



Governance of Substance Use as a Side Effect of Policing in Norway: A Historical Account.”

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| Abstract: | <p>Aim: The aim of this article is to study governance of drug use in Norway through a historical account.</p> <p>Method: A genealogy was conducted through the study of documentation and legal texts from the 1600s until contemporary times.</p> <p>Findings: Based on legal texts addressing people using substances (both drugs and alcohol) various strategies for governance of drug use appears. The first chapter describes the emergence of institutions where people with alcohol problems were confined in a system originating the Dutch discipline houses. The second chapter describes the poor-laws of the 1800s and the practice of the local poorhouses. The third chapter takes a look at the Vagrancy Act of 1900 and the state-owned labor camp at Opstad. The fourth chapter discusses the establishment of the sobriety boards and their role in confining alcoholics at cure homes. The fifth chapter describes developments in post world war Norway, with increased attention to illicit substances.</p> <p>Conclusions: The terminology justifying interventions is increasingly medicalized. Descriptions of the 'drunkard' that appeared in eighteenth century legal texts as immoral and free are contrasted by a positioning as a slave to his drinking in twentieth century political discourses, or as substance dependent patients in the 21st, alongside concerted efforts to dissolve open drug scenes.</p> |
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Introduction

International drug reform debates have come to focus on the core question on 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 liberalized 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 good case in point. The Conservatives and Labor have suggested drug policy reform (Høie, 2016; Tajik & Michaelsen, 2016), a development that is supported by the *Norwegian Medical Journal* (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 endeavor, Norwegian politicians have looked at Portugal's decriminalization 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 their 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 that the addict should meet health-related measures, and failure to follow up will lead to

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3 sanctions (Policy platform for a Government by The Conservatives, The Progress Party and The
4 Liberals, 2018, p.40).
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8 This new 'Portuguese model' has been widely reported in international media as a good
9 alternative to drug policies based on punishment rather than care (Aleem, 2015; Baer, 2016;
10 Ingraham, 2015; Kristof, 2017; Oakford, 2016). However, the model also seems to *force* drug
11 users *to be helped*, which problematizes the difference between punishment and treatment, and
12 points to efforts on behalf of government to control people with drug use problems. Control and
13 governance of drug policies come in many shapes. A way of identifying how they work is
14 looking into historical developments, asking how different aims of control and help have
15 materialized in different policies over time. The present study will, by the use of a genealogical
16 method, take on the task of unfolding historical problem constructs and targets of governance
17 regarding substance use problems in Norway.
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33 Method

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36 A genealogy aims at critically analysing a contemporary practice, idea or issue, by tracing
37 its historical, social and political emergence and development (Thomas, Bull, Dioso-Villa &
38 Smith, 2016). The method focuses on familiarities and contingencies rather than origins. It
39 describes past events without explicitly making causal connections of sources and speakers
40 (Foucault, 1984; May, 1993; Mills, 2003). A genealogy is not a systematic review; rather it is
41 necessarily selective and partially guided by the researcher's judgment as to what is viewed as
42 important and relevant (Thomas, Bull, Dioso-Villa, & Smith, 2016). This means that a genealogy
43 differs from periodical studies in history. Where the historian is committed to a chronological
44 study of all material, the problem-analysis of a genealogy rather chooses the material from the
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3 problem's specificity. Hence, it does not aim at giving a complete picture of a given time period,
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5 but at deciding a particular field, with a recognized object at a specific time, and to use history to
6
7 resolve causal explanations that history has turned into doxa (Eliassen, 2016). Thus, the
8
9 genealogy does not aim at achieving objectivity, as such, but to raise truth-claims of a special
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11 character by a fictional re-writing of history by seeking the possibility of a historical truth that
12
13 might have some political significance (Biebricher, 2005; May, 1993).
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18 In undertaking this genealogy, relevant legal texts and literature were selected and
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20 analysed. The document selection process involved Google searches, searches in the Norwegian
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22 web platform on law (lovdata.no) and searches in the national library and state archive (both on
23
24 the internet and manually). The objective of the search was to find relevant documentation to
25
26 investigate the governance of substance use. Search terms like *sobriety*, *addiction*, *addiction*
27
28 *treatment* and *vagrancy* were used. The archival research, then, consisted of fifteen legal
29
30 documents on drunkenness, sobriety, illicit substances, treatment and social rehabilitation. The
31
32 first legal document studied is the decree on The Discipline House in Christiania (1741) targeting
33
34 drunkards, and the last one, The Police Act (2007) given its overlap with the penal code
35
36 addressing illicit substances. These laws together are criticized as used to target people with
37
38 substance use problems in public places. Supplementary to the archive research, secondary
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40 literature on how the target population has been addressed, was studied (e.g. Edman & Stenius,
41
42 2007; Hauge, 2007; Rossow, Skretting, & Amundsen, 1998; Skretting & Rosenqvist,
43
44 2010;). Historical literature and study reports on the topic were found
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46 through literature search, hand search of certain journals and review of index and references of
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48 relevant sources. These legal texts and secondary literature on how people with substance use
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50 problems have been addressed (both alcohol and illicit drugs) have been analysed from a
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3 perspective that draws on theories of the Foucauldian concepts governmentality and
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5 biopolitics. Governmentality refers to processes where individuals and populations are governed
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7 through rationalization of exercising power whereby dominant discourses are internalized
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9 (Iacobucci & Frieh, 2016; Lemke, 2007). Biopolitics in views of population control, is concerned
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11 with life (Mills, 2003). Foucault claims that in earlier times, the *modus operandi* of power was
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13 located with the sovereign who had the supreme right to kill; the symbolization of the sovereign
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15 power was that over death, and the sovereign's area of control was the land (Farsethås, 2009).
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17 However, in present times, power is concerned with life and people. That is, concerned with the
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19 allocation of human resources: the health of the population, rates of employment, and how to
20
21 extend and improve life. (Foucault, 1984; May, 1993). Taken together, the article discerns power
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23 strategies and aims at facilitating a space for rethinking contemporary political debates on
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25 moving from punishment to treatment.
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36 Findings

