Sameness and difference: Metaphor and politics in the constitution of addiction, social exclusion and gender in Australian and Swedish drug policy

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Keywords

Abstract

Like any other discourse, drug policy is imagined and articulated through metaphors. In this article, we explore the metaphors and meanings at work in the current national drug policies of Australia and Sweden. Australia's approach to welfare is usually characterised as liberal-welfarist, emphasising individual difference and 'freedom'. Sweden's approach is usually characterised as social-democratic, universalistic and paternalistic, with an emphasis on social rights, equity and sameness. How do these models of citizenship – difference versus sameness – play out in national drug policies? What are the risks and benefits of these models and the claims they allow? In the textual analysis presented here, we focus on metaphors and meanings relating to the themes of addiction, social exclusion and gender. We choose metaphor as our major analytical tool because we think that the risks and benefits of adopting different models of citizenship in drug policy need to be understood to operate at many levels and with a high degree of subtlety and abstraction. In the cases of addiction and social exclusion, a complicated picture emerges. In Australia, drug users are offered two options: sameness (and reintegration into society) or difference (and re-connection). In Sweden, drug users are excluded from society but not because they are fundamentally different from non-users. Because drug users are understood to be suffering from a temporary and curable personal affliction, the goal is to return them to sameness through care and treatment. With respect to gender, although differently expressed in the two national contexts and differently

shaped by national imaginaries, both national policies adopt similar approaches: the unequal treatment of women transcends differences in national setting. Accounts of drug policy usually focus on the degree to which drug policy is, or should be, 'evidence-based', or on the complex political negotiations involving diverse stakeholders and interests. We suggest here another, complementary, perspective: that national imaginaries (i.e. culturally specific metaphors, symbols and beliefs, and national ideologies) shape drug policy in subtle but crucial ways.

Introduction

Like any other discourse, drug policy is imagined and articulated through metaphors. These metaphors and the meanings they articulate often go unexamined even as they help shape particular policy responses, and work to lend authority, credibility and persuasiveness to what are often highly controversial documents. In this article, we identify and compare the metaphors and meanings at work in the current national drug policies of Australia and Sweden, highlight the functions they perform within the culturally specific logics of each national policy, and distinguish the political effects of different policy regimes.

Comparative studies of drug policy in Australian and Sweden are rare, with those that are available focusing on areas very different from those explored here. They cover government expenditure, patterns of use and problems, trends, legislation and prevalence (e.g. Babor, Caulkins, Edwards, Fischer, Foxcroft, Humphreys, et al., 2010). Other comparative international studies focus on media narratives (e.g. Ekendahl, 2012; Hellman & Room, 2014) or on the effects of policy on drug use prevalence (e.g. Reinarman, Cohen, & Kaal, 2004). Our point of departure is valentine's[*] (2011) insightful discussion of Australian and

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[*] We follow valentine's non-capitalisation of her name.

Swedish social welfare and drug policy. She opens by outlining Esping-Andersen's (1990) 'influential formulation': that Australia's approach to welfare is liberal-welfarist, emphasising individual difference and 'freedom', and market provision of services, whereas Sweden's approach is social-democratic, egalitarian, universalistic and paternalistic, with an emphasis on social rights, equity and sameness. Valentine then troubles this 'familiar story' about Australian and Sweden being at 'two ends of the welfare state spectrum' by examining the respective handling of drug issues in the two countries. Whereas Australia is an international leader in harm reduction, Sweden aspires to a 'drug-free' society. She asks:

> How can Sweden be, on the one hand, the dream of a social democratic state realised and, on the other, a regime in which drug users are far more likely to be sent to prison than offered a maintenance treatment program? By what logic is Australia, on the one hand, far more ruthless in its treatment of the vulnerable and, on the other, flexible and pragmatic in its treatment of that most maligned and vulnerable group, illicit drug users? (valentine, 2011, p. 138)

Rather than seeking to resolve this apparent paradox, valentine's feminist welfare regime analysis, with its critical insights into gender, agency, embodiment, citizenship and the private sphere, brings into view a different set of questions (2011, p. 143): how do different policy spheres or settings work to construct drug use and drug users as policy concerns? On what basis and from which standpoints can drug users make claims on the state for services and policies? How do the needs of drug users for services articulate with their entitlements as citizens within different citizenship modalities? And what is the role of the state in ensuring that drug users receive quality treatment and other services? Asking such questions of drug policy is important because, according to valentine, they have been neglected to date and can enrich understandings of drug users' options within particular national frameworks. As

valentine points out, existing drug policies rely *either* on models of citizenship that demand sameness *or* on models of citizenship that plead for special rights based on difference. Different claims on the state can be made from these different citizenship positions, and these in turn help to constitute policy frameworks.

Valentine also notes that feminist welfare regime analysis shows that these competing models can be managed together either in single settings or across different settings to allow for successful claims-making. The competing models do not need to be resolved or reconciled into one approach because drug users, like other citizens, are diverse and different approaches are useful at different times and in relation to different issues. But the risks inherent in these models and the claims they allow need to be acknowledged and understood.

