their mismanagement of the economy led to a return of the Social
Democrats in 1982. Regaining political power and establishing wage-earner funds, the Social Democrats once more appeared to be on the reformist path to socialism.

The misleading 80s

While the rest of the Western world reeled from the impact of competition from Japan and began to dismantle the twin pillars of post-war Keynesianism - full employment and the welfare state - the Swedish economy, with the benefit of a major devaluation of the krona in 1982, continued to grow. By the end of the decade, unemployment was dipping below 2% and major observers of welfare developments claimed that welfare provision in Sweden was immune from public criticism (Olsson 1990). Employees within the Swedish system had, in comparison with their counterparts in other welfare regimes, become decommodified - "able to opt out of work when they themselves considered it necessary" (Esping-Andersen 1990 p.23).

The stronger aspects of Swedish economic performance were, however, to prove illusory. Towards the end of the 1980s, high levels of inflation, the reappearance of public sector deficits and declining prospects for economic growth, led the Social Democratic government (re-elected in 1985 and again in 1988) to reconsider its priorities. Unemployment was allowed to rise to help in the battle against inflation. Attempts were made to cut central and local government expenditure, the tax system was reformed placing less emphasis on direct, progressive, taxation on incomes and more on indirect taxation (Södersten 1990). As its fortunes declined in the opinion polls to only a few points above the Conservative Party, the government began to rely more on the Centre, Liberal and Conservative Parties to get its measures through parliament instead of its erstwhile ally, the Communist Party. With the approach of the election in 1991, an alliance between the Liberal and the Conservative Parties called for a system shift in Swedish politics that would strengthen market forces and would reduce the size and power of the public sector (Ny start för Sverige 1991).
The Bourgeois Government

Unlike the coalitions of 1976 and 1979, the coalition government elected in 1991 (comprising the Conservative, Liberal, Centre and Christian Democrat Parties) had a clear alternative philosophy. Drawing on the success of the 'New Right' in the US, the UK and other countries, it advocated decentralisation, deregulation and privatisation. The Social Democrats had experimented with the first two. The new government invoked all three with a view to eroding the public sector and reducing taxation. It would not have escaped the notice of the Conservative Prime Minister, Carl Bildt, that his aims would be easier to accomplish with a weakened bureaucracy and trade union movement. Like Britain's Prime Minister Margaret Thatcher, Bildt had a catch phrase to encapsulate the rightness of his policies. The way chosen by his government was "the only way".

Significantly, however, Bildt's own party did not have a parliamentary majority. Worse, he had no majority even when a fourth party, the Christian Democrats, were included in the bourgeois coalition. Moreover, the Social Democrats had regained a lot of their traditional support with 138 seats in the 349-seat parliament and the support of almost 38% of the electorate. A new, maverick, populist party - New Democracy - held the balance of power between the socialist and bourgeois blocs with 25 seats.

Bildt was obliged to give key ministerial posts to the leaders of the other three parties, most notably, the Department of Health and Social Affairs to the Liberal leader, Bengt Westerberg. He also gave significant posts to women. The Finance Minister, Anne Wibble, was a Liberal; the justice Minister, Gun Hellsvik, a Conservative; and the Foreign Minister, Margaretha af Ugglas, another Conservative. Of Bildt's twenty-one initial ministerial appointments (including eight women) most remain in post. This should not be taken to imply, however, that the government has operated smoothly. While there might have been a general agreement on the aims of the new regime, there was no consensus among coalition leaders as to which public programmes to cut, what taxes to reduce and which new measures to adopt. In particular, the Social Affairs Minister, Bengt Westerberg, was soon proclaiming the impossibility of reducing public expenditure and taxation without damaging the Swedish entitlement to a high standard of welfare for all.
Nor could Bildt rely upon the support of New Democracy. It too had been elected on a platform of drastic cuts to public expenditure, but opposed any attempt in the early months to abolish the partial pension scheme whereby older workers could work part-time and draw part of their pension. Moreover, New Democracy had sought electoral support for its openly anti-immigration policies prompting both the Liberal and the Centre Parties to insist that they would not co-operate with New Democracy in a widened coalition.

Apart from the political difficulties of juggling with a four-party minority coalition, the bourgeois government faced the problem of how to stimulate the Swedish economy. Various indicators suggested the economy was experiencing negative growth, industrial output was declining and productivity was falling. Gross National Product per capita had been declining for some years and the relative position of Sweden compared with other capitalist countries was deteriorating. Sweden's large multinationals were no longer investing in the country because of high labour costs and high taxation.

Much of this was blamed on a public sector which employed over a third of the workforce and consumed some 60% of GDP including transfer payments. In its first budget the new government attempted to tackle the twin problems of the economy and the public sector by introducing cuts in tax allowances, higher social security contributions and freezing child allowance on the one hand and by reducing taxes on capital and property on the other (Aftonbladet 1991). In the April 1992 supplementary budget, proposals to reduce the mounting public sector deficit by a further £1 billion a year for the next three years were announced (1). Initially this was to be achieved by preventing the local authorities from raising their taxes while at the same time reducing their grants from central government. Housing subsidies were to be reduced. Another measure, that of introducing two waiting days before sickness benefit could be claimed, had been announced in the previous savings plan (Dagens Nyheter 1992a). This doubling of proposed savings was intended not only to reduce the budget deficit but also to enable a reduction of VAT from 25% to 22%.

The government faced problems getting even these modest measures through parliament. Its hand was forced however by the currency crisis of September 1992. Bildt had no sooner secured a promise of support from New Democracy than the
prospect of further currency speculation and possible devaluation, led him to seek the aid of the Social Democratic opposition instead. In a week in which the marginal interest rate rose to 24%, then 75% and ultimately 500%, the need to demonstrate a widespread commitment to controlling public expenditure became paramount. In the prime minister's view, Sweden's survival was at stake. This time a £4 billion savings plan was agreed. Again social insurance benefits were to be reduced, housing subsidies and child allowances cut, and the base amount by which all social benefits were calculated, frozen at 1992 levels. Taxes on petrol and tobacco were to go up while proposed reductions in capital and property and other taxes were to be postponed. The plan to introduce a new care allowance to give parents the choice of whether to spend the money on child care or stay at home for more hours with their young children, together with Westerberg's plan to make the provision of child care obligatory, were also postponed (Dagens Nyheter 1992b and 1992c).

The budget plan introduced in January 1993 continued in the same vein with the recognition of an ever worsening public expenditure deficit, estimated at over E16 billion. The Social Democrats withdrew their support, preferring a strategy to deal with the deficit by increases in direct taxation. In April, government plans to save a further E8 billion over the next five years were proposed as a consequence of an additional increase in the budget deficit of E3 billion. This would mean a quadrupling of unemployment contributions, increased contributions to ATP - the state earnings related pension - higher charges for health care and reduced parental insurance benefits (Dagens Nyheter 1993a).

The government's attempts to reduce public spending were frustrated throughout this entire period by a worsening international economic situation and the unemployment consequences of prioritising the fight against inflation. Unemployment, excluding those on labour market programmes, which had been 4% when the government came to power had risen to 6% by the middle of 1992 and a year later to 11% (2). Given the high income replacement rate of unemployment benefit, the insurance funds were deteriorating rapidly. At the same time, the government was having to bail out a number of major banks which were in danger of bankruptcy due to the credit losses experienced since the shattering of the property
lending boom of the late 1980s. On top of this, national debt repayments were mounting due to higher interest rates.

Not surprisingly, by the Summer of 1993, with a year to go before the election, the government's popularity was not high. A national opinion poll showed that all four coalition partners had less electoral support than at the 1991 election. New Democracy was in the same position. While government support was down to 38%, support for the Social Democrats had risen to over 50% (Dagens Nyheter 1993b). It was clear by then, however, that even if the Social Democrats were to succeed the bourgeois coalition, it would pursue very similar policies. The leadership had already accepted the need for tough measures to curb public spending; it had already accepted the need for constitutional and policy changes which would facilitate a stronger control over public expenditure; it had already offered an olive branch to the Liberal Party and Bengt Westerberg, in the event of another hung parliament. The Social Democratic leadership had moved much further to the middle ground. But this position was not necessarily accepted by the rank and file of the party nor by others committed to the idea of maintaining the principles and programmes upon which the 'People's Home' was based. They continued to challenge the growing orthodoxy that the public sector was, to a considerable extent, to blame for Sweden's economic troubles.

The Public Sector and the Economy
The changing climate of political debate in Sweden has followed a similar path to that which took place in the UK (3). An article in Folk i Bild, a socialist journal, has claimed that as far back as 1970, SAF, the employers' federation began to consciously organise itself to promote a more market-oriented set of values in the media and academia (Eskilsson 1992). Setting up think tanks and journals to disseminate free market analyses of Sweden's social and economic problems was their primary task. Their job was clearly a difficult one in a country which had come to accept a strong role for the state in all spheres of life. There is no doubting however, the vigour of the current debate in Sweden on the role and effects of a large public sector. Nor are the defenders of the Social Democratic inheritance in a strong position, given the
economic climate and the acceptance by significant Social Democrats, past and present, that change must come. In the past year a number of economists have questioned the government's resolve in tackling the public sector and called for a wholesale reform of the welfare state, the budget process and the constitution.

Without economic growth and the political will to change the system, a number of writers concluded that it would "break down" (Ståhl et al 1993 p.53), "collapse" (Isaksson 1992 p.82) and experience the same fate as "Uruguay" (Ståhl et al 1993 p.44 and Eklund 1993 p.152). After two years of Bildt's promise of a new start, Ståhl described an economy which had experienced negative growth for three years, contracting by 5%; an increase in unemployment to European levels; a budget deficit of £23 billion; a national debt of over £90 billion; and a devaluation of the krona of 15-20% (Ståhl et al 1993 p.6). Ståhl placed his argument firmly in the context of international developments. Economic growth in the Far East and the threat of competition from cheap labour in Eastern Europe, he claimed, meant that Swedish workers could no longer defend their high pay levels; high levels of taxation and the poor climate for private investment could no longer be tolerated; trade union power needed to be curbed and public expenditure cut. Beyond measures to tackle these problems the power of the state to engineer positive changes in the economy was negligible. The emergence of a global economy, new technology, the deregulation of financial markets and the increasing internationalisation of major companies meant that national governments' scope for action was severely limited. All they could do, Ståhl insisted, was to compete with each other to create the best combination of institutions to attract investment.

From an analysis of external factors affecting the Swedish economy adversely, Ståhl examined the development of the Swedish state from a social state, to a taxation state, and finally to a debt-management state. The social state of the 1950s and 1960s had been one in which political parties had been in agreement about the desirability of a collective social insurance system and had competed with each other for electoral support in terms of who could best manage the economy. The bureaucracy created by that system, Ståhl argued, had led to ever-increasing demands which had resulted in the high taxes of the taxation state of the 1970s. Exacerbated by the political tendency to satisfy voters with promises that could not be afforded, the 1980s saw the
emergence of the *debt-management state*. There was a danger, claimed Ståhl, that governments elected for a three year period simply lacked the will to tackle the growing debt burden.

The profligacy of politicians was also attacked by Isaksson (1992) for Father Christmas-like behaviour. They found it easier to give presents away than to take them back. What might have started as solidarity had become the self-interested appropriation of tax-payers' money. Having contributed so much to the system, individuals were determined to claim what they could back. The system, according to Isaksson, was no longer meeting need, but creating it by widening definitions of what constituted need and by fanning demand. People who were not sick claimed sickness benefit to use up their entitlement; parents took time off work to claim parental benefit to look after children who were not ill; the long-term unemployed were redefined as 'disabled', 'long-term sick' and were placed on pre-retirement pensions. With a plethora of labour market measures, unemployment had become a profession in its own right as those without work hopped from one scheme to another. Isaksson complained that too great an emphasis had been put on the responsibilities of the state and not enough on the obligations of individuals to provide for themselves. The result was a system in which individuals were constantly making demands which could only be financed by increased state borrowing.

Eklund (1993), an economist aware of the ideological base of much of what passed for economic analysis, carefully considered the extent to which the budget deficit was merely a cyclical phenomenon (i.e. likely to disappear with the end of the recession) and the extent to which it had more permanent, structural characteristics. Using official figures, he showed that the budget deficit had grown to over 12% of GNP from a surplus in the late 80s of 6%. At the same time, the government was having to pay high interest rates on a national debt which had grown from 15% of GNP in the late 60s to 70% in 1990 (Eklund pp 17-18). He quoted the government's finance plan for 1993/4 as showing income falling to £36 billion with expenditure rising to £52 billion. Interest payments on the national debt alone would amount to nearly £10 billion (p.23). Eklund concluded that there was clear evidence that a serious structural deficit existed and that in late 1992 it amounted to £10 billion (p. 91).
He went on to show that while government consumption and investment had been decreasing in recent years, it was transfer expenditure which had been rising drastically from 30% of GNP in the late '80s to nearly 40% in 1993. Clearly worried by the decreasing competitiveness of the private sector and the lack of investment in both the private and the public sectors, Eklund pointed out that what was crucial was whether the economy could grow sufficiently to keep up with the interest payments on the national debt without getting into a downward spiral of inflation and devaluation. He clearly did not rate the prospects very highly. He criticised the inadequacy of the government's intention to save £1 billion a year over the next few years, claiming that the figure needed to be nearer £2.5 billion. He also expressed concern about the budgetary process itself which he saw as weak in comparison with other countries. Quite apart from the fact that a four-party coalition with no overall parliamentary majority was bound to find it difficult to assert its will, the finance committee in parliament too often found that its recommendations were overturned by other specialist committees representing particular interests like agriculture, transport and education. In consequence, decisions to save were overturned and the budget process was expenditure-driven (p.118).