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38 The findings unfold as a diachronic narrative that is presented in five chapters. The first
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40 chapter describes the reform of the Norwegian poor relief system and the emergence of the
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42 institutional system of confinement; the second chapter describes the poor laws of the nineteenth
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44 century and the municipal workhouses; the third chapter deals with the Vagrancy Act and forced
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46 labor; the fourth chapter describes the Sobriety Acts, and institutional practices for treating
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48 alcoholics in the twentieth century; and the fifth chapter studies the abolishment of these
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50 aforementioned laws, and the process of making the substance addicted persons patients, while
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52 combatting open drug scenes.
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Reforming the Poor Relief, Confining Drunkards in Eighteenth Century Norway

A particular type of correctional institutions were established in eighteenth 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 *hôpitaux généraux* in France (Jütte, 1994; Samuelsen, 1983). *Tukt* means to discipline and is associated with upbringing, describing the relationship of God to men, of parents to their children and of farmers to their cattle (Midré, 1990). These institutions were meant to facilitate moral improvement and aimed at disciplining deviants that were challenging the socioeconomic order, such as beggars, vagrants, drunkards, prostitutes and part-time workers (Jütte, 1994); the drunkard playing a moderate role in the legal texts framing the institutional practices (Bønes, 1978). The emergence of these *tukthus* or discipline houses can be traced to a Dutch policy reform in the sixteenth 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 thought that the contemporary methods of punishment (executions and mutilations) were counterproductive in addressing the problems of poverty and in constructing an effective society. In *Boeventucht ofte Middelen tot mindering der schadelijke ledighghangers*, Coornhert (1587) described idleness as one of the main causes of crime. He suggested that the state approach should be forced labor and confinement for the idle poor. Not to heal them, but in order to heal society from criminals and strengthen the economy. The labor institutions would generate profit by selling commodities