In the analysis presented here, we draw on valentine's insights to consider the ways in which drug use and drug users are constituted in the national drug policies of Australia and Sweden. Our analysis focuses on metaphors and meanings in the policy documents, in particular those relating to themes of addiction, social exclusion and gender. We explore these themes and their alignment with or divergence from the 'sameness/difference' dichotomy identified by valentine, and consider the political effects of these citizenship models. These themes have been chosen because:

- Addiction is one of the central 'problems' constituted in drug policy
- The issue of social exclusion is a key theme in drug policy discourse
- The existing literature suggests an urgent need for more work on gender
- All three themes are linked (addiction, social exclusion and gender constitute one another)

- Policy and practice are in part shaped by the way relationships between drug users and societies are constituted, and the key relationship modalities of difference and sameness described by valentine are clearly articulated in the three themes.

Theoretical framework

We choose metaphor as our major theoretical tool because the risks and benefits of adopting different models of citizenship in drug policy need to be understood to operate at many levels and with a high degree of subtlety and abstraction. The analysis of drug policy often focuses either on the degree to which evidence shapes policy (e.g. Babor, Caulkins, Edwards, Fischer, Foxcroft, Humphreys, et al., 2010) or on the strategic negotiations of interested stakeholders (e.g. Fitzgerald, 2005). In this article, we point to a less obvious, but by no means less important, phenomenon at work in drug policy-making: how national imaginaries (broadly defined here as culturally specific metaphors, symbols and beliefs, and national ideologies) shape drug policy. For example, Australia has been characterised as a 'liberal paradise' (Treloar & valentine, 2013), and individual freedom and liberty are key values in national public discourse. Swedish national ideology, on the other hand, has historically been shaped by the metaphor of the *folkhemmet* or 'people's home' (Andersson, 2009). Analyses of such national imaginaries and their constituting metaphors are key to understanding fully how and why drug policies take the shape they do, and in turn how they might be reshaped.

Following Derrida (1974), Seitz (1991) and Fraser (2006), we see metaphor not as something that 'creeps into' language, but as fundamental to seeing and articulating the world. There is, to take up the recent ontological politics of theorists such as Law (2004), Latour (2005) and Mol (1999), no unadorned reality beyond our figurations of it in speech practices. This is why metaphor is so important – the material world makes metaphor, but its materiality is also

formed in and through metaphor. The material world and the symbolic realm of metaphor (insofar as they can be spoken of as separate) *both* work to constitute imaginaries through which problems and their solutions are conceived and mobilised. Furthermore, metaphorisation acts to position the thing being articulated through metaphor as unexplained or unknown, and the thing being used as the metaphor as familiar or known (Smith, 1992). This highly political process of problematisation sets up certain ideas and objects as in need of investigation or explanation and others as self-evident or commonsense. For us, the most important points here are (1) the recognition that metaphor is not merely an adjunct to real speech or the material world, and (2) that it entails a politics of margin and centre while offering particular pitfalls and possibilities for the questions of addiction, social exclusion and gender that we are interested in exploring. In conducting our analysis, we aim to attend to relatively new metaphors that are easy to identify, and 'worn-out' ones (Derrida, 1974) more difficult to identify because they have been used so much that they tend to register as plain speech and must therefore be carefully teased out.

Method

Our analysis focuses on two current national policy documents: Australia's *National Drug Strategy 2010-2015: A framework for action on alcohol, tobacco and other drugs* (Ministerial Council on Drug Strategy, 2011) and Sweden's *A cohesive strategy for alcohol, narcotic drugs, doping and tobacco (ANDT) policy: A summarized version of Government Bill 2010/11:47* (Ministry of Health and Social Affairs, 2010a). The Swedish document used in the comparison is an English-language summary of a longer Swedish-language document. The longer Swedish document consists of two parts: a background section reviewing the existing research evidence and a 'cohesive strategy' section (Ministry of Health and Social Affairs, 2010b) with the latter section forming the basis for the English translation. We focus

on the English version in our analysis for convenience (the Australian text and English-language summary of the Swedish strategy are of similar length) and for ease of access for an international audience. However, the specific English translations we cite have been carefully checked for accuracy by authors JT and MET (both Swedish speakers) and contain the same metaphors, meanings, spirit and tone as the original Swedish-language text. We also refer to the Swedish-language version at relevant points in our discussion.

Produced by the Ministerial Council on Drug Strategy (MCDS), the Australian text numbers 26 pages and covers the full range of licit and illicit drugs. The MCDS is the peak Australian decision-making body on drug policy and practice, and comprises the Federal, State and Territory Ministers of Health, Law Enforcement and Education. Following a one-page Executive Summary, the document proceeds through three sections – the first providing background and outlining the conceptual framework of the National Drug Strategy (eight pages); the second detailing the strategy's three 'pillars': demand reduction, supply reduction and harm reduction (11 pages); and the third discussing 'supporting approaches': workforce, evidence, performance monitoring and governance (six pages) – before concluding with an Appendix listing other 'relevant' national frameworks (one page). The layout of the document is typical. The text is broken up by numerous subheadings, highlighted text differentiated by font size and formatting, dot point and numbered lists, and boxes and diagrams.

The English-language summary of the longer Swedish document, which sets out a strategy for 2011–2015, is produced by the Ministry of Health and Social Affairs (MHSA) and runs to 32 pages. The MHSA is responsible, *inter alia*, for coordinating national, regional and local institutions and agencies – such as the Public Health Agency of Sweden, the National Board

of Health and Welfare, and the National Agency for Education, as well as county administrative boards and municipalities – in the implementation and evaluation of 'alcohol, narcotic drugs, doping and tobacco' policy. Following a Preface, the document proceeds through four sections: background (three pages), the 'overall objective' of the policy – a 'society free from illegal drugs and doping, with reduced alcohol-related medical and social harm, and reduced tobacco use' (two pages), the seven 'long-term objectives' and associated 'priority goals' of policy (22 pages) and follow-up and evaluation (one page). Like the Australian document, the layout of the Swedish document consists of numerous subheadings, highlighted text passages, dot point and numbered lists, boxes and diagrams.

