

Governance of substance use as a by-product of policing in Norway: A historical account

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Abstract

Aim: The aim of this article was to study governance of drug use in Norway through a historical account. **Method:** A genealogy was conducted through the study of documentation and legal texts from the 1600s until contemporary times. **Findings:** Based on legal texts addressing people using substances (both drugs and alcohol) various strategies for governance of drug use appears. The first section describes the emergence of institutions where people with alcohol problems were confined in a system originating the Dutch discipline houses. The second section describes the poor laws of the 1800s and the practice of the local poorhouses. The third section takes a look at the Vagrancy Act of 1900 and the state-owned labour camp at Opstad. The fourth section discusses the establishment of the sobriety boards and their role in confining alcoholics at cure homes. The fifth section describes developments in post-world-war Norway, with increased attention to illicit substances. **Conclusions:** The terminology justifying interventions is

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increasingly medicalised. Descriptions of the “drunkard” that appeared in 18th-century legal texts as immoral and free are contrasted by a positioning of this character as being a slave to his drinking in 20th-century political discourses, or as substance-dependent patients in the 21st century, alongside concerted efforts to dissolve open drug scenes.

Keywords

addiction treatment, alcoholism, drug policy, Foucault, genealogy, governmentality

International drug reform debates have come to focus on the core question of whether people with drug problems are to be punished or helped. The United Nations Office on Drugs and Crime has urged member states to provide treatment instead of punishment for people with drug dependency (UNODC, 2010). This view is shared by influential academic journals such as *The British Medical Journal*, which in a recent editorial suggested drug policy reform by “prioritizing treatment over punishment of drug users” (Godlee & Hurley, 2016, p. 355). In the past 15 years, several countries have liberalised their drug policies (Eastwood, Fox, & Rosmarin, 2016). Norway has also taken steps in this direction, and recent developments in Norwegian debates on drug policy serve as a case in point. The Conservatives and the Labour Party have suggested drug policy reform (Høie, 2016; Tajik & Micaelsen, 2016), supported by *The Journal of the Norwegian Medical Association (Tidskriftet for Den norske legeförening)* (Slagstad, 2016), several NGOs (Bjørnstad et al., 2016), and other political parties (*Bodø Nu*, 2017; *Dagsavisen*, 2017; Huseny, 2017). The main message of the political reformation is to help rather than punish people addicted to illicit drugs (Høie, 2018). In this endeavour, Norwegian politicians have looked to Portugal’s decriminalisation policy as a frame of reference. In line with the Portuguese model, they have suggested establishing cross-disciplinary dissuasion commissions with a mandate to intervene in a variety of ways (Høie, 2016), for instance, by imposing different sanctions in order to help the person with drug problems to stop using drugs:

[The Government wants to] Carry out a drug policy reform to ensure a better offer for addicts, where responsibility for society’s response to the use and possession of illegal drugs for own use is transferred from the justice sector to the health service. The government will soon set up a public committee to prepare for the implementation of this reform. The police shall be able to impose health-related measures on the addict, and failure to follow up will lead to sanctions. (Norwegian Government, 2018, p. 40).

This new “Portuguese model” has been widely reported in international media as a good alternative to drug policies based on punishment rather than care (Aleem, 2015; Baer, 2016; Ingraham, 2015; Kristof, 2017; Oakford, 2016). However, the model also seems to *force* drug users *to be helped*, which problematises the difference between punishment and treatment, and points to efforts on the part of government to control people with drug-use problems. Control and governance of drug policies come in many shapes. A way of identifying how they work is looking into historical developments, asking how different aims of control and help have materialised in different policies over time. By use of a genealogical method, our study will take on the task of unfolding historical problem constructs and targets of governance regarding substance-use problems in Norway.

Method

A genealogy aims to critically analyse a contemporary practice, idea, or issue by tracing its historical, social, and political emergence and

development (Thomas, Bull, Dioso-Villa, & Smith, 2016). The method focuses on familiarities and contingencies rather than origins. It describes past events without explicitly making causal connections of sources and speakers (May, 1993; Mills, 2003; Rabinow, 1984). A genealogy is not a systematic review; rather, it is necessarily selective and partially guided by the researcher's judgment as to what is viewed as important and relevant (Thomas et al., 2016). This means that a genealogy differs from periodical studies of history. Where the historian is committed to a chronological study of all material, the problem-analysis of a genealogy rather chooses the material from the problem's specificity. It does not aim to paint a complete picture of a given time period, but to decide on a particular field, with a recognised object at a specific time, and to use history to resolve causal explanations that history has turned into doxa (Eliassen, 2016). Thus, the genealogy does not aim to achieve objectivity, as such, but to raise truth-claims of a special character by a fictional re-writing of history. It seeks the possibility of a historical truth that might have some political significance (Biebricher, 2005; May, 1993).