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3 produced by the confined (Bonger, 1942, Jütte, 1994). It was in 1589, in Amsterdam, that Jan
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5 Laurensz Spiegel and Dr. Sebastiaen Egbersz planned the first one, *The Amsterdam Tuicht Huis*.
6
7 It was considered a success and became a model for similar institutions across Europe (Bonger,
8
9 1942; Jütte, 1994). Foucault termed this landmark in European social engineering *The Great*
10
11 *Confinement* (Jütte, 1994).
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15 Denmark-Norway, was in 1660-1780, an age of sovereignty. Prior to 1660, the
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17 Norwegian king was elected by the nobility, but through a state coup King Fredrik III made
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19 himself sovereign ruler. Thereafter, professional bureaucrats executed specialized tasks and the
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21 ministry became more predictable than before (Sandmo, 2015). Up until the end of the Nordic
22
23 War in 1721, competition between Norway-Denmark and Sweden characterized the period, with
24
25 a high need for income due to heavy militarization (Johannessen, 2015). Business changed, cities
26
27 became more important and the market economy deteriorated, partly due to growth in
28
29 international trade. Christian pietism gained influence with the rise of the bourgeoisie (Teige,
30
31 2015), both among intellectuals and common people (Sandmo, 2015). Denmark-Norway was
32
33 working towards economic improvement according to mercantilist principles (Midré, 1990). A
34
35 foundational Christian thought was that the world was hierarchical and ordered and that every
36
37 person had its place (Sandmo, 2015). During a low-conjuncture phase in the 1720s, Norway saw
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39 an increase of beggars in urban places, spurring a notion of insecurity among its citizens.
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42 Authorities decided to curb welfare spending and reconstruct the poor-relief system in line with
43
44 said mercantilist principles while pietism defined idleness as a sin (Midré, 1990). Policies of
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46 segregation of poor people in two categories occurred, the ‘worthy’¹ and ‘unworthy needy’
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48 (Sandmo, 2015; Hals, 2010; Jütte, 1994; Midré, 1990; Supphellen, 1977). The discipline houses
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51 were to generate profits for the districts where they were situated by the labor of the confined
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57 ¹ Worthy or privileged poor meant that the person was in his or hers’ right to beg (Sandmo, 2015).
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3 (Midré, 1990). The state announced its strategy in four central documents: The Poor Relief and
4 Discipline House Acts of Trondheim, Christiania, Bergen, and Christiansand (Supphellen, 1977).
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6 While the worthy needy were defined as sick, the unworthy needy were idle, lazy, resistant,
7
8 drunkards, ungodly and promiscuous (Anordningen om Tugthusets Indrettelse i Christiania g de
9
10 Fattiges forflegning i Agershus Stift, 2. desember 1741). The reforms started in Trondheim in
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12 1733, followed by Akershus in 1741 leading the targeted population to flee judgment to West
13
14 Norway, where oppression was less harsh. When Bergen implemented similar reforms in 1755,
15
16 the poor fled to Christiansand in the south. Christiansand subsequently implemented similar
17
18 policies. Thus, from 1735-1790, all big cities had reformed their poor-relief systems and
19
20 established discipline houses (Daae, 1908; Midré, 1990; Samuelsen, 1983). First, inquisitions
21
22 were established to search the streets, houses and taverns for poor people. Then, these people
23
24 were placed on trial to find out if they were worthy- or unworthy poor (Anordningen om
25
26 Tugthusets Indrettelse i Christiania g de Fattiges forflegning i Agershus Stift, 2. desember 1741,
27
28 Chapter I, p. 3; Anordning om det Fattiges Væsen i Bergens By og Stift, samt Betleries
29
30 Afskaffelse, 29. aug. 1755, Chapter 4, §2). The unworthy needy were to be disciplined and
31
32 punished (Anordningen om Tugthusets Indrettelse i Christiania g de Fattiges forflegning i
33
34 Agershus Stift, 2. desember 1741, Chapter II, §1; Anordning om det Fattiges Væsen i Bergens
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36 By og Stift, samt Betleries Afskaffelse, 29. aug. 1755 §1). The trial was a normal court
37
38 procedure, only simplified. A provision stated that the accused would be immediately taken to
39
40 the courthouse or by the sheriff's precaution, to the magistrate's home, where the court could be
41
42 set with two of the nearest living jury members as witnesses. The accused would be sentenced
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44 without a waiting period (Daae, 1908; Anordningen om Tugthusets Indrettelse i Christiania g de
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46 Fattiges forflegning i Agershus Stift, 2. desember 1741, Chapter III § 14). In Bergen, the
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3 inquisition arrested the suspect and gave notice to the police chief who passed judgment about
4 whether the arrested would be imprisoned, freed or confined. Then, the prefect would decide
5 (Anordning om det Fattiges Væsen i Bergens By og Stift, samt Betleries Afskaffelse, 29. aug.
6 1755, Chapter 4, § 2). In this way, authorities aimed at deterring the general population from
7 vagrancy and immorality (Anordningen om Tugthuset's Indrettelse i Christiania g de Fattiges
8 forflegning i Agershus Stift, 2. desember 1741, p. 1; Hals, 2010;). The persons that later in
9 history would become known as alcoholics served together with the able-bodied unemployed and
10 other moral deviants. They were adressed as a threat to society and to the young population, and
11 juxtaposed to the weak:
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24 ‘[N]one, but the self-righteous, lazy, reluctant, drunkards, healthy, ungodly and able-
25 bodied beggars shall be admitted to the discipline house, whereas the frail and righteous
26 poor shall be helped [...]’ (Anordningen om Tugthuset's Indrettelse i Christiania g de
27 Fattiges forflegning i Agershus Stift, 2. desember 1741, p.3).
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35 **The Poor-Laws and Local Workhouses in Nineteenth Century Norway**

