REGULATING DRUGS

— between users, the police and social workers

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NAD PUBLICATION No. 43
2003
The Nordic Council for Alcohol and Drug Research (NAD) is an institution financed by the Nordic Council of Ministers.

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Editorial secretary & layout: Maaria Lindblad

ISSN 0359–7024

Edited for online publishing
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Introduction

This book has its roots in two separate but closely related research projects that were both launched in 1999: in Sweden the project was called “The junkie and the authorities — police and social interventions in drug abusers’ everyday life” (Knarkaren och myndigheten — polisiära och sociala interventioner i narkotikamissbrukarnas vardagsmiljö), in Denmark the study ran under the title of “The Street-level Project” (Gadeplansprosjektet). Work from these two studies is also reported elsewhere (see Asmussen 2004, Fondén et al. 2003, Johansson & Skrinjar 2001, Spannow & Asmussen 2001).

Both projects were effectively a reaction to conventional drug policy discourse, seeking to elaborate upon that discourse. When talking about drug(s) policies we often refer to national legislation concerning drug use and drug trade. Alternatively, we may refer to public authorities’ official statements about how to come to terms with drug-related crime or drug-related diseases.

This book takes a different perspective even though we feel the articles in this volume are full to the brim with policies. What distinguishes their approach from mainstream policy analyses is that policy is understood in terms of doing and practice rather than a set of laws, rules and directives. In other words, policy here stands for applying and interpreting, and sometimes for opposing these laws, rules and directives. Those who do the interpretation are key actors in the drug field, i.e. the users themselves, social workers and police. Drug policy, then, is essentially a play — sometimes battle-like, sometimes harmonious — between these actors.

What the authors are trying to do here then is catch policy “on the move”, that is, in day-to-day encounters between frontline workers and their clients, to unravel the ways in which and means by which they manage these encounters (Lipsky 1980). Instead of focussing on legislation or official government statements, the texts seek to grasp routine action and ways of thinking that characterise street-level bureaucrats — social workers and police officers — in their daily work with drug users. Among their common concerns are such questions as: What actually happens in the encounters between users, social workers and the police? How are power relations and different professional positions reflected in this interaction? How do these encounters contribute to the production and reproduction of the drug problem in society?

This volume is divided into three sections. Both of the texts in the first section on users are from and about Denmark. They show that, in official discourse, drug users are increasingly conceptualised as potentially active and empowered citizens with the right but also with the responsibility to influence their everyday life and future. This movement towards a view of drug users as socially and legally competent citizens is far from unambiguous because it also implies social commitments and contracts that may be extremely difficult for those people to follow who live socially, economically and legally in the margins. However, this shifting view of the drug user implies a softening of the traditionally sharp distinction between sociability and autonomy, on the one hand, and lack of sociability and lack of autonomy, on the other (Philp 1979). Evidently, this has important implications for the practice of social work, not least when it comes to the use of force.

The second part describes the work of police squads patrolling the streets of major cities in Denmark, Finland and Norway. These descriptions highlight a specific form of power, i.e. sovereign power, which seems to be very similar in the different countries. The basic issue is the sovereignty of state power over its territory and the protection of this territory against external and internal enemies. Hence, we see how the police engage in territorial battles against drug users for control over particular areas, most significantly illustrated by two Danish texts. We also see how different means, including charismatic power, are used in these struggles.

The third part of the book deals with the social dynamics between social workers and the police, on the one hand, and drug users, on the other. Here we recognise that the police are involved not only in the exercise of sovereign power, but also in what might be called the bio-power of social work, including elements of caring and help, and even the protection of drug abusers. This is clearly shown in the Swedish texts, where we notice a correspondence between social work and police work, on the one hand, and the strategic goal of creating a drug-free society, on the other. With regard to the relations between social workers and drug users, we see how conceptualisations of the drug problem that draw upon sharp distinctions between autonomy and drug abuse, are connected to a clientification of drug users and to the possible use of force. This is usually characterised as a paternalistic discourse (e.g. Lehto 1994). However, we also see how a
softening of the distinction between autonomy and drug abuse implies a view of drug users as users of social services, including a conscious attempt by social workers not to make decisions on drug users’ behalf. This, again, might be called a neo-liberal, post-modern or empowering discourse.

* Although the articles in this volume do not lend themselves to systematic comparison, it is possible to draw some conclusions with regard to the approaches adopted in the respective countries.

As far as drugs are concerned Denmark tends to stand apart from the rest of the Nordic countries. This is true with regard to national drug legislation and public drug policies, as well as with regard to consumption patterns and attitudes towards drugs (Hakkarainen et al. 1996). In the subsequent texts we find that Denmark also preserves much of its uniqueness when approaching policies from below. Compared to their Danish colleagues, it seems that Swedish police and social workers, committed to the official goal of a drug-free society, are better matched to complement each other in their daily work. In Denmark the picture is more contradictory. Frequently, the police and social workers line up on different sides of the barricades, the former often representing explicitly repressive tactics, the latter practising a range of so-called harm reduction initiatives.

Denmark also stands out with regard to the social and legislative position of drug users. In recent years there has been a growing tendency to upgrade the drug user in social welfare legislation as well as in the planning and practice of social work. Presently Denmark is also the only Nordic country with well-developed users’ organisations. However, in the light of recent developments it is reasonable to ask: for how long?

In Sweden, too, there has been a serious effort since 2002 to set up a national users’ organisation, Svenska brukarföreningen. There are currently six new local organisations with a total of some 600 members. Initially the idea was to have a pure patients’ association, but a much broader approach has now been adopted that also comprises two separate associations — one for various friends of the national organisation, and another for relatives and significant others of drug users.

In Norway, user activities have been organised around various substitution treatment measures, while street-level activities seem to be lacking. Some of these local and project-based organisations have made it possible for drug abusers to fetch their Subutex from Denmark. The users’ organisation in Tønsberg, south of Oslo, is one of the most active units with some 250 members.

Finally, Finland is taking its first steps towards organising drug abusers. In the Finnish case the instrument is not (yet) an association, but rather a paper entitled Veturi — Terveys, Elämä, Päihteet (Locomotive — Health, Life, Drugs). The paper is described as a collaborative effort among user communities as well as professionals working in drug treatment and in the social and health services field.

We hope this volume will liven up the discussion about the status of drug users in the Nordic welfare apparatus.

_Esben Houborg Pedersen & Christoffer Tigerstedt_

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The users' view
User participation:
possibilities and limitations in Danish social services directed towards drug users

Vibeke Asmussen*

The concept of user participation (brugerinddragelse) was introduced in Danish social policy in the early 1990s. Today, user participation is recognised as a sign of good governance. It is applied in the most recent social policy legislation and has become central to a whole range of social services in Denmark.

Social services are ways of governing, and user participation has become one part of contemporary governing practices. In my analysis of user participation, I draw upon Foucault’s analytics of government (Foucault 1991, Dean 1999, Gordon 1991). Since the concept of user participation is inherently related to those of “users” and “empowerment”, I begin with a discussion of these two concepts. I then move on to discuss different kinds of techniques and practices of user participation: user organisations, user councils, user studies, social activity plans, and outreach work.

The legal foundation of user participation

To begin with, however, it is useful briefly to examine how user participation entered Danish social legislation. In 1997, Danish Parliament adopted three acts in replacement of the Social Assistance Act from 1973: these were the Act on Social Services, the Act on Legal Rights, and the Act on Active Social Policy. Together, they represent a rethinking of Danish social policy. One of the key characteristics of the reform was the incorporation of a general user orientation (brugerorientering) in all three Acts.¹

The user orientation began to gain ground in Danish social policy in the late 1980s in the field of mental health services, especially with the introduction of local, community based services.² Despite the reorganisation of mental health services, there still remained a group of vulnerable and marginalised people who were excluded from all services (Bømler 2000). In response, the Ministry of Social Affairs took a number of initiatives to develop new social services as well as new ways of organising those services so that the marginalised groups could be covered. In 1991 and 1993, a total of DKK 65 million was earmarked for purposes of developing new social work methods for excluded and marginalised groups. Administered by the Ministry of Social Affairs³, the two initiatives (known as “15M” and “50M”) can be regarded as the first indications of a rethinking of Danish social policy anticipating the three new acts in 1997.

The funds made available were used to launch pilot projects all across the country, including the development of outreach work, drop-in centres, and projects addressing specific problems such as homelessness, dual diagnosis, etc. Evaluations of these projects show that user participation was central to many of them: they employed new methods based upon a general user orientation, as expressed in wordings like “meet the user at eye level”, “meet users on their own terms”, or “if the user does not come to the social services, the social services must come to the user” (Bømler 1996, Clausen 1998).

¹ * Authors note: I would like to acknowledge Tine Nok for her help in the initial phase of the writing process.

For the historical development of social policy in Denmark, as expressed in various acts, see Møller (2000) and Jonasen (2000). For a discussion of decentralisation in Danish social policy from the 1970s to the 1990s, see Hegland (1997) and Hegland & Hulgård (2000).

² In other welfare states, too, the user orientation and user participation first began to develop within mental health services. For the development of user participation within mental health services in the US, Canada, England and Australia, see e.g. Thomsen (1973), Church (1996) and Barker & Peck (1987).

³ Initiatives like these were extraordinary, since in Denmark responsibility for running mental health services rests with the counties – and to some extent the municipalities. Counties, municipalities and NGOs could now turn to the Ministry of Social Affairs to get funding for particular pilot projects via these two initiatives (Hegland 1997).
The importance of user participation in social services is highlighted most particularly in the Act on Social Services. Specifically, user participation is emphasised in Part IV which deals with the administration of social services, describing the relationship between users and providers of such services in counties and municipalities. Under the title “User participation” (Brugerinddragelse) §112 of the Act obliges county or municipal authorities to give users of social services the possibility to participate in the organisation of social services and influence the content of those services. From a user’s point of view, this implies the possibility of user participation at both an individual and an organisational level. The individual level is here understood as referring to the user’s possibility to influence the specific service he or she is offered. This aspect is emphasised particularly in §111, which calls upon the municipality or county to prepare social activity plans for the mentally ill, the homeless, drug users and others with considerable need for support. The organisational level, on the other hand, refers to the possibilities of users to be represented in different kinds of bodies. This level is stressed in §114, which encourages municipalities and counties to establish advisory boards through which users and their relatives can influence the social services, as well as in §115, which advises municipalities and counties to cooperate with non-governmental organisations (NGO) and user organisations.

The Act on Social Services with its accent on user participation, provides the legislative basis for the way in which social services should be organised in Denmark.

**Social services as ways of governing**

Social services are the prime tool used in welfare states to help out citizens who have special needs. In doing this, social services operate as ways of governing these citizens. I begin, therefore, with a brief discussion of what “ways of governing” means in the light of Michel Foucault’s analytics of government.

Foucault defined government as “the conduct of conduct”, i.e. as an activity aiming to shape, guide or affect the conduct of one-self or others. Government can hence be seen as an attempt to deliberate on and to direct human conduct (Dean 1999, 10 and Gordon 1991, 2). Citizens who enter social services are governed because their acceptance of the services offered means they have to meet certain demands and subject themselves to the conditions of that particular social service. Clients or users have to conduct themselves in a particular manner. Social services hence construct and conceptualise citizens as subjects in particular ways. The question is, how do these practices and structures that social services consist of construct citizens as subjects, as clients or users.

Modern welfare states have a whole range of fields that govern individuals by regulating and disciplining their conduct in particular ways (e.g. schools, mental institutions, penal systems, etc.). These fields are characterised by particular techniques and practices as well as by particular forms of knowledge. These techniques and practices are the activities of government (e.g. meeting one’s counsellor, meeting in court, etc.). Particular forms of knowledge inform these practices (e.g. treatment philosophies, laws, etc.) and construct a certain rationality or logic relevant to the field.

Social services can be identified as different fields of regulating and disciplining particular individuals (e.g. the homeless, unemployed, disabled, drug users). The idea of implementing user participation in social services affects the various techniques and practices employed in these fields.

To govern implies the exercise of power. Foucault (1980) argues that power is neither given, exchanged nor recovered, but exercised, and hence only exists in actions. Therefore, he defines power as “actions on others’ actions”. Individuals are always in a position of simultaneously undergoing and exercising power, since they always partake in actions. Therefore, the individual is a vehicle of power, not its cause. To analyse how power is exercised in social services, we need to examine the activities and practices that these services consist of. Different techniques and practices known as forms of user participation hence display an exercise of power.

Foucault’s definition of power also presupposes that people have capacities as agents, as individuals who are capable of thinking and acting. Government is only possible when it is addressed to people who are free to act in one way or another.

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1 The purpose of the Act on Social Services is to prevent social problems and to address needs for help arising either from reduced physical or psychological functioning or specific social problems. The Act on Social Services hence points towards the most vulnerable and marginal groups. For similar discussions of the user participation perspective in the Act on Social Services, see Krogstrup (1999) and Thomsen (2000).

2 The Ministry of Social Affairs and one of the evaluation and research bodies under the Ministry have published guidelines for the implementation of user participation; see Håndbog i Brugerinddragelse (1997) and Thomsen (2000).
In any field of government both the “governed” (those who are governed, e.g. schoolchildren, the unemployed) and the “governors” (those who govern, e.g. teachers, social workers) are thus capable of acting as free subjects, if in no other way then through resistance, dissidence or absence. Therefore, power must be seen as an endless and open, ongoing strategic game, never as a fixed and closed regime. Although social services construct and conceptualise citizens in particular ways, clients or service users enter into different social services as individuals who are free to act in different ways. The focus of research must be on how people, both the “governed” and the “governors”, are structured to act as well as on how they actually act in particular social services.

The last point I need to raise here is that government is always linked with moral questions, because policies and practices of government presume to know what constitutes good, virtuous, appropriate and responsible conduct (Dean 1999, 12). Forms of practices and knowledge constituted in particular fields are intrinsically linked to assumptions about how both the “governed” and the “governors” ought to conduct themselves. Governing is always linked to contextually constructed ideals of human conduct, and hence depends upon the field in question. The presumed ideals of conduct are historically constructed and linked to different concepts and ways of conceptualising as well as to different forms of practice.

As ways of governing, social services entail not only relations of power and authority, but also issues of self and identity. “Users” as well as professionals in social services beget particular identities by participating in these fields of power relations. Therefore, social services refer below to shaping, guiding and affecting the conduct of users of such services. However, in order that the conduct of users can be shaped, guided and affected, the “user” must be constructed as a legitimate concept or entity to act upon.

**Users of social services**

In their encounter with social services, individuals are transformed from persons into recipients of social services — usually called “clients”. To become a recipient of social services, the individual must have a problem or lead a lifestyle that is no longer a private matter, but an administratively or politically defined problem that legitimises that person’s use of particular social services (Hydén 1999). This also holds true for “users” of social services: they must have a problem or lifestyle that calls for help or intervention. The transformation of clients into users of social services does not, then, change the inherent unequal relationship between professionals and client/user, because the professionals still remain gatekeepers to services and cash benefits (Hydén 1999, Cruikshank 1999). The crucial question is, how is this relationship conceptualised and performed in practice when “clients” become “users”.

The concept of “user” was introduced in Danish social services during the 1990s. Not all social services in the country have as yet adopted the term “user” instead of “client”, but it is certainly gaining ground in those services that are directed towards drug users, particularly so in the many low threshold initiatives (drop-in centres, syringes exchange and dispensing, outreach work, street-level nursing, etc.) that are now growing.

In social policy discourses the “user” is conceptualised as a competent and active individual who assumes responsibility for his or her own life (Villadsen 2000). The development of the concept of social services “user” is related to the neo-liberal waves that have been sweeping across many welfare states since the 1980s. One of the key components of the neo-liberal process is the privatisation of public services that is aimed at keeping the state budget in check and at the marketisation of social services. The idea of a market of social services has transformed citizens into consumers of public services (Adams 1996a).

Adams (1996b) has summed up perceptions of “client” and “user”, respectively. The “user” of social services is seen as a person who has resources of his or her own, an equal individual, an expert on his or her own life with whom the professional must enter into a reciprocal relationship, often called a partnership. The “client”, on the other hand, is perceived as a weak, dependent and powerless person, a passive recipient of services, a person in particular need, to which the professional provides a solution. The “exemplary user” — i.e. assumptions about what constitutes good, virtuous, appropriate and responsible conduct for a user — is accordingly perceived as an individual who possesses...
resources, has ideas about how to progress, an opinion about a future life, and who engages in partnerships with professionals in order to solve their social problems. The social systems, however, will produce as many “non-exemplary” or “not-yet-exemplary” users, who are troublesome, non-cooperative, aggressive, and who have little or no intention of entering into reciprocal relations with professionals and the social systems.

These perceptions of “users” and “clients” are two different ways of conceptualising individuals who enter social systems. Both “users” and “clients” are actors who have the freedom to act in a variety of ways on the actions taken in and by the social services to “conduct their conduct”. There is always the possibility of resistance, dissidence, and non-cooperation. In Denmark there has also been much discussion on how social systems can “contain” (rumme) people that do not easily slot into the category of “exemplary users”.