In undertaking this genealogy, we selected and analysed relevant legal texts and literature. The document selection process involved Google searches, searches on the Norwegian web platform on law (lovdata.no), and searches in the national library and state archive (both on the internet and manually). The objective was to find relevant documentation to investigate the governance of substance use. Such search terms as *sobriety*, *addiction*, *addiction treatment*, and *vagrancy* were used. The archival research, then, consisted of 15 legal documents on drunkenness, sobriety, illicit substances, treatment, and social rehabilitation. The first legal document studied is the decree on The Discipline House in Christiania (1741) for drunkards, while the last one is The Police Act of 2007 given its overlap with the penal code addressing illicit substances. These laws are criticised for targeting people with substance-use

problems in public places. To complement the archive research, we also studied secondary literature to establish how the target population has been addressed (e.g., Edman & Stenius, 2007; Hauge, 2007; Rossow, Skretting, & Amundsen, 1998; Skretting & Rosenqvist, 2010). Historical literature and study reports on the topic were found through a literature search, a by-hand search of certain journals, and a review of the indexes and references of relevant sources. We examined these legal texts and secondary literature on how people with substance-use problems (both alcohol and illicit drugs) have been addressed from a perspective that draws on theories of the Foucauldian concepts governmentality and biopolitics. Governmentality refers to processes where individuals and populations are governed through rationalisation of exercising power whereby dominant discourses are internalised (Iacobucci & Frieh, 2016; Lemke, 2007). In view of population control, biopolitics is concerned with life (Mills, 2003). Foucault claims that the *modus operandi* of power was historically located with the sovereign, who had the supreme right to kill. The symbolisation of the sovereign power was that over death, and the sovereign's area of control was the land (Farsethås, 2009). However, in present times, power is concerned with life and people, that is, with the allocation of human resources: the health of the population, rates of employment, and how to extend and improve life (May, 1993; Rabinow, 1984). As a whole, then, the article discerns power strategies and aims to create a space for rethinking contemporary political debates on moving from punishment to treatment.

Findings

The findings unfold as a diachronic narrative presented in five sections. The first section describes the reform of the Norwegian poor relief system and the emergence of the institutional system of confinement; the second section describes the poor laws of the 19th century and the municipal workhouses; the third section

deals with the Vagrancy Act and forced labour; the fourth section discusses the Sobriety Acts, and institutional practices for treating alcoholics in the 20th century; and the fifth section studies the abolishment of these laws, and the process of making the substance-addicted persons patients in the midst of open drug scenes.

Reforming the poor relief, confining drunkards in 18th-century Norway

A particular type of correctional institution was established in 18th-century Norway. They were central to the new poor relief system that intended to relieve poor people from the ills of poverty. These institutions belonged to a European family of socio-political institutions that were called *tuchthuizen* in the Netherlands, *manufacture houses* in England, *zuchthausen* in Germany, and *hospitaux généraux* in France (Jütte, 1994; Samuelsen, 1983). *Tukt*, to discipline, is associated with upbringing, describing the relationship of God to men, of parents to children, and of farmers to cattle (Midré, 1990). These institutions were meant to facilitate moral improvement and to discipline deviants, such as beggars, vagrants, drunkards, prostitutes, and part-time workers challenging the socioeconomic order (Jütte, 1994). Drunkards played a moderate role in the legal texts framing the institutional practices (Bønes, 1978). The emergence of *tukthus* or discipline houses can be traced to a Dutch policy reform in the 16th century. The secretary for the City Council of Haarlem in the Netherlands, Dirck Volckertszoon Coornhert (1568–1648), sought to reform the Dutch penal system during the Dutch War of Independence. It was a revolt of the Seventeen Provinces against the political and religious hegemony of Philip II of Spain, the sovereign of the Habsburg Netherlands, and was a challenging period for the country. Coornhert found the contemporary methods of punishment (executions and mutilations) counterproductive in tackling the problems of poverty and in constructing an effective society. In *Boeventucht ofte Middelen tot*

mindinger der schadelijke ledighangers, Coornhert in 1587 (Bonger, 1942) described idleness as among the main causes of crime. He suggested that the state approach should be forced labour and confinement for the idle poor. Not to heal them, but in order to heal society from criminals and to strengthen the economy. The labour institutions would generate profit by selling commodities produced by the confined (Bonger, 1942; Jütte, 1994). It was in 1589, in Amsterdam, that Jan Laurensz Spiegel and Dr Sebastiaen Egbersz planned the first such institution, *The Amsterdam Tuicht Huis*. It was considered a success and became a model for similar institutions across Europe (Bonger, 1942; Jütte, 1994). Foucault termed this landmark in European social engineering as *The Great Confinement* (Jütte, 1994).