Each of these three commentators offered a set of radical solutions to the problems outlined. Isaksson suggested that the state should shed much of its responsibility for maintaining high social insurance benefit replacement rates. The state should, in his view, provide low flat-rate benefits for all leaving individuals to top up their own benefits through private and occupational schemes. This, he claimed, would result in a more decentralised system with a greater variation in benefits. Still was content to stick to generalities saying that welfare expenditure must be reduced and reformed; that politicians must cease giving out gifts to all; and organised interests must be prevented from misusing the system. Eklund was more specific, calling for:

- A long term expenditure strategy, with large cuts in expenditure as a whole,

- A move towards infrastructure and education expenditure and away from transfer expenditure,
• Lower and more standardised social insurance system with the state providing basic benefits and individuals taking responsibility for the rest,

• A reform of the budget process which distinguishes current and capital expenditure and presents clear norms for different parts of the budget,

• New decision-making mechanisms in the political system with a stronger parliamentary finance committee and longer parliamentary lifetimes (p.151).

**Lindbeck and Södersten**

It is clearly one thing to make public expenditure cuts and another to detect those forces which contribute to increasing demands upon the system. The economists referred to above had identified some of the factors involved. Others had gone even further in their analysis of what was causing the Swedish system to break down. Södersten, an economist who had also been a Social Democratic MP, concentrated upon what he saw as the increasing numbers of people who were becoming dependent upon the state for their income and the inefficiency of many of those in state jobs. In a series of articles in *Dagens Nyheter*, he blamed public sector employees almost entirely for the decline in productivity that had taken place in Sweden since 1975. He not only blamed the shorter hours worked by many professionals but also the tendency by state employees to take greater advantage of the many kinds of leave for which they had encouraged the state to make legislative provision. The public sector, he claimed, had taken on more employees than it needed in recession but had not relinquished them when the economy had begun to expand (Gould 1993).

In a subsequent article, he showed how between 1970 and 1992 (see Table 14.1) the ratio of those dependent upon the state for either their incomes or benefits to those employed in the private sector had risen from 0.9 to 2.3.
Table 14.1 The Swedish Maintenance Burden 1970-1992 ('000s)

<table>
<thead>
<tr>
<th></th>
<th>1972</th>
<th>1992</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed in the public sector</td>
<td>954</td>
<td>1,666</td>
</tr>
<tr>
<td>Old age pensioners</td>
<td>947</td>
<td>1,540</td>
</tr>
<tr>
<td>Prematurely retired</td>
<td>188</td>
<td>360</td>
</tr>
<tr>
<td>Receiving sickness benefit</td>
<td>262</td>
<td>270</td>
</tr>
<tr>
<td>Receiving parental insurance</td>
<td>28</td>
<td>170</td>
</tr>
<tr>
<td>Asylum seekers</td>
<td>10</td>
<td>78</td>
</tr>
<tr>
<td>On labour market schemes</td>
<td>66</td>
<td>240</td>
</tr>
<tr>
<td>Unemployed</td>
<td>59</td>
<td>340</td>
</tr>
<tr>
<td>Total</td>
<td>2,514</td>
<td>4,664</td>
</tr>
<tr>
<td>Employed in the private sector</td>
<td>2,737</td>
<td>2,050</td>
</tr>
<tr>
<td>Maintenance burden (9/10)</td>
<td>0.92</td>
<td>2.28</td>
</tr>
</tbody>
</table>

(Source: Södersten 1992)

Another source of criticism was a commission (chaired by Professor Assar Lindbeck) that had been set up by government to provide solutions to Sweden's economic crisis, (SOU 1993:16). Opponents of the commission, its report and its recommendations, said that it was set up by Bildt to provide seemingly objective, expert, support for government policies. The composition of the Lindbeck commission certainly guaranteed that the consensus view that had emerged amongst economists would find another form for its expression. It was nonetheless a further indicator of the seriousness with which many regarded Sweden's economic problems and the need for drastic measures to solve them.

Many of the commission's recommendations were in line with some already mentioned; others went much further. It recommended that a range of different social insurance benefits which often gave recipients 80-90% of their income should all be reduced to provide a standard 70%. It suggested that the intention to save El billion a year on public expenditure should be increased to C3 billion for 1995, 1996 and 1997. More competition in public services in general, and in a multiplicity of social insurance funds in particular was required (Dagens Nyheter 1993a & 1993c). Like Eklund, the commission considered that the budget process should be tightened, but it went further in making recommendations concerning the way in which the policy-making process could more effectively satisfy the 'public interest'.
It was suggested that the life of parliament be extended from three to five years, to give governments the chance to have sufficient time to deal with the problems they faced and to take a more long-term view. The commission also felt that there were too many MPs supporting too many vested interests, making it difficult for a government to act. Too many interest groups, including trade unions, received grants from the state. Without those grants their activities would be severely curtailed since their membership was often in decline. But they used these resources, the commission argued, to advance sectional interests at the expense of the general interest. The commission recommended that the state’s relationship with such groups should take a more neutral form; that there be a sharpening of the rules governing representation of special interests, and a reduction in opportunities to amend government proposals. More drastically, it suggested that the number of MPs (currently 349) should be halved to correspond to the proportion that existed in countries with a similar population size to Sweden (Dagens Nyheter 1993d). Nor did the recommendations stop at central government. The continued existence of county councils was no longer thought to be necessary. They created, in the view of the commission, the additional expense of an unnecessary layer of local government.

Some months after the report of his commission, Lindbeck was asked in an interview what he thought of the government’s reaction to his proposals. He was not convinced that a more long term view of the economy and the public sector had been taken. The government, he maintained, seemed to be taking on public expenditure cuts but there was a tendency to be insufficiently specific or to expect the municipalities to make a disproportionate amount of the savings. At the same time they were expected to carry out tasks they could not afford. In his view, if local authorities were to be expected to supply certain benefits and services they should be given the means to achieve them. Central government should make specific savings in its own expenditure. As to parliamentary changes, he thought it predictable that the recommendation to lengthen the life of parliament should receive widespread support, while the halving of the number of MPs seemed relatively unpopular. The latter threatened the interests of MPs, the former did not (Svenska Dagbladet 1993).
The Defence of the Public Sector: Alternative Analyses

The analyses outlined in the previous section have, inevitably, been challenged by defenders of public services and welfare benefits. There was a reluctance to accept that the public sector was to blame for everything and a refusal to believe that the Swedish model must be abandoned. Few have denied that problems exist and that the public sector and the welfare state have contributed to some of the problems of the 1990s but, it is maintained, they can also have a role in finding solutions.

Korpi (1992a), for example, has challenged the idea that economic growth in Sweden lagged behind that of other countries as both Lindbeck and Bildt had argued. He agreed that in percentage growth rate terms this might have been the case, but in absolute terms, he insisted, Sweden remained a very rich country, far more affluent than countries whose economies might have been growing at a faster rate. He nonetheless admitted that "Sweden had serious economic problems' and that "we must carry out an intelligent discussion as to the causes of the crisis". In another article (Korpi 1992b), he suggested that many of those who blamed social security costs for economic problems were using the crisis to attack something which they would have wanted to attack anyway.

Matsson (1992) has taken a different defensive tack. Unlike Korpi, he accepted that high transfer payments might have crowded out investment. He insisted, however, that public sector services were a natural consequence of a new economic revolution, just as there had been those who had said that manufacturing had been a burden upon agriculture during the industrial revolution, so now services were reviled. He suggested that the policy of the 1960s to encourage the rapid restructuring of industry had been preferable to the politics of the '70s and '80s which had featherbedded declining industries, and that encouraging growth industries which could finance public services was a better alternative to the unemployment and low paid jobs strategy of the present government.

Wetterberg (1993) recognises that Sweden's welfare system had been well adapted to the times in which it had originated but that the globalisation of the world's economies has made it difficult to sustain. Deregulation of international financial markets had made currency and interest rates more sensitive in their reactions to Swedish economic problems. In Bergström's view (1993a), the very success of Social
Democratic governments in creating large successful international companies, had made such companies independent of the Swedish economy. They could no longer be relied upon to create more jobs in Sweden. He favoured a return to the old system whereby the owners of capital were encouraged to invest for the long term benefit of the country instead of the present system whereby they distributed their profits for the short term interests of shareholders.

Both Wetterberg and Bergström have strongly criticised the policies of the '80s. Wetterberg accepts that taxes, social insurance benefits and state subsidies had been allowed to grow excessively; that unemployment had been kept too low; and that institutional weaknesses had allowed too much control over interest and currency rates and too little control over the budgetary process. His solution to the present crisis is to concentrate upon infrastructure investment and institutional reform. Bergström too admits that the lack of control over the public sector in the '80s had led to a shortage of labour in industry and an overheated economy. He also felt that the leapfrogging escalation of social insurance benefits had damaged the incentive to work. But he also blames significant errors in economic policy for the 1992 currency crisis. His solution to the present problems is to encourage investment in the infrastructure and raise taxes to finance the public sector deficit.

Others, resenting the distinction made by people like Södersten between a private "nourishing sector" and a "consuming" public sector, have also gone onto the attack. The editor of the Union of Metal Workers journal found it ironic that while the public sector had expanded, unemployment had been much lower than in other countries, but that since the public sector had been subjected to cuts, unemployment had risen to European levels. How, he asked, could the public sector therefore be responsible for the growth in unemployment? To his union's members, who could be regarded as belonging to the "nourishing" sector, he pointed out how much they depended upon the "consuming" public sector workers who looked after their children, and took care of metal workers themselves when they were sick and old. He could not understand how postal workers and nurses could be "consuming" when employed by the public sector but would become "nourishing" as soon as they became privatised. Nor could he see how the bankers who had done such damage to the national economy could be regarded as "nourishing" Jutterström 1993a).
This line of attack was further developed by Åmark (1993) who blamed Sweden's economic crisis on the owners of capital who had increasingly made poor investments abroad, and on the banks whose bad debts had led to them being bailed out by the public sector. He also resented the way in which the private sector could hypocritically discard employees, knowing that the public sector would have to bear the cost of their benefits and retraining and yet complain about rises in public sector expenditure. It was the private sector which, in his view, was consuming the country's resources.

A similar line has been taken by Wolmesjö (1993) who insists that there was no evidence that Swedish people were living beyond their means. If there was a budget deficit, the Swedes would finish up paying for it with their taxes or loan repayments. There was no problem about that, he insisted, Swedish exports had been consistently greater than imports. The trade deficit had been caused by owners of capital having to pay four times as much interest on money borrowed abroad in 1991 than in 1987. The money had been invested in a "row of useless property markets". After the abolition of currency regulation, Swedish directors had behaved as if they had been "released from a musty hothouse".

Views such as these have had a wide circulation in trade union and political journals and amounted to a spirited defence and counter attack by those who felt that the public sector was being unjustifiably pilloried for Sweden's economic problems. But perhaps the most surprising defence of the welfare state has come from the Minister for Health and Social Affairs himself, Bengt Westerberg. Even more surprising is the fact that he chose to co-author his short book on the subject with the leader of Sweden's white collar union federation, Sture Nordh (Nordh & Westerberg 1993).

"The Welfare State at the Cross-roads"
Westerberg was critical of writers like Isaksson who called for a return to the basic benefits of a Beveridge-type welfare system, and of Södersten who failed to recognise the great benefits of public employment to both those who were cared for and those, particularly women, who were employed. He saw no need for drastic reductions in
either welfare benefits or services. He rejected the idea of a welfare system which relied upon the voluntary sector or the size of an individual's wallet. He saw no benefit in copying the welfare systems of the US or Japan.

He explicitly stated that his starting point was "a comprehensive welfare policy and income security" (Nordh and Westerberg 1993 p.39). By this, Westerberg did not mean that there should be no changes to the welfare state, but that reforms should recognise the great achievements of the Swedish system. He criticised the Social Democrats for increasing social benefits in the 1980s without regard for their economic consequences. He agreed that more could be done to provide more effective social services and to give those in need a wider choice of welfare provision. He accepted too the need to place ATP, the Swedish state earnings-related pension scheme, on a more actuarial footing and the abolition of the partial pension. Sickness and work injury benefits could, he considered, be administered by employer and employee representatives, as agreed by the government and the Social Democrats after the September 1992 crisis. But he also advocated rises in unemployment benefit to bring it into line with sickness benefit and improvements in the care of children, the elderly and the handicapped. Here was a man who was at the centre of government, who had experienced, at first hand, the full weight of the economic crisis, and yet was prepared to contemplate increased taxes, charges and contributions, rather than make cuts that would damage the Swedish welfare state.

The European Community

It is clear from the above that not only does there exist a powerful and vocal opposition to the size, scale and nature of the public sector in Sweden but, understandably, given the Social Democratic influence over many decades, a strong reluctance to blame either the public sector generally or the welfare state in particular for Sweden's economic troubles. The institutional strength of welfarism will not easily give way to the predatoriness of the Right as, for example, happened in the UK. Nor is it easy for a country for whom public sector achievements have been a source of national pride, to abandon policies and institutions which were once regarded as being in the forefront of social progress. However, there is another issue which is seen by
some as even more threatening to the continuation of Swedish institutions than the current attack on the public sector and that is membership of the European Community.

Vihen, in 1990, the Social Democratic government first announced its intention to apply for membership of the EC, it did so in the panic of another crisis. The EC was seen to be a lifeline. If the Swedes stood outside the single market with all the benefits that were supposed to flow from economic and monetary union, the single market and, ultimately, a single currency, the Swedish economy would continue on its downward economic path. At the time there seemed to be widespread public and political support for the government's action. It was felt that compromises might be necessary since European standards in terms of welfare benefits, trade union rights etc. were somewhat inferior on the continent but that the social sacrifices and disadvantages in terms of sovereignty would probably be compensated by clear economic advantages. Three years on, the situation was rather different.

The EC had lost some of its attractions. Post-Maastricht and the 1992 currency speculation, the European ideal did not look so promising either economically or politically. Germany, the economic motor of the EC, was suffering the problems of unification and like other countries within the Community was beginning to doubt the wisdom of high welfare benefits and strong labour protection laws. By 1993, entry into the EC meant entry into a set of institutional arrangements which seemed to be moving away from the social corporatism that had characterised economic and social policy in the past towards the more exploitative business corporatism of Japan or the free market ruthlessness advocated by the UK and the US.