The transformation of clients into users is closely related to the idea of empowerment as a “technology of citizenship” (Cruikshank 1999).

Empowerment

Empowerment can be regarded as a strategy or technique for the transformation of subjectivity from powerlessness to active citizenship (Cruikshank 1999, Dean 1999). Empowerment is often positively valued, mainly because it encourages democratic processes. The reason why empowerment is discussed in the context of social work is that it provides for the “governors” a strategy for governing clients as users.

In Denmark empowerment began to evolve as a new paradigm in social work during the 1990s. Elsewhere, the paradigm developed particularly in the United States and England as a new way of working with socially excluded and marginalised people (Adams 1996b, Simon 1994). It is not our purpose here to describe the use of empowerment as an “approach” in social work — such descriptions are available in several handbooks, e.g. Andersen et al. (2000), Gutiérrez & Cox (1998), Lee (1994) — but to discuss empowerment as an aspect of governing.

Empowerment is generally defined as an anti-oppressive, user-led ideology based on the idea of self-help (Dean 1999, 67–71). It is put forward as a way of liberating oppressed people and strengthening them personally, interpersonally, as well as politically. Empowerment is hence understood as a way of gaining control over one’s own life. Lee (1994) defines three interlocking dimensions of empowerment:

… 1) the development of a more positive and potent sense of self; 2) the construction of knowledge and capacity for more critical comprehension of the web of social and political realities on one’s environment, and 3) the cultivation of resources and strategies, or more functional competence, for attainment of personal and collective goals (Lee 1994, 13).

These three dimensions of empowerment can be discerned in the Danish discourse on “the new poverty” as formulated by former Minister of Social Affairs, the Social Democrat Karen Jespersen. She argues that welfare states like Denmark are no longer primarily confronted by problems of material distress and poverty, but by human distress and immaterial problems such as loneliness, lack of self-confidence, depression and lack of social networks. “The new poverty” is characterised by a poor quality of life and lack of influence on one’s own life. Therefore, Karen Jespersen argues, the goal for welfare policy must be to increase the quality of life of marginalised groups, to empower citizens to assume responsibility for their own life situation, and to create personal success for socially excluded people (Jespersen 1999, 9–21).

Simon (1994) discusses empowerment as a way of rethinking social work practice in the US. For the present purposes we draw upon her discussion of different perceptions of the professional. Simon presents an empowerment approach as an alternative to “paternalistic” traditions in social work. In these traditions the professional is defined as either the “benefactor” or the “liberator”. Both look upon clients as victims of their life circumstances. “Benefactors” will try to resolve problems on their clients’ behalf, and in that sense come to define those clients as inadequate and incompetent of managing their own lives. “Benefactors” consider it the purpose of their work to lift up clients to their own way of life, measuring the clients’ life against their own professional standards. “Liberators”, then, focus on changing not the client’s
person, but the client’s relations and environment. The bias of “liberators” is that they have a prefigured idea about the environment into which the client should settle (Simon 1994, 6–9).

In the empowerment approach, on the other hand, the professional takes departure from the clients’ abilities and personal resources, rather than from their problems and lack of skills. Clients are regarded as experts on their own life; they are competent individuals who are capable of defining what way to go. These assumptions imply that the role of the professional is to interact with the client on a reciprocal basis, in what is usually defined as a partnership. In the empowerment tradition professionals not only help and assist clients to change their external situation (housing, job, social relations, etc.), but above all to gain control over their own life, i.e. to develop their personal integrity, self-esteem, ability to act on one’s situation, etc. Within the empowerment tradition in social work, the client does not necessarily have to be totally liberated from professionals and social services, but liberation is seen as “a process of taking initiative and establishing their integrity, dignity, agency, and claims within relations of interdependence” (Simon 1994, 7).

Empowerment in social work hence provides assumptions about what constitutes good, virtuous, appropriate and responsible conduct for “governors”, in our case social workers. Help is a process in which the user’s needs, wishes and demands are taken into consideration on a par with the professional’s skills and knowledge. Therefore, the relationship is conceptualised in a participatory form, in terms of a “partnership”. Empowerment can be seen as the normative ideal of agency that “users” are perceived either to possess or to be able to develop when entering social service programmes (Dean 1999). The way of managing the inherent, unequal relationship between professional and user in an equal manner, as imagined in the partnership idea, is often represented in Denmark as: “We are not people of equal ranking (ligestillede), but of equal value (ligeværdige).”

Empowerment is thus a strategy of transforming the subjectivity of recipients of social services, a way of regulating and disciplining recipients of social services. And since “citizens are not born; they are made” (Cruikshank 1999, 3), empowerment can be understood as a technology of citizenship:

... technologies of citizenship [are] modes of constituting and regulating citizens: that is, strategies for governing the very subjects whose problems they seek to redress — the powerless, the apathetic, or those at risk… Technologies of citizenship operate according to a political rationality for governing people in ways that promote their autonomy, self-sufficiency, and political engagement (Cruikshank 1999, 2 and 4).

As a user-led rationality, empowerment is a way of exercising power, although more weight is put on self-government (regulating the conduct of the self, e.g. by developing a positive and potent self, self-esteem, etc.) than on government (regulating the conduct of others). Cruikshank is, however, critical of the empowerment approach’s promise that it can resolve the problems of power, inequality and political participation of marginalised and excluded people. Like other technologies of citizenship, empowerment can swing between poles of tyranny and absolute liberty. One’s own and others’ lives can be governed well or badly. Rather, concepts like “user” and “empowerment” present new forms of power, inequality and differences in political participation, and hence create new questions to be answered (Cruikshank 1999, 1–7).

User participation in social services directed towards drug users

In the following we explore different measures that encourage user participation within social services directed towards drug users. In addition, I discuss initiatives that in themselves can be seen as reflections of the general user orientation that is present in social policies. These measures and initiatives are: user organisations, user studies, outreach work, user councils and social activity plans. These activities are analysed as techniques and practices of government with a particular focus on the user’s role.

These techniques and practices all began to emerge in the mid-1990s. Each of them reflects, in different ways, the rethinking of social policy in Denmark, including that aimed at marginalised citizens. It is now possible to perform outreach work, to include user organisations in political processes, to involve users of treatment modalities in the development of their own life situation, etc. These approaches are usually valued positively, since they are supposed to promote democratic processes, political participation, the development of relations between users and professionals based
on respect and equality, etc. Our focus here is on the above mentioned measures and initiatives as ways of governing, i.e. on how they make a difference in the way that social services are organised and carried out.

User organisations

The very first drug user organisation was set up in Holland in 1980 under the name of the “Junkiebond” (van de Wijngaart 1991). Since then, similar organisations have sprung up in England, Canada, Australia and Denmark.¹ This phenomenon should be viewed in the context of the extraordinary growth in the 1970s and 1980s of self-help groups and consumer organisations among people who shared in common important living conditions (related to illness, disability, childlessness, etc.) and who therefore had special claims on welfare services. These organisations can be more or less formal, but they are self-organised in the sense that they are set up by people who are themselves in the particular life circumstance in question. They are NGOs, although they may get some funding from public sources. Within the drug field, these kinds of self-help organisation are usually called user organisations.

The relevance of self-help organisations can be manifold. One important role in relation to user participation is that self-help organisations can represent the interests of their members on a political level (Hvinden 1997).

There are several drug user organisations in Denmark, but only one with real political weight and influence: the Danish Drug Users’ Union (DDUU) (Brugerforeningen for Aktive Stofbrugere). Established in December 1993, the DDUU is a formal organisation with an elected chairperson, an elected executive committee, an annual general meeting, bye-laws, etc. Its idea is to create a common platform for drug users and to work for improvements in drug users’ life circumstances, both socially, physically and mentally. The DDUU is today based in central Copenhagen where it runs a café for members and where it has a gym, laundry facilities, PCs, sewing machines and a large lecture room where experienced members give presentations to schools and other educational institutions on drug issues. The DDUU also runs a free syringe and needle collection service and performs outreach work.² Even though the organisation is based in Copenhagen, some of its more experienced members do occasionally travel to the provinces to represent drug users.

As well as engaging in these various activities, the DDUU also formulates visions and policies related to drug users’ living conditions. In general the DDUU is committed to improving the situation of marginalised, excluded, discriminated and isolated drug users. It takes a harm reduction perspective and has visions on such issues as syringe dispensing in prisons, the use of heroin as prescriptive medicine for substitution treatment, the opening of safe injection rooms, and the reduction of harm and risks related to in-patient treatment as well as substitution treatment. In 1998 the DDUU was invited to participate in the Danish Board of Narcotics (DBN), an advisory body to the government and politicians on drug-related issues. Until spring 2002, when the DBN was closed down, the DDUU chairperson had represented Danish drug users on the board as well as in several working groups set up by the board to address specific issues such as harm reduction, substitution treatment and waiting lists for treatment. In this way the DDUU has made its voice heard at a political level. However the influence of user organisations at this level is very much affected by political changes, such as the decision to discontinue the DBN. User organisations or self-help organisations can be invited to participate or put pressure on politicians, but they have no legal right of representation. The Act on Social Services, for instance, advises but does not oblige municipalities and counties to invite self-help organisations to participate.

Self-help organisations can represent thousands of members or only a handful of people, depending on the purpose of the organisation. The political influence wielded by the organisation will vary accordingly. Many small self-help organisations will decide to join an umbrella organisation, whether national or international, in order to gain more weight. The DDUU, for example, is a member of the National Alliance of Methadone Advocates (NAMA), an international self-help organisation for methadone users.³

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¹ For websites on various user organisations, see www.glitzy.demon.co.uk

² For detailed descriptions of the bye-laws and different activities of the DDUU, see www.brugerforeningen.dk

³ See www.methadone.org
To become strong and successful, any self-help organisation will need to be able to: 1) recruit and retain members, 2) acquire a minimum of financial and practical resources to run the organisation, 3) develop a minimum of consensus on goals, 4) mobilise members to work for the organisation, and 5) achieve some results (Hvinden 1997, 8). In the drug field it is a particularly difficult challenge to maintain a successful user organisation. The very first step of recruiting and maintaining members may prove excessively difficult as drug users often live an agitated life, alternating between periods on and off drugs, in and out of treatment systems, with and without a place to live, etc. This also makes it hard to mobilise members to work for the organisation. A further hurdle is presented by membership fees, which drug users who often live of benefits cannot afford: all the money they have will go on drugs. User organisations that represent marginalised or excluded groups therefore often depend upon external funding. The DDUU has been funded by the Ministry of Social Affairs and the Municipality of Copenhagen. Some of its more experienced members work almost full time for the organisation. This has allowed the organisation to develop a sense of common identity — at least for a large group of drug users. In addition, it has been able to gain influence on a political level a well. In short, the DDUU is a good example of a strong and successful user organisation.

**User studies**

The legislative reforms of 1997 gave drug users, as users of social services, the right to be heard in issues concerning the substance and distribution of these services. Accordingly, a tradition of user studies (brugerundersøgelser) has developed to generate knowledge about users’ experiences, life circumstances and opinions. User studies are today recommended by the Ministry of Social Affairs as a baseline for implementing user participation.1

The first user studies in the drug field were carried out in the mid-1990s, producing information on users’ perspectives on the service provided, their needs and wishes, visions of the future, perceptions of their own resources, etc. User studies start out from the recognition that the views and perspectives of users are equally important and valuable as those of politicians, professionals, etc., and that this is an important avenue to raising the quality of the service offered: the more we know about drug users’ life circumstances, the more effective and the better targeted help and service we can provide. User studies are thus a way of providing to both the bureaucratic system and the producers of social services crucial knowledge about users’ perspectives and living conditions.

One of the first user studies in Denmark, initiated by the Municipality of Copenhagen, focused on user experiences of methadone treatment (Jöhncke 1997). Many users had detailed criticisms of the treatment system and felt vulnerable on account of various factors inherent in that system:

– uncertainty about the treatments that are available to users (e.g. long term substitution treatment versus methadone used for slow withdrawal),
– contradictions in help and counselling, which require confidence and openness on the one hand and control, on the other (urine analyses, supervised consumption of methadone, etc.),
– risk of being dispelled if one ignores the clinic’s rules and control practices, and
– the general reluctance among professionals to use methadone.

Jöhncke (2002) argues that despite the rather heavy criticisms voiced by users against the treatment systems, this does not seem to have affected either the systems themselves or the people who are in positions of political responsibility. Some did not recognise the critique at all, others had doubts about the abilities of drug users to evaluate the treatment, others still felt that the user study was a pedagogic tool rather than something that needed to be acted upon. The impacts of user studies do therefore not depend upon the content of the knowledge in itself. If it does have an effect, that is because the people who can act on it have the intention to do so. Following Cruikshank (1999), such studies can be used both to drug users’ advantage and to their disadvantage. Rephrasing Jöhncke (2002), one can ask: How are we to know that the increasing number of more and more detailed descriptions of drug users’ lives actually help to improve their social circumstances, rather than lead to more detailed and refined forms of social control, as less and less is left un-researched?

This leads to another — and even more severe — critique of user studies that Jöhncke (2002) also puts forward. User studies produce a very particular kind of knowledge since their focus is usually on drug users in their capacity as drug users rather than on the social circumstances of the drug users when they enter social services. One of the major problems, Jöhncke argues, is that the accent in user studies is upon drug users as a group with specific drug-related characteristics (e.g. a drug habit, homelessness, personality disorders, etc.) rather than upon the social and political

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1 www.moderniseringsprogram.dk
relations between drug users and the rest of the society. Even though user studies produce knowledge that could replace stereotyped and often negative representations of drug users, this kind of knowledge still makes drug users different from other people, i.e. socially pathologised. Drug users, like all other citizens, must be seen as characteristic expressions of societal and economic processes, not as something characteristic in themselves. The problem is that many user studies do not conceptualise users’ perspectives as expressions of relational processes that reflect general societal circumstances, where the political and social systems are co-producers of these circumstances (Jönecke 2002).

Outreach work

Outreach work is a way of reaching marginalised and excluded groups in their own surroundings, of de-institutionalising social services aimed at these groups. The rationale of outreach work is simple: If the user does not come to the social services, then the social services must come to the user. Outreach work also wants to operate on the drug user’s terms. Outreach services are therefore provided in the users’ own environment, although they are also seen as a bridge-building method that can help bring the user closer to established social services (hospitals, treatment programmes, etc.). The method was originally developed within mental health services and then adopted in the drug field from the mid-1990s, particularly in the context of syringes dispensing and exchange (Marlatt 1998).

In Copenhagen there are several projects that are based upon the principles of outreach work. One of them, the Project on Street Level Nursing, was launched in February 1998 by the Municipality of Copenhagen in the local area of Vesterbro, with a nurse employed to work from a small clinic within the Maria Church. The nurse provided basic nursing and primary health care to drug users, treating wounds caused by mis-injections, dispensing syringes, providing treatment for overdoses, counselling in safe injection techniques, etc. (Fich & Brünés 2000). The authorities in Copenhagen were well aware that many drug users suffer from physical disorders and illnesses for which they are unable to get medical care. The street level nursing clinic was an attempt to improve drug users’ physical health, making it effectively a harm reduction initiative. Both users and providers of these primary health care services soon recognised the importance of the services offered through the street level nursing clinic, and another nurse was employed. As well as providing basic nursing and primary health care, the nurses also served as buffers between the official health care system and drug users.

The clinic at the Maria Church ran for a couple of years before it was closed down for local political as well as financial reasons. However, the local authorities have begun to provide street level nursing through other services, and today it is offered by several shelters in Copenhagen, by NGOs, etc. Other major cities in Denmark also have street level nursing services specifically for drug users.

Outreach work is a way of regulating and disciplining the conduct of drug users. It is valued positively since these initiatives supply drug users with syringes, which reduces the risk of blood born diseases, provides them with nursing and helps to improve their physical condition etc. Outreach work offers the required service here and now, on the spot. As a side effect to its rationale, outreach work actually begins to govern the places where drug users meet and in this way to control further aspects of drug users’ lives. This has no bearing on the question of whether or not outreach work is needed, but merely highlights the governing character of all social services. To rephrase the question presented above: How do we know that outreach work does not lead to more detailed and refined forms of control of drug users, as less and less places remain beyond the reach of social service initiatives?

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1 For example the Project on Legal Rights, the Public Health Project and the Harm Reduction project. In addition, outreach workers have been employed by several public and private social services directed towards the homeless, prostitutes on drugs, young drug users, etc.

2 The Maria Church runs the Maria Social Service, which provides help to the most marginalised groups in the area. The Church has become a central meeting place for drug users in this area.

3 A whole range of services directed towards drug users are called harm reduction initiatives, since they focus on reducing the physical, mental and social harms related to drug use. These initiatives include syringes exchange and dispensing, street-level nursing, outreach work and drop-in centres. For more on harm reducing initiatives in Denmark, see Asmussen & Dahl (2002).
User councils

User councils are another method and organisational form that the Ministry of Social Affairs has recommended for purposes of promoting user participation in social services (Håndbog… 1997). Within the field of social services directed towards drug users, user councils have been established most particularly in shelters, drop-in centres and different kinds of treatment centres. The councils are made up of both professionals and users. Users are elected or appointed to their position and serve as representatives of the users of the social service in question. There are also more informal structures, such as general meetings between professionals and users that are open to all interested users.