The kingdom of Denmark–Norway was in 1660–1780 in an age of sovereignty. Prior to 1660, the Norwegian king had been elected by the nobility, but through a state coup King Fredrik III made himself sovereign ruler. Thereafter, professional bureaucrats executed specialised tasks, and the ministry became more predictable than before (Sandmo, 2015a). Up until the end of the Nordic War in 1721, competition between Norway–Denmark and Sweden characterised the period, with a high need for income due to heavy militarisation (Johannessen, 2015). Business changed, cities became more important, and the market economy deteriorated, partly in the wake of growing international trade. Christian pietism gained influence with the rise of the bourgeoisie (Teige, 2015), both among the intellectuals and the common people (Sandmo, 2015d). Denmark–Norway was working towards economic improvement in accordance with mercantilist principles (Midré, 1990). A foundational Christian thought was that the world was hierarchical and ordered, and that everybody had their place in the hierarchy (Sandmo, 2015b). During a low conjuncture in the 1720s, Norway saw an increased number of beggars in urban places, spurring a notion of insecurity among its citizens. The authorities decided to curb welfare spending and

to reconstruct the poor-relief system in line with mercantilist principles, while pietism defined idleness as a sin (Midré, 1990). Policies of segregation of poor people in two categories occurred, the “worthy”¹ and “unworthy needy” (Hals, 2010; Jütte, 1994; Midré, 1990; Sandmo, 2015b; Supphellen, 1977). The discipline houses were to generate profits for the districts where they were situated by the labour of the confined (Midré, 1990). The state announced its strategy in four central documents: The Poor Relief and Discipline House Acts of Trondheim, Christiania, Bergen, and Christiansand (Supphellen, 1977). While the worthy needy were defined as sick, the unworthy needy were characterised as idle, lazy, resistant, drunkards, ungodly, and promiscuous (Anordning om Tugthusets Indrettelse i Christiania og de Fattiges Forflegning i Agershuus Stift, 2. desember 1741). The reforms started in Trondheim in 1733, followed by Akerhus in 1741, leading the targeted population to flee judgment to West Norway, where oppression was less harsh. When Bergen implemented similar reforms in 1755, the poor fled south to Christiansand, which subsequently implemented similar policies. Thus, since 1735–1790, all big cities had reformed their poor-relief systems and established discipline houses (Daae, 1908; Midré, 1990; Samuelsen, 1983). Streets, houses, and taverns were searched for poor people, who were then placed on trial to find out if they were worthy or unworthy poor (Anordning om Tugthusets Indrettelse i Christiania og de Fattiges Forflegning i Agershuus Stift, 2. desember 1741, Chapter I, p. 3; Anordning om det Fattiges Væsen i Bergens By og Stift, samt Betleries Afskaffelse, 29. aug. 1755, Chapter 4, article 2). The unworthy needy were to be disciplined and punished (Anordning om Tugthusets Indrettelse i Christiania og de Fattiges Forflegning i Agershuus Stift, 2. desember 1741, Chapter II, article 1; Anordning om det Fattiges Væsen i Bergens By og Stift, samt Betleries Afskaffelse, 29. aug. 1755, article 1). The trial was a normal court procedure, albeit simplified. A provision stated that the accused would be immediately taken to the courthouse or, by the sheriff’s

precaution, to the magistrate’s home, where the court could be set with two of the nearest living jury members as witnesses. The accused would be sentenced without a waiting period (Anordning om Tugthusets Indrettelse i Christiania og de Fattiges Forflegning i Agershuus Stift, 2. desember 1741, Chapter III, article 14; Daae, 1908). In Bergen, suspects were arrested, and notice was given to the police chief, who passed judgement about whether the arrested should be imprisoned, freed, or confined. The prefect would then decide accordingly (Anordning om det Fattiges Væsen i Bergens By og Stift, samt Betleries Afskaffelse, 29. aug. 1755, Chapter 4, article 2). In this way, the authorities aimed to deter the general population from vagrancy and immorality (Anordning om Tugthusets Indrettelse i Christiania og de Fattiges Forflegning i Agershuus Stift, 2. desember 1741, p.1; Hals, 2010). The persons that later in history became known as alcoholics served together with the able-bodied unemployed and other moral deviants. They were conceptualised as a threat to society and to the young population, and juxtaposed to the weak:

[N]one, but the self-righteous, lazy, reluctant, drunkards, healthy, ungodly and able-bodied beggars shall be admitted to the discipline house, whereas the frail and righteous poor shall be helped [...] (Anordning om Tugthusets Indrettelse i Christiania og de Fattiges Forflegning i Agershuus Stift, 2. desember 1741, p. 3)