Negotiations to enter the EC were well under way in the middle of 1993. The intention, when the government has a deal that it thinks it can recommend, is to have a referendum in the middle of 1994, so that the people can decide whether or not Sweden should become a full member of the EC. An opinion poll published at the end of October 1993 suggested that 48% of the population was against entry (4% more than in the previous month) and only 30% for - 17% were undecided (4). The anti EC vote amongst under 30 year olds was almost 60%. An opinion poll, taken the previous April at a time when the support for the EC was slightly more favourable, showed that women were much less in favour than men. More ominously, it was clear that over
half of Social Democratic voters did not want Sweden in the EC and that only 20% did (Dagens Nyheter 1993e). Only amongst the supporters of the Conservatives and the Liberals was there a majority in favour.

Concern was expressed about a number of issues in connection with membership of the EC. Obviously there was a general concern about sovereignty, but more specifically there were worries that as the EC, post-Maastricht, became more involved in matters outside the field of economic policy, it did not become any more accountable. To the Swedes used to a political system in which there was a great deal of openness about decision-making and consultation, the EC seemed to be a very closed and secretive organisation. It was also a big step for a country used to pursuing a policy of neutrality, to become involved with an EC which was beginning to develop a common defence policy. There were worries too that the initial costs of joining, which had been estimated to amount to between E2 and E3 billion, would damage an economy already in debt.

Amongst socialists there was a fear that the achievements of a welfare state and the power of the labour movement might be jeopardised. Some, however, like Kjell-Olof Feldt, the former Social Democratic finance minister, clearly felt that "one nation protectionism will not work" (Feldt 1993). Similarly there were those who insisted that employers were the enemy not the EC and that influence could be exerted through EC channels to exert control over capital (Jutterström 1993b). The welfare state had to be reconceived on an international basis. Clearly these views must have corresponded to those of the Social Democratic leadership and the parliamentary party who had given considerable support to the government’s negotiations.

Other socialists were much more negative. The EC was seen by contributors to the journal Folket i Bild as imperialistic and exploitative in comparison with Sweden. It was an institution created in the interests of big companies trying to compete with Japan and the United States; it had no concern for the rights of workers, for democracy or for press freedom (Bergman 1993; Myrdal 1992; Nyberg 1992). A more threatening attack on the EC policy of leading Social Democrats came from Sten Johansson, the former Director of the Central Bureau of Statistics, in a series of debate articles in Dagens Nyheter (Johansson 1993a, 1993b, 1993c and 1993d). Johansson warned the party that it would face open revolt if the leadership agreed to EC
membership. He was convinced that membership would mean permanent mass
unemployment and economic instability, as a direct consequence of the aim of
achieving a single currency and the deregulation of financial markets. He considered
that the negotiations being conducted by the government were unnecessarily secretive
and that members of the Social Democratic party should have the right to decide the
party's policy prior to the referendum.

There was one other area of Swedish society which might seem of little
significance to outsiders but could finish up having considerably more influence on
the referendum's outcome than many of the concerns raised above. Sweden has a long
and influential temperance tradition which has resulted in a restrictive alcohol policy.
Through a state retail monopoly on the sale of alcohol, limited opening hours for retail
outlets, high prices in pubs and restaurants and strict licensing controls, the authorities
tries to keep the overall consumption of alcohol down as part of a tough public health
policy.

A similarly restrictive line has been taken over illegal drugs. The harm
reduction approach adopted by the Dutch and British authorities is regarded as
synonymous with legalisation. The single market has been portrayed in the press, by
politicians and by pressure groups, as meaning that Sweden would be flooded with
cheap booze and illegal drugs (Strömblick 1992; Lindbergh 1993). Such is the power
and influence of the anti-alcohol and anti-drug lobby that the fears drummed up upon
these issues might, it was considered by one commentator, have a greater impact on
the EC debate than the pro-EC politicians and newspapers, who fanned such flames,
would have wished (Tham 1993) (5). Entry into the EC has become a major political
issue. There are those who feel that Sweden's very economic survival depends upon
the country going down the same routes that others in Europe have begun to take.
There are others who fear that this small country would have to sacrifice too much to
become part of a bureaucratic nightmare, the economic achievements of which are
becoming very dubious. In the coming months, politicians and the press will have an
uphill struggle to convince a large section of the population that Sweden needs the
EC. For the Social Democrats, the task is a difficult one. They have a clear lead in the
opinion polls but their rank and file are clearly against membership. The EC has come
to be seen as a threat to traditional Swedish institutions, symbolised by fears of
immigration, alcohol and drugs flooding into the country (Tham 1992; Gould 1994). Tham put it very well when he said that the Press seems to think that Sweden's restrictive drug policy could serve as a model for other countries:

"In a time when we no longer unite around the old Swedish model, perhaps a new model within another area (i.e. drugs) can offer an opportunity for pride and national unity".

He wrote, ironically, then added:

"Or perhaps the fixation with the legalisation issue ought to be seen in the context of opposition to the EC" (Tham 1993 p.19).

The Erosion of the power of the labour movement

Whether or not Sweden goes into the EC, Swedish institutions are changing and are likely to continue to change. Membership of the Social Democratic Party and of manual trade unions have been declining. LO has had to lay off many of its employees. The government has abolished tax allowances on union membership fees and reduced subsidies to study associations and newspapers. Local authorities cannot afford to fund many of the social and political associations which have always had strong links with the labour movement. The Social Democratic insurance society, Folksam, and Social Democratic newspapers have experienced considerable financial problems (Gould 1993 pp 174-5).

Not only have the wage-earner funds been abolished but the government have also introduced legislation to reduce employment rights and change the co-determination law (Gauthier 1993). It will become easier for employers to provide temporary employment and sack those seen as badly-behaved workers. Exceptions have also been made to the general principle of 'last in first out' as a basis of redundancy. The right of veto granted to trade unions under the co-determination law has been revoked and it will no longer be possible for strikers to blockade the premises of small businesses. While these changes do not go as far as SAF's original
proposals, on which the new legislation was initially based, and did not confirm the worst fears of trade unionists, they nonetheless indicate a trend towards a weakening in the power and influence of trade unions in Swedish society, something which both the prime minister and SAF have explicitly stated as an important policy goal.

Moreover, SAF has also begun to disengage itself from the corporatist policy-making machinery of the state. At the end of 1992, it left the National Labour Market Board as part of a policy of withdrawing from all such national boards (Arbetsmarknadsstyrelsen 1992). This strategy was in marked contrast to the way in which, in Britain, trade union representatives have been forced to leave the administration of many public bodies, but it was intended to have the same result to weaken the very institution of a corporatist consensus.

**Privatisation, Deregulation and Decentralisation**

Major privatisation plans of monopoly state services have been postponed as a result of the country's economic difficulties. Free competition on Sweden's railways is however planned for the Summer of 1994 and there has been considerable privatisation of local authority services. Not only has a decentralisation of care for the elderly and of education taken place, but many services for children, the elderly as well as some schools have been privatised. Universities have been given more autonomy and hospitals are experimenting with internal markets. Fölster described this process as one which had begun to accelerate after 1989, in the run up to the 1991 election. With the election of the bourgeois government major commissions were appointed to investigate the possibility of further privatisation of state organisations. Deregulation of currency, credit and taxi markets also occurred during the latter years of the Social Democratic government.

At the time of writing, it is too early to judge the effectiveness of some of these changes although there have been indications of both uneven effects and often avoidable mistakes being made. In the case of local authority services, Fölster et al maintain that over half the services privatised by bourgeois councils have either been unsuccessful (in terms of reduced costs for services of similar or enhanced quality) or complete fiascos. Ironically, they estimate that over 60% of privatised services within
Social Democratic municipalities have been successfully implemented (Fölster et al 1993 p.18).

**Conclusion**

It is hardly surprising that Swedes should have found it difficult to change their system or that many of them were reluctant to do so. The Swedish model was Fordist. It had centralised pay negotiations, a corporatist public administration, a strong state providing comprehensive and universal welfare benefits and services based upon full employment, and an economy dominated by large, successful, manufacturing enterprises like Volvo, Ericsson and Electrolux. "Why give up the Swedish model?" asked a number of left wing economists including Britain's Richard Layard (Bergström 1993b). A similar question was being asked by the thousands who had built up the system and seen themselves benefit enormously from it, under the envious gaze of social democrats the world over. The answer, given by others, was that the system was no longer working.

There is however substantial agreement by those on all sides of the major debates taking place in Sweden, that globalisation has resulted in a situation in which Sweden needed its international companies, but they no longer needed Sweden. While the OECD has predicted that Swedish industrial production and exports will grow at rates of 7.5% and 8% respectively in 1994, economic growth at only 1.4% will be the lowest amongst OECD members and unemployment and the budget deficit will remain high. As the economic situation worsens, Swedish multinationals vote with their feet and invest and expand abroad.

There are four possible political responses to this situation. The first is that in 1994 the electorate will vote to join the EC and return another bourgeois government to continue its present policies of steering Sweden towards pro-market policies of deregulation, decentralisation and privatisation and away from the Swedish model. The second, the least likely in my view, is that membership of the EC is rejected but a bourgeois government is returned. If people say 'no' to the EC they are likely to say no to the Conservative and Liberal Parties as well. The third response would involve membership of the EC and a Social Democratic government. This would signify a
desire for change and a hope that the Social Democrats could manage it better than the parties of the right. The fourth would result from a rejection of EC membership and the election of the Social Democrats. This would imply that the electorate were in no mood to tamper with Swedish social and political traditions.

It is difficult to imagine how a small country could survive in the present international economic environment with a set of institutions and policies so clearly rooted in the past. Were the Swedes to try and maintain their People's Home in isolation, and succeed, social democrats the world over would rejoice. It is more likely however that the Swedish model would sink without trace. Under a bourgeois government within the EC, the model is likely to converge towards those of other European countries. Only under the Social Democrats will there be a remote possibility of the model surviving in a recognisable form and, perhaps, having an influence on other EC states. Democratically-elected national governments are finding it increasingly difficulty to act in opposition to world-wide economic trends and Sweden is no exception.

Notes
1. To put this figure into context, economic analysts estimated that in 1992/93 the government budget deficit was verging on SEK 200 billion or 14% of GDP with public interest payments totalling SEK 100 billion. (See Eklund et al 1993).
2. In addition to the 11% unemployed, a further 2% were involved in various labour market measures; 25% of the unemployed had been unemployed for over six months (Riksdag och Departement 1993 p.3).
3. During the 1970s and 1980s in the UK, an ideological offensive was mounted against the public sector and the welfare state by the Institute of Economic Affairs, the Social Affairs Unit and the Adam Smith Institute alongside established business federations such as the CBI and the institute of Directors.
5. There are also Swedes who are resentful that the EC wishes to impose restrictions on a legal drug widely used in Sweden called 'snus' - or snuff - which is something like a plug of chewing tobacco held between the upper teeth and gums. The protection of this habit has become an important part of EC negotiations. In a close contest, it would be ironic if this issue were to determine Sweden's economic future.
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CHAPTER FIFTEEN

SWEDEN: The last bastion of social democracy
(from George, V. and Taylor-Gooby, P. European welfare policy: squaring the circle, 1996)

Introduction
As late as 1989, Sweden seemed immune to world-wide political trends in a conservative or neo-liberal direction, and the hegemony of Swedish social democracy seemed to be as secure as it had ever been. (Pontusson, 1992, p. 305) If the crisis of welfare expenditure for many European countries occurred during the early and middle 1980s, in Sweden it came towards the end of the decade. As economic growth declined and unemployment and public sector debt increased, neither the Social Democrats nor their successors in the Bourgeois centre right coalition have found it easy to adjust to the changing world around them. The very forces, expectations and interests created by the world's most impressive system of state welfare made it even more difficult to reduce and reform. After three years of flirtation with free market politics, the electorate has returned the party of the strong state.

The Swedish Model
The difficulty that Sweden has faced since the late 1980s is understandable given the significance of the People's Home. As two American observers pointed out, the social democratic project had become the national project (Heclo and Madsen, 1986). The consistent election of Social Democratic governments from 1932 to 1976 had resulted in a welfare state in which social policy had a high priority. By the end of the 1970s, Sweden was regarded as a prototype of a modern society (Tomasson, 1970). Its capitalist economy had grown at an impressive rate throughout the post-war years; the standard of living of ordinary Swedes was amongst the highest in the world; while the state's commitment to an active labour market policy, high social security benefits and affluent public services was second to none. When the Social Democrats tried to push reforms in a clearer, socialist-egalitarian direction at the same time as the economy
was experiencing the problems of the post-1973 oil crisis, the electorate moved to the right.

The Bourgeois coalitions of 1976 and 1979, however, not only failed to bring about any significant changes to the public sector but demonstrated an inability to run the economy. With the return of the Social Democrats in 1982 (and in the subsequent elections in 1985 and 1988) the economy recovered; the welfare reforms of the 1960s and 1970s were consolidated; and full employment was maintained. Moreover, the power of trade unions within Sweden's liberal corporatist institutions had been strengthened not only by the passing of the Co-determination Law of 1976 but with the introduction of the wage-earner funds in 1983. These reforms were seen by some on the left as an indication that the Swedes were on their way to becoming the first country to achieve socialism by democratic means (Stephens, 1979). Others insisted that Swedish welfarism operated within the confines of a capitalist economy and that its egalitarianism was exaggerated. It was difficult to deny, however, that the range of programmes that continued into the 1980s was impressive in comparison with those in other European countries.

Throughout the 1980s, the recipients of social insurance benefits continued to experience high living standards. The retired elderly continued to receive either a supplement to their basic pensions or an additional earnings related element which gave them an income replacement ratio of around 70 per cent. In addition, housing benefits and subsidised social services made Swedish pensioners as well off in retirement as they had been when earning.