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38 While generating profit was one of the aims of the discipline houses, they never actually
39 managed to do it (Midré, 1990). Neither were they successful in reintegrating the confined poor
40 back into society. The confined were cramped in large sleeping halls in unsanitary conditions
41 and the old criminals taught the younger in criminal activities (Ringvej, 2015). By the mid-
42 nineteenth century, they had turned into regular prisons with other criminals increasingly placed
43 there (Midré, 1990; Samuelsen, 1983). In addition, the Philadelphia-model² was used in creating
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55 ² The prison was known as a ‘penitentiary’ and designed to provide a severe environment that kept
56 prisoners in isolation, to reflect. It would also be cleaner and safer than earlier prisons (Hirsch, 1992). The
57 inmates actually longed for the old discipline houses due to the isolation (Ringvej, 2015).
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3 new prisons that were thought to be more humane and oriented towards reintegration (Ringvej,
4 2015). Between 1815 and 1865, the Norwegian population almost doubled in size, from 885 000
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6 to 1 702 000 citizens. Especially, this was experienced in the cities (Myhre, 2015). It has been
7
8 suggested that this was due to the peasantry not managing to produce enough food for the
9
10 countryside (Olsen, 2010), but also that it was not food that was lacking, but work (Myhre,
11
12 2015), so that cities attracted marginalized people (Olsen, 2010). The effort to manage this
13
14 marginalized population materialized in The Poor Law of 1845 that authorized designated
15
16 districts to establish 'workhouses' that intended to continue the tasks of the discipline houses. In
17
18 contrast to the discipline houses, these institutions were supposed to be voluntary, but in reality
19
20 confinements occurred from the beginning (Olsen, 2010). The Poor Laws described three
21
22 subjects: 1) people that were sick, physically disabled or insane, 2) uncared for children, and 3)
23
24 able-bodied persons that did not acquire enough wealth to ensure themselves or their families
25
26 (Lov angaaende Fattigvæsenet i Kjøbstæderne, 20.9. 1845 §§§§ 33, 34, 35, 36). This latter class
27
28 entailed the people that had previously, in the Discipline House Decrees, been defined as
29
30 unworthy poor (Midré, 1990). The explicit definitions of worth that were found in the poor laws
31
32 of the 1700s were not found in the laws of the 1800s. The disciplinary measures, however, were.
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34 Upon confinement, working hours would not exceed 12 hours a day (Lov angaaende
35
36 Fattigvæsenet i Kjøbstæderne, 20.9. 1845 §46). Inmates could face sanctions for docility, being
37
38 resistant towards staff or indulging in other behaviors in violation of defined rules. There were
39
40 different consequences corresponding to the transgression of rules, with the intention of
41
42 changing the inmate's behavior. Sanctions could be imprisonment with water and bread for up to
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44 five days, isolation in a bright cell for up to eight days or in a dark cell for up to three days (Lov
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46 angaaende Fattigvæsenet i Kjøbstæderne, 20.9. 1845 §47, Lov om Fattigvæsenet i Kjøbstæderne,
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3 6.6 1863, § 65). Beggars could be confined in workhouses for two months at first arrest, four
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5 months the second time and two more each time, but never more than 12 months (Lov angaaende
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7 Fattigvæsenet i Kjøbstæderne, 20.9. 1845, §§ 50, 51: Lov om Fattigvæsenet i Kjøpstæderne, 6.6
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9 1863 § 59) (1863 § 74). People that had given in to ineffectiveness or drunkenness and that could
10
11 not sustain themselves could be confined for up to six months (Lov angaaende Fattigvæsenet i
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13 Kjøbstæderne, 20.9. 1845 §§ 50, 51: Lov om Fattigvæsenet i Kjøpstæderne, 6.6 1863 §61).

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16 These confinements were not defined as punishment as such, since the accused would not be
17
18 sentenced in a court. A confinement was the result of an administrative decision made by the
19
20 Poor Relief Commission and was perceived as beneficial both for the confined and for society
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22 (Midré, 1990; Olsen, 2010). Norway's first sociologist, Eilert Sundt (1852), pointed out that the
23
24 articles in the law gave the chief of police access to confine vagrants for up to six months
25
26 without a trial, and in effect punishing them more severely than they would be in court.
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28 According to Sundt, this practice contradicted §96 of the Norwegian constitution. However, he
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30 implied, it was justified on the basis that Norway was an enlightened nation (Sundt, 1852).
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37 **Disciplinary Treatment of Alcoholics in the Twentieth Century's Labor Camp**

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40 It is commonly suggested that the industrialization of Norway started in 1870s. The
41
42 economy kept growing and Norway was one the world's ten richest countries by 1914. Its
43
44 population grew from 1 330 000 in 1845 to 2 650 000 in 1920 (Myhre, 2015) and it experienced
45
46 its historically strongest urbanization, from 9 percent in 1800, 19 percent in 1865, 29 percent in
47
48 1890, to 42 percent in 1920. Industrial cities emerged and Norway changed from a 'society of
49
50 orders' to a 'class society'. Christiania³ became a sizeable European city, while population
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52 growth in the countryside stagnated (Myhre, 2015). Parliamentarism was introduced in 1884 and
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56 ³ Later, Oslo.
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3 an increasing amount of people were giving voting rights 1900 to 1949 (Hagemann, 2015); the
4 country became more liberal. However, vagrancy was still considered a real problem (Olsen,
5 2010). Therefore, the sociologist, Eilert Sundt, published reports to parliament assessing the
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an increasing amount of people were giving voting rights 1900 to 1949 (Hagemann, 2015); the country became more liberal. However, vagrancy was still considered a real problem (Olsen, 2010). Therefore, the sociologist, Eilert Sundt, published reports to parliament assessing the vagrancy problem in the 1850s (Olsen, 2010). Later, these reports have been considered foundational to the Vagrancy Act. According to Sundt, the workhouses and the laws regulating them were the problem. 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 legal framework at the time (Olsen, 2010; Sundt, 1852). Confinements were not sufficiently extensive leaving the inmates to ineffectiveness. 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 labor was the answer (Hauge, 2007; Olsen, 2010). In the first suggestion to the law, lawmakers defined confinement in labor camp as a penal reaction (Hauge, 2007). However, it was challenging to justify the severity of the punishment with regards to the transgressions. Therefore, they redefined punishment as ‘disciplinary treatment’ (Bønes, 1978; Olsen, 2010). This modification made it possible for the lawmakers to respond to another growing social problem, drunkenness (Hauge, 2007). And so, the provisions on drinking and drunkenness 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 for this reason violated these decisions, he could be imprisoned, confined in a labor camp or sent to a *cure anstalt* – a treatment institution for alcoholics (Lov av 31. Mai om Løsgjængerer, Betleri og Drukkenskab, 1900 § 19). The act provided authorities with new tools to discipline public drunkenness, through targeting their unemployed status (Olsen, 2010). The