The coding of the documents involved the following steps:

- Preliminary coding of one section of the English-language summary of the Swedish document (the long-term policy goals, pp. 8-9) by all authors working in pairs (DM and SF, JT and MET), focusing on the themes of addiction, social exclusion and gender, followed by a discussion of this coding to ensure that team members were focusing attention on similar issues and areas

- Detailed coding of the Australian text by DM and SF and the English-language summary of the Swedish document (and checking of the Swedish-to-English translation) by JT and MET, exchange of notes summarising key metaphors and meanings relating to the three themes identified above in the two texts, and discussion of these notes in a team meeting

- Examining and comparing the similarities and differences between key metaphors and meanings in the Australian text with those in the English-language summary of the Swedish document, and vice versa

- Sorting the identified metaphors and meanings in two ways: (1) those used in the context of discussions of addiction, social exclusion and gender; and (2) those that convey implied understandings of addiction, social exclusion and gender.

Our analysis focused on the following issues: identifying key imaginaries at work in drug policy, in particular, those to do with the gendering of drug addiction and social exclusion; how these shape visions of the problem of drugs and the possibilities for change through policy; and how policy materialises the lived experience of drug use and its problems through metaphor and meaning. The comparative aspect helps us to problematise metaphors we might otherwise ignore as common sense, and illuminate the ways in which culturally specific citizenship imaginaries can inform and limit drug policy and the solutions it might propose. We begin our discussion by exploring the metaphors and meanings relating to the theme of addiction.

Addiction

'Addiction' is one of the central 'problems' constituted in drug policy (Fraser, Moore & Keane, 2014) but this term is not used in the Australian text. Instead the terms 'dependence' and 'misuse' are mobilised to problematise drug use and allow a contrast to be created with 'use' and 'experimentation'. In this sense, drug use becomes a practice that must be characterised and explained rather than being seen as 'normal', widespread and unremarkable, as has been extensively documented in the historical, sociological and anthropological literatures. The closest the Australian text comes to acknowledging the normality of drug use is in the following observation: 'People use drugs for a range of reasons including as part of social behaviour, to experiment …' (p. 9). However, the second part of the same sentence returns to more familiar explanations that hint at pathology and

trauma: '[people use drugs] because of peer pressure, to escape or cope with stress or difficult life situations or to intensify feelings and behaviours' (p. 9). The use of the metaphor 'experiment' is particularly significant here. Suggesting, even in the 'worn-out', potentially invisible, form (Derrida, 1974) it takes here, an uncertain outcome (as in a potentially failed experiment), it erases embodied, socially embedded pleasure in favour of an image that evokes sterile laboratories and white coats. Even the phrase 'intensify feelings and behaviours' has a sterilising effect, skirting issues of fun, pleasure and enjoyment in taking drugs. Occasional drug use is not dependence here but is problematised as experimentation. Both experimentation and dependence are, by definition, beyond the normal – different and unacceptably so.

Are all members of Australian society equally at risk from drug use? The strategy informs us that drug experimentation and potential dependence are more likely for those defined by the metaphor of 'vulnerability': 'People may be more vulnerable to experimenting with drugs at transition points such as moving from school to work' (p. 3). The metaphorical opposite of 'vulnerability' in the strategy is 'resilience', which is constituted as an 'internal resource' alongside 'coping skills and physical health', and contrasted with 'external services and support' (e.g. stable accommodation, education, employment and social connections) (p. 11). Once vulnerable individuals have 'transitioned' into dependent drug use, 'reducing and/or ceasing the use of drugs can help them to lead more stable, healthy and productive lives' (p. 10). In this liberal formulation, drug use and the individual drug user (as either vulnerable or resilient) are singled out as the primary issues to be addressed, and structural issues that might be considered intractable are elided. In the process, health, stability and productivity are treated as self-evidently positive values.

The suggestion that dependent drug users differ from full citizens – that they are abnormal, vulnerable, unstable, unhealthy and unproductive – entails another key metaphor, that of 'recovery':

> Recovering from drug dependence can be a long-term process in which individuals need support and empowerment to achieve independence, a healthy self-esteem and a meaningful life in the community. Successful support for longer-term recovery after treatment requires strategies that are focused on the whole individual and look across the life span. (2011, p. 11)

Like 'experimentation', 'recovery' has been used for so long as to have come to be seen by many as unremarkable, plain speech, yet its relationship to ideas of physical disease gives it an important metaphorical function. It enacts drug-using subjects as diseased and consigns them to the margins of legitimate society. Indeed, as valentine's analysis of liberal citizenship suggests, those defined as drug dependent and in need of recovery are constituted as abject: as lacking the capacities of neo-liberal subjects (independence and the closely related and valorised attributes of autonomy and rationality), as unhealthy and lacking self-esteem, and as living lives without meaning.