The purpose of user councils is to implement democratic processes within social services. They provide users with a legitimate platform to participate, influence, state opinions, exchange experiences and generally make their voices heard. Professionals, for their part, get a platform where they can inform about new initiatives, upcoming events and enter into dialogue with the whole group of users (Grytnes et al. 2002, Pedersen 2001).

Decisions on overall economic priorities within the social services budget are usually made by the municipality or county, while more detailed planning remains the responsibility of the management or board of the social service institution in question. Although it is rare, user representatives may sometimes have a seat on such boards (Grytnes et al. 2002). The issues discussed in a user council are hence framed by the organisational and economic structure of the social service concerned. User councils are platforms where users and professionals can exchange opinions and negotiate and make decisions about the daily running of the service (food policy, holidays, house rules, etc.).

In practice, however, user councils are subjected to various conditions and constraints that make it very hard for them to work effectively. As a result, user councils often remain quite short-lived, their members change continuously, and their level of activity fluctuates. A major factor here is that the administrative board of the social service in question is required to implement and run a user council as a part of its organisation. Due to the inherent imbalance in power relations between provider and user, it is necessary for the social service administration to set up a framework that enables a partnership between professionals and users. This, however, requires that the professionals commit themselves to establishing and running user councils. In this context, lack of time and reluctance to change work practices have proved to be major constraints (Pedersen 2001). In addition, the variable circumstances that characterise many drug users’ lives tend to influence the capacity of user councils.

User councils form a particular practice or technique of government in social services which regulates the acts not only of users, but also staff members. It is notoriously difficult to change staff members’ ideas about treatment or the ways they implement treatment. Likewise, it is a complex — albeit desirable — task to change the perceptions and self-image of the subject of the service from “client” to “user”. User councils require the construction of “exemplary users” as well as the construction of empowerment as a basic philosophy for running the social services in question. Hence, user councils both construct, require and regulate specific social identities.

Social activity plans

One of the specific examples of user participation mentioned in the Act on Social Services is the requirement that county and/or municipal authorities shall draw up social activity plans (sociale handleplaner). Such plans are prepared for persons showing reduced physical or mental functioning or severe social problems. Aimed at improving the user’s life circumstances, the plan is worked out by the municipality or county in cooperation with the user him- or herself. Depending upon the user’s need for support, it may contain preparations for and implementation of education, occupation, housing, treatment, nursing, etc.

The main rationale behind social activity plans is to create visibility and coherence in the social services offered to users, to ensure the involvement of users in their own situation, to ensure that the initiatives taken are in line with the users’ own wishes, resources and needs, and to guarantee the users’ legal rights to receive the social services they need (Holm et al. 2002). Moreover, the plan serves as a vehicle with which professionals can engage users of social services in the development of their own life situation. Ideally, the social activity plan is a reciprocal contract between the user and the municipality or county.

1 The difficulties in running user councils involving marginal, excluded and deviant groups have given rise to a whole range of experiments. The aim of these undertakings has been to introduce platforms on which users can exercise ownership, democracy, influence etc. in relation to the social service provided. (See e.g. Pedersen 2001.)
In practice, the compulsory social activity plan often integrates a cluster of different plans. For example, a drug user is often in contact with different social services, such as a methadone clinic in order to get treatment, the social security office in order to get cash benefits, the prison service since he or she is released on probation, and the social services’ family department if children are involved. Each of these areas will prepare a social activity plan together with the drug user. Ideally, these separate plans are then co-ordinated by the different social services in order to create a coherent unified plan that takes into consideration the user’s situation as a whole.

There are, however, specific conditions that need to be met in the preparation of social activity plans. First, there is the requirement that professionals shall enter into a partnership with the user, work in a systematic and transparent way, as well as co-ordinate plans with the different social services involved. Second, the user must be willing to enter into this partnership as an “exemplary user”, i.e. as someone who is prepared to act as an expert on his or her own life, with an opinion of his or her future, possessing self-reflection and resources to establish development in one’s own life circumstances, etc. (Tower 1994, Mahs 2002). Since many users are not “exemplary users”, and since the relationship between professional and user does not always assume the form of partnership, the function of social activity plans might differ radically from this ideal. Social activity plans might have a positive, negative or zero effect from the user’s point of view. Anyway, as a new individualising, compulsory instrument, these plans tend to create more subtle ways of controlling users of social services.

That is, the promotion of user participation, as expressed in the legislation, is interwoven with the authorities’ intentions to regulate users’ behaviour — to make them more governable. However there is as yet no empirical research that has tested how social activity plans really work in practice.

### Conclusion

The introduction of user participation in Danish social policy legislation has given rise to new ways of governing. The term user participation is a more concrete expression of the general user orientation that began to gather momentum in social policy in Denmark during the 1990s. New practices and techniques have been developed and put into use within existing social services in the name of user participation, but the launch of completely new forms of social services is also an expression of a general user orientation. We have here discussed how user participation is implemented in the context of user organisations in political bodies, user studies, outreach work, user councils and social activity plans.

Social services directed towards drug users, whether they are treatment programmes, drop-in centres or street-level nursing, are ways of governing drug users. As recipients of social services, drug users become disciplined objects of regulation. Whenever new concepts such as “user”, “user participation” and “empowerment” are launched in the fields of social services, they are intertwined with new techniques and practices. This also implies changes in the ways that recipients of social services are governed. Such changes involve assumptions about the “exemplary user”, as well as “partnership” between the “user” and the professional. Usually, these assumptions are positively valued since they are supposed to involve a higher degree of democracy, political participation and relations based on equality (ligeværdighed) between users and professionals. Initiatives, methods, practices and strategies that are user-led generate a re-thinking of social policy as well as of the social services provided. Social policy is today shaped by a general user orientation. Outreach work, syringes exchange, street-level nursing, drop-in centres, etc. are good examples of this orientation. Significantly, providers of social services are bound to incorporate user participation in their organisation.

However, as Cruikshank (1999) has argued, user-led social services do not present ready-made solutions to the inequality to which marginalised and excluded people are exposed. It is true that the user orientation puts far more weight on self-government — by focusing on the potent self, self-esteem and personal qualifications — as the very tool that legitimates citizens to enter into social services. Such an orientation in welfare policy includes both possibilities and limitations. What is beyond dispute, however, is that the user orientation represents a new technology of citizenship that presents new ways to govern recipients of social services. The question is how this is done.


Producing the voice of socially excluded people

Esben Houborg Pedersen

Introduction

On 1 January 2000, the number of outreach workers employed by the Municipality of Copenhagen to work with socially excluded people, was doubled from one person to two. By August 2001, the number of outreach staff had increased to 18.¹

This observation provides the vantage-point for my discussion of the contemporary orientation of social work in Copenhagen towards the “the streets”.² I will be approaching outreach work as part of the “epistemological power” (Foucault 2000) exercised by social workers and street-level bureaucrats. Such power is exercised, firstly, by extracting information from and about the people who constitute the clients of social work; secondly, by processing this information in order to articulate statements about who and what these people are; and thirdly, by making interventions and service provisions based on such information and statements. This is to say that social work and social service production operate with a particular kind of power, which produces both their own input and output (Prottas 1979). Hence, this power works as a “phenomeno-technology” (Bachelard 1984), where the phenomena that are acted upon do not pre-exist the enterprise, but are a product of the enterprise itself.

My specific concern then is to establish how outreach work tries to make particular target groups visible, knowledgeable and governable as users. This is done by giving them a “voice”, which is characteristic of the “user” and serves as the input of “user-oriented” social work.

Re-organisations in the social sector in Copenhagen

Work has been under way since 1999 in the Municipality of Copenhagen to reorganise its policy and institutions for the homeless. The exercise is aimed at accommodating new legislation which reduces the proportion of state refunds to the regional authorities for providing shelters for the homeless from 50 to 25 per cent. The intention is to make measures aimed at combating homelessness more effective, both in terms of preventing homelessness and in terms of making the transition from a shelter to a home of one’s own — whether that is an ordinary, private home or a special home — quicker and more sustainable (Københavns Kommune 1998, 1999a, 1999b & 1999c). The policy defines homelessness not as a status — whether or not one has a home — but as a process. It follows that social service production is not just a question of entitlement, but also a question of continuously working towards decreasing homelessness among the target groups. This conceptualisation of homelessness is operationalised in the form of a continuum of different kinds of accommodation, running from the most institutionalised housing to private homes (Københavns Kommune 1999b, Københavns Kommune 2000b).

The policy programme draws attention to the ethical aspect of how homeless people conduct themselves, and to how their conduct is affected by the policy towards them. The goal is to be “active” instead of “passive”. An active person is an empowered person who assumes responsibility for his or her life and who preferably is keen to improve it. The passive person represents the exact opposite: he or she is indifferent and accepts that his or her life is governed by external forces. The re-conceptualisation of homelessness as a process and the goal of making the homeless person an active subject is spelled out in the intention of the programme to produce what is called an “active circle”. The active circle integrates different methods and measures aimed at promoting “positive homeless processes”. The ethics of the homeless person are to be at the heart of these processes.

¹ Private organisations are also engaged in outreach work with socially excluded people, including “Projekt Udenfor” and its staff of four who are also covered by my research.

² Similar developments are seen in other cities and with other target groups, especially young people.
The key words used to describe the passive elements of this circle that are to be prevented are security, passivity, “peace”, sheltered, hidden, time-gap, and care. These words are associated with an image of institutionalisation and clientification. The key words used to describe the active elements of the circle, subsumed under the headline about leaving the institution (udslusning), are associated with the opposite of institutionalisation and clientification, with the idea of liberating homeless people from what are seen as passivating social service institutions. The key words are active life, own effort, part of society, insecurity, being something “special”, and being visible in the community (Københavns Kommune 2000b, 29).

The programme operates with different groups of homeless people categorised on the basis of the characteristics of their problems, their prognosis for independent living and whether they have a family or are single. In addition, there is the inevitable residual category of those who do not fit into any of the groups specified. In this case the residual category comprises those people who will not or cannot make use of the kind of help which constitutes the active circle, or who cannot be readily fit into the system, but need to be helped into it gradually.

Intended as a low-threshold channel into the social system for the most marginalised people, a night drop-in centre was set up in 1999 for the residual category and the number of outreach workers was doubled, as mentioned, from one person to two. These outreach workers were to work closely with the drop-in centre and refer clients there.

The emphasis on activity has also found its way into some parts of the treatment system for drug addicts. In 1999 the drug treatment system in Copenhagen was integrated into regular social services. This implied that case management, previously the responsibility of social service centres, was integrated into the activities of treatment centres. Hence case managers became an important part of the staff at these centres. In this way the treatment centres became part of the overall strategy of “user-oriented social administration” (den brugerrettede forvaltning) for the social centres in Copenhagen. This has profoundly influenced understandings of how treatment centres should be run. The managers of the centres have described how they are keen to make changes that put more emphasis on what can be called “human processing” (Hasenfeld & English 1974). Such processing

… attempts to change their clients, not by altering basic personal attributes, but by conferring upon them a public status and relocating them in a new set of social circumstances.

Correspondingly, the managers de-emphasise the character of the centres as “human changing” organisations, which

… attempt to alter directly the attributes or behaviour of their clients through the application of various modification and treatment technologies (ibid., 5).

The two functions are of course integrated, but what is significant here is the emphasis put on processing:

We are now working with the philosophy of “active help”, I think, taking the attitude that the user needs a product that we shall attempt to provide. It might be a medicine [methadone – EHP]. Our previous attitude might have had us saying that something more than medicine was needed, for example treatment individually or in groups. But if it is medicine he wants, it is medicine he gets, and he won’t be bothered by us about all the things that we think he needs. (Manager of treatment centre in Copenhagen)

Whereas the homeless sector is oriented to reaching out to those who cannot or will not make use of the “active” homeless system, the drug treatment system seems to uphold the divide between institution and “the street-level”. This effectively reproduces the traditional view of drug problems and the associated division of labour between the police and the treatment system. The treatment system deals with drug addicts in so far as they are patients, clients or users of the treatment system, the police deals with drug addicts falling outside such categories or with those who are both clients of the treatment system and involved in the drug scene. This probably has to do with the fact that an important part of the drug problem has traditionally been its subcultural aspects. The control of individual clients’ engagement and links with the subculture has played an absolutely crucial role in drug treatment, not least in methadone maintenance treatment.

User-orientation and social exclusion

In the provision of social services, discourses about a society of active citizens are made instrumental by all sorts of different methods and technologies labelled as “user-participation” or “user-orientation”. In other words, the production

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1 It should be said that methadone maintenance clinics serve as drop-in centres for some users. (See Houborg Pedersen 2002.)
of social services today often involves a subjectification of citizens as “users”, which means that in order to be entitled to services and benefits as a citizen, or to realise your entitlements, you have to be able and willing to conduct yourself as a “user”. In the literature on the relationship between citizens and (public) service providers, the users’ mode of action is described as “voice” (Salonen 1999). This means that users do not “shop around” between different service providers in order to get the kind of service that suits them best, as consumers tend to do, but they let themselves be heard in an attempt to influence both the form and the content, and the means and the ends of service provision. This is to say that the “voice” of the user should constitute an input to service production as much as or even more than expert judgements. Accordingly, different practices and techniques are developed and put into use to develop and produce that voice (see Asmussen, this volume). Consequently, people who passively conform to social services and expert judgements have become just as big a problem as the social problems which might inflict them; a problem which has been classified as belonging to a “dependency culture”.

Even though normalising judgements no longer have the status they used to, expertise has not of course disappeared with the emergence of the user-orientation. As the articulation of clients’ needs and wishes — i.e. their “voice” — has become a central input to social work and social service production, the expertise that co-produces and interprets this voice has gained importance. This brings into play many institutional and discursive constraints, not least when it comes to socially excluded and deviant people.

Research into the first wave of experiments with user-participation in the late 1980s and early 1990s has shown that certain groups were poorly heard or, conversely, that these groups had great difficulty making themselves heard by the conventional instruments of user-participation (Bømler 1994). This has been attributed to a combination of institutional and personal constraints on the part of the clients, because “weak users” (as they have been called) are not a part of the environment which shapes and influences the strategies and practices of the institutions. However, just as relevant are what might be called “discursive constraints”. By this I refer to the fact that our society has an order of discourse (Foucault 2001) which, through a number of procedures, “thins out” discourse so that only a small part of what would in principle be possible to say is actually said. For example, this order works through particular rules of distinguishing between reason and unreason, or what can be considered true and false. These procedures and the different institutions and practices which support them and are supported by them, ensure that there is no unconditional right to speak and to be heard. As shown by Levine (1979), both madness and addiction are closely related to the conception of a liberal society of autonomous citizens, willing and able to conduct their freedom in a responsible manner. Both mad people and addicts are deemed to be unfree and hence excluded from the community of free citizens, because their actions are not governed by their own free will, but by their passions. Therefore, both madness and addiction are at the centre of the games which constitute the distinctions between reason and unreason, freedom and unfreedom. As noted by Valverde (1996), such games have traditionally involved different kinds of despotism and hermeneutics of suspicion in order to control of the instincts, passions and bad habits of both oneself and particular groups like addicts (see also Hindess 2000). Central to this liberal problematic of government is the question of whether or not people have “narrative competence” (Holstein & Gubrium 1995), that is, whether they are able to speak for themselves. This can also be assumed to have played a part in the silencing of particular people and utterances in the first wave of user-orientation.

The development from cure to care in social work and social services for socially excluded people during the 1990s, has indicated a sensitivity to the needs and wishes of these people, as well as attempts to produce measures and methods to respond to these needs and wishes (Bømler 2001). The emphasis on outreach work in the reorganisation of the homeless sector in Copenhagen should probably be seen in this context. The reform plans make the fact that user-participation may exclude people an integral part of the reform itself, by setting up measures, among them outreach work, to deal with these effects. Funding from the Ministry of Social Affairs for experiments with new forms of social service and social work has meant that the Municipality of Copenhagen can employ many more outreach workers than was originally intended in different outreach projects.

Four outreach projects in the City of Copenhagen

Documents describing the outreach projects refer to their target group as “the doubly excluded”, i.e. people who are excluded from the welfare system or who do not benefit from it as much as they could. Sometimes more culturally flavoured terms are used, such as “the street people”. Below, I shall describe four ongoing outreach projects in Copenhagen.

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1 Following Foucault (e.g. 1986), I use the term “subjectification” to signify the processes and practices through which human being are made subjects under particular conditions, such as particular truths about who they are, or to particular moral discourses.
In the first project the target group is described as those who for different reasons find themselves more or less permanently in the streets. This is a group of people who have given up contact with the welfare system or who, due to their behaviour, cannot get the sufficient contact and help they need. They may also be people who are physically or mentally so weak that they do not have the strength to get the necessary help, or people who are very isolated.