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3 logic of the law was that vagrants had to sustain themselves by crime, such as begging or theft,
4 since they did not have any income (Lov av 31. Mai om Løsgjænger, Betleri og Drukkenskap,
5 1918, p. 13). Authorities would not have to investigate any particular act, only the condition of
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logic of the law was that vagrants had to sustain themselves by crime, such as begging or theft, since they did not have any income (Lov av 31. Mai om Løsgjænger, Betleri og Drukkenskap, 1918, p. 13). Authorities would not have to investigate any particular act, only the condition of vagrancy, leaving the accused per definition of their situation in life guilty of criminal behavior (Lov av 31. Mai om Løsgjænger, Betleri og Drukkenskap, 1900 §1). In its original version from 1900, the family of the accused had to be in need for authorities to be allowed to intervene. The revised version of 1918 authorized state intervention without this premise. The accused could be imprisoned for up to three months, sentenced to labor for public services or private enterprises, or confined in the labor camp. Confinements would last from 18 months for the first time, and up to three years if the person had been sentenced before (Lov av 31. Mai om Løsgjænger, Betleri og Drukkenskap, 1900 §§ 2, 5). Being drunk in a public place, or disturbing peace and order, would be punished with fines. If the person was punished three times in one year, imprisonment for up to three months could be applied (Lov av 31. Mai om Løsgjænger, Betleri og Drukkenskap, 1918. §§16, 17). In addition to workers sentenced under the Vagrancy Act, the penal law and the prison law made sure regular prisoners and inmates under custody were also sent to Opstad. According to a parliamentary paper, it housed a heterogeneous clientele and resembled a prison (Bønes, 1978; Hamran, 2005; Olsen, 2010; Samuelsen, 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 where inmates were divided into classes, ‘the progressive system’ -a hierarchy model of increased status. Through diligence, labor and impeccable behavior the inmates could receive privileges (increase in salary, being allowed to write letters, having visitors, the right to own a watch, drawing book, reading material and to increase one’s amount of tobacco) through class elevation (Olsen, 2010). A registry of different methods of

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3 punishment, from isolation in a dark or bright cell with a hard bed from six to 14 days, corporal
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5 punishment (beating with rattan), limited food (water and bread), class descendance (loss of
6
7 privileges), withdrawal of savings, or different combinations of the abovementioned, was present
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9 (Olsen, 2010). Even though the Vagrancy Act did not only intend to sanction drunkenness,
10
11 almost only alcoholics were confined under it (Bønes, 1978).
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17 **Sobriety Boards and Alcoholism as a Disease**

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19 In the period between the world wars, Norway experienced three economic crises, 1921,
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21 1926-1927 and 1931-1934, with high unemployment. Unemployment benefits were not given
22
23 before 1938 and many families saw their income being halved. Every fifth family had to be
24
25 helped by the poor relief in 1935 (Kjelstadli, 2015). As mentioned in the previous chapter,
26
27 alcohol use was considered a grave problem and now. *The Sobriety Act* (1932) mandated
28
29 sobriety boards with the task of locating poor people with drinking problems, to advise them and
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31 through various tools make them understand their problem and actively change themselves,
32
33 receive voluntary treatment or confinement at cure homes (Skålevåg, 2008). This resulted in new
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35 populations of patients being directed towards the already existing treatment institutions,
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37 prompting their change from voluntarist refuges to disciplinary places where the alcoholics were
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39 to change through labor and struggle (Hamran, 2005).
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46 In late 1800s – and early 1900s, cure homes were established, mainly, to treat upper class
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48 patients. Treatment was voluntary and consisted of religious and physical activity, and achieving
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50 tranquility. The institutions would raise the sunken morale and give patients a healthy body, for a
51
52 healthy soul (Hamran, 2005). Authorities from the temperance movement, especially the
53
54 influential doctor and writer Johan Scharffenberg in 1916, suggested establishing sobriety boards
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3 and places where alcoholics and their families could find advice and help (Skålevåg, 2008).

4
5 These ideas were foundational to the Sobriety Act (Lov av 26. Februar 1932 om

6
7 Edrueghetsnevnder og Behandling av Drikfeldige), mandating municipal sobriety boards. The

8
9 poor-relief would be responsible for enactment in municipalities that were incapable of having

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11 boards (§ 1). The law was inspired by the Swedish Alcohol Act of 1913 and, as the Vagrancy

12
13 Act, mainly concerned itself with poor alcoholics (Edman & Stenius, 2007; Skålevåg, 2008) .