A final aspect of the treatment of addiction (as dependence) in the Australian strategy relates explicitly to sameness and difference. At some points the strategy talks of supporting 'people to recover from dependence and *reintegrate* with the community [emphasis added]' (p. 2, 11). At others, it talks of supporting them to 'recover from dependence and *reconnect* with the community [emphasis added]' (p. ii). While 'reintegration' and 'reconnection' may appear self-evident, they are both examples of metaphor ('worn-out' in Derrida's terms). The shift from one to the other is subtle but important. According to the *Australian Oxford Dictionary* (1999, p. 1133) 'reintegrate' means to 'integrate back into society' – that is, the

recovered person becomes once again indistinguishable from other (non-dependent) members of a unified, self-evidently unproblematic and undifferentiated 'society'. The emphasis here is on sameness. By contrast, 'reconnect' means 'connect again' (1999, p. 1124): that is, to 'join (one thing with another)' (1999, p. 282). In other words, whereas the aim of reintegration is to make those who have become different through drug dependence once again the same, the aim of reconnection is to address difference amongst citizens without necessarily overcoming or removing it.

In summary, while the Australian document does not use the term 'addiction', it retains many of its pathologising and marginalising implications in its evocation of ideas of experimentation, trauma and vulnerability. People who take drugs are positioned in different ways here: they are vulnerable, abnormal, unstable and unproductive. But what of sameness and difference? At times, the strategy wants drug users to achieve sameness (through reintegration); at others times, it settles for engagement in difference (reconnection), an aim consistent with the historical and continuing support for harm reduction in Australian drug policy discourse and its acknowledgement of ongoing drug use.

The Swedish language has no exact equivalent for the English word 'addiction'. The Swedish-language version of the policy document, *En samlad strategi för alkohol-, narkotika-, dopnings- och tobakspolitiken (prop. 2010/11:47)* (MHSA, 2010b), uses '*beroende*' (dependence) to define problems of excessive consumption, alcoholic behaviour or impaired control in 'substance use' (its umbrella term for alcohol and other drug use). The English-language summary that we mainly focus on here, perhaps reflecting the dominance of the English language in international policy contexts (Hellman & Room, 2014, p. 11), does use the term 'addiction' as well as 'dependence', 'abuse', 'misuse', 'harmful use' and 'risk

use'. The document places these terms on a continuum but separates them with 'or' or 'and', as in the following sentence, which outlines one of the strategy's long-term objectives: 'Gradually reducing the number of people who become involved in harmful use, abuse or dependence on alcohol, narcotic drugs, doping substances or tobacco' (MHSA, 2010a, p. 17). The recurrent listing of the terms in this order suggests a linear progression from 'harmful use' (that involves conscious choice) through 'abuse' to 'dependence' (where self-control is impaired).

The English-language summary of the Swedish document also links drug abuse with mental illness and mental disability. It does this by identifying a need for '[a]ppropriate support for children in families where [drug] abuse, mental illness and mental disability is present' (2010a, p. 8, p. 13). Here, drug abuse is clustered with mental illness and disability, which are not criminalised acts and in which issues of choice, autonomy and independence play out very differently. This may in part reflect the increasingly biomedical worldview that shapes some social policy in which 'problems' in human behaviour are ascribed to biological and genetic causes, but it also reflects a specifically Swedish paternalistic approach of drawing into a common sphere of state care people who might resist the idea that they are 'sick'.

Like the Australian document, the English-language summary of the Swedish text does not acknowledge the normality of drug use and pays special attention to 'vulnerable' groups: 'children', 'teenagers', 'young people', 'young adults' and 'pregnant women'. The document creates the impression that among groups of individuals designated 'vulnerable', any substance use, regardless of pattern, is automatically a sign of problematic use or a pathway to dependence, and therefore of potential difference. For example, young people are expected, by their substance use, to be more exposed to harm and premature death than adults

(2010a, p. 22). Presenting vulnerable groups as not independent enough to act as self-governing and self-monitoring neo-liberal subjects provides a justification for state intervention.

The Swedish strategy's main emphasis in relation to vulnerable groups is to *prevent* them from developing harmful substance use. In doing so, their sameness will be preserved. The measures the strategy outlines for achieving this rely on five key metaphors: the gaze (e.g. 'monitoring' of young peoples' substance use, 'early detection' of substance problems), networks (e.g. efficient 'cooperation' and 'coordination' between stakeholders to prevent substance use among vulnerable groups), paternal authority (e.g. emphasizing parents' ability to 'define the boundaries of acceptable behaviour' for young people), state power (e.g. 'success' in identifying and responding to children in 'families with abuse problems') and knowledge production (e.g. 'flagship' research projects).

To summarise, athough issues of sameness and difference are invoked in both the Australian and Swedish texts, they are treated in contrasting ways. As we have noted, in the Australian document, 'vulnerable' citizens who become dependent are constituted as different from other citizens and must undergo 'recovery' in order to regain the individual capacities and qualities befitting a resilient liberal subject. However, the Australian approach also allows for the possibility that some of those who have recovered may be unable or unwilling to re-integrate – that is, to return to sameness. For these citizens, their difference is acknowledged and preserved through 're-connection' to the Australian community. In both cases, the focus of attention is the individual and his/her relationship to society. The ambivalence or complexity in the text surrounding this issue may reflect the recent introduction of recovery as a policy idea in Australia (Lancaster & Ritter, 2014) and the ensuing debates over its

relationship to harm reduction (e.g. AIVL, 2012; Anex, 2012). In the English-language summary of the Swedish document, the focus is on society:

> By ensuring early identification and support aimed at changing harmful and risky lifestyles, society can help protect individuals, families and those around them from harm, while at the same time contributing to favourable economic, social and more health-oriented community development. (2010a, p. 17)

For a wide range of groups designated as 'vulnerable' and therefore in need of protection, all forms of (illicit) drug use are problematic (there is little room, for example, for harm reduction discourse) and must therefore be prevented. This will preserve the future of Swedish society. In the next section, we consider these issues in relation to the theme of social exclusion.