This kind of target group might be seen as “hidden populations”, that is, a subset of the general population whose membership is not readily distinguished or enumerated based on existing knowledge and/or sampling capabilities (Wiebel in Morgan 1996).

These people are not only difficult to contact; they are also difficult to describe, to count and to work with by means of conventional methods. Their invisibility should not necessarily be taken literally. This is true with regard to “street addicts” who very well may constitute a hidden population, although for some people they are almost too visible. These people are invisible in the sense that it is hard to get reliable knowledge about them. This, in turn, complicates the use of conventional modes of intervention and, in fact, effective intervention in general.

The different outreach projects all have their own particular issues that they should emphasise (social rights, public health issues, providing care and support in everyday life), but their general purposes are as follows: First, to get into contact with their target groups. Second, to bridge the gap between the target groups and the welfare system by working with both the people they meet and the system. Standard methods include giving information, motivation, counselling, following people and helping them in their contacts with the system. At the same time the projects are also aimed at changing the system, at making it more open and flexible. Third, the projects produce information about how big the hidden populations are and what their problems are. Finally, they give their opinion on whether or not outreach work is an effective strategy of intervention. One of the projects describes the general reorganisation of the system in the following way:

One challenge is to reach those people who do not independently seek help and who furthermore are not readily motivated to receive help. These might be homeless people, substance abusers or persons with mental illnesses who stay in the streets and who have little contact with the social system. Local social services have several options with regard to the action it can take, but the target group’s attitude of refusal and hesitation with regard to the social system often implies that they prefer not to seek help. Outreach work is capable of making contact with the target group, while the authority to make decisions … lies with the local social service departments. (Københavns Kommune 2001a)

As mentioned, however, apart from this the projects have own special issues they address. One project (Københavns Kommune 2001a) has the goal of making sure that socially excluded people get what they are entitled to. In this project the street people are constituted as subjects of social rights. Hence, with reference to the codification of the user-orientation (see Asmussen, this volume), it is claimed that legal protection concerns not only correct administrative practices (protecting the citizen against the state), but also the involvement of the individual citizen as a user. However sometimes the entitlements guaranteed by social legislation to citizens in their capacity as users require that the individual is capable of articulating his or her needs and expectations towards the social system. And some marginalized people are capable of doing this only to a limited extent.

Two other projects (Københavns Kommune 2000a, 2001c) are more public health oriented, aimed at encouraging and supporting people who live in the streets to make use of social and health services. For some people this means sustained contacts with social workers, for others it just means quick referrals. Because of its public health perspective, this project employs both social workers and nurses. The main task of the social workers is to contact clients, to motivate and follow them, and to write referrals, while nurses primarily provide medical help at clinics for the homeless at different shelters. Only some of the nurses participate in outreach work.¹

The fourth project (Københavns Kommune 2001b) emphasises the provision of care and support for homeless people by allocating them a named social worker. The idea is that this social worker will keep contact with them for a long period of time and in this way help the clients improve their quality of life.

¹ There is in addition a private project that employs two nurses who do only outreach work.
Social work and the order of discourse

One of the main functions of social work is to distribute “discursive rights” by which marginalised people are given a legitimate voice, that is, the right to speak and to be taken seriously. Philip’s (1979) tentative analysis of social work knowledge as a discursive formation suggests that the expertise of social work should be able to recognise the potentials and barriers for marginalised people to become integrated and competent members of society. Moreover, social work experts ought to possess the means to realise the potentials and to remove the barriers. This means that social work is as much about providing material and social conditions for integration, as it is about making marginalised people willing and able to conduct themselves as competent members of society, i.e. to be citizens (Turner 1993).

Hence, the first function of social work, according to Philip’s (1979) tripartite distinction, is the creation of subjects (subjectification). What distinguishes the mode of subjectification in social work from other modes of subjectification is that it is concerned with the general subjectivity of people as competent members of society. In the same vein, Cruikshank (1999) calls social work a “citizenship-technology”.

The second function of social work is the integration of the objective characteristics which constitute a person as a client of social work into the subjectivity of the client. This function implies three things. First, in order to become a competent member of society you have to identify, work upon and integrate whatever it is that prevents you from attaining that status. This can be said to be a governmental objectification in which the things to work upon to become a normal citizen, that is the “governable substance” (Dean 1996), are identified and specified. Such governable substances may consist of economic issues, family issues, drug problems, etc. Governmental objectification always takes place under particular discursive conditions which regulate what it is possible to “see” and how it is possible to conceptualize what is seen. Social work always proceeds by specifying and working upon such governmental substances. Secondly, it means that the client has to accept the truth about his or her condition. Consequently, social work expertise is expected to be able to link particular objective characteristics with particular subject positions, either in terms of particular entitlements or in terms of particular ways of making the objective characteristics subjectively meaningful for the client. You have to submit to the truth of who you are, and integrate this objective truth into your existence and make it meaningful for yourself. This means that by integrating objective characteristics, social work is both totalising and individualising. Finally, the function of integrating objective characteristics shows that social workers and street-level bureaucrats produce both the input (determining the governmental substance/objective characteristics) and the output (producing a competent member of society) of their work (cf. Prottas 1979).

The third function of social work is to speak for the social subject. This special expert knowledge of the social worker distinguishes him or her from other kinds of human technology. This suggests an ability to “see” and comprehend the basic humanity and potential sociability of the client, which makes it relevant to subject him or her to social work. This function of speaking for the subject involves representing the basic humanity and potential sociability both for the client, that is, the performance of a kind of pastoral power, and for other experts and authorities who specialise in particular issues and problems.

In Philip’s analysis, social work represents a traditional kind of therapeutic intervention where experts make a diagnosis and intervene, while the client is almost a docile body. The kind of social work discussed in the present article can be seen as an attempt, in part, to break with this modernistic vision of social work. Nevertheless, my hypothesis is that the rules of the formation for social work, as described by Philip, still apply. This means that the function of social work is still to produce subjects by integrating objective characteristics and speaking for the potential subjectivity of the client. What have partly changed are the particular discourses and techniques, as well as the telos of the work — from producing social citizens to producing active citizens. Today the process of becoming a competent member of society involves the requirement of being active, that is, to subject oneself to a user-discourse rather than to simply comply with expert judgements. The social worker still has the function of speaking for the (active) subject within the client, of helping him or her take the position of a user who is willing and able to articulate needs and wishes and assume responsibility for his or her own life. One of the most important barriers to work upon is the client’s inability to articulate a telos of his or her own life and take responsibility for working towards it. As we shall see, this “liberation” from expert judgements and rigid normalisation does not preclude subjectification in social work, rather the new modes of subjectification involved in working with socially excluded people can involve a great deal of effort and energy.
Producing the voice of socially excluded people

How, then, do outreach workers produce the voice of socially excluded people? Generally, they emphasise anthropological, phenomenological and hermeneutic expertise. They express a kind of anthropological epistemology where they are both insiders and outsiders in relation to the hidden populations, and where their mode of perception, their “gaze”, is closely connected to personal fieldwork. In other words, data are produced through direct interaction with and observation of the target groups in their natural settings (Fitzgerald 1996). This is the only way to get a realistic picture of their world-view, their experiences and their identity. It is therefore necessary for social workers to spend time with their target groups, to get acquainted with their everyday life in the subcultures and to make themselves known to the target groups. In the absence of a mutual sense of trust between the two parties, the target groups will hardly get involved in the initiatives put forward by the social workers.

By applying this epistemology, outreach workers engage drug addicts and other “deviant” groups as normal and rational beings, given the environment in which they live (Singer 1999). Outreach workers thus serve a function similar to anthropologists in the production of epidemiological knowledge about drug users (Bourgois 2000): What other epistemologies — surveys or case-files — regard as noise or bias is made sensible by means of fieldwork. The obvious strangeness proves to be human subjectivity, which is not so strange after all (e.g. Becker 1963). This, according to Philp, is of course also one of the central functions of social work: to mediate between marginalised and integrated parts of society by stressing the essential humanity of the marginalised. People who from the point of view of the welfare system are invisible, unruly, chaotic and diffuse, are transformed, with the help of fieldwork, into visible, understandable, orderly and hence governable groups.

In fieldwork knowledge target groups do not appear simply as clients of social welfare offices, patients at treatment centres or residents at shelters. This gives social workers the opportunity to make judgements about potentials, constraints and risks; normally they would not have the knowledge to do so. Social workers observe a way of life with its own rationality, lying behind the usually taken-for-granted strangeness. They know what can and cannot be required of a substance abuser living in the streets, e.g. with regard to regular medical treatment or appointments with social workers. A term frequently used by outreach workers to describe their kind of knowledge is “realistic”.

We propose actions to case-managers because it is us who have the everyday contact. Because in reality we know incredibly many things about these people that neither counselling centres [for drug addicts, EHP] nor case-managers do, because their contacts are less regular. It’s we who say “good morning” to them, it’s we who say “shut up” or “go away” or “don’t do that”, and we who say “good morning” the next day, and we who say “good night”. (Outreach worker #1).

When outreach workers say they “get inside” and build up a sense of trust, what they are claiming is that they are able to produce phenomenological knowledge about the life-world of their target groups. On this basis, they maintain, they can render behaviour and decisions meaningful that to other people would seem irrational:

Sometimes you can understand that from the user’s point of view, his choices make sense, or that what he says is an expression of his frustration. You understand actions and choices that seem out of place because you see the reason, which may make sense from the client’s point of view. For example, going to prison instead of doing community service, because he cannot cope with it, or refusing to take a room offered at a shelter for the homeless, because he knows he will get into trouble. (Outreach worker #2).

As outreach workers get to know their target groups, many people in these groups begin to approach them with their needs and problems. However, in some cases it takes a kind of hermeneutic expertise to translate the clients’ small signs into needs and problems:

sometimes you have to look for the little signs, because many of them do not express [themselves clearly] as far as their needs are concerned.” (Outreach worker #3)

Later the same outreach worker told me about clients

who just sit there and it takes perhaps three years to get them to have a conversation…

However, according to the outreach workers quite often the problem is not that clients do not express their needs and wishes; the challenge is to “catch” the clients at a moment when they happen to be motivated to do something about the problem, and to maintain this motivation. All sorts of barriers, such as getting too far away from drug supplies, or many
clients’ fear of the welfare system on account of earlier experiences, are identified as things that outreach workers need to work with. Therefore, you simply have to be there, both in order to be able to seize the opportunity and to be approachable by the client. Usually, the initial contact will concern practical things like getting money, methadone, a room at a shelter, getting someone’s company to go to the hospital or the social welfare office, etc., and sometimes that is all they will want. Nurses who work in the streets therefore have an advantage because they can provide that practical assistance to drug addicts and people living in the streets.

What is significant about the work of outreach workers is that their modes of perception are part of the production of knowledge about socially excluded and deviant people as in many respects normal and rational subjects, if only the context of these peoples’ lives is taken into consideration. It is also significant that outreach workers often stress that neither they nor anyone else has the right to make moral judgements about their clients’ ways of life. Sometimes this is articulated as a kind of postmodern culturally flavoured discourse, where the clients have the right to their own existence. No matter which discourse they apply, such statements are particularly strong when it comes to the issues of drugs and addiction, as we shall see below.

**Discourses of active citizenship**

Many outreach workers articulate statements which combine the discourse of active citizenship with the anthropological-phenomenological epistemology discussed above. In these formulations they accentuate the constitution (empowerment) of clients as subjects who assume responsibility for their own existence, rather than as objects of structural conditions and expert judgements. Statements like this are common:

It is important not to do things for the users, even if that may be sometimes difficult to remember. They have to be involved; otherwise it will just be more and more difficult for them to handle things themselves. Our job is to support them and help them manage by themselves. (Outreach worker #2)

As a consequence, the social worker should neither tell the clients what to do nor judge them. The same outreach worker continues:

I don’t judge or condemn. I don’t tell them what to do, for instance to quit taking drugs. If they want to change something, if they want to quit taking drugs, it has to come 100% from themselves, otherwise it will not work.

Another outreach worker explains how this should affect the relationship between the social worker and client:

I make a point of stressing that it is a joint effort between me and the user to help him help himself. I am not his secretary. They should see me as a partner in the attempt to take charge of their own life. (Outreach worker #4)

All this also gives rise to some paradoxical statements, for instance when the outreach worker has to insist on empowerment, when the client just wants the outreach worker to take care of his or her business. If the client is not able to uphold his or her integrity as a subject, the outreach worker says he has to, by refraining from making decisions for the client.

[I]t is one of my tasks as I see it, when we work with people whose integrity has been violated so much, most of them have experienced it for years, especially when they were kids and again and again later in their lives — well then it is up to me to draw the line as to what I can do to that person. (Outreach worker #1)

Correspondingly, if the clients ask their outreach workers what to do, they will sometimes get no definite answer: the outreach workers will insist that the clients have to make their own decisions. In some of the outreach workers’ statements it becomes quite clear.

“It is you who has to take the decision, I cannot do that for you.” I have many such conversations where I say: “No way, you can’t do that to me, I am not going into that, you have to work it out yourself.” (Outreach worker #1)

For example, the other day I was asked if I thought it was a stupid idea to go to prison [instead of doing community service]. I then said: “That depends on how you feel, if that is what you want, if that is how I feel inside”, or I didn’t say it like that, I said: “if you feel that is what you want, then I think you should do it. Because I cannot feel how you feel about it.” (Outreach worker #2)
One of the most characteristic features of statements by many of the outreach workers with whom I have talked is the attempt to subject clients to discourses of active citizenship. They combine this with their anthropological and phenomenological epistemology by emphasising that they will not make normalising judgements about the way of life of their clients. Instead, using concepts like empowerment, they are keen to involve clients in discourses of active citizenship. Outreach workers speak for the potential of clients to become active subjects, and they propose and attempt to integrate objective client characteristics, which are articulated in phenomenological and anthropological terms, as well as in terms of active society. This means that you do not have to lead a normal way of life in order to become an active subject. An active subject may also be empowered as a homeless person, as a drug addict etc.

Many other discourses are also articulated by outreach workers. For example, references to the clients’ institutionalised mentality are frequent, this kind of mentality being one of the main obstacles to their becoming active.

**Attempts of enrolment**

The epistemology of outreach work described above can be summed up with the following key words: It is primarily *interactional* in that knowledge about clients is chiefly produced in face-to-face interaction between outreach worker and client. It is mainly *situational* in that it is mostly concerned with the client’s immediate situation and how it can be improved, but not necessarily fundamentally changed. It tends to be *subjective or cultural* in that the emphasis is put on the client’s perspective and on the meanings that constitute his or her life-world or subculture. To this comes that the discourses articulated by the outreach workers tend to tone down or gloss over the aspects of authority and expertise.

One of the major challenges of outreach work is presented by its interactional and situational aspects. This is because a key goal is to integrate clients in a sustainable manner into the welfare system by bridging the gap between the system and “the streets”. The problem is that the client’s life-world is characterised by short time spans and large fluctuations, sometimes described by the outreach workers as the “here-and-now-mentality”. However it is difficult to synchronise this rhythm or rationality with the rhythm or rationality of the welfare system, which is characterised by stability and continuity. As we have seen in Asmussen in this volume, social activity plans are one of the instruments with which the voice of the user is produced and made sure it counts. In their capacity as one of the most important tools in current social work, these plans presuppose a certain amount of stability, continuity and responsibility. One rationality stands against another and the voices created by outreach workers may be susceptible to tensions.

Social activity plans have three functions. First, they serve as an instrument of governmental objectification, because they are used to extract knowledge that is relevant for producing change. As mentioned, some outreach workers say they prepare activity plans for case-managers because on account of their contacts with the clients their knowledge, and hence also the activity plan, is more realistic. Second, the activity plans serve as instruments of subjectification by producing the voice of users who reflect upon their existence in terms of action, development and goals. Third, the plans serve as “inscription devices” (Latour 1987). In these contract-like devices the user’s voice is made durable and mobile, and going beyond the interactional and situational. This is most relevant both for the user and the social workers. For the social worker, the social activity plan can be used in the future when coordinating measures taken by different authorities, and perhaps more important, when making evaluations of how particular actions and measures turned out. For the users, the social activity plan is a way of establishing responsibilities for what is agreed upon when drafting the plan. It creates responsible subjects with future prospects, assuming that the subject involved is identical over time. The person who makes the promise should be the same person as the one who is held accountable at some later date. However, these functions of articulating a voice and making it reliable, calculable and durable, and binding the client to a particular, unitary identity or subject position, are difficult to realise in relation to hidden populations. This is expressed in an evaluation of one of the outreach projects, where the clients were asked about the preparation of social activity plans.

