

Strategic ignorance or counter knowledge: 60 years of political harm reduction debates in Sweden (in 15 minutes)

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A statement disclosing any conflict of interest

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Academic Context



Scientific state or state science? The example of regulating psychoactive substances 1911-2015

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Upcoming book: *The Swedish Intoxication Problem: A hundred years of knowledge, ignorance, and counter-knowledge* (2023)



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Swedish drug policy context

- Mas initially being very progressive with early methadone treatment and needle exchange programs (NEPs)
- Gradually becoming a restrictive/repressive drug policy aiming for a drug free society, mainly through control measures
- Since the late 1990s declaring an emphasis on evidence based policy/practice
- Lately increasingly more favorable to harm reduction – still aiming for a drug free society
- Still a very controversial topic



Research context

- Puzzled by, and frustrated over, the reluctance to accept research findings supporting harm reduction and the political debates where politicians are talking past or ignoring each other, and are deliberately twisting opponents arguments beyond recognition
- Perhaps naïve, but stands in stark contrast to other policy areas I've researched – such as housing policy and evictions, unemployment policy, and the discrimination of the Roma people
- I'm, of course, not the first to note that drug policy is a very sensitive and value-laden subject. Prominent scholars such as Stevens (2007), Ritter (2009), and Monaghan (2011) have pointed this out before: drug policy can not be reduced to merely evidence



Research questions and theoretical framework

- How can we understand this characterisation of drug policy?
- What are the potential consequences?

- As a claimed (or actual) lack of knowledge or knowledge resistance can result in a strategic advantage in terms of deniability, procrastination, and demanding resources (e.g. McGoey 2012)
- As a repeated questioning of arguably established knowledge which can create weakness among opponents and disintegrate lines of reasoning (e.g. Galis & Lee 2014)

Exhibit 1: The 1960s and the prescription of drugs

- A recreational use of drug appears among "deviant" sub cultures
- The new phenomena puzzles politicians, scientist and media alike: What is this?
- Is it a disease? An epidemic? Delinquency? A symptom of societal failure?
- A big governmental inquiry on the drug problem is appointed (Narkomanvårdskommittén 1965)
- Simultaneously, a clinic authorised by the Royal Medical Board opened, aiming to offer relief to those by some described as sick – they prescribed drugs – liberally
- One of the inquiries' many reports' evaluated the clinic in operation and after closing, and found it beneficial for the users and not harmful to society
- Those summarising the inquiry described it as extreme, impossible to evaluate, and dismissed the approach completely (Eriksson & Bergman 2021)



Consequences

- A longstanding scepticism against measures aiming at reducing harm – “Well, we know how that goes/went” ... referring to the two years the clinic was at work
(Lenke & Olsson 1998; Johnson 2003; Linton 2015)
- Potentially making way for the restrictive/repressive policy
- “Studies have shown that it was counter productive, in giving instant nourishment to existing misuse and in contributing to an increased spread of problematic misuse.” (KDU 2016)
- “The Methadone programme is yet another project that has caused more harm than good within treatment.”
(KDU 2016)



Exhibit 2: The 1980s and the arrival of HIV/AIDS

- Stockholm was hit early and comparatively hard
- The connection between injecting drugs and attracting aids was well established
- However, users was perceived as potential spreaders of the infection rather than as victims (Thorsén 2013)
- The knowledge about the wider consequences of NEPs was still very unsure
- The debate in Stockholm City Hall was, understandably, defined by personal opinions, misgivings, and good intentions
- An offensive treatment for drug addicts became the official approach at the expense of NEPs



Consequences

- When weighing the potential gains of NEPs against the potential losses the fear of e.g. “increased use”, “more dying of overdoses than AIDS”, “the slippery slope”, and “sending the wrong signals” won over “we must consider NEPs.” (Edman et al. 2023)
- Potential losses in lives
- Winning arguments keeps on being winning, setting the stage for many years to come



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IGÅR DELADE HAN SPRUTA MED TRE KOMPISAR



RING AIDS-JOUREN 020-78 44 40 OM DU VILL FRÅGA

Exhibit 3: The 2000s and the expansion of NEPs

- In 2006 a law (SFS 2006:323) passed, allowing the opening of NEPs provided that the County Council and City Council was in agreement.
- In Stockholm the county council was eager to get going, the city council not so
- There was both proponents and opponents in City Council, and the debate was intense
- Opponents: “We don’t know enough”, “there is no evidence”, “can we control the discarded syringes?” or “won't it lure people to use heavier drugs?”, “more research!”
- Proponents: “Its humanitarian”, “it’s a matter of public health”, “recommended by the WHO”, “there is plenty of evidence”
- Opponents: “We should not be whacking each other on the head with research reports”

(All quotes from the City Council debate 2011-04-04)

Consequences

- In the City Council debate, starting in 2004, the same arguments against NEPs as in the 1980s came to use. But with the added strategy of “knowing what not to know” (Taussing 1999). Hence, procrastinating the opening of a clinic until 2013
- Further potential losses in lives



Conclusions

- How can we then understand Swedish politicians research resistance, reluctance to listen to their opponents, and the very intense and colourful language?
 - It's a rhetorical technique to promote a different view of the problem at hand
 - It's a want to obscure and undermine arguments with which you and/or your party do not agree
 - It's a de-legitimisation of evidence by alternative knowledge, and a promotion of a different view



Implications

- An undermining of evidence based research

A more benign interpretation:

- A way of promoting counter-knowledge – another outlook on the nature of the problem to be solved
- Indicating, a) that the ambition to base policy on EBP is not necessarily embraced by everyone
- Indicating, b) that there is a good reason to appreciate and consider other ways of approaching evidence, knowledge, and the way drug policy is understood and conceived



THANK YOU!



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