Social exclusion

Whereas the Australian national strategy treats sameness and difference inconsistently in relation to addiction, it is less equivocal in relation to social exclusion. Here, people who use drugs tend to be differentiated and excluded from 'community'. In some sections of the document, 'drug use' results in economic and social exclusion:

> individuals often become marginalised or socially isolated as a result of their drug use, losing touch with their families and friends as well as opportunities for education, vocational, employment, housing and other areas of social participation. (p. 12)

In other sections of the document, various forms of economic and social exclusion are associated with drug use:

> There is strong evidence of an association between social determinants—such as unemployment, homelessness, poverty, and family breakdown— and drug use. (p. 6)

But there are also internal hierarchies: the differentiation of some people who use drugs from other members of the community or society is most strikingly displayed in a section discussing the expansion of the cocaine market. This is, we are told,

> reflected in recent increases in cocaine arrests, seizures and reported use. Two distinct user groups have been identified. The first is employed, well-educated and socially integrated individuals and the second injecting drug users. (p. 5)

In this passage, some drug users – injecting drug users – are explicitly and pejoratively characterised in terms of difference: they are unemployed, poorly educated and socially dysfunctional.

The treatment of injecting drug users as different from other members of society is also apparent in discussions of steps to enhance community safety and amenity. For example:

> Readily available needle disposal facilities and other strategies as simple as well-lit streets have helped improve community amenity in areas where injecting drug use takes place. (p. 16)

> A significant and sometimes overlooked harm from drug use is the impact it can have in reducing the extent to which people feel safe in their communities. (p. 17)

Difference is articulated again here – 'people' and their 'communities' can be adversely affected by drug users, who are implicitly positioned as outside these groups. Indeed, in relation to these statements, we might reasonably ask which 'community' will benefit from improved safety and amenity? Do drug users qualify as members of this 'community' or only those who do not use drugs? Is the aim to remove drug users from the community? We can also see a stark contradiction between the document's references to the marginalisation of

drug users and its simultaneous lauding of measures – for example, lighting to keep them away from certain areas – that add to this marginalisation.

The positioning of drug users as different and therefore outside 'community' is further reinforced by discussions of social inclusion:

> Socially inclusive communities and resilient individuals and families are less likely to engage in harmful drug use. (p. 13)

Here, productive citizens – possessing 'external services and support' such as employment, education and social connections, and internal resources such as resilience, coping skills and physical health – are differentiated from drug users who lack such resources. The latter group are excluded from membership of 'socially inclusive communities' unless they undergo recovery. Even then, as we noted earlier, the document is inconsistent on whether those who have recovered from drug dependence are to be 'reconnected' with the community (and hence remain different but tolerated) or are to be 'reintegrated' into the community (and therefore restored to sameness). It seems clear from these passages that appeals to difference as a basis for claiming rights may not serve drug users very well in a policy emphasising recovery as a central goal.

The English-language summary of the Swedish strategy treats issues of social exclusion in several ways. The text repeatedly evokes a container metaphor in which Sweden is constituted as an entity with clear boundaries separating it from all other entities (Lakoff & Johnson, 1980, pp. 29-32). This metaphor of containment territorialises 'Sweden' as a unique and bounded object (see also Ekendahl, 2012, p. 429). The container metaphor reproduces the boundaries between Sweden and other countries, and assumes that all agencies, families and

citizens who live inside this container should share the same vision and goals regarding substance use and dependence:

> [Swedish alcohol and other drug policy] is based on a vision of a society where *all* may grow up, live and work without risking harm through their own use of alcohol, narcotic drugs, doping substances or tobacco, or through such use by others. The Government also wishes to emphasise the principle of *shared* responsibility. *When all contribute*, greater progress can be made. (2010a, p. 8, emphasis added)

In this way, the document continues the long Swedish tradition of conceptualising the nation metaphorically as a bounded 'people's home' (*folkhemmet*) (Andersson, 2009): an inclusive welfare state that takes care of the members of society through shared vision, responsibility and resources (MHSA, 2010a, p. 8).

The Swedish emphasis on a societal boundary dividing inside from outside continues in the treatment of different substances. Whereas illicit drugs and doping are cast as alien intruders belonging outside the boundary, alcohol and tobacco, as part of Swedish (adult) culture, remain inside, as is spelt out in one of the 'overall objectives' identified in the document:

> A society free from illegal drugs and doping, with reduced alcohol-related medical and social harm, and reduced tobacco use. (2010a, p. 8)

As a supposedly external and therefore unwelcome element, illicit drugs and doping require zero-tolerance measures to metaphorically 'free' society from their ill effects. Located as already 'within' society, however, alcohol and tobacco require very different measures – those of harm reduction.

Those included within the boundary established by the strategy's container metaphor are further divided into two groups, each of which receives distinct treatment. Whereas the decisions and lifestyles of 'children', 'teenagers', 'young people', 'students', 'pregnant women', 'women' and 'problem families' – as 'vulnerable groups' – should be monitored, supervised and regulated, adult males are constituted as unremarkable and require no such specialised attention. Identified in the background section of the longer Swedish-language document as having higher rates of drug use and related health problems, adult males are nevertheless treated as able to manage their drug use autonomously and independently and to choose their lifestyles freely.