With someone like me you can’t have a social activity plan. I don’t know how my life will turn out. It’s very difficult when you have no job … It’s bloody difficult with people like us. We don’t know what we’re doing next week … When you don’t have a job and live like we do, not knowing what we’ll be doing next month and don’t have a plan. None of us have regular hours for doing things. Nobody has an everyday life which you can call normal. (Københavns Kommune 2002, 26)

You have to be able to imagine. Because the street changes all the time. One moment you’re with a bunch of alcoholics and sleep with them. The next moment you’re perhaps with drug addicts and sleep with them. The next moment you may be talking to managing director Jensen, who might say he wants to help you. And then you may face someone who wants to take your money. (Ibid.)
One can look at this in terms of “enrolment”, which is a concept taken from the sociology of translation (Callon 1986). Enrolment points to the ability to make actors stay the same, while they move in time and space (make them durable and mobile). Such a state is difficult to achieve. It requires, first, that the entities one tries to enrol — in this case socially excluded people — are made interested in taking part in particular relations (or networks) at all, for instance by offering them something that is immediately relevant to them, such as methadone or food. Then, work has to be done to make the actors identify themselves with the project proposed to them, for instance taking the role as a client at a treatment centre, by making them realise that being a client is in their own interests. Thereby, translations are made where the users’ interests are aligned with the interests of the treatment centre or the social worker. The difficult thing is to make this alignment and maintain it — which is precisely the experience of outreach workers.

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Patrolling
Intensified police drug control in the metropolitan Helsinki area

Aarne Kinnunen

The drug situation in Finland is still reasonably well under control, even though it has taken a sharp turn for the worse since the mid-1990s. There are no drug parks in our towns and cities, and in general there is very little open drug use. In this sense the situation is quite different from that in many of the major cities across Europe and Scandinavia (cf. Frantzsen and Myhre Lie in this volume). Instead of drug dealing in the streets, Finland has a drug market that is hidden in private flats across the metropolitan Helsinki area and other bigger cities. However this underground market has created a special set of circumstances that affects people’s sense of public safety.

Illicit drug use and dealing in private dwellings is a growing cause of concern and nuisance in certain areas: with the way of life that drug users lead and the number of buyers coming and going, there have been complaints of excessive noise and other disturbance. In some areas the presence of a drug flat has led to an increase in bicycle thefts and break-ins. To some extent the problem has to do with people not feeling comfortable with drug users’ often unusual way of life.

In recent years, police in Finland have begun to pay more attention to controlling drug use and retail drug dealing alongside their traditional emphasis on import and wholesale organisations as well as their efforts to persuade public opinion. In line with these strategies, increasing police resources have been invested in work to prevent drug dealing and trafficking among users.

This article is based on a research project that was concerned with a drug-related crime prevention programme in the metropolitan Helsinki area in 1999–2002 (Kinnunen et al. 2003). The focus within the programme was on selected neighbourhoods within this area: the aim was to put a stop to drug dealing in private flats and to reduce the disturbance and insecurity caused by drug dealing. In addition, police control was intensified in and around restaurants and out in the streets in areas that were known hotspots. As well as engaging in traditional drug control, the programme was concerned to find new ways of tackling these problems and to create new networks of cooperation with the social and health authorities and with voluntary organisations.

Working closely with various partners, the police were keen to clamp down on mass crime in the metropolitan Helsinki area, such as burglary and car and theft. Furthermore, they wanted to intervene in serious and professional crime by exposing organisations engaged in drug smuggling. It was believed that the example set by a high-visibility campaign in the metropolitan Helsinki area would send repercussions throughout the country.

The research data consist of various qualitative materials and statistical registers. Police raids were followed in five different towns between early spring and late autumn 2000. Six researchers were involved in data collection, which included both free discussions and structured interviews with police officers from various levels of the organisation, not only field officers but also backroom staff responsible for planning the drug raids. In addition, we had the chance to follow police interrogations of people apprehended in the raids and to conduct brief interviews with these people. Finally, interviews were also carried out with local residents and with the general managers of blocks of flats in neighbourhoods that had been raided. The impacts of the police raids were also studied in the light of statistical materials, by looking at the number of reports filed with the police and by analysing pretrial materials compiled by the police.

The main target of the police raids studied in this article was drug pushers and users. However the task of locating targets for these raids — active drug flats — was by no means a simple and straightforward process. The raids were designed to last for several days at a time, and in many cases the police ran out of flats to raid. Most of the people apprehended were Finnish nationals, but amongst them there were also a few Russians and Estonians. According to a random sample of the police reports, men were in the clear majority of those apprehended in the drug raids; women accounted for one-fifth. All these people had a low socio-economic status.

1 Riikka Perälä, Tarja Telkkä, Ari-Pekka Koponen, Elina Castrén and Saija Järvinen were also involved in collecting the research data. Riikka Perälä and Tarja Telkkä additionally took part in analysing the data and in writing up the research report (Kinnunen et al. 2003).
Police raids in Finland and elsewhere

The prevention of drug-related crime has been one of the main priorities of the Finnish police in recent years. No detailed information is available on just how much resources the police have invested in these efforts, but it is estimated that there are some 200–250 officers in the country who are working full time on drug-related intelligence and investigation. In addition, most of the police force in regular patrol duties and other investigative work will report on any relevant observations (Kinnunen et al. 2003).

Recently the police have clamped down most particularly on the retail drug dealing. In line with the government’s decision in principle adopted in 2000, the police have invested an extra 60 person-years worth of resources into the control of local drug markets, aiming in this way to prevent the spread of drugs and the recruitment of new users.

Other, dedicated resources have also been made available for drug prevention at the local level. In the 1999 budget, Parliament earmarked a total of FIM 5 million (840,000 EUR) for purposes of expanding the experimental programme for the prevention of drug-related crime. Out of this money FIM 1.9 million (319,000 EUR) were allocated to the drug control project that is discussed in this article. One of the reasons given by the Police Department for its decision to spend so much of these monies on the Helsinki region was that this was and is the country’s main centre for the import and wholesale of illicit drugs. Organised crime is largely based in the metropolitan Helsinki area, and Helsinki is also the main centre of distribution for the heroin that comes in from the St. Petersburg region and for the amphetamine smuggled in from Tallinn. Furthermore, drug use is more prevalent in Helsinki than it is in other parts of the country, which is why drug use and drug dealing give rise to more crime, public disturbance and insecurity than elsewhere. Finally, it was also pointed out that the metropolitan Helsinki area serves as an example for the rest of the country: any successful crime prevention and policing projects here would probably inspire other parts of the country to follow suit.

Police in many other countries too have run similar campaigns of intensified raids on drug use and drug dealing at street level. Usually these kinds of campaigns have been launched in situations where the police and local residents have felt that drug dealers have taken over control within the neighbourhood. The aim has been to restore control by declaring “war” against the drug dealers and by significantly increasing police presence in the neighbourhood. As well as making drug dealing riskier for the people involved, this has increased the general deterrence of police control. In addition, the assumption is that drug raids will generally slow down the drug market and by the same token prevent the spread of drugs. It is thought that if the availability of drugs is reduced, established users will cut back on their consumption or seek treatment, while potential new users will refrain from experimenting. (Sherman 1990, 7–8, Uchida & Forst 1994, 83–84, Worden et al. 1994.)

Drug control campaigns often set out to try and break up public places of drug use and drug dealing. Police raids do not necessarily focus upon narcotic substances alone, but often they are targeted at a wide range of different types of crime within a certain geographical area (Sherman 1990). In particular, it is known that open drug parks and streets attract both motivated criminals and suitable victims. It is also known that the criminal activity of drug addicts varies according to the intensity of their drug use: the more frequently they take drugs, the more often they will commit crimes. If heightened police activity can help to lower drug use levels, then maybe that will translate into lower crime levels as well. Most projects have the additional goal of trying to make residential areas safer and more pleasant places to live in (see e.g. Sviridoff & Hillsman 1994). It has been thought that if policemen work closely with local residents and maintain a visible presence, they should be able to contribute to a greater sense of security in the residential area and in this way possibly improve people’s quality of life. (Worden et al. 1994.)

Earlier studies on the impact of intensified police raids have found that in most cases, they tend to slow down the drug market, at least temporarily (Sherman 1990, Kleiman & Smith 1990, Uchida & Forst 1994, Worden et al. 1994, Sviridoff & Hillsman 1994, Smith 2001). It has been reported that it is harder for users to lay their hands on drugs, that they have to spend more time looking and that they have to deal with people they do not trust, all contributing to general confusion and uncertainty in the marketplace (Sviridoff & Hillsman 1994). It has also been found that drug users are very sensitive to any changes in the intensity or forms of control and that they readily adjust their behaviour accordingly (Hough 1996). Police raids seem to yield good results especially in the short term. However in most cases drug dealing and the related nuisance have tended to shift to other neighbourhoods, or to return to the original scene after a short while. (Uchida & Forst 1994, 84.) Upon their return, though, the disturbances are not necessarily as bad as they were originally.

According to Uchida and Forst (1994), successful raids are often based upon information exchange between the police and local residents and upon a common understanding of the objectives and strategies to be applied. The authors say it is particularly important that the police have close contact with local residents in the sense of community policing. Direct
police contact with residents will influence the way that people living locally perceive drug dealing and property offences and strengthen their sense of safety and a high quality of police services.

It is not all goods news, though. Police raids and intensified drug control have also met with severe criticism on account of their high costs and adverse side effects (Collison 1995, Maher & Dixon 1999). It is also hard to find any firm evidence on their positive impacts on the sense of safety in residential areas (Sviridoff & Hillsman 1994). The critics say that the strategies of law enforcement are based upon simplistic socio-economic assumptions about how the drug markets work. It is believed that more intensive control pushes up prices, which in turn is assumed to depress demand, but in reality the mechanisms involved are probably far more complex than that. It is possible that the more constrained market situation adversely affects the quality of drugs available and that drug addicts may compensate for the higher costs by committing more crimes (Fagan 1994, Hough 1996). In addition, the confiscation of drugs and cash by the police often gives rise to violence related to debt collection. Constant fears of being targeted by the police may give rise to paranoid behaviour, which can represent a serious threat to the immediate environment. Michael Hough (1996) has noted that rising prices may attract new dealers into the drug market. Users might also switch to drugs that are harder to detect but that at once are more dangerous. Indeed Hough concludes that the aim should be to restrict the demand for drugs without this having any effect on price level. This could be achieved first and foremost by tying up the treatment of drug addicts with control measures.

Hough (1996) has observed that the strategy of controlling retail drug dealing is the more useful the more open the drug markets. The paradox of highly effective control is that it forces drug dealing to move into private flats, where it is invisible to local residents and beyond the reach of control measures or social and welfare interventions. Street control will usually affect the most deprived groups of drug users who represent the drug culture that is visible to outsiders, whereas those who are better off in socio-economic terms will be able to withdraw out of sight when the police step up their efforts. (Alpheis 1996.)

The research evidence from Finland (see Kinnunen 2001) is much the same, suggesting that drug control is often highly selective. The youngsters targeted are at risk of being labelled as criminals, which means they also run an increased risk of becoming associated with subcultures permeated by drugs and crime. The concentration of police control and the legal system upon selected target groups may also undermine public respect for these institutions as well as their deterrent effect.

Forms and implementation of police raids

Depending on their size and duration, the drug control raids studied involved 30–50 officers from the metropolitan Helsinki area and the National Traffic Police. The raids were usually carried out in the evenings, in shifts of around 10 hours. Each shift always started with a roll call by the field supervisor who briefed the participating officers about the plan for the evening. The field supervisor identified the flats that would be targeted and gave each patrol their individual assignments.

The police officers involved in the raids did not necessarily have any earlier experience of this kind of work. This is why in their briefings ahead of the raids, the senior officers in charge took special care to emphasise the distinctive characteristics of drug cases that novices could easily overlook. Any risks involved in the operation were also covered, including the possibility of suspects carrying weapons and having dogs as well as the sometimes unpredictable behaviour of any family members and friends who might be present in the flats. Attitudes to the raids varied widely: some of the police officers were quite enthusiastic and though they offered an opportunity for professional development. Others saw them simply as a way of earning extra money and as a welcome change to everyday routines.

Most of the raids were a combination of searches carried out in targeted flats and regular street patrolling, if and when there was time to spare. On average the raids covered ten or so flats an evening, which were selected on the basis of the people living in the neighbourhood or the criminal records of the individuals concerned. Tipoffs through other criminal investigations were an important source of information on the activities of local drug dealers and users. Tipoffs from the general public were also followed up, although wherever possible the accuracy of this information was checked against other sources.

Street patrols were usually sent out when all the flats on the search list had been raided and when the ten-hour shifts were not yet up. Some police stations took advantage of the extra staff resources made available for the duration of the raids and searched targets they could not cope with during regular shifts. These were usually big houses that were hard to raid
by surprise and that were so packed with assorted rubbish that it would have been pointless to try and make any headway with limited staff resources.

**Home searches**

The raids were carried out under the supervision of the inspector or chief inspector in charge of the operation, who ahead of each raid would issue an oral summary warrant for all the targets listed in that particular raid. In charge of the fieldwork was a supervisor who usually held the rank of an inspector or chief inspector and who identified the targets and planned the programme for the evening in advance. The units conducting the raids themselves had a clear organisation and division of labour. Most raids also involved staff from the National Traffic Police, whose main role was to provide support upon entry into the flats and to transport any individuals apprehended back to the police station.

The police took various precautions to prepare themselves for the potential risks involved in the raids. In some cases the raids were carried out by no more than two plainclothes officers who wore their weapons in holsters; at the other extreme up to ten officers would enter a flat carrying their weapons in the open. Whatever the size of the unit, they would always be prepared for surprises: it was impossible to know what to expect behind the closed doors, even though these people were not normally known to be violent or to carry guns. The bigger the sums of money involved, the more likely it is that people will resort to violence (see e.g. Kinnunen 1996), and none of these raids were on wholesalers. During the project reported here there were no major incidents between the people targeted and the police officers.

The police always entered the flats they were raiding quickly and forcibly, taking advantage of the element of surprise. This was crucial in order not to give the suspected offenders the chance to destroy drugs or other evidence. Once inside, the police would instruct the people in the flat not to move. As soon as they had established how many people there were in the flat, they were assembled in the same room and plans were made for the next step of the operation. The most important thing for the police officers now was to get the situation under control as quickly and fully as possible (cf. Myhre Lie in this volume). The persons present were searched in accordance with paragraph 5 of the Coercive Measures Act (450/1987) in order to ascertain whether they had any narcotic substances hidden in their pockets or clothes. In many cases the suspected offenders were handcuffed, to which they invariably took firm objection: handcuffing was considered particularly humiliating when they were forced to wait outside under the full glare of neighbours or other curious observers.

The home searches followed a rather set format: The occupant of the flat was asked whether he or she or any other person had hidden illicit drugs in the flat. In many cases the suspected offenders revealed the location of their drugs, especially if they were out in the open or if they had been hidden so clumsily that the police would have found them in any case. The police officers then made a cursory check to see that the flat was safe enough to let in their sniffer dog. Once the dog had checked the flat, the home search proper got under way. On average the searches lasted 1–2 hours. If, however, the flat was exceptionally untidy or if on other grounds the police had reason to suspect that they would indeed find drugs in the flat, the search would last considerably longer. All items removed and confiscated from the flat were carefully recorded and later entered into a confiscation record.

The police were most meticulous in their searches early on in the evening; later on they could even become quite perfunctory. Some of the flats raided were an incredible mess with stacks of unassorted rubbish, depressing the officers even before they had got started. The police officers also differed widely in how they conducted the home searches: some of them were keen and active throughout the operation, others by contrast seemed less interested even to start with, and they went about their job more or less casually. It was particularly important for the unit to have a clear division of labour in their searches: walls, cupboards and shelves were carefully allocated to the officers involved in order to eliminate any unnecessary overlap.

The squad officers took great care to respect the property of the suspected offenders: they did not break anything nor cause any mess. On the other hand the discretion they showed was clearly dependent on the how tidy the flat was in the first place.

There was quite a lot of variation in terms of who were taken from the flats to the police station. Anyone found to be in possession of drugs, would definitely have to go. In those cases where drugs were found in the flat but no one admitted they were theirs, the owner or occupant of the flat was taken down to the police station for questioning. If no drugs were found at all, the strategies varied depending on the town and the police officers involved. In some raids the people suspected of drug use were taken to the police station for questioning and for a more detailed search; in other cases they
would be let to go even though it was quite obvious they had been using drugs. Before they were released, though, the police checked their identities and made sure they were not wanted.

One of the factors that the police always took into account was the number of people present in the flat. It was clear the police did not want to take too many people down to the station at the same time, so they might decide to let some of them go straightaway. This meant that in some instances people who were quite obviously taking drugs at the flat were released after the police had had a few words with them. Younger people in particular were often lectured about the dangers of drugs. In some cases people suspected of criminal offences were summoned to go and see the police at a later date. The behaviour of the people apprehended clearly had a bearing on the police officers’ decision as well. Overall it was made perfectly clear to all the people concerned that the police had very little understanding for this kind of criminal behaviour, and they were certainly not going to deal with the matter lightly. Therefore any suspect who showed the slightest signs of an arrogant or derogatory attitude would almost certainly be making things even more difficult for themselves.