The poor laws and local workhouses in 19th-century Norway

While generating profit was one of the aims of the discipline houses, they never actually managed to do it (Midré, 1990). Neither were they successful in reintegrating the confined poor back into society. The confined were cramped in large sleeping halls in unsanitary conditions, and the old criminals taught the younger in criminal activities (Ringvej, 2015). By the mid-19th century, the discipline houses had

turned into regular prisons with other criminals increasingly placed there (Midré, 1990; Samuelsen, 1983). In addition, the Philadelphia model² was used in creating new prisons that were thought to be more humane and oriented towards reintegration (Ringvej, 2015). Between 1815 and 1865, the Norwegian population almost doubled in size, from 885,000 to 1,702,000 citizens. The population increase was especially visible in the cities (Myhre, 2015a, 2015b, 2015c). The surge in the urban population has been ascribed to the peasantry not managing to produce enough food for the countryside (Olsen, 2010), but others have stated that it was not food that was lacking, but work (Myhre, 2015c), making cities attractive to marginalised people (Olsen, 2010). The effort to manage the marginalised population led to The Poor Law of 1845 that authorised designated districts to establish workhouses intended to continue the tasks of the discipline houses. In contrast to the discipline houses, the workhouses were supposed to be voluntary, but in reality confinements occurred from the beginning (Olsen, 2010). The Poor Laws described three subjects: (1) people who were sick, physically disabled, or insane; (2) uncared-for children; and (3) able-bodied persons that did not acquire enough wealth to take care of themselves or their families (Lov angaaende Fattigvæsenet i Kjøbstæderne, 20.9.1845, articles 33, 34, 35, 36). The third class entailed the people who had previously, in the Discipline House Decrees, been defined as unworthy poor (Midré, 1990). The explicit definitions of worth that were found in the Poor Laws of the 1700s were not found in the laws of the 1800s, but the disciplinary measures were still very much present. Upon confinement, working hours would not exceed 12 hours a day (Lov angaaende Fattigvæsenet i Kjøbstæderne, 20.9.1845, article 46). Inmates could face sanctions for laziness, being resistant towards staff, or for indulging in other behaviours in violation of the rules. There were different consequences corresponding to the transgression of rules, with the intention of changing the inmates'

behaviour. Sanctions included imprisonment with water and bread for up to five days, isolation in a bright cell for up to eight days or in a dark cell for up to three days (Lov angaaende Fattigvæsenet i Kjøbstæderne, 20.9.1845, article 47; Lov om Fattigvæsenet i Kjøbstæderne, 6.6.1863, article 65). Beggars could be confined in workhouses for two months at first arrest, four months the second time, and two more months for each subsequent arrest, up to a maximum of 12 months (Lov angaaende Fattigvæsenet i Kjøbstæderne, 20.9.1845, articles 50, 51; Lov om Fattigvæsenet i Kjøbstæderne, 6.6.1863, articles 59, 74). People who had "given in" to unproductivity or drunkenness and who could not sustain themselves could be confined for up to six months (Lov angaaende Fattigvæsenet i Kjøbstæderne, 20.9.1845, articles 50, 51; Lov om Fattigvæsenet i Kjøbstæderne, 6.6.1863, article 61). These confinements were not defined as punishment as such, because the accused would not be sentenced in a court. A confinement was the result of an administrative decision made by the Poor Relief Commission and was perceived as beneficial both for the confined and for society (Midré, 1990; Olsen, 2010). Eilert Sundt (1852), Norway's first sociologist, pointed out that the articles in the law enabled the chief of police to confine vagrants for up to six months without a trial and to punish them more severely than they would be in court. According to Sundt, this practice contradicted article 96 of the Norwegian constitution, but he also implied that the practice was justified on the basis of Norway being an enlightened nation (Sundt, 1852).

Disciplinary treatment of alcoholics in 20th-century labour camps

It is commonly suggested that the industrialisation of Norway started in 1870s. The economy kept growing, so much so that Norway was one of the world's ten richest countries by 1914. The population grew from 1,330,000 in 1845 to 2,650,000 in 1920 (Myhre, 2015b). The rates

of urbanisation were at a record high: while 9% of the population had lived in cities in 1800, the percentage had increased to 19% in 1865, rising to 29% in 1890 and to 42% in 1920. Industrial cities emerged; Norway changed from a “society of orders” to a “class society”. Christiania (later Oslo) became a sizeable European city, whereas population growth in the countryside stagnated (Myhre, 2015a). Parliamentarism was introduced in 1884, and increasing sections of society were given voting rights in 1900–1949 (Hagemann, 2015). As a result, Norway became more liberal. However, vagrancy was still considered a real problem (Olsen, 2010). In the 1850s, Eilert Sundt assessed the vagrancy issue in his reports to parliament (Olsen, 2010), later considered foundational to the Vagrancy Act. According to Sundt, the problem lay in the workhouses and the laws regulating them. He claimed that the state should target all forms of “unworthy savagery and unhappy apathy, where they appear” (Olsen, 2010, p. 16). He also claimed that this was not possible under the contemporary legal framework (Olsen, 2010; Sundt, 1852). Confinements were not sufficiently extensive; the inmates were left unproductive. According to Sundt, these weaknesses rendered the institutional system incapable of addressing the vagrancy problem. Stricter, long-term disciplinary measures had to be applied to bend the vagrants to societal order (Sundt, 1852). Hard manual labour was the answer (Hauge, 2007; Olsen, 2010). In the first proposal of the law, lawmakers defined confinement in a labour camp as a penal reaction (Hauge, 2007). However, it was challenging to justify the severity of the punishment with regard to the transgressions. Punishment was therefore redefined as “disciplinary treatment” (Bønes, 1978; Olsen, 2010), which made it possible for the lawmakers to respond to another growing social problem: drunkenness (Hauge, 2007). The provisions on drinking and drunkenness thus became central in the act (Olsen, 2010). The law coupled alcohol misuse and poverty to justify imprisonment, confinement, or coercive