Social services for other groups such as the handicapped were also impressive. Moreover, the new social services legislation, which came into effect in 1982, established the rights of those in need to services and benefits. Although this led to more people claiming social assistance, few observers could detect obvious signs of material poverty in the Swedish population. With subsidised child care, also provided by local social services departments, and a system of parental leave, backed by parental insurance - again at an income replacement level of 90 per cent - and a growing number of jobs in the public sector, Swedish women were able to seek work in ever increasing numbers. Not only were 80 per cent of adult women in the workforce but their pay rates relative to that of men was in the order of 85 per cent.
Sickness benefits of 90 per cent of income and modest charges for prescriptions, visits to the doctor and for stays in hospital meant that illness held no fear for the sick. Sweden devoted around 9 per cent of its GNP to health care (public and private), second only to the US, but boasting considerably better health indices. As in Britain but unlike the USA, the private sector in health care was relatively small.

Unemployment remained low and unemployment benefits high for those in the trade union managed (although largely state-funded) unemployment schemes. Most workers could expect to find a job easily and for those who could not, the Labour Market Board provided an impressive range of training and job creation opportunities.

Young people attended through state comprehensives - grundskolor from the age of 7 to 16. Less than 1 per cent went to private schools. Classes were unstreamed and assessment based upon coursework. A national curriculum was followed which emphasised social as well as academic objectives. Most young people stayed on after the school leaving age to attend the three year gymnasia from which a high proportion transferred to some form of higher education. During the 1970s education had expanded according to the principles of recurrent education, a philosophy which stressed the need for learning to be relevant, democratic and a lifelong project (Boucher, 1982). Adults who had lost out on education when they were young were able to obtain grants to improve their basic education. Others attended subsidised study circles and folk high schools for self-improvement and to better their employment opportunities. The right to educational leave, passed in 1975, enabled adults to take advantage of educational opportunities without losing their jobs. Some used this right to attend full-time classes, others took a few hours off each week to improve their negotiating skills and knowledge of labour relations on courses funded by their trade unions (Gould, 1983). Immigrant workers had the additional right to 240 hours paid educational leave to learn Swedish.

None of this was cheap, of course. The Swedes paid very high taxes to maintain a public sector which employed over 30 per cent of the workforce and spent 60 per cent of the country's GDP. This system had been established by a corporatist political system which depended upon the close co-operation of employers, trade unions and government. None of these parties was weak. The employers included
some of the world's best known multinational companies - Volvo, SAAB, Electrolux, Ericssons, SKT - while the LO, the federation of manual trade unions, represented 90 per cent of all manual workers. Even white collar workers were 80 per cent unionised. Since 1938 the centralised federations of employees had negotiated a basic pay deal with SAF, the employers' federation. Moreover, representatives of these labour market organisations played a major role in the administrative boards of the state responsible for the implementation of the government's social and economic policies.

This system remained largely intact until after the 1988 elections. While other countries were experiencing growing unemployment, cuts in public expenditure, deregulation and privatisation, Sweden seemed to be the exception to the rule (Morris, 1988). Olsson, a consistent commentator on the state of Swedish welfare, felt that the prospects for social welfare were 'rather favourable in Sweden especially as the economy is recovering in the mid-1980s - the national backlash still seems far away' (Olsson, 1988). In his seminal study published in 1990, Esping-Andersen could still point to Sweden as the country which embodied the 'de-commodification' of labour more than any other (Esping-Andersen, 1990). When events finally caught up with the country, they did so with great speed.

The Crisis Years

It is now clear, in retrospect, that problems within the Swedish economy had been mounting for some time and that the 1982 devaluation of the kronor had merely delayed its decline. Major Swedish companies had begun to accelerate their investments abroad during the 1980s (Pontusson, 1992). Private sector expansion in output and employment was taking place outside Sweden. The decline in manufacturing employment within the country was particularly severe. Moreover, the Swedish economy was having to adapt to changes in the world outside. The deregulation of financial markets in the 1980s and the subsequent boom in property prices and credit was followed in Sweden as elsewhere by recession. For the Swedes the problem was exacerbated by an overheated economy in which unemployment, by 1989, had fallen below 2 per cent and inflation had, soon after, climbed to 10 percent.
The Social Democratic government reacted by making the reduction of inflation a major priority, linking the krona with the German mark, and announcing its intention of applying for membership of the European Union. A major tax reform was introduced which reduced the high marginal rates of income tax and replaced them with a greater emphasis on VAT (Södersten, 1990). The government also tried to contain public expenditure and to reduce welfare benefits and services. In these early attempts to adapt to the changing economic climate, the Social Democrats needed the co-operation of the Bourgeois parties in parliament, as their erstwhile Communist allies were unwilling to help in the process of 'social disarmament'.

The perceived failure of the Social Democrats resulted in poor opinion poll ratings. From their usual 45 per cent of public support they plummeted to an all time low of 28 per cent, barely a few points above the Conservatives. In the approach to the election of 1991, the Liberal and Conservative parties called for a system shift in which market forces, choice and competition were to be emphasised (Ny start för Sverige, 1991). When the election finally took place, the result for the parties of the right were ambiguous. The Social Democrats and the small Communist Party together retained 44 per cent of the seats in parliament, but the four established Bourgeois parties (Conservative, Centre, Liberal and Christian Democrat) lacked an overall majority. The balance of power was held by a maverick party, New Democracy, which had gained twenty-five seats on a populist platform which appealed to the growing anti-immigrant sentiments being expressed in Sweden. Because of New Democracy's alleged racialism, the Liberal and Centre parties refused to contemplate the possibility of a five-party coalition. Instead, Carl Bildt, the Conservative leader, became the prime minister of a minority, four-party coalition government.

It soon became clear that any system shift contemplated by the conservatives was going to face problems. In the early months of the government, attempts to reduce public expenditure programmes were frustrated by the inability of the four parties to agree on which programmes to concentrate. Moreover, the leader of the Liberal party, in his role as Minister for Health and Social Affairs, soon began to argue strongly that social programmes had been cut back far enough. Even when the four coalition partners found themselves in agreement, the necessary support from one of the other parliamentary parties was not forthcoming. Only with the currency crisis of
September 1992, when Sweden's marginal interest rate rose within a matter of days from 16 per cent to 500 per cent, did a sense of national purpose induce the government and the Social Democrats to agree on a crisis package of cost-cutting measures to impress the markets that something would be done about Sweden's public sector deficit. Yet, with the country facing its most serious crisis for decades, the measures proved to be inadequate. Critics of the Swedish model blamed the state of public finances while defenders of the system blamed the deregulation of the 1980s and business interests. Whether the fault lay with the public or the private sector, it was clear that political and demographic factors were also contributing to the country's economic problems.

The Public Sector Deficit

In the months that followed, a number of economic studies were published, warning that Sweden's situation was desperate. Eklund, commenting on the government's 1993/4 plan to spend SKr 521 billion while raising only SKR 358 billion in revenue wrote -that projected savings of SKR 10 billion a year were quite inadequate (Eklund, 1993). In his view, the continuing deficit was unlikely to go away with the hoped for ending of the recession. Two-thirds of the deficit was structural. Moreover, government consumption and investment expenditure had fallen. The big increase in expenditure was largely due to an increase in transfer expenditure - from 30 per cent of GNP in the late 1980s to 40 per cent in 1993. The deficit was also aggravated by interest payments on the national debt. By the end of 1993 the deficit stood at 14 per cent of GDP and the national debt at 80 per cent of GDP. In the view of one economic commentator, Sweden's 'budget deficit is greater than other countries' and the national debt is rising more steeply than elsewhere' (Schück, 1994).

Another economist pointed out that this situation had also been aggravated by negative economic growth over the previous three years, an effective devaluation of the krona by 15-20 per cent and unemployment which had, at last, reached European levels (Ståhl, 1993). Unemployment which had been 4 per cent when the government came to power, rose to 6 per cent in the middle of 1992 and 11 per cent a year later. These percentages excluded the approximately 2-3 per cent of the labour force which participated in labour market schemes (Riksdag & Departement, 1993a).
For many analysts, the main focus of their appraisal of Sweden's economic problems was public expenditure, and within that the generous level of social insurance benefits. It had already been established that the state earnings related pension (ATP), if it continued on its existing path, would, without economic growth, lead to employers' contributions amounting to over 50 per cent of their payroll by the year 2035 (Ståhlberg, 1991). Equally worrying were the rising costs of sickness, work injury, early retirement and unemployment benefits. Others focused more on the growth in the numbers of those dependent upon the state for both benefits and employment. Södersten, an ex-Social Democratic member of parliament and an economist, showed how the numbers had risen from 2.5 million adults in 1972 to 4.7 million out of a total population of 8.7 million in 1992. The ratio to those employed in the private sector was 0.9 and 2.3 respectively (Södersten, 1992).

The Damage Done by the Private Sector

The defenders of Swedish social democracy sought to cast doubt upon the damage done to the economy by the public sector. Some sought instead to place the blame upon those owners of capital who had made poor investments abroad during the property boom, and the banks who had incurred crippling credit losses - and now expected to be bailed out by the public sector (Åmark, 1993). Others sought to blame the deregulation of financial markets which had made interest rates and currency levels much more vulnerable to speculation and called for a restoration of the old system, whereby firms were induced to invest in the long term interests of the country (Bergström, 1993; Wetterberg, 1993). But many also admitted that unemployment had been allowed to fall too far and benefits to rise too much. There was a problem.

Political and Constitutional Obstacles

Part of the problem was the sheer scale of the public sector and the numbers of people who would be affected by its reduction. But more importantly were the political and constitutional obstacles to change. There was general agreement that parliaments with a life of only three years were too constrained by electoral considerations to make tough economic decisions. Others criticised the system of proportional representation for its failure to produce majority governments which could govern effectively
without the need for constant parliamentary compromise. Another criticism was that the budgetary process itself was weak in comparison to other countries and was vulnerable to the multiplicity of special interests represented in parliament. Many of these and similar criticisms were expressed by the Lindbeck Commission appointed to examine Sweden's political and economic problems (SOU 1993:16). The Commission even went so far as to suggest that parliament, because it contained twice as many members as other countries of a similar size, reduce itself by half.

**Demographic Change**

These economic and political problems also have to be seen in the context of demographic changes. For many years Sweden had had a high proportion - around 15 per cent - of people above the age of 65. In 1990 this had risen to 18 per cent but was due to rise still further to 20 per cent over the next thirty years - a picture not too different from that of other European countries. A different problem was posed by the fact that the annual numbers of births, which had fallen during the 1970s, rose during the 1980s (Statistiska Centralbyran 1985 and 1993). Both of these trends meant that for a few years ahead, the government was faced with growing welfare needs at both ends of the demographic spectrum. Single households had doubled while households containing three or more people had fallen (Swedish, Institute 1992). This also had resource and housing policy implications for government. Lastly, while the number of immigrants had fallen between 1975 and 1983, it had risen in 1990. Part of this increase may have been due to the shortage of labour at the end of the 1980s, but a considerable amount was due to the numbers of refugees granted asylum (SCB 1993). Not only did these trends have resource implications in a country which had been relatively generous to newcomers in financial terms, but politicians were faced with increasing evidence that the Swedes were becoming less tolerant. of outsiders. Not only were examples of racial harassment and violence on the increase but small fascist parties and groups had begun to flex their political muscles.
**Welfare Reforms**

**Social Security**

The need to control public expenditure had already been recognised by the Social Democrats before the Bourgeois government came to office in 1991, but neither they nor their successors achieved much success until the crisis of September 1992, when a package of cost-cutting measures was agreed by the government and the Social Democratic opposition. Sickness benefit, a principal target for reform which had already been reduced a little by the Social Democrats in 1990, was cut still further. In the 1980s sickness benefit had come to 90 per cent of a recipient's income. The 1992 crisis agreement introduced one waiting day for which benefit would not be paid; 65 per cent of income for days two and three; 80 per cent to cover the rest of the first year and 70 per cent thereafter (Vår trygghet, 1993).

Earlier in the year, employers had been made liable for the administration of sick pay for the first fourteen days of sickness. They were also expected to investigate a claimant's need for rehabilitation after eight weeks of sickness (Vår trygghet, 1991). A further major reform of sickness benefit was intended by the government and the main opposition party with the setting up of a commission to examine the possibility of employers' and trade unions taking over the responsibility for the administration of sickness benefit. Another possibility being considered by the commission was that of a private insurance company taking over the task (Midfelt, 1993e). Work injury benefits were brought into line with sickness benefit in May 1993 (Midfelt, 1993b).

Other benefits have also been reduced. The base amount, whereby many Swedish welfare benefits are calculated, and which had been annually upgraded in line with price rises, was, in effect, reduced by 3 per cent between 1989 and 1991, and a further 3 per cent in 1992 (Vår trygghet, 1993). The basic old age pension and the disability pension for a single adult, which had been calculated at 96 per cent of the base amount, were thereby reduced in value. The supplementary pension and pension rates for married couples were similarly affected. The value of these pensions was further eroded in 1993.

Early in 1994, a cross-party parliamentary committee recommended drastic reforms to the old age pension system. Instead of pension increases being linked to rises in prices, they were to be linked to rises in income. Whereas ATP had been
based upon only thirty years of contributions, the new system was to be based upon contributions throughout the contributor's working life. Contributions which had previously been paid by employers in the form of a percentage of their payroll, were now to be paid by both employers and employees. Moreover, the employers' percentage contributions were to be reduced over the next few years while those of employees were to rise to 9.25 per cent of pay. These changes were calculated to reduce the pension system's deficit considerably (SOU 1994:20). The pension reform had the backing of the Social Democrats in parliament (as did the government proposal to reduce the partial pension) but union leaders were divided, depending upon how they thought it would affect their particular members.

The growing numbers of those claiming disability pensions was also coming under scrutiny. It was becoming obvious to the Social Insurance Board that the growth in claimants from 3 per cent of the labour force in 1970 to 7 per cent in 1993 was not simply a reflection of growing disability. It was suspected that collusion between employers, workers and their doctors was resulting in an abuse of the system. The disability pension was being claimed in preference to unemployment benefit and social assistance. It was being argued towards the end of 1993 that (i) more rehabilitation measures, (ii) bringing disability benefits in line with other social insurance benefits, and (iii) a requirement for more than one doctor's certificate might help reduce the number of claimants (Midfelt, 1993g).