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15 The boards attempted to reach new groups of people with its stated intention to take care of

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17 heavy drinkers and advise their families (Lov av 26. Februar 1932 Edrueghetsnevnder og

18
19 Behandling av Drikfeldige). The boards had a variety of options for interventions, like starting

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21 conversations and investigations, confiscation of money, police arrest and coercive treatment

22
23 (Lov av 26. Februar 1932 om Edrueghetsnevnder og Behandling av Drikfeldige §§§ 4, 5, 6, 7).

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25 If the alcoholics did not let themselves be swayed in the direction towards a better life without

26
27 drinking, the board could decide that they should be confined in a cure home for treatment. This

28
29 decision would be presented in court. The court would make the final decision of confinement if

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31 misuse of alcohol led the person to:

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37 1: abuses his wife or his children and exposes the children to moral corruption or neglect,
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39 2: neglects his duty to foster or applicable laws, 3: thereby endangers himself or others, or
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41 repeatedly annoy his surroundings, 4: is a burden to the poor relief or his family, 5:
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43 forfeits his estate, so it must be feared that himself or his family will end up in
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45 emergency. (Lov av 26. Februar 1932 om Edrueghetsnevnder og Behandling av
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47 Drikfeldige §§§ 5 6 7).
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3 After a revision of the law in 1939, however, the boards were mandated to make the
4 decision on coercive treatment themselves:
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10 If such person would not abide to the demands of the board, it can under the provisions in
11 §8, make the decision to bring him independently of his consent to treatment at a cure
12 home approved by the King for up to two years. (Lov av 26. Februar 1932 med
13 endringslov av 26. mai 1939 om Edruelighetsnevnder og Behandling av Drikfeldige, §7).
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21 Even though, alcoholism was described as a disease, the boards were concerned with the
22 moral responsibility of the person and their approach were diverse tools of sanctions and advice
23 meant to change the person's behavior and way of thinking (Hamran, 2005). The boards would
24 react to inquiries presented to them by others, such as the drinker himself, his family, the
25 guardian council, the police or others (Lov av 26. Februar 1932 om Edruelighetsnevnder og
26 Behandling av Drikfeldige §4). It aimed at getting to know the drunkard's character and to
27 understand the underlying conditions to his drinking problem. Then it would provide advice and
28 warnings to nudge him towards change. At the same time, the possibility of confinement was
29 known to the subjects and the goal was for the drunkard to understand that his fate depends on
30 his work to correct himself according to the advice of the board (Hamran, 2005). He was to be
31 the agent of his own recovery. Admissions to cure homes under stressed a limited treatment
32 apparatus. In 1920, the Norwegian state overtook Ørjetun from the Medical Association and in
33 1922, and it established Hovelsåsen capable of housing 60 patients (Hamran, 2005; Samuelsen,
34 1983). Such cure homes were voluntary treatment institutions designated for upper class people,
35 and based in peaceful environments to soothe the nerves (Isene, 1931). However, in the first half
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3 of the 1930s, this changed. From being places of refuge for alcoholics, the cure homes were
4 supposed to be places of struggle where the alcoholic would be assimilated with society. The
5 public institution, Hovelsåsen, served as an example. The Reform Committee of Institutions for
6 Alcoholics decided in 1930 that the program at Hovelsåsen would be stricter than before. Critics
7 had complained that patients had too much leisure time and that there was too little order
8 (Hamran, 2005). A similar change occurred at Ørjetun. The aim was for these institutions to
9 resemble the society that the patient had not managed to live in without drinking. Therefore,
10 discipline became the curative approach. Isolation cells were constructed in the basements with
11 iron doors and bars in front of the windows, designated for patients that had broken the
12 disciplinary regiment. Unconditional work duty was implemented and the institutions planned to
13 produce goods for sale. Poor work efforts would produce harsh conditions while good behavior
14 would give the patients privileges and rights, and possibilities for early discharge (Hamran,
15 2005).