treatment. If a person habitually used alcohol and thereby caused or maintained his/her poverty, he/she could be imprisoned, confined in a labour camp, or sent to a *cure Anstalt*, a treatment institution for alcoholics (Lov av 31. mai 1900 om Løsgjænger, Betleri og Drukkenskap, article 19). The act gave the authorities new tools to discipline public drunkenness by targeting the drunkards’ unemployed status (Olsen, 2010). The logic of the law was that vagrants had to sustain themselves by crime, such as begging or theft, as they did not have any income (Lov av 31. mai 1900 om Løsgjænger, Betleri og Drukkenskap, 1918 revised version, p. 13). The authorities would not have to investigate any particular act, only the condition of vagrancy, making the accused by virtue of their situation in life, guilty of criminal behaviour (Lov av 31. mai 1900 om Løsgjænger, Betleri og Drukkenskap, article 1). In the act’s original version from 1900, the family of the accused had to be in need for the authorities to be allowed to intervene. The revised version of 1918 authorised state intervention without this premise. The accused could be imprisoned for up to three months, sentenced to labour in public services or private enterprises, or confined in a labour camp. Confinements would last from 18 months for the first time up to three years if the person had been sentenced before (Lov av 31. mai 1900 om Løsgjænger, Betleri og Drukkenskap, articles 2, 5). Being drunk in a public place, or disturbing the peace and order, were punishable by a fine. If the person was punished three times in one year, imprisonment for up to three months could be applied (Lov av 31. mai 1900 om Løsgjænger, Betleri og Drukkenskap, 1918 revised version, articles 16, 17). In addition to workers sentenced under the Vagrancy Act, penal law and prison law made sure regular prisoners and inmates under custody were also sent to Opstad labour camps for “alcoholics”, which opened in 1915. According to a parliamentary paper, it housed a heterogeneous clientele and resembled a prison (Bønes, 1978; Hamran, 2005; Olsen, 2010; Samuelson, 1983). The idea was that soil cultivation and

toy production would provide profits for the state (Olsen, 2010). At the time, Opstad had developed a system of dividing inmates into classes in a “progressive system”, a hierarchical model of increased status. Through diligence, labour, and impeccable behaviour the inmates could receive privileges through class elevation (increased salary; being allowed to write letters; having visitors; the right to own a watch, a drawing book, and reading material; and to increase one’s amount of tobacco) (Olsen, 2010). A register of different methods of punishment was in use, from isolation in a dark or bright cell with a hard bed from six to 14 days, corporal punishment (beating with rattan), limited food (water and bread), class demotion (loss of privileges), withdrawal of savings, or different combinations of these (Olsen, 2010). Even though the Vagrancy Act was intended to do much more than sanction drunkenness, it was almost only alcoholics that were confined under it (Bønes, 1978).

Sobriety boards and alcoholism as a disease

Between the world wars, Norway experienced three economic crises with high unemployment, in 1921, 1926–1927, and 1931–1934. Unemployment benefits were unknown before 1938, many families saw their incomes halved, and as many as 20% of families resorted to poor relief in 1935 (Kjelstadli, 2015). Alcohol use continued to be considered a grave problem, and *The Sobriety Act* (1932) tasked sobriety boards with locating poor people with drinking problems to advise them, make them understand their problem and actively change themselves, and to receive voluntary treatment or confinement at cure homes (Skålevåg, 2008). New populations of patients were directed towards the already existing treatment institutions, prompting their shift from voluntarist refuges to disciplinary places where alcoholics were to change through labour and struggle (Hamran, 2005).