In contrast to the Australian strategy, the Swedish strategy does not explicitly associate alcohol and other drug use with unemployment, homelessness, poverty or family breakdown or construct a division between socially integrated citizens and marginalised drug users. Instead of emphasising how drug use is related to structural exclusion or lack of coping skills, the Swedish strategy emphasises the curability of drug problems and the role of care, treatment and rehabilitation:

> Care, treatment and rehabilitation are the basis for helping people with alcohol and drug-use disorders and other conditions caused by harmful use of alcohol and drugs. Existing knowledge must be applied, but knowledge and skills development and greater user influence are also crucial to the achievement of good quality needs-based abuse and addiction care. (2010a, p. 19)

In emphasising the transitory nature of drug problems and the scope for curing them, criticisms of the *folkhemmet* and its shared vision and goals are avoided.

In summary, both Australian and Swedish national drug policies canvass issues of social exclusion and deploy metaphors of inclusion and exclusion to make their points. In the Australian strategy, drug use can both result in and be associated with social exclusion. People who inject drugs are especially singled out as different, constituted as lacking the defining capacities of liberal citizens and positioned outside 'community' in discussions of safety and amenity. Where recovery and reintegration are emphasised, difference is a risky proposition; where reconnection is emphasised, there appears to be some flexibility. In Swedish drug policy, with its metaphors of sameness and shared visions and goals, society and its vulnerable groups must be protected through prevention. Unlike the Australian policy, which at least acknowledges the relationship between structural issues and drug use, the Swedish policy treats drug use as merely a temporary and curable personal affliction. If those who use drugs are given quality care, treatment and rehabilitation, they will be returned to an unproblematised *folkhemmet*.

Gender

Our final theme for analysis is that of gender in drug policy. To date, this theme has received relatively little attention in the international research literature (see Campbell, 2000, for an exception). Yet a striking feature of both documents is their reliance on gendered metaphors identified in feminist scholarship as associated with masculinity. In 1985, feminist theorist Luce Irigaray published a ground-breaking article analysing the morphological relationship between Western thought, language, symbolism and culturally specific understandings of the gendered body. She argued (and she was not alone in this) that Western thought was 'phallic', that is, constructed in accordance with certain values (singularity, autonomy, unity, linearity, rationality and so on) associated with the phallus. She identified this as both a source and product of the sexual oppression of women in the West. Part of her argument

hinged on the observation that gender can be analysed and tracked semiotically. Semiotics 'acknowledges the existence of non-verbal modes of communication … and the likenesses between language and other sign systems' (Bondi , 1992, p. 158). Further developments in this line of analysis include Bondi's discussion of the work of architect Jencks who 'suggests that masculinity is recognised in what is large, solid and powerful, and in what is linear and vertical … Regardless of the complex historical processes through which links between power and verticality have been created and sustained in a variety of cultures, a popular association with the phallus is also widespread … verticality operates as a key symbol of masculinity' (1992, p. 159-60). Likewise, autonomy, unity and rationality are all deeply imbricated in Western notions of what it means to be a proper man. Within this logic, the pregnant body is an especially transgressive entity, and feminists have long argued that its troublesome status as not singular, unitary or autonomous (by virtue of its intimate relationship with another, soon to be separated, infant body) enmeshes it in specific paternalistic cultures of intervention, management and medico-legal oversight (see, for example, Balsamo's discussion of these issues, including pregnancy and drug use (1999, p. 101)).

Some of the masculine metaphors in the Australian text are drawn from architecture and building – such as 'framework' and 'pillars' – that evoke strength, linearity and rigid foundations (Weisman, 1994). Consider the following example:

At the heart of the framework are the three pillars of demand reduction, supply

reduction and harm reduction, which are applied together to minimise harm. (p. 1)

Interestingly, the three pillars are represented in a diagram (2011, p. 3) that draws them as overlapping. Of course, pillars do not (and cannot) overlap. This suggests some ambivalence about the pillar metaphor. Could it be accused of creating silos? The diagram seems designed

to pre-empt this common criticism of health policies. The overlapping pillars also undermine the usual associations between pillars and ideas of autonomy and independence. Looking at this diagram, one might reasonably ask how stable a structure can be if supported by three overlapping pillars. The metaphors of pillar and framework also imply stasis rather than process – pillars and frameworks are not easy to adapt at short notice or in the face of new challenges. This seems especially contradictory when the declared aim of the strategy is to enable 'action'. Other traditionally masculine metaphors found in the text evoke the language of war (Jansen & Sabo, 1994; Koller, 2004). These include 'strategy', 'combat', the need to 'target' specific groups and activities, the need for 'monitoring performance against the strategy and its objectives' (2011, p. 3) and a desire to 'manage' national borders through developing 'Australia's capacity to use the border as a significant *choke point* for the supply of illegal drugs into Australia [emphasis added]' (2011, p. 14).

Despite, or perhaps because of, the document's implicitly masculine metaphors and tone, it treats the issue of gender in inconsistent and contradictory ways. At different points in the text drugs affect de-gendered 'individuals', 'people', 'young people', 'unemployed people', 'people from disadvantaged or marginalised groups', 'people with multiple and complex needs', 'populations' and 'at-risk groups', 'Aboriginal and Torres Strait Islander peoples', 'families' and 'communities'. There are, however, a few places in which gender is specifically mentioned. For example, men living in regional and remote areas (e.g. in mining camps) are singled out as 'significantly more likely than those in major cities to report risky or high-risk alcohol consumption' (2011, p. 6). Young women are singled out in relation to ecstasy use: '[s]elf-reported recent use of ecstasy increased from 2.4 per cent in 1998 to 3.5 per cent in 2007 with particularly concerning increases among young women' (2011, p. 5). However, by far the most prominent gendered concern expressed in the strategy document

centres on maternal alcohol and other drug use. Pregnant women are, for example, identified

in a list of at-risk groups requiring special attention. There is, we are told, a need to:

> Improve access to screening and targeted interventions for at-risk groups such as
>
> young people, people living in rural and remote communities, pregnant women and
>
> Aboriginal and Torres Strait Islander peoples. (2011, p. 11).