The rising numbers of those on means-tested social assistance was also a source of concern both to central government and the local municipalities who administered the benefit. In 1980, only 4 per cent of the population had been living on social assistance, but by 1992 that figure had risen to 8 per cent. The real costs had more than tripled over the same period (Statistiska meddelanden, 1993 and 1994). Not only were social assistance rates also affected by the reduced value of the base amount, since the National Board for Health and Social Affairs recommended that a single adult's benefit be calculated at 116 per cent of the base amount, but 90 per cent of local authorities were found to be paying at rates below this existence minimum. The variations were as wide as from 46 per cent to 135 per cent of the base amount. As a result, it was recommended by the commission on social services that social
assistance be reduced to 100 per cent of the base amount and that all local authorities should be made to respect this figure (Deurell, 1993b).

The number claiming social assistance was expected to rise even further with the increase in unemployment generally and long-term unemployment in particular. Unemployment benefit itself had always been a bit of an anomaly in Sweden in that members of trade unions were part of a voluntary, superior, *income-related* scheme administered by the trade unions themselves, with contributions paid for by the employers. Other unemployed people claimed a *flat rate* benefit administered by the Labour Market Board. Early in 1993, the government proposed that the cost of the earnings related scheme be reduced through the introduction of five waiting days and a replacement rate of 80 per cent of income instead of the previous 90 per cent (Deurell, 1993a; Gauthier, 1993a). This took effect in the summer of 1993. However, in order to reduce the deficit on the unemployment benefit fund, the government proposed that from the beginning of 1994 all employees pay 1 per cent of their income into a new obligatory scheme. From the beginning of 1995, this contribution would be raised to 2 per cent (Nilsson, 1993). Limits were also placed upon the length of time claimants could reregister for unemployment benefit. This would ensure that many claimants would eventually be forced onto social assistance.

*Social Services*

If social security benefits have deteriorated across the board, the same cannot be said unambiguously about Sweden's social services. On the one hand, municipalities or communes, which have traditionally provided social services, have been prevented from raising their local taxes by governments throughout the 1990s. On the other hand, they have been encouraged to take on extra responsibilities, charge higher fees for their services and to accept alternative ways of organising child care and the care of the elderly. The Social Affairs Minister may have been keen to introduce more choice and competition in service provision, but he has also been determined that Sweden's high welfare standards for the whole population be maintained if not improved.

The Social Democrats had, during the 1980s, moved towards an emphasis upon community care and closed down many institutional homes for both the elderly
and the mentally ill. In their last period of office, they introduced a major reform in the care of the elderly by making the communes responsible for all residential provision for old people. This involved the transfer of many of the services that had previously been provided by the health care authorities, the county councils. The reform of elderly care came into force at the beginning of 1992 after the election of the centre-right government. This transition has occurred at the same time as the government has been promoting more private, voluntary and co-operative care.

It is too early to say how the new system is working and perhaps impossible to unravel the combined effects of so many changes. Certainly, less people are being cared for in institutions but the closing down of the latter has sometimes been criticised for being hasty and premature. More housing has been provided for community care and better compensation for carers of elderly relatives, but fees for services have sometimes risen enormously with the poorest complaining the most (Fernow 1992; Midfelt, 1993d, 1993e). Fernow claims that the provision of a range of services (window cleaning, house cleaning, shopping) by housing companies has created an alternative to municipal home help services but that the elderly themselves seem to prefer public provision (Fernow, 1992; Midfelt, 1993f).

While the care of the elderly demonstrated a degree of ambivalence about the general direction of social services under the Bourgeois government, the care of the handicapped seems to have benefited considerably from the influence of the Social Affairs Minister. Not only did the care allowance for parents with handicapped children rise by 30 per cent only months after the election but even bigger changes were afoot (Kjellander, 1991). In 1993, a new law was passed to give more rights to the handicapped and their carers. In particular, the handicapped were to have the right to choose a personal assistant, to be paid for by the municipalities. County councils were given new obligations to rehabilitate and rights to advice, support and various services such as short-stay respite care were also included in the legislation (Midfelt, 1993a). Although the legislation was criticised for again being too hasty in closing down institutions and for not implementing some of the handicap commission's recommendations, it was supported by all parties. The likely cost of these measures over the next four years was estimated to be in the order of SKr 1 billion (Larsson, 1993).
Soon after coming to power the Bourgeois government took steps to make it possible for profit-making child care agencies to be set up. Private and co-operative child care can now receive state grants. Costs to the consumer have however risen with the result that many parents have found their children excluded from day care because fees have not been paid (Johansson, 1993a). Communes are also increasing the size of classes. However, the need for expanded child care provision has been recognised by the government, largely due to the persistence of the Social Affairs Minister. During the 1980s provision had expanded so that only 37 per cent of children under the age of 6 were being looked after by their parents (Swedish Institute, 1990). During the 1990s one solution to increased demand for child care has been to increase the size of groups cared for (Riksdag & Departement, 1993b). In 1993, it was decided that all parents, who wanted child care for children between the ages of 1 and 12 years, should have it and that the communes should ensure that it was available (Midfelt, 1993c). At the same time it was decided to introduce a care allowance of SKr 2000 a month for parents who wished to care for children between the ages of 1 and 3 at home (Gauthier, 1993b). This proposal, promoted by the Conservatives and the Christian Democrats, was widely seen as an attempt to encourage women to stay at home (Pilsäter, 1992). In its final form, it was clear that the value of the benefit would be reduced the more hours of subsidised child care the parent used.

As part of the complex of changes in the field of child care, parental leave was also the object of reform. The government intended to reduce the value of parent benefit to 80 per cent of income to bring it into line with other benefits. More significantly, it made one month of the twelve months of leave to which parents were entitled dependent upon the father taking leave from work (Deurell, 1994b).

Health Care

Health care services, which in Sweden are the responsibility of the county councils, expanded considerably during the 1970s and 1980s to the point that they were consuming 10 per cent of GNP and employing 10 per cent of the work-force. While the system had a good reputation internationally, there were clearly suspicions that its cost was not entirely justified. It was felt that there was over-employment of staff,
including doctors; that there was too great a reliance on hospitalisation, particularly of the elderly and the mentally ill; that waiting lists were far too long. These criticisms which grew during the 1980s were given added urgency by the country's economic difficulties.

Even before the Bourgeois government's period of office, attempts were made to reduce spending and make the system more efficient. Internal markets based upon pricing mechanisms began to develop. The resulting rationalisation and cost-cutting have more recently necessitated hospital closures and staff redundancies. The private sector has begun to expand and has already presented problems which demand regulation. While increased competition and a greater reliance on market mechanisms may have resulted in some efficiency improvements, there have been less desirable consequences as well - fewer examinations of patients and referrals to specialists where these are not profitable and excessive intervention where they are (Johansson, 1992; Blomberg, 1993). Health care charges to visit a doctor, for prescriptions and for hospital stay, also, rose considerably between 1989 and 1993 in order to reduce costs drastically and perhaps to discourage overuse or abuse of the system (Vår trygghet, 1988 and 1993).

As with other areas of social policy, a major change occurred within the field of health care, which did not at first sight seem to have much to do with the saving of public money. In the summer of 1993, a decision to introduce husläkare (family doctors or general practitioners) into the system seemed to have been taken after months of intense debate. Since this was going to create a need for 4000 doctors, who were either newly trained specialists in general medicine or retrained specialists from other fields, the cost was going to be considerable. The socialist opposition argued that it would damage the preventative work of the existing system of medical centres (vårdcentral), while the non-socialists claimed that not only would patients be able to choose their own doctor but would benefit from the greater continuity of one physician. It seemed a strange innovation none the less at a time of public austerity. The following April New Democracy, with the socialist bloc, voted against husläkare but by then more than 70 per cent of the population had already registered with one (Johansson 1994). More controversially, the government proposed to make the establishment of private practices for specialist doctors and physiotherapists much
easier, a measure strongly opposed by the socialist bloc in the Riksdag (Deurell, 1994a).

**Education**

The 1980s had witnessed a consolidation of Sweden's achievements in education. However, it was felt by some that the emphasis upon equality and democracy in the early 1970s had been abandoned by both the Bourgeois government of the late 1970s and the Social Democrats during the 1980s (Ball and Larsson, 1989). A major change before 1991 was the transfer to communes of the responsibility for the running of local schools. Schools in turn were given greater freedom to manage their resources. Those cuts in expenditure which were made tended to affect the nonessential parts of the system such as adult education, language tuition for immigrant children and non-teaching staff (Gould, 1993a). The age at which children started school was to be reduced from 7 to 6, with the aim of cutting the comparatively expensive costs of child care.

The new Bourgeois government took many of these developments a stage further. A new national curriculum was introduced which de-emphasised practical and social subjects and emphasised the importance of Christian morality. Some communes began to charge pupils at the gymnasium for their, previously free, school dinners and plans were afoot to do the same for the *grundskola*. State grants to higher education institutions became dependent upon research success and student performance. The government took steps early on to encourage the development of independent schools and to give universities more autonomy. The introduction of a system whereby schools received a grant which followed the pupil had encouraged the setting up of many private establishments. By the end of 1993, 212 schools had been started or had been given approval to start by the new administrative board, Skolverket. For each pupil, these independent schools received 85 per cent of the grant that children attending local authority education received (Alfredson, 1993).

But as unemployment grew, any plans the government might have had to reduce expenditure had to be re-examined. Early attempts to reduce the numbers of adults receiving grants for basic education; to stop the expansion of two-year courses in gymnasia into three year courses; and to keep the lid on higher education costs,
were all superseded by the recognition that in a time of growing unemployment it was cheaper to provide education places than expensive labour market training and job creation places. One of the last educational measures proposed by the Bourgeois government was to reduce the maximum amount of time for which employees could take study leave and to insist that its purpose be work-related (SOU, 1994b, p. 41).

**Employment Policy**

Prior to the 1980s, Sweden's Active Labour Market policy had played a major part in reducing open unemployment when the economy slumped and providing selective measures to increase labour mobility in times of labour shortage (Hedborg and Meidner, 1984). Increasingly, in the last decade, the Labour Market Board has found itself coping with, initially, large numbers of unemployed young people and, more recently, adults as well. Moreover, the numbers of long-term unemployed has steadily climbed since the 1970s. Where the Labour Market Board's reputation in the past had rested on the high quality of its programmes and the relatively high remuneration which those undertaking them received, the arrival of mass unemployment has brought about an incentive to provide cheaper courses at lower rates of benefit. A Work Life Development programme which subsidises the costs to employers of taking on 50,000 unemployed people pays them less than those who were on earlier job creation schemes in the past (Deurell, 1993d). Similarly, the 75,000 young unemployed offered work experience places in 1992 were to receive less than those on previous training schemes (Larsson, 1992). A familiar development was taking place here whereby government deliberately sought to reduce the price of labour, particularly that of young people.

One of the earliest measures of the Bourgeois government had been to abolish the wage-earner funds which had been a major feature of social democratic policy in the 1970s. With amendments to the employment protection law and the law on co-determination, the government also reduced the employment rights of individual workers and the rights given to trade unions to be consulted about redundancies (Gauthier, 1993c).
Winners and Losers

Given the recency of Sweden's attempts to control public expenditure, cut welfare benefits and services and tolerate high levels of unemployment, it is difficult to be precise about how the different socio-economic groups have been affected by them. However, the effects of some of the changes are fairly obvious while others can be estimated.

There is considerable evidence to show that compared with other countries lower socio-economic groups in Sweden, in the 1960s and 1970s, experienced a high standard of living and low levels of poverty. However, a number of studies have suggested that the trend towards a reduction in class inequalities has been reversed. Some suggest that the reversal began as far back as the early 1970s (Gould, 1993b, p. 170). This is reinforced by recent figures on class access to the theoretical course in gymnasium which lead to university education (Dahlin, 1993). Others, like Vogel, have argued that many socio-economic differences narrowed from 1975 to 1985 but that since then the gaps have widened (Vogel, 1990). Either way the trend in the 1980s would seem to have been towards inequality rather than the reverse.

It is likely that events since 1989 have reinforced that trend. In particular it is clear that the tax reform of 1990, which increased indirect taxation and reduced direct taxation, and the seventy-five tax changes under the Bourgeois government, have favoured high income earners at the expense of low income earners (Deurell, 1993c; Stenberg, 1994a). Reductions in sickness benefit, work injury and unemployment benefit are likely to hit those groups in society who disproportionately suffer from ill health and unemployment. Not only have the numbers on social assistance increased but the rules governing the benefit have become more strict as the value of the benefit has fallen (Vinterhead, 1991).

Even the elderly, a group for whom it has been said that too much has been done in Sweden, have begun to suffer from the harsh economic climate. Although for some, decreases in the value of their pensions have been compensated by an increase in housing benefit, more pensioners today are dependent upon social assistance. While less elderly people live in institutions, it is also the case that fewer are receiving home help services. Over 250,000 had home helps in the early 1970s. Twenty years on that figure had declined to 150,000 (Jerket, 1994). Moreover, a series of reports in Dagens
Nyheter and from Socialstyrelsen have cast considerable doubt upon the combined effect of reforms of elderly care, health care management and local authority financing. Elderly people are facing higher fees for services, rehabilitation is not working well and geriatric wards are still over-full (Johansson, 1993b, September/October). Pensioners with full ATP, however, have seen their disposable incomes rise in the 1990s while young people in the twenties have seen considerable drops in their income (Nilsson, 1994). As a result of the reform of ATP, most of tomorrow's pensioners will on average experience a drop of 12 per cent in their pensions, with immigrants and highly educated women being amongst the chief losers and poorly educated women amongst the few winners (Stenberg, 1994).

Jobs in manufacturing industry declined from 1,000,000 to 800,000 between 1989 and 1992 (Stenberg, 1992). Most of these are likely to have been male blue collar jobs. Consequently, young working-class men are increasingly finding it difficult to enter the labour market. Many white collar workers have also begun to experience redundancy and it is clear that cuts in the public sector are affecting women disproportionately. Women, however, are a powerful force in Swedish society and the foundation of a cross-party alliance of women is determined to lessen the impact on them of social disarmament.