In the late 1800s and the early 1900s, cure homes were established mainly to treat upper-

class patients. Treatment was voluntary and consisted of religious and physical activity, and achieving tranquillity. The institutions would raise sunken morale and give patients a healthy body for a healthy soul (Hamran, 2005). Temperance movement authorities, the influential doctor and writer Johan Scharffenberg among them, suggested in 1916 that sobriety boards and places be established where alcoholics and their families could find advice and help (Skålevåg, 2008). These ideas were foundational to the Sobriety Act (Lov av 26. februar 1932 om Edruelighetsnevnder og Behandling av Drikfeldige) mandating municipal sobriety boards. Poor relief would be responsible for the enactment in municipalities incapable of having such boards (article 1). The law was inspired by the Swedish Alcohol Act of 1913, and, like the Vagrancy Act, mainly concerned itself with poor alcoholics (Edman & Stenius, 2007; Skålevåg, 2008). The boards attempted to reach new groups of people with a stated intention to take care of heavy drinkers and advise their families (Lov av 26. februar 1932 om Edruelighetsnevnder og Behandling av Drikfeldige). The boards had a variety of options for interventions, such as starting conversations and investigations, confiscation of money, police arrest, and coercive treatment (Lov av 26. februar 1932 om Edruelighetsnevnder og Behandling av Drikfeldige, articles 4, 5, 6, 7). If the alcoholics did not let themselves be swayed towards a better life, the board could decide that they should be confined in a cure home for treatment. The court would make the final decision on confinement if misuse of alcohol led the person to:

- 1) abuse his wife or children, and expose the children to moral corruption or neglect, 2) neglects his duties to foster according to applicable laws, 3) endanger himself or others, or repeatedly disturb his surroundings, 4) be a burden to poor relief or his family, 5) forfeit his estate and jeopardise his or his family’s circumstances. (Lov av 26. februar 1932 om Edruelighetsnevnder og Behandling av Drikfeldige, articles 5, 6, 7)

After a revision of the law in 1939, however, the boards were mandated to make the decision on coercive treatment themselves:

If such a person does not abide by the demands of the board, the board can under the provisions in article 8 decide to bring him independently of his consent to treatment at a cure home approved by the King for up to two years. (Lov av 26. februar 1932 med endringslov av 26. mai 1939 om Edrue-lighetsnevnder og Behandling av Drikfeldige, article 7)

Even though alcoholism was described as a disease, the boards were concerned with the moral responsibility of the person; their approach consisted of diverse tools of sanctions and advice meant to change the person's behaviour and way of thinking (Hamran, 2005). The boards would react to inquiries presented to them by others, such as the drinker himself, his family, the guardian council, the police, or others (Lov av 26. februar 1932 om Edrue-lighetsnevnder og Behandling av Drikfeldige, article 4). The boards aimed to get to know the drunkard's character and to understand the conditions underlying his drinking problem. They would then provide advice and warnings to nudge him towards change. At the same time, the possibility of confinement was known to the subjects; the goal was for the drunkard to understand that his fate depended on his efforts to correct himself in accordance with the advice of the board (Hamran, 2005). He was to be the agent of his own recovery. Admissions to cure homes under this system stressed a limited treatment apparatus. In 1920, the Norwegian state took over Ørjetun from the Medical Association and established Hovelsåsen in 1922 capable of housing 60 patients (Hamran, 2005; Samuelsen, 1983). These were voluntary treatment institutions based in peaceful environments to sooth the nerves of their designated clientele of upper-class people (Isene, 1931). However, the ethos changed in the first half of the 1930s. From being places of refuge for alcoholics, the cure homes were fashioned as sites of struggle

where the alcoholic would be adjusted to society. The public institution of Hovelsåsen (opened in 1922) served as an example. The Reform Committee of Institutions for Alcoholics decided in 1930 that the programme at Hovelsåsen would be stricter than before. Critics had complained that the patients had too much leisure and that there was too little order (Hamran, 2005). A similar change took place at Ørjetun. These institutions were to resemble the society that the patient had not managed to live in without drinking. Therefore, discipline became the curative approach. Isolation cells were constructed in the basements with iron doors and bars in front of the windows, designated for patients who had broken the disciplinary regimen. Unconditional work duty was implemented so that the institutions could produce goods for sale. A poor working record would produce harsh conditions while good behaviour would give the patients privileges and rights, and possibilities for early discharge (Hamran, 2005).

Drug-addicted patients and late 20th-century laws

The post-war period (1945–1970) was characterised by new economic policies. Norway had become a mature industrial consumer society and was turning into a Nordic welfare state with material comfort and social cohesion. Social democratic values of cooperation and solidarity dominated (Lange, 2015a, 2015b). As a recipient of the Marshall Plan aid from the United States from 1947, and as a founding member of NATO in 1949, Norway was forging ever-strengthening Western ties (Pharo, 2015). American impulses were also seen in the field of addiction after the 1950s, with the emergence of Alcoholics Anonymous, pharmacological treatment of alcoholism (Lindbæk, 1951), and psychodynamic therapy (Waal, 2014). In the 1950s, the Directorate of Health estimated that there were 500 misusers of opioids and amphetamines, and almost 3000 misusers of barbiturates. The use of these drugs was