Some police stations kept the people they had arrested behind bars overnight, others let them go as soon as they had finished questioning them. An examination of police records on detaintments and arrests revealed that about half of the suspects apprehended had to spend the night in police custody. In this case they would usually be interviewed the following morning. One-third of the people detained were released the same evening or night after they had been questioned. Most of them were apprehended at technoclubs. Whenever the police were planning to raid technoclubs, extra staff were brought in to make sure they had enough interrogation capacity. In some exceptional cases the police had to let people go because they did not have adequate detention facilities. It was quite rarely that the police held people in remand during the drug control project.

One of the difficulties in apprehending people suspected of drug-related offences was that distances to the nearest police station were often quite long. In some operations the police were very keen to take their suspects back to the police station for more detailed searches. If it turned out that the police suspicions were unfounded, the suspects would just have to make their own way back home. This kind of harassment policy vis-à-vis drug users and traffickers is quite a common strategy in many other countries, too.

Interrogations

Police interrogations are an integral part of the pretrial investigation of drug-related offences (Puonti & Kuikka 1991, Kinnunen 1996). In the drug raids these investigations were quite simple and straightforward. The police would first run through the main background factors and circumstances surrounding the offence. Any narcotic substances found in the flat or car or on the person or any items that were suspected to be stolen were confiscated and entered into the police records. The suspects were then asked to give their own account of these items, for instance on whether or not they had been involved in stealing them. Questions were also asked about the person’s recent drug use and involvement in any other crimes that had come to the attention of the police. On concluding the interrogation, the police officer either read the statement out loud or handed it over to the suspect who was asked to read it and sign it. The most straightforward cases could be handed over to the public prosecutor after just one interrogation.

As far as the police were concerned the main object of the interrogations was to get an account in which the suspects admitted to the possession of drugs or to the possession of stolen goods, for instance. In most cases they would do so. However it was very rarely that they disclosed the channels through which they had bought their drugs. They usually said they got their drugs from a restaurant or from a street dealer they had never met before. In most cases the interrogators would settle for this rather than try to push the matter any further. It was only in exceptional cases that the police took a tougher stance and raised their voice, but they did not really go very far down this road either. Especially in the case of more experienced offenders it seemed there was a rather clear understanding between the two parties as to what kind of ground the police could expect to cover in these interrogations.

Discussions on drug use usually started out from the previous police investigation, if the suspect had been questioned during the past 12 months or so. The interrogator would ask the suspect such questions as how often he or she had used drugs, what kinds of drugs and what kinds of doses they had taken since the previous investigation. The type and the quantities of drugs used were recorded in the examination record. Earlier studies have observed that the police will usually aim to establish good relations with the people they are questioning (Kinnunen 1990, Kinnunen 1996, Karstinen 1998). This was also the case in the interrogations observed here. The atmosphere in the situation depended to some extent on whether the suspect had given a truthful account of the drugs and stolen goods that were found at the flat. If the
police had found something at the flat that the suspect had not reported voluntarily, that would certainly not help the atmosphere.

It was quite striking how openly most of the suspects talked about their drug use and in general about their dealings with drugs. Sometimes they would detail several months of their drug history, providing information the police could not have gained in any other way. In the interrogation situation almost 60 per cent of those apprehended admitted to having used drugs on previous occasions. In about 40 per cent of the cases the offenders’ earlier drug use was not covered in the interrogations, or they denied having anything to do with drugs at all. This happened quite often in spite of the fact that when they were apprehended, the suspects were found to have drugs on their person or in their flat or their car. Both first-timers and those with a record of drug-related offences said they had usually bought drugs for personal use only — regardless of the amount of drugs that the police had discovered. However there were also a couple of cases where the interrogator had managed to get the suspect to talk about “small-scale selling operations”. In some cases the suspects were also surprisingly open about the channels through which they had bought their drugs.

One possible interpretation for the openness of these suspects is that the sentences for drug use offences are no major deterrent for older, habitual users. They might just as well place their lives in the hands of mercy and accept whatever comes their way. Young offenders, on the other hand, may not necessarily realise that whatever they say about their drug use may be held against them later on in court. Some of the police officers we interviewed said they thought that the attitudes of suspected offenders to their own drug use have been changing in the past few years. Earlier, users were more inclined to cover up their history of drug use, now they tend to be more open about it. This attitude of greater openness towards one’s own drug use and to the authorities may have something to do with drug use now being more commonplace in younger age groups, at least in bigger towns and cities (see e.g. Seppälä & Salasuo 2001).

Street patrols

In addition to raids on targeted flats, the drug control project also involved regular street patrolling. Patrols were usually sent out in situations where the raid proper had been completed and there was still time to spare. The police would also keep an eye on the street scene when they were in transit from one place to another. There were also a few raids that were specifically targeted at street dealing and the restaurant scene.

In practice, street patrolling involved monitoring and checking the movement of people and vehicles. Whenever a suspicious vehicle was spotted, the patrol would radio back its registration number to check whether the vehicle was stolen or if its owner or driver had a criminal record.

Drug users and dealers who were known to the police would quite often be stopped and searched by officers on street patrol. The same was true of people who were deemed suspicious on the basis their clothing or outer appearance in general. They would first be asked whether they had used drugs or whether they had any other dealings with drugs. Then, they would be asked whether they had a criminal record and whether they had had any previous contact with the police. They would also be asked to show their ID. Again, the street patrol would radio back to check for any discrepancies between the register data and the information provided by the person apprehended; if anything unexpected did turn up, the police would continue their investigations. If there were no indications of illicit drugs either in the initial questioning or in the register data, the person was let to go. If there were indications of drugs, the person would be searched. According to section 5 paragraph 10 of the Coercive Measures Act (450/1987), a person can be searched in order to establish what they are carrying in their clothes or otherwise wearing. Such a search may be carried out if there is reason to suspect that a crime has been committed that carries a maximum sentence of more than 6 months’ imprisonment. If the person apprehended had any prior record of drug-related offences, that would increase the likelihood of their being searched. In this way the police control tended to focus on known users.

The searches carried out in the street were usually quite perfunctory. Before being searched the persons apprehended were asked whether they were carrying any drugs or drug use equipment on themselves. They were then asked to raise their hands while the police officer checked their pockets, the seams of their clothes from the outside, shoes and socks. The person’s hair was also checked. If the police discovered any drugs or other substances resembling drugs, the person would be taken down to the police station for a more detailed examination. Quite often the discovery of drug use equipment was enough for the police to decide to take the person to the police station. If they found nothing, they would let the person apprehended go. Most of the people stopped and searched by the police and getting a talking-to from the police were quite taken aback; however only very few of them called into question the action taken by the police.
By contrast the people who were taken down to the police station to be searched and questioned did object, and very strongly so. The network of police stations in the metropolitan Helsinki area is nowadays quite widely scattered, and the unexpected ride to the other side of the city was a major inconvenience to most of those concerned. Many were distressed to learn that they might have to spend the night at the police station; some very nearly lost their temper. Complaints were particularly vociferous in cases where the police had only discovered drug use equipment but still decided that a trip to the police station was warranted.

At the police station the searches were carried out in the detention room or in some other closed room. The search covers the person’s body, hair, mouth, armpits, groin and the areas in between the toes. For reasons of respecting the individual’s privacy, it is always carried by one same sex officer only. Although the police have the right to insist upon the presence of a witness, they very rarely do so. The police officers involved in the project did not seem particularly keen on the prospect of street patrolling. If, for instance, an urgent case was reported over the police radio, there would always be several responses from street patrols eager to take it. Indeed some of the police officers felt that the job of searching drug users, taking them down to the police station and conducting pretrial investigations was frustrating; they failed to see how what they were doing could have very much impact on the drug problem. Although street patrolling, from the researcher’s observational point of view, did sometimes appear as a rather futile exercise, there were some police officers whose professionalism was truly impressive. They easily picked out from the crowd drug dealers and other offenders and conducted the pretrial investigation solidly but politely. In their encounters with drug dealers and users, many plainclothes officers put to good use their professional experience and supremely controlled the situation even without the formal authority afforded by the police uniform. Knowledge of the drug culture, its own language and a certain respect for the opposite side were crucial to succeeding in this job (cf. Myhre Lie in this volume).

One of the special targets in the Helsinki raids consisted of a few technoclubs. Jointly coordinated with the organisers of the club nights, these raids involved exceptionally large numbers of personnel; even the club bouncers were recruited to assist the police in checking the clients. All the people who had bought a ticket were checked as soon as they got in. Those who were suspected of carrying drugs on their person were taken to separate rooms for a closer search, and those who were found to be in possession were taken to the police station. This was a rather slow operation and long queues began to build up outside. The clients were understandably annoyed, and indeed even many of the organisers took a rather negative stand. Many of the people who were searched immediately got on the phone as soon as they were free, no doubt to warn their friends. Every evening a dozen or so youths were apprehended as a result of these raids.

**Encounters between the police and suspected offender**

Our observations of the drug control project indicated that the police were generally quite professional in their approach to the job, but not necessary very considerate towards their clients. Attitudes to users who were met out on the streets varied between different police departments and individual police officers. Some had quite friendly exchanges with the people they stopped for questioning; at best the atmosphere was laid back and confidential as the police tried to build up “customer relations” with a view to future contacts. On the other hand there were several cases where the police were extremely harsh and rude, rejecting out of hand any attempts by their clients to explain their position. It was not at all uncommon for the police to use derogatory language when arresting a person suspected of some offence. That was not necessarily targeted directly to the suspect, but the police would talk amongst themselves about the offender’s characteristics, making sure they heard every word. In connection with the drug raids the police would also make it clear to the police uniform. Knowledge of the drug culture, its own language and a certain respect for the opposite side were crucial to succeeding in this job (cf. Myhre Lie in this volume).

Surprisingly enough the suspects apprehended did not necessarily pay any attention at all to the police officers’ provocative exchanges and behaviour. One possible explanation is that they were too used to this sort of treatment to be bothered; alternatively they may have been too intoxicated to show any interest in what was going on in their environment. In general many of these people took quite a submissive attitude towards the police and their actions: they hardly seemed very bothered at all about how they were treated by the authorities. Especially during the phase of active hard drug use, the world around may well seem a matter of secondary importance when compared to the internal emotions stirred up by drugs. Besides, many of these users were used to institutional environments such as children's homes and prisons, and were not particularly good at looking after themselves and defending their rights.

The intensity with which the police intervened in personal drug use and their willingness to open a criminal investigation varied from case to case. Not all drug users were necessarily taken to the police station to be interrogated even when it
was clear they had been using drugs. One possible explanation is that district courts in the metropolitan Helsinki area have very different practices with respect to prosecuting minor drug-related offences (Kainulainen 1999). It follows that the motivation of police officers to intervene in drug use may vary depending on what kind of action they expect the public prosecutor will take. (For more details, see Kinnunen & Kainulainen 2002.) To some extent the reaction of the police depended on the behaviour of the person concerned: an air of arrogance on the part of the suspect did not normally go down very well.

A source of extra tension between the police and their clients is that many officers do not think very highly of drug users. It was not uncommon for the police officers to express the view that drug users and people suspected of drug-related offences are beyond help and recovery. There was no point offering them social and health support because their only real concern was to take advantage of existing support mechanisms; they had no real intention to try and kick the habit (cf. also Mäkelä & Winter 2001).

Section 8 of the Criminal Investigations Act (449/1987) says that “in a criminal investigation, the rights of anyone shall not be infringed more than what is necessary for the achievement of the purpose of the criminal investigation. A criminal investigation shall be carried out so that no one is placed under suspicion without due cause and no one is unnecessarily subjected to harm or inconvenience.” This principle did not always work in the drug control project, however, but in some cases the police actions did stigmatise suspected offenders. Some of the raids involved quite considerable numbers of police personnel, and many of the suspects we interviewed were surprised at the scale of the police operation: they did not regard themselves to be so dangerous criminals that they warranted this kind of attention. Operations that placed them under the full glare of neighbours were considered particularly humiliating.

Many of the suspects we interviewed said they were under constant police control and surveillance. This was considered unfair especially when the person was trying to quit drugs. In some cases the interviewees spoke in quite a defiant tone and had sharp criticisms of our society. They were adamant that their drug use was a conscious and well justified choice of life and they did not want to have to go back on their own decision, at least on account of police pressure. The majority of the young experimenters and users quit drugs when their relation to society is strengthened when they set up of family and commit themselves to a job. With the highly efficient register systems now in place, being singled out by the police may well have a bearing on the individual’s studying and job prospects in the future. For young people experimenting with drugs, this one episode may follow them for the rest of their lives.

Although many drug users felt that the police operations were often out of all proportion, they rarely had any complaints about how the police conducted themselves. They did, however, point out that the suspects did not normally know on exactly what grounds they had been apprehended and why they had been taken to the police station; it was not until during the interrogations that those grounds were made clear to them. The situation of some suspects was complicated by the fact that they felt they were getting different information from different police officers. For instance, when they were apprehended the suspects were obviously keen to know how long they would have to remain in police custody. If the suspects are given to understand even informally that they will probably be released during the same day, they will be very much disappointed and frustrated if it turns out that they have to spend the whole night in jail. Unexpected turns and twists were particularly distressing to parents of small children.

Cooperation with other authorities

The national drug strategy (Huumausainestrategia… 1997) and the government’s decisions in principle concerning drug policy (Valtioneuvoston periaatteenpäätös… 1999, Valtioneuvoston päätös… 2000) emphasise the importance of the relevant authorities working closely together to tackle the drug problem. The police drug strategy says that “the police shall aim at the local level to create networks of cooperation with other authorities working with young people and other relevant agencies and agree with them on practical procedures so that steps can be taken for effective early intervention.” In addition, one of the strategic objectives is to “make sure that in connection with their interventions the police have access to expert assistance for purposes of assessing the need and prospects for care and treatment and to provide support to municipal projects related to the provision of that care in line with the government’s decision in principle on drug policy”. (Poltiisin huumausaine-strategia… 2000.) Together with drug strategies, cooperation among the authorities is indeed one of the most important factors in action programmes aimed at crime prevention both in Finland (Turvallisuustalkoot 1999) and in most other countries (see e.g. Crawford 1998).

Cooperation was also one of the most prominent issues in the planning documents of the drug control project studied here. For instance, the police expected that when they had to question persons under age 18 apprehended during their
raids, a social worker would be available for consultation. In addition, the strategy plans anticipated that the police would need the help of social workers to assess the situation of the persons apprehended and to look into the need for any support measures. In practice the police only contacted social workers on a few occasions. With some rare exceptions, the social welfare offices in different towns were not particularly well prepared for the raids.

Many of the drug users and dealers apprehended during the project were quite apparently in need of both health care and social support. It was immediately clear that many users were in poor physical shape, and judging by the state of their flats they also had very limited control of their lives. It would have been crucially important to consult the social and health authorities on how to proceed. Reports from other countries also indicate that clients of the criminal justice system are often in need of drug therapy (see e.g. Hser et al. 1994, 31). Even so it became clear during the observations of the project and in the interviews with individual police officers that needs for care were not normally evaluated, nor did drug users receive any guidance in terms of how they could get social support and health care services. The police officers said that in many cases they did not think there was really any point even in offering help and support to the people they had apprehended. Many of them felt that drug users would not benefit anyway. As far as they could see drug users simply took advantage of the benefits provided through the support services, without making any real effort to kick the habit. Many police officers expressed the view that the treatment system should have the right to keep drug users in institutional care even against their will.

Some police officers said they understood the importance of helping and supporting drug users, but still considered the system too rigid and inflexible. One of the main difficulties they mentioned was that the social welfare authorities could only be reached during office hours. Many of the police officers we interviewed felt it would be extremely important to have more flexibility in this regard and suggested that major police stations at least should have a social worker on duty 24 hours a day. Many foreign studies have similarly highlighted the importance of linking up social and health services with the criminal justice system (see e.g. Maher & Dixon 1999). According to studies in the United States, large numbers of chronic drug addicts come into contact with the criminal justice system each year (Hser et al. 1994). In Finland, too, this would provide one avenue for regularly monitoring the drug situation and at once for assessing the need for care and social support.

In spite of the good intentions expressed by the police in their strategies, much more could and should be done to get the people who are apprehended into care and treatment and to offer them social support. One step that would help enormously would be to have a social worker on duty at major police stations around the clock. Indeed police work and the criminal justice system in general should increasingly be employed as a method of outreach work, using its efficient network to support people with drug problems. Special attention should be paid to teaching the basic skills of life control to people with multiple problems and to drug users in institutional care.

Our interviews with social workers indicated that for them, too, cooperation with other authorities was a novel experience, even though they had previously worked with the police for instance in child protection cases. One of the difficulties here was that practices of cooperation between the police and social welfare authorities varied widely between different districts: in some districts police stations had their own resident social worker, in others the social worker on duty would only be asked to come to the scene when there was some major crisis, for instance if immediate child protection measures were required. Sometimes differences in work cultures would hamper efforts at improving cooperation between the different authorities. One factor that proved important for the development of cooperation was that the police and social welfare authorities shared similar views on the manifestation of drug problems and that they had good relations on a personal level. If funding was forthcoming and if there were people in the police force and in the social welfare service who were innovative and genuinely interested in alleviating the drug problem, then there would also be high expectations of new openings and more established forms of cooperation. All the social workers interviewed in connection with the drug project agreed it was important that there was better cooperation among the different sectors, but they also wanted more resources for their own sector. They were seriously concerned about the ever growing number of clients of theirs who were often involved with drugs: they felt the resources currently available to them for the treatment of these people were wholly inadequate. The lack of competent people, staff changeover, low wages and high levels of job stress in the social services sector were considered major impediments to the development of cooperation among the authorities. They lacked the resources, and they lacked the time.