Pregnant women are also singled out for special attention in relation to smoking, as

evidenced in this sentence: '[e]fforts to reduce smoking among pregnant women, and

prevention of the exposure of pregnant women and babies to second-hand smoke should be

particular priorities' (2011, p. 18). There are also several references to 'foetal alcohol

spectrum disorders (FASD)'. Although these sections focus on the effects of FASD on

children and families, and do not specifically mention women, the primary focus of concern

is clearly implied by the term itself.

This willingness to repeatedly specify gender in relation to maternal alcohol and other drug

use, while ignoring the substantial harm associated with the use of alcohol and other drugs by

fathers and other men, seems at odds with the document's apparent reluctance to raise the

issue of gender in other sections. For example, at several points in the text, alcohol use is

related to a range of negative outcomes using gender-neutral language:

> Short episodes of heavy alcohol consumption are a major cause of road and other
>
> accidents, domestic and public violence, and crime. (p. 2)

> Heavy alcohol consumption can lead to threats and assaults, vandalism, public
>
> disorder and road accidents. (p. 17)

Yet qualitative studies (e.g. Burns, 1980; Moore, 1990) and epidemiological research (see

Wells, Flynn, Tremblay, Dumas, Miller, & Graham, 2014, for a recent review) suggest

strongly that masculinity, or rather specific forms of masculinity, are heavily implicated in the relationship between alcohol and acute forms of harm such as road accidents, sexual assault, domestic and public violence, crime and public disorder. Exposing the gendered nature of such practices would be very easy if there was a political will amongst policy makers to do so.

There are several ways in which masculinity is privileged. The overall tone and logic of the document is masculine yet it also attempts to treat everyone as the same: drugs affect individuals, families, communities and so on. We can see the obvious benefits in this – drug users are after all everyone. But as feminist scholars have argued, ignoring gender differences also tends to reinstate the masculine as the norm (e.g. Butler, 2004). And those places where gender is singled out – in a range of predictable concerns but most significantly in relation to difference – look skewed towards women's culpability. This seems at odds with the strategy's statement on page 13 in which responsibility 'for building resilient communities lies *at all levels* – from governments, to communities, nongovernment organisations, families and individuals [emphasis added]'. But in places where gender seems highly relevant – for example, in relation to the acute forms of harm seen as arising from heavy alcohol consumption – it avoids making this visible. Why this selective willingness to raise gender? It is hard to escape the conclusion that blaming women as inadequate mothers for various social ills is considered acceptable, whereas constraining the freedoms of the normative liberal subject – the autonomous, independent male (the masculine standard that informs even the metaphorical dimensions of the strategy in the form of 'pillars' and so on) – is considered a policy step too far.

Like the Australian version, the overall language and tone of the Swedish policy is also implicitly masculine but in different ways. Its seven long-term objectives are made meaningful and operative through a range of traditionally implicitly masculine metaphors that express strategic action (e.g. the worn-out metaphor of 'priority goals'), rely on the use of state power (e.g. 'supervision', 'monitoring', a 'restrictive approach'), take up the fight against an enemy (e.g. 'zero tolerance', the 'fight against illegal drugs') and emphasise the need for paternal protection (e.g. 'support to pregnant women with an abuse problem'). Like the Australian strategy, the Swedish strategy rarely makes gender explicit even as it addresses its audience in a masculine tone of authority. For example, in its discussion of young people, the Swedish strategy makes visible the smoking patterns of both boys and girls and promotes equal supervision, monitoring and care for both genders:

> Although the disparity in tobacco use among boys and girls has narrowed, there are still twice as many daily smokers among girls as among boys in the 15-year age group. Targeted preventive measures for dealing with tobacco use among girls and boys need to be developed, along with support measures to help young people to stop smoking. (2010a, p. 15)

By contrast, when the strategy turns to the subject of adult substance use, only female gender is made visible. As we noted above, where men do appear – in the background section of the Swedish-language policy document – they are not problematised or responsibilised, and there are no interventions listed that specifically address men and their behaviour. Like the Australian strategy, the most prominent concern about gender in both the English-language summary and the Swedish-language document is, rather predictably, maternal alcohol and other drug use. The English-language summary devotes almost an entire page (in a relatively

short document) to this concern in which mothers are singled out as 'causing' harm to their children:

> Continued efforts are being made to reduce the risk of children being born with harmful or disabling conditions caused by mother's use of alcohol, narcotic drugs, doping substances or tobacco during pregnancy. (2010a, p. 12)

In this context, the strategy occasionally speaks about parents, too, when it, for example, promotes 'awareness-raising initiatives targeting expecting parents' (2010a, p. 12) or notes that 'parents with a risk profile or abuse problem should be given appropriate support' (2010a, p. 12). It remains unclear, however, whether the term 'parents' in these cases refers only to pregnant women or includes fathers.