therefore included in the 1957 Sobriety Act (Waal, 2014). A pilot project for the treatment of people addicted to these drugs took place at Ørjetun cure home and continued with the founding of the State Clinic for Narcomania³ in 1961 (Hamran, 2012). This event has been described as a landmark in Norwegian drug addiction treatment. A value shift occurred through governance conditions. In order to reduce stigma, said one of the clinic's psychiatrists, the clinic addressed the drug-addicted persons as patients in need of medical treatment (Waal, 2014). The clinic aimed to reach a population addicted to prescribed pharmaceuticals; substance addiction was not yet associated with illicit substances or crime before the late 1960s and the war on drugs (Fekjær, 2009). The State Clinic approached substance addiction as a symptom of personal suffering and did not want patients to feel like criminals rejected by society. Rather, the patients needed to feel accepted as psychiatric patients (Waal, 2014). The environment showed signs familiar from standard medical practice: white coats, doctors' rounds, stethoscopes, and blood pressure monitors as well as other tools, such as a laboratory for analysing blood and urine samples (Binder, 1975; Waal, 2014). The area was designated, the problem defined, and the tools employed to govern people (patients) with addiction problems.

Old ways of governance became outdated, and changes were also underway with regard to forced labour. The Vagrancy Act came under harsh criticism from civil society and politicians for violating human rights (Hauge, 2007), resulting in the provision for confining those intoxicated in a public space. Article 16 of the Vagrancy Act (1900) was repealed (Finstad, 2017). In 1970, the Opstad labour camp was closed, with a significant rise in mortality among the released inmates the following winter (Hauge, 2007). The authorities then partially repealed the Vagrancy Act over the course of years. When the Socialist Left Party proposed a motion in 2004 which received a majority vote in parliament, the Vagrancy Act was

completely repealed (Statsråd 21, 2005). In addition, the Sobriety Act was repealed and replaced by the Social Services Act (1993), authorising the social service offices to prevent misuse of alcohol and drugs and to provide information and counselling to solve or prevent social problems (Lov av 01. januar 1933 om offentlige sosiale tjenester). For a number of years, addiction treatment was provided under the system of social services. This changed in the Substance Treatment Reform of 2004,⁴ when addiction treatment became a specialised health service mandated by the Special Health Services Act (Lov av 01 januar 2001 om spesialisthelsetjenesten m.m.) (Nesvaag & Lie, 2010). In the lead-up to the reform, a series of newspaper articles described degrading conditions for people suffering from addiction to illicit substances. They were reported to lack access to healthcare, addiction treatment services were argued to lack quality control, the queues for methadone maintenance treatment (MMT) were claimed to be too long, the government was described as having lost control over the treatment sector, and addicted persons were reported as having died as a result of all of this (Borud, 2001; Enghaug, 2001; Enghaug, Henmo, & Hultgren, 2001a, 2001b, 2001c, 2001d). In addition, it was considered wrong that sick people had to become social service clients to receive treatment (Enghaug, Henmo, Hultgren, & Øhman, 2001). Following this, the Minister of Social Affairs declared that persons with substance addiction would be the responsibility of the healthcare system, and that the government would provide proper healthcare and reduce the MMT queues (Enghaug, Henmo, Hultgren, & Snare, 2001). Providing patient rights would also lessen discrimination (Audestad, Henmo, & Johnsen, 2001). The Minister of Social Affairs also coined the slogan "Fra Plata til Rikshospitalet" (from the street to state hospital) to spearhead the reform (Enghaug, Enmo, Hultgren, & Snare, 2001). It has been suggested that the development was part of a medicalisation process for substance addiction that had been ongoing since the end

of the 1990s (Skretting & Rosenqvist, 2010). “Plata” is the name given to a place in Oslo where drug addicts gathered in the city centre, outside the central station (Nafstad, 2013). However, the same year as the reform was implemented, the media reported on political plans to “blow up Plata”, a police operation to combat Oslo’s open drug scene (Juven, Flugstad, & Sætre, 2004). Also, it was reported in 2016 that fines had been given totalling 48 million Norwegian Kroner (NOK) to drug addicts during a five-year period in Oslo and Bergen (Larsen, 2016). Fines for possessing a small amount of illicit drugs in selected areas in city centres have been up to 10,000 NOK (NTB, 2011). The Police Act (Lov av 01. oktober 1995 om politiet, article 7) is frequently used to expel users from city centres, approximately 200 persons weekly (Lunde, 2012). Up to 10,000 expulsions had occurred by 2013. The police are also reported to have removed persons on the basis of their appearing to look as though they were addicted to illicit substances (Eriksen, 2013). Defiance of the removal may lead to the transgressor being fined or imprisoned for up to three months (Lov av 01. oktober 1995 om politiet, article 30,5,7). As transgression of these rules is a criminal offence, transgressors also acquire a criminal record.