**Summary and discussion**

Finland is a Scandinavian welfare state with universal social security systems and extensive mechanisms of income redistribution. Within the country’s towns and cities, social security systems are complemented by a policy of social
mixing aimed at making residential areas more heterogenous in socio-economic terms and at preventing social segregation. Since the early 1990s, however, when the metropolitan Helsinki area showed better socio-economic balance than ever in its history, the region has seen a marked increase in this kind of differentiation. Black spots have developed in the metropolitan Helsinki area that has high concentrations of people who are out of work and otherwise economically non-active. As a result of social mixing, however, these spots cover no more than a few blocks of flats. (Vaattovaara & Kortteinen 2002.) Drug problems are rife in these houses.

Illicit drug use and dealing in private flats has caused increasing problems in certain areas. With the way of life that drug users lead and the number of buyers coming and going, there have been complaints of excessive noise and other disturbance. In some areas the presence of a drug flat has led to an increase in bicycle thefts and break-ins. Older residents in particular feel uncomfortable with the drug culture, which adds to the sense of fear and apprehension. In many suburbs local residents have called upon the authorities to take firm action in order to resolve the drug and crime problems.

In recent years police in Finland have invested more and more resources in the prevention of drug use and retail dealing. At the same time efforts have also been stepped up to create a stronger sense of security among local residents in the most problematic areas. Although the primary task of the police is thought to be that of maintaining and restoring security, the Finnish Police Act includes elements that broaden this traditional scope of responsibilities. The Police Act specifically wants to stress the role of preventive work, and legislative materials refer to a safe and pleasant living environment (Kiehelä & Mälkiä 1999, 98–99). So in addition to their repressive functions of control, the police have been considered to have a role in preventing crime and in creating a safe living environment.

People’s safety needs have been addressed in other ways, too, for instance by means of community policing in which the accent is on pre-emptive crime prevention and on collaboration with civic groups. Community policing is specifically aimed at preventing everyday mass crime and disorder and at increasing people’s sense of security (Virta 1999). Furthermore, community policing has helped to strengthen the service element of police work alongside the control functions. These objectives can also be detected in the early plans for the drug control project.

In strategic terms then the drug control project was not performance-oriented in the same sense as traditional police work, aimed at confiscating as large quantities of drugs as possible and at detaining and questioning as many suspects as possible. Rather, it was mainly geared to addressing the population’s safety needs by conducting home searches in flats and houses where drugs were used and sold and by having a visible police presence in high problem areas. In addition, the plans at least underscored the importance of creating and developing a network of cooperation.

Judging by the research material collected, however, the drug control project did not have very good success in terms of reaching its goals. The operations were largely based upon traditional police work, albeit with larger than normal staff resources. There was very little communication with local residents, and very little contact with the social and health authorities. The lack of cooperation here was due in part to the fact that these authorities were unable to provide the necessary staff resources for the raids that usually took place in the evenings and at nighttime. The police were unable to get drug users and dealers into contact with social and health services, nor did they seem to have any real prospects of breaking the vicious cycle of drugs and crime.

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Drug enforcement efforts in Copenhagen are very much concentrated in and around the Vesterbro area, a long-standing scene of open drug dealing. In the early 1990s the police launched a special “Vesterbro action” aimed at putting an end to the drug dealing and to any further expansion of the market. These actions have been implemented with varying degrees of strength and intensity. While the police justify their other ongoing efforts by reference to the illegal street dealing of drugs, their focus on Vesterbro is undoubtedly driven by the visibility of drug addicts in the area. In explaining these efforts, the police point at the large number of complaints they receive about gatherings of drug addicts from residents, businessmen, tourists and hotel proprietors. Many of these complaints come from newcomers to Vesterbro who have moved in during the recent renovation of this old working-class neighbourhood and who do not want to see drug abusers flocking around their new, expensive residences. The next step in the gentrification of Vesterbro is the banishment of the neighbourhood’s drug addicts. However neither the police nor any other authorities have any plans as to where these people should be moved.

Homogeneous and heterogeneous spaces

The sociologist Zygmunt Bauman (2000) says that the hallmarks of city life include social heterogeneity and the possibility of interaction with complete strangers. With gentrification, however, those who differ from the mainstream in terms of class, culture, skin colour, sexual orientation or drug using behaviours, are increasingly perceived as unpredictable and threatening. A driving force in the development of the modern city is therefore the construction of space that decreases the possibility of meeting strangers. Bauman describes a series of space solutions that aim to reduce interaction with strangers, such as secured places that have selective admission and selective exclusion. What matters is to develop the most homogeneous space possible, and to worship similarity as a solution to an existential fear.

Homogeneous space, however, makes people hostile, reserved and greedy, and causes them to withdraw into their fortress homes and hide behind their TVs and PCs. The collective thus disintegrates, and new groups becomes excluded, marginalised and criminalised. Yet with public resistance, Cecilie Høigård (2002) believes that the planning of public space can be redirected towards the development of what cities have always been: an assembling between different people and strangers, a place where one can experience new phenomena that expand one’s knowledge and that question one’s own way of living: “To acquire constantly more complex experiences, to deal with dissimilarity and diversity in a good way, is to make your own life richer. To standardise or rectify is truly a culture of poverty” (Høigård 2002, 454).

In the same vein, Bauman rejects the idea of creating homogeneous spaces in big cities. Instead, he argues that the only viable road is to live together in fellowship based on negotiation, despite the fact that negotiation often requires irritating compromises. “Public but non-civil places’ allow one to wash one’s hands of any truck with the strangers around and avoid the risk-fraught commerce, the mind-taxing communication, the nerve-breaking bargaining and the irritating compromises. (...) The inability to face up to the vexing plurality of human beings and the ambivalence of all classifying/filing decisions are, on the contrary, self-perpetuating and self-reinforcing: the more effective the drive to homogeneity and the efforts to eliminate the difference, the more difficult it is to feel at home in the face of strangers, the more threatening the difference appears and the deeper and more intense is the anxiety it breeds.” (Bauman 2000, 105–106).

Fellowship and negotiation, however, are complete opposites to what we witness in the encounters between drug abusers and the police in the prohibition zones in Vesterbro. As part of the “Vesterbro action”, the police have defined several squares and street corners as no-go zones for drug addicts. The police are clearly attempting to create a space that is as homogeneous as possible. But is such a space feasible? Can it really be created?
The police serve numerous functions on the streets of Vesterbro, only one of which is to enforce the regulations against loitering. This function, however, puts an enormous strain on the relationship between the drug abusers who congregate in Vesterbro and the police who interact with them on a day-to-day basis. The following description of two central areas in Vesterbro, the Central Railway Station and Maria Church Square, where the police prohibit loitering by individual drug abusers, draws upon some of Bauman’s thoughts on negotiations and compromises in city space. Is there any difference in how the regulations are enforced in these places? Do the police make irritating compromises in the prohibition zones?

Geared to upholding law and order, the prohibition has its legal foundation in the Copenhagen police regulations. The rationale behind the decision to prohibit loitering by drug abusers is that they are an inconvenience to local residents, shoppers, travellers and the occasional passer-by. Drug abusers are deemed an inconvenience because they are strangers, outcasts and addicted to drugs, and their presence is believed to give the impression that the areas in which they congregate are out of control. The police reason that drug abusers turn these areas into some kind of slum or ghetto, and that their presence creates fear among law-abiding citizens.

The Central Railway Station in Copenhagen

The police station at Copenhagen’s Central Railway Station (CRS) is open all year round from 8 am to 12 pm. It is staffed by 15 police officers, two office staff and an occasional handful of cadets from the police academy. Two police officers set out on patrol every hour to make sure that there is sufficient order both inside the train station and in its immediate vicinity. They assist travellers and train personnel who encounter any problems in the trains or on the platforms. The police station is also open to regular citizens requiring help from the police because they have had their wallets stolen, or to people who need certified evidence of their (lack of a) criminal record. Given its central location, many asylum seekers, as well as the mentally ill, are attracted to this police station as a place of first contact. Staff therefore find themselves occupied by a wide range of different tasks, and the station is always busy.

Like many other European central train stations, Copenhagen CRS is a gathering spot for drug users. Outside the station’s western entrance, towards Istedgade, is a meeting place for drug users who typically consume pills, methadone, beer and hash. While these drugs are both sold and bought here more or less openly, this meeting place also serves as a spot where poly drug users gather to spend time, to have a chat and drink beer. For many, it is a place where they meet daily, and one necessary for them to stay in touch with the market. The side entrance to the CRS, and the part of the street that surrounds it, are one of the prohibition zones defined by the police. Many have received — and still receive — warnings and fines just for being there.

The police station at the CRS is largely responsible for keeping the entrance and its surrounding street clear of drug users. They can also call upon support from patrols of the mobile unit, the special unit, and the blue bus — a marked police vehicle that passes the side entrance on a daily basis. If there are signs of drug users gathering, any one of the units can take action. However, it is mainly the police at the CRS that have the task of controlling this particular prohibition zone. It is their turf; indeed, it is the very own backyard of the CRS police.

Preben Fischer, head of the CRS police station, explains the primary rationale behind the maintenance of the prohibition zone:

I’m not so naïve that I believe we can get rid of drugs altogether. They’re here to stay, we probably have to realise that. But what we can try to do is to contain the nuisance caused to local residents, businesses and tourists. And in relation to the CRS, and the travellers here, we can try to contain the nuisance caused to them.

The drug users are not supposed to be there; they are a genuine nuisance to travellers, who feel afraid. The presence of drug users suggests that the authorities have lost control over the area. Therefore, during each of their hourly rounds, the police officers thoroughly check the side entrance and tell all of those who congregate there to move on. The police have the power to hand out fines, but it is very rarely they do so. Instead, what they do is approach the entrance and shout at

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1 The mobile unit consists of plainclothes officers whose jurisdiction includes the whole of Copenhagen and its surrounding districts. The special unit is also plainclothes, but focuses primarily on Vesterbro. Both units concentrate on the purchase and sale of drugs. The blue bus is a police vehicle staffed by at least three uniformed police officers. The bus carries equipment necessary for issuing warnings and fines on the spot for illegally loitering in the prohibition zones.
the top of their voice: “Goodbye — you cannot stay here, goodbye — goodbye!” The drug users will scurry away into the nearest alleys or towards Istedgade. If anyone remains and refuses to leave quickly enough, they will always have some useful explanation, for example: “I’m about to catch my bus, number 16. It stops there just across the street and it’s leaving in three minutes.”

One of the police officers gave me this account:

They must know all the bus and train timetables by heart, they’re always quoting them when they’re approached. They’re trying to show us that they have a valid reason to be there, despite the prohibition. But we’re not really too bothered, and there’s not much we can do about it. For the same reason we’ve chosen the policy of believing them when they tell us what drugs they have on their person when we ask them. It all has to do with the fact that we have to have some form of collaboration. They have to know that when we ask them whether they have any drugs on them, and they show us what they have, we take their word — otherwise there’s no need for them to be asked about anything. The CRS is where we work, we meet these people every day, over and over again — we depend on having some sort of relationship with each other, otherwise our workplace would be unbearable. It’s for the same reason we’re not particularly keen to fine them, at least as long as they disappear as soon as we arrive.

Sometimes a single person may stay behind to talk to the police officers. This might be someone who has just got out of treatment, someone who does not yet have a sufficient number of warnings, or someone who wants to tell the officers he’s been clean for five or six months. I have witnessed several such encounters. Once, an officer asked a drug user who had recently come out of treatment: “Very well, but now that you’re clean, why in God’s name are you standing here? What do you want here if you’re not on drugs and not buying or selling? How do you expect me to believe you?” The man replied: “This is the only place I’ve got any friends. This is the only place where I’m accepted for what I am.”

The relationship between the drug addicts and the officers creates a certain sense of mutual dependence. This, in turn, allows for a more heterogeneous space.

**Maria Church Square**

Maria Church Square is located off Istedgade, only a few hundred metres from Copenhagen’s Central Railway Station. As the name indicates, the square faces the Maria Church, which has daily religious services and also provides help to the socially excluded groups, the homeless, the mentally ill and drug abusers. The church is open on weekdays from 12 noon to 4 pm and from 7.30 pm to 11 pm, during weekends from 7.30 to 11 pm. The police have defined the church square, the surrounding pavement and about 100 metres of the nearby street as a no-go zone for drug abusers. However the church square is home to a daily market for all sorts of drugs. White heroin is the main merchandise, but there is also plenty of trading in brown heroin, cocaine, amphetamine, various pills, methadone and hash. Most of the people involved — both buyers and dealers — are drug addicts. The police have kept a very close eye on this location ever since 1989, and consequently the most resourceful drug abusers have moved to conduct their business in private flats elsewhere in the city. Only the weakest addicts remain, accompanied by a group of alcoholics. These alcoholics peddle in packs of disposable hypodermic needles, items that they pick up each day from a bus that hands out free syringes at certain hours nearby, and then bring them back to sell to drug abusers at Maria Church Square for five kroner (ca. 60 cents) each. Many drug abusers fix right there in the church square, despite poor standards of hygiene (Brünés & Fich 2000). The public is consequently exposed to some very graphic displays of abusive behaviour. Needles are injected into arms, hands and legs; trousers are pulled down in order to inject needles into the area of the crotch; and some lie down on the bare pavement so that others can assist them by injecting needles into their throats. The drug abusers know it is important to get the needle into the vain as soon as possible after they have bought their drugs. As long as the needle has been inserted, they know they will be able to finish their injection even if the police arrive. And the police arrive several times a day.

The gathering of drug addicts who so openly inject needles and buy and sell drugs is naturally an inconvenience to those who live and work in the area or who are just passing by. The daily confrontation of such great misery is no doubt a
particularly sad sight for those who live close to the Maria Church. And it is precisely for the purpose of making life easier for these residents that the police justify their massive efforts at the square. The mobile drug unit, the special unit and the blue bus are also actively involved in enforcing the prohibition zone. As in the case of the CRS, the priority concern for both the mobile drug unit and the special unit is to prevent the purchase and sale of drugs. No amount of drugs is too small for confiscation, even if they are single doses of drugs that a user in withdrawal desperately needs. The blue bus, effectively a police archive on wheels, concentrates largely on enforcing the prohibition zone by keeping a record of who has received how many warnings, who has been prohibited from being in the zone, and thus who should be fined for their presence in that zone. Police Commissioner Preben Mortensen at Station City explains how the bus operates:

What the blue bus contains, its tools are the police regulations, which allow them to issue prohibitions, and what happens is that they can get three oral warnings, and this is how it works: when we see a drug addict just standing there with nothing to do, we’ll tell him: “You can’t stay here, go find somewhere else. Get lost.” He’s now been given an oral warning. This will happen three times, and if he keeps returning to the same place, he’ll receive a written warning. We keep all the papers in the bus, so it’s happening right here and now. When he then violates the written prohibition, that will be the fifth time we meet him, we will start giving fines to him. However before we can do that we need to have observed him there for no less than 5 minutes. Many of them obviously can’t pay their fines, which means that at some point they’ll have to go to prison to serve time for their fines. Given the intense police surveillance at Maria Church Square, the above process means that individuals may quickly accumulate quite considerable fines. Many of the addicts who hang out here daily say they owe fines anywhere from a few thousand up to 20,000 kroner (from a few hundred euros up to 3,000 euros) — and this simply on account of loitering in the area. Some have been to jail on several occasions because of these fines. Others pay them off by allowing the authorities to deduct instalments of 300–400 kroner (40–50 euros) each month from their already minimal social benefits or social assistance aid. This keeps them out of jail. However, they will often pick up new fines each month that are even higher than the instalments they are already paying. Thus their debts to the Danish state continue to accumulate.

Michael Schou, head of the special unit, describes this as a necessary evil: “It sounds terrible that the police can ban people from standing on a pavement, but I also think it’s an indication of just how big this problem really is, that this is the kind of thing we have to do.”

The police are also keen to emphasise that drug abusers are a minority in society, and that the majority do not want to live in the midst of the circumstances they create. It is therefore the duty of the police to protect the majority through such law and order strategies.

There is not much dialogue between the police and the drug abusers at Maria Church Square. Unlike the side entrance to the CRS, the church square is not the police’s backyard in that they don’t have a station there. The police do work here on a daily basis, but they do not meet for work here. The same applies to staff of the blue bus and the special unit, both of which are attached to Station City, which is located a fair distance away from the square. The mobile drug unit has its headquarters even further away. None of these police officers have to pass Maria Church Square to meet up for work in the morning or at night. Unlike the situation at the CRS, officers from these other units are not dependent on any sort of collaboration or compromise with the people they are controlling in order to make their physical workspace more comfortable. This is the church’s square — the church’s backyard, but one defined by the police as a large prohibition area.