Ethnic minorities do not have the same influence and with more of them in low paid jobs, unemployed and in receipt of social assistance, their position is deteriorating. While political leaders continue to speak out and demonstrate against racism, there can be little doubt that resentment about immigrants and refugees is festering in some parts of Swedish society. The political response to this has been to be cautiously sensitive to nationalistic sentiments. According to Marklund, since 1988 refugees have had to claim an alternative benefit to social assistance (Marklund, 1992). More recently, the receipt of assistance has been made conditional upon the attendance by refugees at Swedish classes and work experience programmes (Brink, 1993). This harsher climate is also reflected in the school curriculum where Christian values are to receive greater emphasis than in the past. In the view of one philosopher, this represents a retreat from the 'open and pluralistic character' of Swedish society (Tännsjö, 1993).
In a recent report, *Socialstyrelsen* has stated that social cleavages in Sweden have been growing since the middle of the 1980s. Sweden is no longer the homogeneous society it was. Immigrants, young adults and single parents with children are twice as likely to have problems with money, housing and employment than Swedes, older people and two-parent households (Alfredson, 1994).

**The Future**

It is difficult to imagine the situation in Sweden improving rapidly in the near future. The budget deficit for 1993/4 was greater than expected and the predicted deficit for 1994/5 was still estimated to be very high. The forecast for economic growth was the lowest in the OECD although exports and industrial production were expected to grow by 8.1 per cent and 7.5 per cent respectively (Axelsson, 1993). The Finance Department still predicted that one in ten Swedish workers would be without a job even by 1998 (Stenberg, 1993). Prime Minister Bildt, opening parliament for his last year of office, said:

> The economic situation is improving gradually. Difficulties are however long from being beaten. A general improvement is still not in sight. On the contrary, economic policy must be directed to a restoration of a social-economic balance. The way back to consistent growth and full employment will be a long one. (Bildt 1993)

The electorate was not prepared, however, to give the centre-right parties the task of dealing with this bleak future. The Social Democrats, despite their association with high spending and high taxation, were returned to office in September 1994 with an absolute majority over the four Bourgeois parties and only thirteen seats short of a majority over all the other parties. In part this demonstrated a reluctance on the part of Swedes to further dismantle their welfare state. Surveys had shown that support for publicly financed, publicly provided services remains consistently high. In 1994, only 22 per cent of the population claimed to prefer private medical care compared with 48
per cent three years previously (Dagens Nyheter 1994). In part, the Swedes were returning to the traditional party of government after three years of coalition haggling.

But this was not just a return to the past. The Social Democrats were not intending to expand welfare provision or to proceed towards parliamentary socialism. They had proved through the support they had given to the centre-right coalition on many occasions that they accepted the economic realities. In the shadow budget in May 1994, it had been made clear that while unemployment was seen as far too high, keeping inflation low was to be a high priority if they won the election. If jobs were to be created, it would have to be in the private, not the public sector. The tax advantages gained by the rich in recent years would be reversed and even higher taxes imposed, but strict controls would be imposed upon public spending and savings made. The Social Democrats recognised that the current crisis made burdens and sacrifices inevitable but claimed that under them these would be distributed more fairly (Gauthier, 1994).

However, it was also made clear in an interview with the party secretary, Mona Sahlin, that some of the reforms carried out by the bourgeois government would be reversed. The encouragement of private medical practice, of private child care and, through the care allowance, of women to stay at home would cease; as would the financing of schools whereby grants followed pupils. Employees' rights, eroded by legislation, would be restored (Karlsson, 1994).

The party election manifestos of all the major parties indicated an intention to improve Sweden's public finances. The Conservatives committed themselves to savings in all areas but refused to contemplate raising taxes. The Centre party proposed cuts in sickness benefit, parental benefit, child allowances and defence. The Liberals were prepared to advocate increases in taxation as well as to individual social insurance contributions. And with proposals to reduce defence expenditure drastically, they moved closer to the Social Democrats.

As the markets awaited the Social Democrats' manifesto, interest rates rose and the value of the krona fell. They rose again as soon as the manifesto was published. The Social Democrats announced their intention to improve the state's finances by SKR 61 billion, half through tax and employee social insurance contributions and half through expenditure savings. In addition to some expected cuts,
one waiting day was to be introduced for parents claiming parental benefit for the care of a sick child; child allowances for large families were to be reduced; and pensions and study assistance were no longer to be protected against inflation.

If there was a common recognition that the economic situation demanded greater public stringency, there had also been a realisation that Sweden's political institutions required improvement for that task to be adequately performed. From September 1994 the lifetime of a Swedish parliament was to be four years. This was to enable future governments to focus their attention on the problems at hand and avoid premature electioneering. The budget process was also to change from 1996. Public income and expenditure proposals were to be placed before the Riksdag at the beginning of the parliamentary year, in September, and would come into force on 1 January the following year (the corresponding dates previously were January and July). The whole process was not only to be much shorter but more disciplined. Additional proposals for expenditure were to be matched by suggested savings (Sjögren, 1994). Both these domestic political changes went some way to meet the criticisms of the Lindbeck Commission mentioned above.

Sweden joined the European Union in 1994. At the time of writing the impact of EU membership on welfare is uncertain. It needs to be said, however, that despite the recent cuts in welfare, Sweden still possesses one of the most comprehensive and generous systems of welfare provision in Europe and the world.

Conclusion

Sweden has been reluctant to face the implications of the increased internationalisation and competitiveness of post-industrial, post-Fordist capitalism. It has at last been forced by circumstances to accept that its welfare state was conceived and developed at a time when national governments had considerably more control over their domestic economies than is now the case. Political and institutional problems have prevented the Swedes from making drastic changes to their welfare system in the past, but there is no doubt that present and future reforms are likely to continue to lead to cuts in benefits and services, or that the system will continue to move in the direction of welfare pluralism. However, the very scale and institutional
significance of the Swedish model means that it will be some time before the Swedes descend to the levels of deprivation and inequality seen elsewhere in Europe. What is certainly clear is that the process of de-commodification, described so well by Esping-Andersen, has been put into reverse.

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CHAPTER SIXTEEN
STABILITY AND CHANGE IN WELFARE STATES: Germany and Sweden in the 1990s
(with Dr. Jochen Clasen, Policy and Politics, Vol 23, No 3, pp 189-201, 1995)

Introduction
Since the oil crisis in the mid-1970s welfare states have been a subject of debate and criticism and, subsequently, a matter for restructuring and re-negotiation. During the 1980s a wide range of societies began to abandon a commitment to full employment, adopt supply-side economics and scale down their state welfare apparatus. Yet in spite of cutbacks, privatisation and unemployment, the basic institutions of the welfare state remained largely intact. Advanced industrial societies, it was concluded, still needed major welfare programmes to cope with the contingencies of economic change (Morris, 1988). Capitalism, it was suggested, faced the dilemma that it might not want to finance the welfare state but that it could not do without it (Offe, 1984; Therborn and Roebrock, 1986). Those studying different welfare systems in the 1980s might reasonably have concluded that the evidence suggested 'stability with a degree of change'. In Sweden, for example, there was still full employment and a flourishing welfare state, while the West German welfare state remained structurally unaltered after the conservative liberal government took office in 1982. Even in the United Kingdom, the major reforms of the health service and of education had not yet taken place.

But what have been the consequences for major welfare systems of the recession in the 1990s? Can it still be said that welfare states are alive and well? Few would suggest that the British welfare state bears much resemblance to the set of institutions and values which emerged in the decades after 1945. But what about countries with governments of similar political persuasion which, like Britain, encountered severe economic difficulties during the first half of the 1990s - yet rely on different welfare traditions? Germany and Sweden were significantly affected by the recent economic recession, both were governed by conservative or conservative- led
administrations during that period, and Germany has had to cope with the consequences of unification. Furthermore, both countries are regarded by many as prime examples of distinctive types or models of welfare states (Esping-Andersen, 1990; Leibfried, 1992; Ginsburg, 1992; Cochrane and Clarke, 1993). These factors appear significant enough to warrant an investigation into the prospects for the Swedish and the German welfare states. In the light of recent political and economic upheavals, the guiding question is how far structural reforms have already been implemented, or can be expected, which would significantly alter distinctive characteristics and principles of the respective welfare states.

Welfare states and welfare characteristics
Both Germany and Sweden are large welfare spenders and have been for some time, with social expenditure levels above OECD and EU averages (OECD, 1994a; Commission of the European Communities (CEC), 1994). As early as the mid-1970s, more than a quarter of the West German GDP and more than a fifth of the Swedish GDP was devoted to social policy expenditure, compared with 16% in Britain. By the end of the 1980s, Germany's welfare effort had remained roughly the same, and was overtaken by Sweden which became the largest welfare spender in the OECD. Its public sector accounted for over 60% of GDP and employed over one third of the work-force. The Swedes reached the top of most international league tables for state expenditure on health care, education and social services (Hills, 1993).

Welfare spending is an insufficient and sometimes even misleading criterion for a characterisation of welfare states, however. It reveals little about redistributive efforts, for example. A more adequate starting point for a categorisation of welfare states is an investigation of institutions and characteristics and their respective impacts on social stratification and employment structures (Esping-Andersen, 1990). Perhaps the most crucial feature distinguishing the German welfare state is its 'labourist' emphasis and the predominant role played by social insurance (Clasen and Freeman, 1994). Statutory insurance benefits are differentiated according to previous earnings and financed out of proportional contributions levied on earnings up to a certain ceiling, evenly split between employers and employees. Unlike in other countries,
these contributions are earmarked and paid to different insurance funds, separated by risks (covering the four traditional contingencies: invalidity and old-age pensions, accidents, sickness and unemployment) and partly by occupational status (Clasen, 1994).

This, and the fact that contributions as well as benefits are related to earnings, underlines the main objective and philosophy of German social policy as securing status maintenance and preserving market differentials rather than alleviating poverty. Horizontal redistribution within statutory schemes is central while the degree of vertical redistribution remains limited. It is because of this maintenance of class and status distinctions that Germany has often been depicted as a prime example of a conservative or 'conservative-corporatist' welfare state (Esping-Andersen, 1990). Furthermore, together with the tax system and a lack of publicly provided child-care facilities, inhibiting employment of mothers with small children in particular, the social insurance system is one of the factors which make Germany a 'strong male breadwinner' country (Lewis and Ostner, 1994). The predominance of social insurance is underlined further with respect to its legitimacy and the high public esteem in which it is held, compared with social assistance which is still regarded as a 'secondary' or 'inferior' form of social policy (Leibfried and Tennstedt, 1985; Diek, 1994). In short, the durability of the distinctive character of German social policy might be narrowed down to the question of the viability of its social insurance model.

It is not quite so easy to isolate a particular feature of the Swedish welfare state. 'The People's Home' has had much more ambitious and universal aims than the German welfare state. As in Germany, the social insurance system is related to earnings (and can therefore be said to preserve occupational differentials) but social policy generally has been seen as a major instrument in reducing differences between social groups - manual and non-manual workers, men and women, native Swedes and immigrants and for the alleviation of poverty. Unlike Germany, a basic flat-rate pension has ensured a minimum entitlement for all, regardless of work record. Those who do not benefit from ATP (the state earnings related pension scheme) receive a supplement to the basic pension. Social insurance schemes generally play a significant part, as programmes which have attempted to cover the whole working population at a high level of income replacement. Employers rather than their employees have, since
1974, been the major contributors to insurance funds. In addition, tax-funded benefits have included medical care for all, provided by county councils, and extensive social services, provided by the municipalities. Sweden has made extensive use of active labour market policy, the aims of which have gone beyond ensuring social stability or economic efficiency to achieving a substantial degree of equality and of economic democracy. A relatively high degree of gender equality is also a feature of the Swedish system, with over 80% of adult women in employment, especially in the public sector, supported by social policies which make the 'dual breadwinner' role possible (Lewis, 1992; Sainsbury, 1993). As the term solidaristic has been used to describe unions' wages policy, so it has also been applied to the traditions embedded in Swedish social policy (Holgersson, 1981).

Major developments within social policy in both countries have been relatively consensual, based on broad compromises between main parties. In the former West Germany, the conservative Christian Democratic Union (CDU), together with its sister party in Bavaria, the Christian Social Union (CSU), has played a pivotal role in the recreation and extension of traditional workers' social policy during the 1950s and 1960s (Michalsky, 1985). However, once the social democratic SPD, as the main opposition party, had abandoned its plans for the introduction of a universal and comprehensive welfare state, it also participated in the extension of traditional social insurance, making schemes more comprehensive in the 1960s and 1970s. After the economic crises of the mid-1970s and the early 1980s and amidst rising unemployment, both major German parties introduced selective cutbacks and austerity measures, without altering social policy arrangements structurally (Alber 1986; Offe, 1991). In Sweden, the election of (albeit sometimes minority) social democratic governments from 1932 to 1976 has created a set of institutions, expectations and values around issues of equality, democracy and solidarity. The role of trade unions within social policy is important in both countries. In Germany, unions and employers participate in the administration of insurance funds, and the unions' position is reflected within important factions of both the CDU/CSU and the SPD. In Sweden, the relationship between the social democratic party and the unions established a form of corporatism in which trade unions, alongside employers, played a more direct and significant part in the policy-making process than in Germany. However, both the
German and the Swedish welfare states are currently under threat, which might suggest a break-up of these fairly stable social policies and politics. The following sections illustrate the nature and extent of these threats, and assess the viability of traditional social policy structures in Germany and Sweden.