35 **The drug addicted patient and the end of 20th century laws**

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39 New economic policies characterized the post war period (1945-1970). Norway had
40 become a mature industrial consumer-society. It was turning into a Nordic welfare state with
41 material comfort and social cohesion in which social democratic values of cooperation and
42 solidarity dominated (Lange, 2015). The country's western ties were strong through the Marshall
43 help from the United States from 1947, and as a founding member of NATO in 1949 (Pharo,
44 2015). American impulses were also seen in the field of addiction after the 1950s, with the
45 Alcoholics Anonymous, pharmacological treatment of alcoholism (Lindbæk, 1951) and
46 psychodynamic therapy (Waal, 2014). In the 1950s, the directorate of health estimated that there
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3 were 500 misusers of opioids and amphetamines, and almost 3000 misusers of barbiturates.
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5 Therefore, from 1957, the Sobriety Act included the use of these narcotic drugs (Waal, 2014). A
6
7 pilot project for the treatment of people addicted to these drugs took place at Ørjetun cure home
8
9 and was continued with the founding of The State Clinic for Narcomania⁴ in 1961 (Hamran,
10
11 2012). This event has been described as a historical landmark in drug addiction treatment in
12
13 Norway. A value shift occurred through governance conditions. According to one of the
14
15 psychiatrists at the clinic, in order to reduce stigma, the clinic addressed the drug addicted
16
17 persons as patients in need of medical treatment (Waal, 2014). The clinic aimed at reaching a
18
19 population addicted to prescribed pharmaceuticals, substance addiction was not yet associated
20
21 with illicit substances or crime before the late 1960s and the war on drugs (Fekjær, 2009). The
22
23 aim of this clinic was to approach substance addiction as a symptom of personal suffering.
24
25 Therefore, the clinic did not want patients to feel as criminals that had been rejected by society,
26
27 but as equally accepted as psychiatric patients (Waal, 2014). Objects from standard medical
28
29 practice were present in the environment: white coats, doctor's visitations, stethoscopes and
30
31 blood pressure machines as well as other tools like a laboratory for analyzing blood- and urine
32
33 samples (Binder, 1975; Waal, 2014). The area was designated, the problem defined and the tools
34
35 employed to govern the people with addiction problems (patients).
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43 Old ways of governance became outdated and with regard to forced labor, changes were
44
45 about to happen. *The Vagrancy Act* came under harsh criticism from civil society and politicians
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47 for violating human rights, (Hauge, 2007) resulting in the provision for confining someone for
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49 being intoxicated in a public space (The Vagrancy Act's §16 (1900) was repealed (Finstad,
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51 2017). In 1970, the Opstad labor camp was closed and that following winter there was a
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56 ⁴ Translated from the Norwegian term "narkomane".
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3 significant rise in mortality among released inmates (Hauge, 2007). Authorities then partially
4 repealed *The Vagrancy Act* in the course of years. When the Socialist Left Party put forward a
5 motion in 2004, which received a majority vote in parliament, The Vagrancy Act was completely
6 repealed (Statsråd 21. Desember, 2005). In addition, the *Sobriety Act* was repealed and replaced
7 by *The Social Services Act* (1993), in which social service offices were authorized to prevent
8 misuse of alcohol and drugs and to provide information and counselling to solve or prevent
9 social problems (Lov om Offentlige Sosiale Tjenester av 01. januar, 1993, chapter 3 & 4). For a
10 substantial number of years, addiction treatment was ordered in the system under social services.
11 However, this changed with *The Substance Treatment Reform* of 2004⁵. Addiction treatment
12 became a specialized health service, mandated by the *Special Health Services Act* (2000)
13 (Nesvaag & Lie, 2010). In the lead up to the reform, a series of newspaper articles described
14 degrading conditions for people suffering from addiction to illicit substances. The articles
15 claimed that people with substance addiction problems lacked access to health care, that
16 addiction treatment services were not quality controlled, that the queues for methadone
17 maintenance treatment (MMT) were too long, that the government had no control over the
18 treatment sector and that addicted persons died as a result of all of this (Borud, 2001; Enghaug,
19 2001; Enghaug, Henmo & Hultgren, 2001; Enghaug, Henmo & Hultgren, 2001; Enghaug,
20 Henmo & Hultgren, 2001). In addition, it was considered wrong that sick people had to become
21 social clients to receive treatment (Enghaug, Henmo, Hultgren & Øhman, 2001). Following this,
22 the social minister declared that persons with substance addiction would be the responsibility of
23 the health care system, and that the government would provide proper health care and reduce the
24 MMT queues (Enghaug, Henmo & Hultgren, 2001). Providing patient rights would also lessen
25 discrimination (Audestad, Henmo & Johnsen, 2001). The social minister coined the slogan “Fra

⁵ Translated from the Norwegian term, *Rusreformen* (Nesvaag & Lie, 2010)

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2
3 Plata til Rikshospitalet” (from the street to the state hospital), as the parole of the reform
4
5 (Enghaug, Enmo, Hultgren & Snare, 2001). It has been suggested that development was part of a
6
7 medicalization process for substance addiction, that had been ongoing since the end of the 1990s
8
9 (Skretting & Rosenqvist, 2010). ‘Plata’ is the name that is given to a specific place where drug
10
11 addicts gathered in the city center of Oslo, outside the central station (Nafstad, 2013). However,
12
13 the same year as the reform was implemented, media articles reported on the political project to
14
15 “blow up Plata”, a police operation to combat the open drug scene in Oslo (Juven, Flugstad &
16
17 Sætre, 2004). In addition, in 2016, it was reported that fines had been given for 48 million
18
19 Norwegian Kroner (NOK) to drug addicts during a five year period in Oslo and Bergen (Larsen,
20
21 2016). Fines for the possession of a small amount of illicit drugs in selected areas in city centers
22
23 has been up to 10 000 NOK (NTB, 2011). *The Police Act* (Politiloven, 1995, §7), is frequently
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25 used to expel users from city centers, approximately 200 persons weekly (Lunde, 2012). Up to
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27 10 000 expulsions had occurred by 2013. It is also reported that persons have been expelled by
28
29 the police based on their appearance of being addicted to illicit substances (Eriksen, 2013). If
30
31 such a decision is transgressed, the transgressor might be given a fine or imprisonment for up to
32
33 three months (Politiloven §§§ 30, 5, 7, 1995) and these persons also acquire a criminal record
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35 since transgression of these provisions are criminal offences.
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50 Discussion and Conclusions