The Swedish strategy also makes female gender visible in the context of long-term objective five, which deals with care, treatment and rehabilitation in general:

> Women's organizations have noted a rise in alcohol and pharmaceutical drug abuse, especially among women. This underlines the present lack of measures and care provisions specifically targeting young women. Support and care adapted to women's needs must be made available to women of all ages. (2010a, p. 19)

Furthermore, the document highlights female gender in tobacco use:

> The effects of tobacco are well known, yet tobacco consumption remains high among certain groups, including girls, young women and people with disabilities. (2010a, p. 23)

In pointing out these differences, we do not intend to argue against all targeting of advice or support based on gender. We do, however, note, that where unexamined gender norms are operationalised, any such targeting will likely result in further marginalisation and disadvantaging of women compared with men. Storbjörk (2011) makes much the same point

in her study of the different handling of women and men who use drugs by Swedish healthcare and social service systems. Although the severity of substance problems does not differ by gender among clients in the Swedish treatment system, women are more likely to visit mental health services whereas men are more likely to engage with the criminal justice system. Men report higher criminality and financial problems and experience greater levels of marginalisation in relation to housing, income, family situation, and lack of friends. The problems reported by women relate to family, social life, and mental and physical health. An exclusive policy focus on women may therefore obscure the substance problems experienced by men. In other words, if gender-based targeting is to be implemented, it seems this needs much more careful consideration. Most obviously, such targeting would make more sense if it focused on men and male youth.

Like its Australian counterpart, the English-language summary of the Swedish strategy also identifies various problems shown by international research to be overwhelmingly found among men. However, as is clear from the following examples, the gendering of these problems is absent from the discussion:

> There is a clear link between alcohol, drugs and doping abuse and criminality. (2010a, p. 11)

> More needs to be known about alcohol-related, drug-related and doping-related violence. (2010a, p. 22)

In leaving unspecified the gendering of substance use in the contexts of criminality and violence, the Swedish strategy enacts the same textual move as the Australian one. It misidentifies the substantial harms associated with the use of alcohol and other drugs by men as harms that affect all citizens equally and sidesteps the issue of gender entirely. Even though Sweden has pursued gender equality in social policy since the 1950s, and is

recognised as a world leader in this area (World Economic Forum, 2013), its alcohol and other drug policies are still deeply shaped by cultural norms and images that contribute to the production of unequal treatment of genders.

In both Australian and Swedish drug policy, then, gender is made evident, in different ways, when it appears palatable to do so – that is, when it fits cultural conventions regarding the gendering of blame. In other words, women and men are treated differently in some contexts and the same in others, and neither the individualist nor the paternalist models of citizenship in drug policy in themselves transcend the sexism inherent in the treatment of sameness and difference available in such models. This observation demonstrates a point made in other contexts but not yet in the alcohol and other drug field: gender asymmetry and sexist approaches, differently expressed in the two national contexts and differently shaped by national imaginaries, persist across conceptual, political and philosophical differences unless active efforts are made to tackle them.

Conclusion

In this article, we have provided a detailed comparative analysis of the metaphors and meanings of addiction, social exclusion and gender articulated in Australian and Swedish national drug policies. In the cases of addiction and social exclusion, the picture is complicated. In Australia, drug users are offered two options: sameness (and therefore reintegration into society) or difference (and re-connection). Here, an individualist ideology plays out in two ways: first, in support for harm reduction and its acknowledgement of ongoing drug use, but the cost is that drug users remain outside society – re-connected but not reintegrated, not fully recognised as belonging; and second, in the rise of recovery discourse in which drug users must achieve abstinence if they are to be fully reintegrated into society.

In Sweden, drug users are excluded from society but not because they are fundamentally different from non-users. Because drug users are understood to be suffering from a temporary and curable personal affliction, the goal is to return them to sameness through care and treatment (through coercion if necessary – hence valentine's observation that Swedish drug users are far more likely to end up in prison than in treatment). This makes sense in a national context where individualist ideology is eclipsed by the *folkhemmet* (i.e. the valorisation of society). With respect to gender, we find that both national policies adopt similar approaches, even if they are articulated through different metaphors, noting that the unequal treatment of women is common across differences in national imaginaries.

In Australian and Swedish national drug policies, we see both sameness and difference being mobilised in differing degrees and with regard to differing issues. One conclusion we can draw is that one is not consistently more productive strategically than the other – that is, both sameness and difference deliver costs and benefits. We might therefore see their deployment as strategic (e.g. to women as mothers) and the coalitional approach that valentine argues can bridge the sameness/difference dilemma as potentially effective even where difference is also available as a policy discourse. As valentine notes in her analysis, contradiction does not, in itself, matter: there is 'scope for new, perhaps temporary alliances and coalitions that could be formed in order to make claims on the basis of shared interests and experiences' (2011, p. 148). But we also need to count the costs where choices between sameness and difference are poorly made. And also ask, what would policy look like if, in both nations, those choices were reversed.

Accounts of drug policy usually focus on the degree to which drug policy is, or should be, 'evidence-based', or on strategic considerations: that drug policy is the outcome of a series of

complex political negotiations involving diverse stakeholders and interests. We suggest here another, complementary, perspective: that, through metaphor, national imaginaries shape drug policy in subtle but crucial ways. As Hellman and Room (2014) have recently argued, drawing attention to the cultural beliefs and societal arrangements that shape concepts such as addiction remains an important task. Such considerations should also be central to the future analysis of national drug policies and their limitations and benefits.

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