**German social insurance: an outdated social policy design?**

*Pressures for change*

There are several factors which suggest that the days of the German social insurance model could be numbered. Even more than other countries, Germany is affected by demographic shifts which will increase the relative and absolute number of the elderly, putting financial strain on pensions, social services and health care schemes. Female labour force participation, although still lagging behind other major European countries, has increased (OECD, 1994b). A growing number of people work in non-standard types of employment such as part-time, short-term and (often) insecure self-employment (Keller and Seifert, 1993). As a consequence, the number of those cut off from access to employment-centred adequate social security benefits is increasing. Perhaps the most important factor, however, is the high level of unemployment, which remained above two million for most of the 1980s. In the wake of unification and the recent economic recession, officially registered unemployment in Germany reached unprecedented heights at the end of 1993, with about 2.6 million people out of work in the western part of the country (8.5%) and 1.2 million (16.2%) in the eastern part. In addition to registered unemployment, up to 1.5 million people were participating in active labour market programmes such as job creation and training schemes. Furthermore, there were those who are not registered as unemployed but would like to work if jobs were available. This 'silent reserve', as it is referred to in Germany, amounted to about two million people by the end of 1993. Since then unemployment has started to decline, yet even optimistic assumptions regarding annual economic growth rates mean that the 'employment gap' is unlikely to be much below a lack of six million jobs in Germany by the year 2000.

The consequences of unemployment in particular have triggered criticisms against the 'wage-labour centred' character of German social policy (Vobruba, 1990).
The main characteristics of social insurance, as described above, imply that social policy in Germany remains firmly based on the normative assumption of families with one (male) breadwinner in full-time and continuous employment (Hinrichs, 1991; Mückenberger, 1994). Due to chronic labour market problems this construction increasingly fails to guarantee adequate social security for a growing part of the population. Cutbacks in social spending in the first half of the 1980s and again in 1992/93 compounded processes of exclusion from adequate insurance coverage since restrictions tended to hit groups with less stable and continuous labour market participation in particular. The rise in the number of social assistance recipients in combination with the prospect of continuous mass unemployment in both parts of Germany suggest that the number of people living in poverty is likely to continue to rise after a considerable growth during the 1980s and early 1990s (Hanesch et al, 1994). Within social sciences it is these processes of social exclusion which have fuelled demands for structural reform towards the introduction of some sort of basic income (see Vobruba, 1990; Offe, 1994). Offe (1991), for example, has argued that the post Second World War trend towards 'inclusion', integrating more and more social groups into social insurance, has come to an end and is even being reversed. As the standard employment relationship is losing its importance for a growing part of the population, an adequate pension, for example, cannot be guaranteed since both the length and the level of contributions paid are insufficient to gain benefit rates without recourse to social assistance. The inadequacy of the social insurance model is increasingly recognised also within political debates. All parties to the left of the ruling conservative-led government pleaded for the implementation of a needs-oriented guaranteed minimum benefit floor within social insurance, which would mean a considerable breach with traditional employment-oriented insurance principles (see SPD, 1994. Die Grünen, 1994. PDS, 1993).

Large sections within the conservative CDU/CSU and the liberal Free Democratic Party (FDP) in particular have also identified traditional social policy arrangements as being increasingly obsolete, albeit for different reasons. Ongoing structural changes such as the globalisation of markets in combination with the impact of the recent economic recession triggered the 'Standort' debate. This holds that Germany is in danger of losing its attraction for investment and business due to high...
wage related costs in particular. The level of social expenditure, it is argued within the ruling coalition, poses a real threat to the continuation of Germany's economic position on world markets. The size of public debts, requiring interest payments of almost 20% of total public spending by 1995 (Der Spiegel, 39/1994), adds to the pressure for severe cuts in social spending in the future. Against this backdrop, it came as no surprise that immediately after the re-election of the conservative-liberal coalition in October 1994, employer organisations started a campaign in favour of a wholesale reconstruction, including severe retrenchments, of social policy provision in Germany (Frankfurter Rundschau, 19th October 1994). These demands have found positive echoes within the FDP and important sections of the CDU/CSU.

No future for social insurance?
The discussion so far suggests that the traditional German social insurance model has apparently exhausted its potential as an adequate type of social security. A number of social, political and economic pressures have reinforced the search for alternatives and strengthened demands from both left and right in favour of structural change. However, predictions of a demise of social insurance overlook the model's systemic capacity to adapt to a changed environment and underestimate the strength of factors fostering continuity. In principle, there are various options by which social insurance can be reformed in order to adjust to a changed environment without being structurally altered. Non-waged types of work, for example, can be politically constructed as being equivalent to contributory forms of employment. In the 1970s, time spent in higher education was accepted as a qualifying condition for unemployment benefits. The same could be applied to time taken off in order to bring up children. Indeed, the crediting of these 'fictitious' contribution periods within pension insurance was recently increased from one to three years per child and a further extension is likely. Furthermore, non-waged care work for people in need of care is to be treated as a contributory period within pension and accident insurance (see below, p 193).

The point to note is the crucial difference between statutory and private types of insurance. Unlike private insurance schemes, where access and the premium is linked to the probability of the risk occurring, the degree of risk pooling and the status
of being 'insured' within social insurance is politically determined. This status can, but
does not necessarily have to be based exclusively on waged work. It can also be
coupled with other types of 'socially useful' activities. Of course, there are limits in so
far as those who contribute to the system by way of deductions from their wages are
unlikely to acquiesce in a wholesale redefinition of 'contributors' and beneficiaries
(Offe, 1991). These limits are not fixed, however, and the recent history of defining
some activities as equivalent to contributory employment indicates that they are
expandable, Furthermore, the role of social insurance as a mechanism of social
integration needs to be recognised. As Nullmeier and Rüb (1994) have pointed out
with respect to pension insurance, social insurance does more than merely constitute a
relationship between premiums and risk compensation based on contractual and
liberal principles. Instead, it can be argued that the German social insurance model
has acquired a degree of general acceptance within society by guaranteeing statutory
rights and obligations. It provides a normative orientation and trust in the 'social state'
based on a mechanism which allows participation in increasing national wealth to be
guided not only by the principle of rewards according to contributions (benefits linked
to earnings) but also by 'communitarian ideas' and a degree of social solidarity (ibid).

There are signs that the social insurance model has gained rather than lost
political significance. Unemployment and pension insurance schemes were heavily
relied upon as mechanisms to cope with the cost of German unification. As a
consequence of the breakdown of the labour market in the new Länder (federal
states), massive transfers were needed from West to East which, in 1 992, represented
more than three quarters of East German and about 6% of West German GDP
(Bäcker, 1993). Income maintenance for the unemployed, for those participating in
labour market programmes and for those in early retirement was funded by raising
contribution rates to the unemployment insurance and pension funds. From both types
of social insurance certain social groups, such as the self employed and tenured civil
servants, are exempt from what are otherwise compulsory contribution payments. It is
therefore debatable whether it is 'legitimate to use funds raised by the contributions of
the members of a particular social insurance programme to address problems which
are seen as problems of society, as a whole' (Ganssmann, 1993, p 86). The question of
equity aside, however, the fact that no structural change was deemed necessary to
cope with transfers of revenue on an unprecedented scale underlines the extent of political trust in the traditional social insurance model.

Perhaps the strongest indication of the durability of the social insurance model is the recent decision to extend its scope with the introduction of a compulsory long-term care insurance scheme in 1995 (see Diek, 1994; Götting et al, 1994). In the future, persons in need of long-term care will receive non means-tested benefits in kind or cash for both community and institutional care (with levels determined by the medically ascertained degree of need). Relatives or other non-professional care providers will be credited with contributions to their pension insurance which the new care insurance scheme will make. As in other social insurance branches, the funding of the new scheme will be based on compulsory contributions levied on earnings up to a certain earnings limit which are evenly split between employees and their employers. Dependents are covered via contributing family members. This adherence to existing principles was continually stressed by the government, which in 1994 heralded the new scheme as the 'fifth pillar' of German social insurance, supplementing traditional schemes which cover sickness, unemployment, invalidity and old-age pensions and accidents.

Infirm and elderly people in Germany in need of home or institutional care have increasingly found themselves in a position of having to apply for means-tested social assistance benefits, paid for and administered by länder, local authorities and municipalities. Total costs for long-term care doubled between 1975 and 1985, and by 1991 about 40% of overall social assistance accounted for this particular type of expenditure (Götting et al, 1994). The pressure on central government to assist local authorities with these costs increased accordingly so that, by the late 1980s, the debate had moved on from the question whether a reform was necessary to the question which form it should take. In principle, a number of options were open, including a fixed tax subsidy to local authorities, the introduction of a compulsory private insurance, the incorporation of this risk into existing sickness insurance schemes, or the implementation of a new and separate branch of social insurance.

A private insurance option was favoured by the 'business wing' of the CDU/CSU and the FDP, the junior partner in government. The CDU/CSU's 'social policy wing' eventually gained the upper hand in the coalition, however, favouring a
separate social insurance scheme along traditional lines by stressing the popular esteem in which social insurance arrangements are held, the continuity in social policy making and the possibility of immediate help for people in need of care which a pay-as-you-go scheme would allow. The SPD, as the main opposition party, was in favour of a tax funded system which would guarantee a more solidaristic arrangement since all (taxpaying) citizens were to participate in the cost of the new scheme rather than merely the contributors to statutory social insurance, from which, as mentioned earlier, certain generally better paid sections of society are exempt. Strategically the SPD was in a good position to influence policy making, since a majority of the länder were governed by the social democrats. The party therefore had the upper hand in the second chamber and so was able to veto whichever plans were made by the government concerning the new care insurance. However, the SPD was careful not to be seen as blocking the completion of a reform which was electorally important and which supported länder financially. Thus, after a period of intra- and inter-party discussions, the solution of a separate social insurance system in line with existing ones was accepted by the SPD and also by the trade unions. Nevertheless, the SPD categorically opposed the FDP’s insistence that employers would need to be compensated for their share of the costs by introducing waiting days in sickness insurance or, a suggestion made later, the abolition of two paid public holidays. After a long and drawn out process of political manoeuvring, concessions and compromises, it was finally agreed to abolish one public holiday (while the decision about the abolition of a second one was postponed). The new long-term care insurance will be introduced in two steps in 1995 and 1996.

Reasons for stability
Despite rhetorical clashes and ideological differences over long term care insurance, the eventual cross-party confirmation of traditional social insurance principles is indicative of the way in which most major social policy reforms came about in West Germany after the Second World War. It has been suggested that particular organisational features, such as contributory rather than tax-financed benefits, separate and corporatist funds, and the principle of status maintenance according to a logic of reciprocity and restitution rather than of redistribution, have allowed broad cross-party

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compromises (Alber, 1989; Offe, 1991). Conservatives support existing arrangements because they keep social security issues out of class conflict by giving both workers and employers a stake in the system while socialists accept social insurance as a form of "institutionalised class solidarity" (Offe, 1991, pp 127-28).

Even the FDP appreciates certain features such as actuarial principles and limited options for state interference. Nevertheless, the liberals, supported by the 'business wing' of the CDU/CSU, remain interested in a scaled-down welfare state and their proposals within the long-term care debate have indicated an attempt to shake off the conservative 'Bismarck legacy' (Götting et al, 1994) by introducing more private opt-outs of statutory schemes. However, as on previous occasions, their position within social security policy making has remained weak against a consensus between the 'social policy wing' of the conservative CDU/CSU and the majority of the SPD.

The continuity of the German social insurance model is not only due to party ideology however. German trade unions and their association, the Deutsche Gewerkschaftsbund (DGB), continue to play an important role in social security affairs, not only because of their participatory role in the administration of social insurance, but also because of the perception of insurance benefits as 'deferred' wages to which workers have a contractual right. As a consequence, any reductions in insurance benefits or restrictions of benefit rights for current wage earners are seen as a direct attack on 'earned' acquisitions. The adherence to traditional structures and the defence of the 'equivalence' principle (that is the link between contributions and benefits) in particular has therefore been of paramount importance to unions in Germany (Nissen, 1988).

There are also institutional factors which make a demise of social insurance in Germany unlikely. A significantly reduced role of social insurance would have adverse financial impacts on local authorities' ability to cope with the funding of social assistance. Local authorities, together with the länder can exert some influence on policy via the second chamber, the Bundesrat (see Clasen, 1994) which can be of an indirect or even a direct nature since the second chamber can veto all pieces of legislation which affect länder financially. In the past, a mediation committee was needed on a few occasions when policy proposals reached a stalemate between
Bundestag (Parliament) and Bundesrat. The position of the mediation committee will become even more important in the years to come, following a number of elections during 1994 which strengthened the already powerful position of the SPD in the Bundesrat, giving the party a considerable influence on policy making.

Finally, there are important legal constraints and pressures in German social policy making (see Ogus, 1990). The ring-fencing of insurance contributions, for example, confers legally codified actuarial rights to 'wage replacement' benefits, which, according to the Constitutional Court, have to be treated as equivalent to property rights. The role of the Constitutional Court needs to be acknowledged as, at times, another important actor capable of constraining the German government's scope for manoeuvre. In 1992, for example, it ruled that a taxation of income equivalent to the entitlement of social assistance per year does not conform with the Basic Law. The government is required to rectify this issue by 1996 through a considerable increase of the annual single person's and married couple's tax allowance. In order to compensate for the prospective loss in tax revenue, the government is currently deliberating whether to increase the basic tax rate or to make the income tax system more progressive (Frankfurter Rundschau, 5th November 1994).

In sum, at a time when the future of social insurance is being seriously questioned in countries such as Britain (Bennett, 1993), the German social insurance model seems relatively robust. As discussed above, this robustness can be related to a number of political, institutional and legal factors. If anything, these influences have been strengthened. After unification, traditional institutions were simply extended to the new länder and the policy process out of which the new long-term care insurance eventually emerged indicates that, despite tight financial conditions, interests and strategies within social security policy have remained broadly similar to those which were in place in the former West Germany. Of course, pressures for retrenchment remain strong and are likely to be translated into cutbacks of a number of benefits and services. Nevertheless, there are good reasons for thinking that the German social insurance mode, will stay intact and, for better or worse, is likely to remain the hallmark of the country's welfare state for some time to come.
Sweden: towards welfare pluralism?