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53 The present study has conducted a genealogy regarding political control and governance
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55 of people with addiction problems in Norway, with the aim of problematizing contemporary
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3 debates on the provision of treatment instead of punishment for people with drug use problems.
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5 The narrative unfolds in five chapters of governmentality contexts that points to different
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7 historical techniques.
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11 Governmentality appears in different shapes and forms through policies, and it
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13 materializes through the narrative of this article. In general, it can be concluded that from the
14
15 18th until the 20th century, control strategies have been implemented mainly in order to protect
16
17 the economy and maintain moral standards and public health. A central focus point of these
18
19 strategies was the removal of unwanted people from public space. To deal with this problem,
20
21 institutions were established and by the late 1800s, confinement was defined as *disciplinary*
22
23 *treatment* (Olsen, 2010). By that time, the focus had become fixed on people who habitually
24
25 drank alcohol rather than on vagrancy. The alcoholic individual frequented the political debates,
26
27 and confinement was medically justified as treatment. In other words, in two centuries, the
28
29 person who drank too much went from being considered free and immoral to a slave in need of
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31 emancipation from his alcoholism, or from other substances after these became more present
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33 after WWII.
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40 As shown introductory and in the later part of the article's story, governance draw on
41
42 moral and ethical premises of the view that punishing (sick) people suffering from drug addiction
43
44 is wrong while helping (treating) them is right (Høie, 2016; Tajik & Micaelsen, 2016). It is well
45
46 established in the literature that certain deviances, such as madness and addiction, which were
47
48 previously considered 'immoral', have in recent and more liberal times been defined as
49
50 'diseases' (e.g. Conrad & Schneider, 2010; Valverde, 1997). And this is portrayed as rational and
51
52 just, since concepts and arguments are delineated in such a way that government makes it
53
54 possible to address a problem (substance use) by offering different managing or solving
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3 strategies (penal or assistential) (Lemke, 2007). Movements in understanding of the problem
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5 were for instance discernible in the change of terminology on confinement in the late 1800- and
6
7 early 1900s, with confinement at labour camp being redefined from ‘punishment’ to ‘disciplinary
8
9 treatment’ (Olsen, 2010). Or, when coercive treatment at curehomes were exempted from
10
11 normal court procedures in 1939 due to alcoholism being seen as a disease (Skålevåg, 2008).
12
13 These movements were apparent also when narcotic drugs were included in The Sobriety Act in
14
15 1957 and The State Clinic for Narcomania’s mission to ‘patientificate’ the drug addict in the
16
17 1960s (Waal, 2014). Additionally it could be witnessed in policy debates portraying the addict as
18
19 a diseased individual, leading to the Substance Treatment Reform in 2004 that reorganized
20
21 addiction treatment into specialized health care (Nesvaag & Lie, 2010). The most recent example
22
23 is the launching of The Government policy platform in 2018 that is meant to take the field of
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25 addiction ‘from punishment to help’; where police will sanction the addict that does not accept
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27 social care (Policy platform for a Government by The Conservatives, The Progress Party and
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29 The Liberals, 2018).
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36 The review of how substance use is dealt with in the Norwegian system in a long view
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38 shows that while in the eighteenth century texts, the drinker was categorized as strong, resistant,
39
40 immoral and able-bodied, in the twentieth century he was defined as a slave to alcoholism; and,
41
42 in post war Norway to other substances. The contemporary debates on how governments should
43
44 approach the use and possession of these substances are underpinned by discussions on the
45
46 nature of drug addiction. They tend to deal with the question of the will and whether this
47
48 suggests a policy of punishment or treatment, with treatment outranking punishment. However,
49
50 both assistential and penal approaches are applied, and through these –the governmentality,
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52 which refers to the value-based nature of policies that place populations and individuals in
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3 positions to be governed by authorities, institutions, and dominant discourses (Iacobucci & Frieh,
4 2016) appears. Knowledge-production that is generating discourses (for instance, discourses
5 positioning the subject as diseased with addiction) are internalized as effective technologies for
6 social control (Szott, 2015). The individual's project of emancipation, such as 'recovering',
7 might be seen as a feature of this control (self-policing) (Villadsen, 2004). Examples of such
8 negotiations of the will of addicts are the parliamentary debates mentioned in the chapter on
9 sobriety boards, where the person's lack of will was the justification for state intervention to free
10 that person from his enslavement. The board's task was to get the alcoholic to understand his
11 problem and nudge him to follow the direction pointed out by the board. Similarly, this argument
12 is found in recent political discussions where the argument is put forth that a person shall not be
13 punished for his drug addiction, and where the option for self-governance is presented in a way
14 so that the individual's emancipatory project becomes mandatory. The alcoholic could either go
15 to a cure home freely in the 1930s or be forced to go (Skålevåg, 2008), or he can abide by police
16 demands for social care or receive sanctions, which is the most recent proposition (Policy
17 platform for a Government by The Conservatives, The Progress Party and The Liberals, 2018).
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