Discussion and conclusions

Our study has created a genealogy of political control and governance of people with addiction problems in Norway, with the aim of problematising contemporary debates on the provision of treatment instead of punishment for people with drug-use problems. The narrative unfolds in five sections of governmentality contexts that point to different historical techniques.

Governmentality appears in different shapes and forms through policies, and it materialises through the narrative of this article. In general, it can be concluded that from the 18th until the 20th century, control strategies have been

implemented mainly in order to protect the economy and to maintain moral standards and public health. A central focus point of these strategies has been the removal of unwanted people from public space. To deal with this problem, institutions were established, and by the late 1800s, confinement was defined as *disciplinary treatment* (Olsen, 2010). By then, the focus had become fixed on people who habitually drank alcohol rather than on vagrancy. The alcoholic individual was the subject matter of political debates, and confinement was medically justified as treatment. In other words, in two centuries, the person who drank too much went from being considered free and immoral to a slave in need of emancipation from his alcoholism, or from other substances after these became more present after the Second World War.

The governance drew on moral and ethical premises of the view that punishing (sick) people suffering from drug addiction was wrong while helping (treating) them was right (Høie, 2016; Tajik & Micaelsen, 2016). It is well established in the literature that certain deviances, such as madness and addiction, which were previously considered “immoral” have since been defined as “diseases” (e.g., Conrad & Schneider, 2010; Valverde, 1997). This is portrayed as rational and just, for concepts and arguments are delineated in such a way that government makes it possible to address a problem (substance use) by offering different management and resolution strategies (penal or assisting) (Lemke, 2007). Shifting understandings of the problem were, for instance, discernible in the change of terminology on confinement in the late 1800s and early 1900s, with confinement at a labour camp redefined from “punishment” to “disciplinary treatment” (Olsen, 2010), or when coercive treatment at cure homes was exempted from normal court procedures in 1939, because alcoholism was seen as a disease (Skålevåg, 2008). These movements were apparent also when narcotic drugs were included in The Sobriety Act in 1957 and when the State Clinic

for Narcomania's mission was established as "patientificating" the drug addict in the 1960s (Waal, 2014). Shifts were also witnessed in policy debates portraying addicts as a diseased individual, which led to the Substance Treatment Reform in 2004 that reorganised addiction treatment as specialised healthcare (Nesvaag & Lie, 2010). The most recent example is the launching of the government policy platform in 2018 that is meant to take the field of addiction "from punishment to help", where the police will sanction the addict refusing social care (Norwegian Government, 2018).

The review of how substance use has been dealt with in the Norwegian system in a long view shows that while the drinker of 18th-century texts was labelled as strong, resistant, immoral, and able-bodied, in the 20th century he was defined as a slave to alcoholism, and, in post-war Norway, as succumbing to other substances. The contemporary debates on how governments should approach the use and possession of these substances are underpinned by discussions on the nature of drug addiction. They tend to deal with the question of the will and whether this suggests a policy of punishment or treatment, with treatment outranking punishment. However, both assisting and penal approaches are applied, and it is through these that governmentality becomes visible. This refers to the value-based nature of policies that place populations and individuals in positions to be governed by authorities, institutions, and dominant discourses (Iacobucci & Frieh, 2016). Knowledge production that is generating discourses (for instance, discourses positioning the subject as diseased with addiction) are internalised as effective technologies for social control (Szott, 2015). The individual's project of emancipation, such as "recovering", might be seen as a feature of this control (self-policing) (Villadsen, 2004). Examples of such negations of the will of addicts are the parliamentary debates mentioned in the section on sobriety boards, where the person's lack of will justified state intervention to free that person from his enslavement. The board's task was to get the

alcoholic to understand his problem and to nudge him in the direction pointed out by the board. Similarly, this argument is found in recent political discussions which propose a person shall not be punished for his/her drug addiction, and which presents the option for self-governance in such a way that the individual's emancipatory project becomes mandatory. The alcoholic could either head to a cure home freely in the 1930s or be forced to go (Skålevåg, 2008), or he can abide by police demands for social care or receive sanctions, which is the most recent proposition (Norwegian Government, 2018).

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Notes

1. A worthy or a privileged poor person was within his or her rights to beg (Sandmo, 2015b).
2. Known as a penitentiary, the prison was designed to provide a severe environment that kept prisoners in isolation, to reflect on their deeds. Penitentiaries would also be cleaner and safer than earlier prisons (Hirsch, 1992). In reality, the isolation made inmates long for the old discipline houses (Ringvej, 2015).
3. Translated from the Norwegian term "narkomane".
4. Translated from the Norwegian term *Rusreformen* (Nesvaag & Lie, 2010).

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