Pressures for change

Sweden is faced with economic and demographic pressures similar to those in Germany (CEC, 1993, p 1 3). Sweden has had a large elderly population for many years (18% above the age of 65 in 1990). This will grow to in excess of 20%, over the next thirty years. In particular, the needs of the over 80s will expand considerably. A more recent development has been an increase of 25% in the number of babies born each year (Statistiska Centralbyran, 1993). Single parent families and one-person households have also grown. More importantly, unemployment has risen dramatically with the recession. Throughout the 1980s the social democrats kept unemployment low, at about 3% of the labour force, but the rate began to rise after 1989 and increased to 11% (with an additional 4% on labour market schemes) by 1994 under a centre-right coalition elected in 1991. Male manufacturing employees have borne a considerable share of this growth in unemployment, but it has also begun to hit non-manual employees and women employed in the public sector.

The number of recipients of social assistance has grown from 4% in 1980 to 8% in 1993 (Statistiska Centralbyran, 1994). Long-term unemployment is likely to increase this figure still further. Concern has also been expressed about the growth in the number of those claiming sickness benefit and disability pensions. If one combines those employed in the public sector employment with those claiming social benefits, the total of those dependent for their livelihood upon the public sector has risen from 30.6% of the population in 1972 to 53.6% in 1992 (adapted from Sodersten, 1992).

The economy has, in recent years, grown slowly or not at all, suffering from a lack of investment and the threat of inflation. While the Social Democratic government, from 1989 onwards, accepted the need for severe measures to deal with the economy and the public sector, it faced difficulties in its relations with the trade unions and as a minority government. It was succeeded in 1991 by a four-party, centre-right, minority coalition which was committed to a 'system shift' which would
promote 'a market economy, competition and private ownership'. In the field of welfare this would mean pluralist provision and greater individual choice. Savings in the public sector were 'to be directed principally towards transfer payments' and a slimmer 'social insurance bureaucracy' (Ny start för Sverige, 1991). With these aims the new government certainly had the support of the business community, and of a number of economists and political commentators who had come to see the Swedish model as seriously flawed.

This period of economic difficulty has been accompanied by an increasing reluctance on the part of the principal employers' federation, SAF, to play a full part in corporatist institutions. In particular, it has attacked centralised wage negotiations and has opted out of the tripartite structure of the national administrative boards (Mahon, 1991; Pestoff, 1994). Meanwhile, the decline in the membership of manual trade unions, the weakness of the socialist press and problems faced by other socialist organisations has led to speculation that the labour movement in Sweden is on the retreat (Gould, 1993).

**No future for the Swedish model?**

Much of the analysis of Sweden's problems, in the early 1990s, began to focus upon the size of the public sector; the abuse of social insurance benefits; the high level of taxation and contributions these entailed; and the damaging effects upon incentives to work and invest (Isaakson, 1992; Ståhl et al, 1993). The national debt was seen as a structural and not merely a cyclical problem (Eklund, 1993) and the social democratic hegemony was under threat (Ahrne and Clement, 1992). The labour movement could no longer advance national solutions to problems created by a hostile international economic climate (Notermans, 1993). It was failing to represent the old working class or to address the concerns of the new social movements feminism and environmentalism (Jensen and Mahon, 1993).

Various commentators have consequently described the Swedish welfare state as being 'in transition', 'at the crossroads' and even in a state of 'decomposition' (Olsson and Murphy, 1993; Huber and Stephens, 1993; Nordh and Westerberg, 1993; Marklund, 1992), indicating that some substantial changes have been occurring. However, none of the more extreme hopes of some conservatives and economists
have been realised. Cuts have been made to services and benefits and a degree of choice and pluralism has been introduced, but is the system which the social democrats have inherited in their election victory in September 1994 substantially different to the system they bequeathed in 1991? Has there been a system-shift?

The high income replacement levels of social insurance have been reduced. This has been a continuing and gradual process throughout the 1990s, but by 1994 the norm of 90% had been replaced by a new norm of 80%. This applied to sickness benefit, disability pensions, parental benefit and unemployment benefit. While 80% income replacement might still seem high, it has to be remembered that these benefits are taxable (Olsson-Hort et al, 1993). Moreover, there is pressure for them to be reduced still further, to 70%.

Eligibility has also been tightened up. Employers have been given the task of administering the first fourteen days of sickness benefit. Greater efforts are being made to rehabilitate the long-term sick and those receiving disability pensions, though in a climate of high unemployment, this is not proving easy. A new obligatory unemployment insurance system will replace the old voluntary system based upon trade union membership. All employees will be expected to make contributions in addition to those made by their employers. Moreover, stricter limits are made on the periods for which unemployment benefit can be claimed before an individual has to resort to social assistance. Consideration is also being given to the possibility that, in the future, social insurance benefits might be administered by private agencies or by employers and employees, as in Germany.

As far as old age pensions are concerned, the basic pension has been reduced in value, while the state pension (ATP) is in the process of substantial reform. It had been argued for some time that without significant economic growth, the pay-as-you-go system was likely to result in an unacceptable burden on employers and, indirectly, employees (Ståhlberg, 1991). The centre-right government and the social democratic opposition have accepted this argument and have agreed a new, more actuarially sound system in which contributions will be more closely related to benefits. The existing rights of those approaching old age have been protected, but younger workers will not receive the same benefits as the present generation of pensioners. As social assistance claimants have increased in number, so eligibility rules have been made
more strict and benefits cut. Although guidelines on social assistance have been set nationally, there has always been some variation in the amount awarded by individual municipalities. However, the pressure of local budgets has resulted in some local authorities setting benefits considerably lower than the recommended norm.

This departure from national standards can also be found in the social services. The centre-right government's encouragement of alternatives to state provision has meant that services for the elderly and the disabled, child care and education are increasingly being run by private, semi-private and co-operative agencies. The task of ensuring that these conform to national standards is not proving easy, especially as budgetary pressures are leading to expenditure cuts. There are less teachers in the schools, less staff in day nurseries and less home helps. Moreover, those who receive services - the old, the sick, parents - are having to pay higher fees and charges for them.

In comparison with the previous decade, the Swedish system from 1991 to 1994 lost some of its stability and experienced substantial changes. Nonetheless, it remains difficult to argue that these changes to social insurance, social assistance and social services constitute a fundamental alteration of the Swedish model. The reasons for this have to do with the problems of running a four-party coalition; the personal role played by the Minister for Health and Social Affairs; constitutional obstacles to change; and the widespread acceptance of a strong state in social affairs.

*Reasons for stability*

In its first year of office the government had great difficulty in achieving major cutbacks in expenditure. There were objections either from one of the coalition partners or from the maverick New Democracy party which held the balance of power. Only with the currency crisis of September 1992 did the national situation become so urgent that the government sought the aid of the Social Democratic opposition. This is important for understanding the nature of social policy changes as the centre-right coalition was never in a strong enough position to enact far-reaching changes without the co-operation of other parties. Twice a year throughout the three years of the government's mandate, the Liberal finance minister would announce new
cuts to public expenditure, but whatever was finally agreed seemed to make little
difference to the size of the public sector deficit or to the national debt.

The problem of inter-party management was exacerbated by Bengt
Westerberg, the Leader of the Liberal party, who, as Minister for Health and Social
Affairs, refused to co-operate in the dismantling of the Swedish welfare state. He
persisted in the belief that it was important for society to maintain a generous level of
services and benefits for all and rejected the idea that individuals could best provide
for themselves (Nordh and Westerberg, 1993). His major positive achievement was
the enactment of a disability law which gave the disabled the right, amongst other
things, to a personal assistant. One critic estimated the cost of this legislation to be in
the region of £1 billion over a four-year period (Larsson, 1993). It was Westerberg
who also introduced a new rule that made the twelfth month of parental leave
dependent upon the father taking on some responsibility for child care (Riksdag och
Departement, 1994a).

While it may be argued that a minister more committed to a free-market
philosophy might have introduced more far-reaching reforms, s/he would still have
been faced with a number of institutional obstacles. These were spelt out by the
Lindbeck Commission (SOU, 1993:20). The three-year mandate had made it difficult
for governments to deal with potentially unpopular decisions. No sooner had they
established a new set of programmes than they needed to think about the next
election. Parliament itself, it was argued, was made up of members who represented
the many organised interests, often subsidised by the state, which exist in Swedish
society. These members, working through parliamentary committees, had been able to
use a complex budgetary process to frustrate the intentions of finance ministers.

Nor has it been easy to challenge a political culture in which ‘the social
democratic project has become the nation's project’ (Heclo and Madsen, 1986). It is
not simply that the removal of state subsidies and state intervention, established over
many decades, threatens too many vested interests; nor that so many of those
employed within the state apparatus have internalised social democratic values; but
that the society, in common with other Nordic countries, is one which looks to the
state as the natural providing agency. As a Dane recently put it:
Scandinavians do not, in fact, have many feelings towards the state at all; they regard it as something neither to be feared, nor respected, nor worshipped. The state, whether at the national, regional or local level, is a tool ... it is at our disposal, to be used as we see fit. (Andersen, 1993)

There is, then, no great ideological tradition of hostility to the state. The laissez-faire and subsidiarity traditions of other European countries suggest that state intervention requires justification. The solidaristic tradition of Scandinavian countries implies a greater acceptance of the idea that the state can and should act in the interests of all. Surveys have shown that between 1986 and 1992 there was hardly any change in Swedish attitudes to public expenditure or the idea of state provision in spite of the country's economic difficulties and in spite of the fact that over this period, the social democrats lost electoral support (Svallfors, 1994). Moreover, after three years in which a centre-right government, business people, economists and international organisations have carried out a sustained attack on the public sector, the electorate, in September 1994, returned a social democratic government yet again. While it would be misleading to exaggerate the degree of stability this could imply for social policy, the development is of some significance, especially when viewed in the light of the referendum on joining the European Union.

It is clear that faced with the same economic difficulties as its predecessor, the new government will be forced to make public expenditure cuts. The budget deficit amounted to over 1 2% of GDP in 1993 and the national debt to 80% of GDP. Although some Western countries faced similar problems, Sweden's 'budget deficit is greater than other countries' and the national debt is rising more steeply than elsewhere' (Schück, 1994). Any cuts made, however, are unlikely to be made with the same ideological aims as the Swedish conservatives with their commitment to welfare pluralism and the primacy of the private sector.

The result of the election made it clear that the social democrats remained the natural party of government and had regained the support of the working class, which had been lost in 1991. The neo-liberal experiments of the centre right coalition had been rejected and the populist New Democracy failed to gain any seats. The socialist bloc (the Social Democratic and Left parties) had their best electoral result in over two
decades and the bourgeois bloc their worst (Svensson, 1994; Hempel, 1985). This was also an election in which 41% of members of the Riksdag and half of the members of the new government were women (Froman, 1994). Moreover, the Environment party gained 20 seats with the support of 5% of the electorate. The system is reflecting the demands of new social movements.

Confirmation of the Swedish people's attachment to their traditions was also borne out by the referendum on membership of the European Union in November 1994. Nearly 47% voted against entry into Europe with 52% voting for (Riksdag och Departement, 1994b). This opposition does not suggest a country fearful for its future without an alliance with strong European neighbours. On the contrary, almost half the population were convinced that the loss of political sovereignty, the importance of Sweden's system of open government, the possible dilution of its social policies and the influx of illegal drugs and cheap alcohol were too high a price to pay for dubious economic advantage. The new Swedish government has been given a mandate to cut public expenditure but not to erode the character of Swedish welfare; it has been given a mandate to go into Europe but not to compromise Swedish traditions and institutions. Moreover, because of recent constitutional changes, it has been given a mandate not for three, but for four years.

The Swedish model is not as stable as it was, but the changes experienced so far cannot be said to have changed its distinctive character. In the late 1980s it was still possible to believe in the model's irreversibility and the remoteness of a national backlash (Olsson, 1987 and 1988). The cuts, privatisation and welfare pluralism of the early 1990s, coupled with rising unemployment, dispelled that belief and were interpreted by one of us as a sign that a degree of convergence towards other welfare systems was underway (Gould, 1993). However, the continuation of that process would have required a stronger degree of support for the bourgeois parties and for entry into Europe. Swedish political institutions and the mood of the electorate suggest that support for the fundamental features of Swedish model remains strong, even if the economic environment in which the model operates has become more hostile.
Conclusion

A number of welfare cuts and policy changes during the 1980s and early 1990s in the British welfare state marked something of a system shift. Changes in health care, education and social care have been significant and the increasing role of means-tested benefits indicates a move towards a 'liberal' welfare system based on a residual statutory safety net while favouring market and private forms of social provision. This article has explored the extent to which recent changes in the German and Swedish welfare states have signified a similar system shift. The first half of this decade has also been marked by retrenchment in both countries. Substantial as some of the cuts have been, however, in neither case has there been a shift away from basic characteristics. Indeed, it is likely that, at the start of the next millennium, Germany's welfare state will still be a 'conservative' one and Sweden's welfare state basically a social democratic and solidaristic institution. As long as financial problems persevere, further retrenchment can be expected to continue in both countries, as well as pressures and demands from across the political spectrum in favour of structural reform. Yet welfare institutions, characteristics and structures seem more robust than those in Britain. The political, institutional and legal reasons for this comparative stability of social insurance in Germany have been outlined in this article. The introduction of a new long-term care insurance strengthens and stabilises the relevance of traditional principles and characteristics. Furthermore, the treatment of specific non-waged activities such as child rearing or caring for relatives as 'fictitious' contribution periods has proved that social insurance is adaptable to changes in society. Admittedly, amendments have only been tentative, and insufficient with respect to providing adequate security for those not in full-time employment. However, a further and better crediting of 'socially useful' activities is conceivable, which would make the German social insurance system more inclusive. This is a stark contrast to Britain, where social insurance as a form of social security has been so seriously weakened that its survival is uncertain.

Compared with Germany, Sweden's welfare system is more ambitious in scope and aim. Citizens in Sweden have come to expect high income replacement levels nationally, which leave them no worse off when old, sick or unemployed than when they are working. Moreover, this expectation of high uniform standards extends to all
other aspects of the welfare state. There have been cuts, unemployment has reached European levels, and the state no longer has the monopoly of public services it once enjoyed. But even if economic circumstances demand the continuation of such a process, the Swedes have chosen that it be placed in the hands of those who believe in the cultural values, the traditions and institutions of the People's Home.

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