When the blue bus suddenly appears on the pavement in front of the church, those who have already been warned or fined — or those who are carrying drugs on them — will attempt to enter the church to avoid being caught. During opening hours, the drug abusers are welcome inside. The church only asks that they refrain from buying, selling and injecting drugs in the sanctuary — since if anyone does, the church will have to be closed. The church therefore serves as a refuge for the drug abusers: the police are generally hesitant to enter unless some particularly serious circumstances are involved. The Maria Church engages in social work for the homeless and other outcasts, which means it has a totally different approach to their work than the police do. The purpose of police actions and prohibitions is to achieve the police administration’s goal of getting rid of drug abusers — even though they have no specific plans as to where this group of people should go. For the social workers, on the other hand, it is important that people can freely come to the church. There is then a natural conflict between the work done by the police and that done by the church; there is certainly no collaboration. Nonetheless the present situation can be described as a form of balance, albeit one that requires some irritating compromises on both sides. No clear agreements have been negotiated. Collaboration between the Samaritan
ideology of the church and the “law and order” strategies designed to uphold the city’s police regulations can hardly be imagined under the present circumstances. It is therefore best characterised as a silent agreement whereby the police generally refrain from entering the church, while the minister and his colleagues refrain from doing their work on the square. The latter refrain from organising legitimate church ceremonies or even just having a normal conversation on Maria Church Square, since the police perceive such actions by the church as providing drug addicts a legitimate reason to stay in the square even though it is defined as a prohibition zone.

Conclusion

The situations at Copenhagen CRS and Maria Church Square demonstrate not only different police approaches to handling “unpleasant” tasks, but also provide evidence of the cruel circumstances that result from attempts at the homogenisation of city space. Despite the determined efforts of the police, they have far from reached their goals. After several years of work, drug addicts still congregate in the very same areas. They may be fewer in numbers and in poorer health than before, but they are still there. The police have themselves contributed to this outcome. In their encounters with drug abusers, proximity is unavoidable. This is most apparent at the CRS, where on their daily patrols police officers meet the same drug abusers day in and day out, and know several of them by name. This daily proximity has necessitated many irritating compromises between the police and drug abusers. This is not how it works at Maria Church Square. However the square belongs to the church, and the church’s work and nearness has necessitated other types of compromise. Here it is the church and the police that make compromises; the drug abusers, for their part, are only indirectly involved.

The establishment of prohibition zones where loitering drug addicts and other groups will be fined is the most dramatic expression in the trend towards the homogenisation of city space. While this trend is most apparent in relation to the most marginalised groups of social outcasts, it reflects an underlying pattern in the development of modern cities. There are also other expressions: most of us know shopping arcades where youths, especially when they move around in large groups, are driven out; department stores where women working at checkouts are prohibited from demonstrating their Muslim faith by wearing a headscarf; youths who are criminalised and prosecuted when using a small piece of city space for tags and graffiti; other youths who when demonstrating minority political beliefs are suppressed, as for instance in the Blitz milieu in Oslo and the so-called autonomous groups in Copenhagen. Homogenisation will lead to more prohibition zones affecting more and more people, and ultimately to circumstances such as those found between poor black ghettos and rich gated communities in the United States. These segregation techniques are ultimately designed to reducing the possibility of the mainstream population encountering anything or anyone that is different.

The opposite of this is the heterogeneous city, and an endless chain of irritating compromises in binding intimacy. This opposite landscape is the inclusive city — a place where all groups can participate and make compromises concerning the use of public space.

References


Policing a drug scene
— strategies, practices and dilemmas

Regine Gryttes

Introduction

Policing a drug scene is defined and understood, for the purposes of the present study, as referring to both the control of illegal drug dealing and the maintenance of order in situations where drug dealing and trafficking become a nuisance to the general public. The particular focus in this article is on the work of Danish mobile police squads (uropatruljen) that have been assigned for the specific purpose of deterring and suppressing such public disturbances: the aim is to find out how the working methods of these squads influence the task of policing drugs and to look at the consequences that this kind of policing has on the drug scene1. The efforts of the police to maintain order within this scene is illustrated by reference to a specific policing action surrounding a drop-in-centre in the city of Odense. This particular policing action was largely motivated by complaints from local residents and shopkeepers, demanding that the police “do something” about the nuisance in the area. The analysis of this action touches upon issues related to the aim of the policing of drugs as described by a squad officer:

In this particular case the problem was that drugs were being sold quite openly in the streets and in the area around the drop-in-centre, right in the middle of the main shopping area. People have complained and we’ve been under pressure to get the drug addicts and dealers move out. This is not so much about trying to stop the dealing as about trying to get some of the dealers off the streets and make drug users find other places to stay2.

This excerpt captures all the main issues addressed in this article: the case concerns an open drug scene that is perceived as problematic partly because of the kind of area in which it takes place, an area in which members of the public will not tolerate drug-related activities and consequently submit a written complaint. This influences the response of the police, although the police are well aware that their intervention will not resolve the drug problem, but only move it to another area. This leads me to the question as to what this kind of policing action actually achieves and what kind of impact it has on the drug scene as well as on the police authorities’ drug control strategies. The analysis attempts to explore the complexity of the policing of drugs and its underlying logic.

Before elaborating further on the empirical case, I will briefly describe the background of my study as well as the methods used by the mobile squads. Next I will introduce the theoretical concepts that inform my analysis. I will then return to the empirical case in fuller detail and present my analysis of the paradoxes and dilemmas that this form of policing raises in relation to the drug scene.

Background of the study and the mobile squad

Studying the policing of drugs with the mobile squads

The material for this study was collected in autumn 2001 and spring 2002, when I did participant observation and conducted interviews with the mobile police squads in the Danish towns of Randers (pop. 60,000) and Odense (pop. 180,000) and studied the police files in Randers3. The participant observation consisted of a one-month stay with the

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1 By the term “drug scene” I am referring not only to the places where drug-related activities take place or to the group(s) of people involved, but also to related interventions by the social welfare authorities or the police, and to local residents or shopkeepers who are affected by these activities (cf. the German “Drogenszene”, Uhl & Springer 1997, see Spannow & Asmussen 2001, 31).

2 The excerpts in this article are drawn from interviews with five mobile squad officers.

3 This study was undertaken as part of a research project concerned with street-level interventions related to drug users and addicts as well as drug users’ perceptions of these interventions. My own work within this project is concerned with policing interventions only. The project is facilitated by the Centre for Alcohol and Drug Research,
mobile squad in each city, where I joined the officers on their car and foot patrols, house searches, observation posts, strip and search operations, meetings between the police and social workers and in general took part in their daily routines. While we were in the field and people asked who I was, the officers would introduce me as a researcher; sometimes they would simply say I was someone “who is with us”. In some cases people apparently assumed I was there to keep an eye on the police and how they were doing their job. In most cases, however, no comments were made at all. I had many informal conversations with the officers before and after their patrols about what they thought of their job and the people they worked with, and conducted five formal interviews with officers in the two cities. This article is primarily based on the Odense data.

Danish drug control

Drug control in Denmark is organised partly through the criminal investigation department (kriminalpolitiet) and partly through the normal civil police (ordenspolitiet). The division corresponds to two different types of police work: that which is required in situations where there is evidence of a criminal offence, and that which is required in situations where public safety, peace and order is at risk. The overall aim of policing is to secure safety and freedom and to prevent conflicts, instability and crime through effective investigation and pursuit of criminal offences (Henricson 1999, 44). In Denmark, the legislation regarding narcotic drugs falls under two different legal instruments, viz. para 191 of the Penal Code concerning trafficking and dealing in larger quantities of illegal drugs (bagmandsvirksomhed), and the Act on euphoric substances (Lov om euforiserende stoffer), which concerns sale and possession offences involving smaller quantities.

The mobile squads

The mobile squads operate under the jurisdiction of the normal civil police. Squad officers work in plainclothes and are especially assigned to intervene in street-level disturbances and problems, i.e. drug-related activities, and to control discos and clubs. They are also involved in preventive work, visiting schools and taking part in information campaigns. Most of their work consists of patrolling the streets, stopping and searching suspicious persons, or following up leads. As a rule the mobile squads do not conduct investigative work. Instead, members often describe their knowledge of the drug scene as being based upon random information rather than on systematic investigation. In practice, however, they do work quite systematically with the random information they receive about individuals, their networks and whereabouts, which distinguishes their working methods from ordinary patrol work. According to mobile squad officers, it is their close contact with “clients” that makes their work possible. Personal skills are a crucial part of their job.

Contact and knowledge

One of the ways in which the mobile squads keep informed about the drug situation in the city is to spending as much time as possible "on the streets". As one officer puts it:

Every day we get little snippets of information from drug users, about how they buy their stuff, how they go about it, and this we compare to what we see with our own eyes in the streets. From all this we can get an idea of what’s happening, who’s walking with whom and so on. I would say it’s a mixture of various information and observations.

The importance of independent initiative, personal interest and commitment to the job is emphasised time and over again. Personal contact is paramount and working in plainclothes has the important advantage that squad officers do not

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1 Police tasks are described in the Danish Administration of Justice Act (Retsplejeloven) § 108, section 1, and in the Regulations of the Danish police 1997. See Henricson 1999, 44.

2 Holmberg (1997) questions the assumption that the police can prevent crime, and discusses the implications and effects of symbolic police visibility. Here I refer to the way police tasks are described formally.

3 For an overview of legislative changes relevant to drug problems in Denmark up until 1997, see Jepsen & Laursen 1998.

4 The mobile squad officers, in their own internal communication, use different words to describe the “people they work with”, including “criminals”, “arseholes”, “customers” and “clients”. I have opted to use the term “clients”.
have to expose the people they are talking to. Some know the officers as “trouble spotters”, but since they are not wearing a uniform it is easier for the clients to approach them. The officers generally seem to feel that their clients “are criminal all the time”: if they searched them every time they met them, they would always find small amounts of hash or stolen goods. Rather than checking every suspect they meet, they talk with them. According to the police many people on the drug scene are happy to talk to the police, which makes their job much easier. “[W]e don’t have to spell out the letter of the law every time we see them”, as one officer expressed it. Informal conversations provide valuable information and are useful ways of picking up what is going on. Several officers made the point that one reason why informants talk to the police is that in this way they can divert the attention of the police away from themselves. For example, it might be in the interest of the informant to name a person to whom they owe money:

Someone might say, “why are you always picking on me? Why don’t you check up on so and so?” And if he gives a name, we’ll go and check up on this person, and if we find five grammes of amphetamine, then it will have been worthwhile. Often, if they owe money, they’ll grass quite easily. If the person they owe money to gets sentenced, they can get more time to find the money they need.

The information collected out in the field is used to piece together a picture of who is selling what, from what location, to whom, and so on. This is vital because according to the officers in Odense, the drug scene in the city has seen a significant change: while formerly it was organised around a few major sales points in apartments, it is now more decentralised with petty dealers moving around and carrying on them smaller amounts of drugs. This means it is more difficult for the police to locate where the dealing goes on — which further underlines the importance of their knowledge of persons and places.

**Theoretical understandings and concepts**

A distinction can be made between two different forms of policing a drug scene: the police are required, first, to maintain order in places where drug-related activities take place and, second, to enforce the laws that regulate the illegal drug activity. The following outlines the theoretical concepts that will enable us to look more closely at the functions of these two forms of policing in practical life.

**Two functions of policing**

According to Bayley (1994) the functions of order maintenance and law enforcement can be grasped through his concepts of (1) **authoritative intervention** and (2) **symbolic justice**. These concepts point to the impetus and motives for employing order maintenance and law enforcement respectively. Bayley uses these concepts in conjunction with his argument that police work, in reality, has little to do with reducing crime or attacking the causes of crime (Bayley 1994, 16). So if they do not resolve the problem, what exactly is it that the police do? The general public perceive the police as law enforcers, but in fact “most of the time the police do not use the criminal law to restore calm and order” (ibid., 20, see also Holmberg 1997, 40–41). They do, however, use the law as a tool for obtaining compliance, and their power to arrest for inspiring authority. Bayley defines **authoritative intervention** as “wholly reactive, rarely anticipatory” police work where “crime is involved only occasionally or ambiguously”; the purpose is first and foremost to restore order and state that the police have the authority to do that. According to Bayley “almost no attention is paid to the underlying conditions leading to the need for police intervention” (Bayley 1994, 34).

The second function, **symbolic justice**, refers mainly to detective work, which is also mostly reactive and dependent on information from the public. It is achieved through law enforcement, the purpose of which is to “demonstrate to offenders and public that a regime of law exists” (ibid., see also Wilson & Kelling 1982, 34).

The mobile squad has both these functions. It is not a criminal detective unit, but conducts investigative work. It is also assigned the task of patrolling, monitoring and restoring order. In this way the squad demonstrates its ability to act and make sure the nuisance of drug-related activities does not exceed the limits of tolerance.

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1. Being known among clients may also give rise to worries about what the clients could do to the officers or their families if somebody wanted to do them harm.
2. During the past few years, however, the police have focused their attentions on so-called hash clubs, i.e. apartments where hash is sold and/or smoked: their aim is to close down these clubs using a new law which prohibits visitors in certain premises (Lov om forbud mod besøgende i bestemte lokaler).
Performances on the drug scene

I have so far used the term drug scene to refer to places where drug-related activities take place out in the open. Following Bayley’s notion of police work having to do with symbolic action, the concept of a drug scene also includes a symbolic aspect. The term literally draws our attention to this place as a stage where different actors carry out their performances. Here I focus primarily on the performance of the police. Holmberg introduces the term “performative police work” to describe the kind of police work where the main purpose is to send out messages to the public (Holmberg 1997, 44). The fact that the police are doing something about a given problem and showing this to the public and to drug dealers is of great importance (Kvist & Holmberg 2000, 38). One of the mobile squad officers described the logic behind the ways that the police work and the reasons for their interventions:

It very much depends on the area and on how much attention these people [drug addicts, R.G.] attract at street level in that area. If their presence becomes too massive, if they become too much of a nuisance and disturbance to the people in the area, then we have to do something about it. We’ll try to get them to go somewhere else, gently nudging them. It’s not at all satisfactory as far as we’re concerned, but we have to do something.

The police interventions serve as a message to the public: they are doing this to tell the local residents that the police do take their reactions seriously and that a massive presence of people related to the drug scene will not be tolerated. What exactly “massive” means is left to police discretion, which again is influenced by public opinion. Order maintenance policing involves the notion of non-tolerance, with the police taking swift action against lawbreakers and people disturbing public order. This in turn implies the exclusion of particular forms of behaviour and ultimately the exclusion of particular groups of people, not because of their illegal activities, but because they are “out of order”. In that way their exclusion serves as part of the reproduction of order.

Policing of the drug scene touches upon the issue of accountability to the rule of law (Skolnick 1966, 1 & 17), because of the unclear distinction between the policing of the illegal drug scene and the order situation. The drug scene is the quintessence of disorder. The problem however lies in the definition of disorder, or rather in the way that some people’s notions and vague definitions determine what exactly disorder consists of, the danger being that disorder becomes subject to arbitrary local notions of what fits in and what does not. When it comes to an open drug scene, the argument of illegality is always at hand to justify that “something has to be done” (see Herbert 1997). As regards the order maintenance part of policing, the Police Ordinance (Politivedtægten) plays an important role, for it sanctions minor disturbances of order in public places but does not explicitly define the content of that order (Henricson 1999). Herein lies an inherent problem with the legal protection of persons, when the prohibitions issued against a citizen do not rest on penal law but on police discretion (and public opinion) (ibid.). As I have mentioned earlier, this is a form of order policing that is based on notions of disorder, and therefore does not address the drug problems as such; rather it denies people access to one area or coerces them into another, or both (Henricson 1999, 36–37). The result is the exclusion of individuals into other areas, or as Bauman (2000) has phrased it; “[T]o preserve order, the powers of disorder must be disempowered. To support the observance of norm, those in breach of the norm must be seen to be punished. Best of all, they must be seen to be excluded” (Bauman 2000, 207).

What I will be aiming to do here is pin down a concept of exclusion based on definitions of disorder, definitions that are inherently discretionary and that vary from time to time and from place to place. The problem is not so much the impetus to restore (some form of) order, but the fact that individuals, in our case drug users, are put aside, without consideration as to why they “are disorderly” or that their chances not to act disorderly might have been limited (ibid., 207). I argue here that the process of exclusion re-enforces and reproduces its own basis in the sense that the more outside these people are, the more they will differ from the accepted norm, and the more the argument of exclusion makes sense. This can be characterised as an accumulative process of disorder. Let us now return to the case of the drop-in-centre.

The drop-in-centre and policing

A place of refuge

This particular policing operation originated in and around one of several drop-in-centres in the city centre of Odense. The drop-in-centre is a social café run by social workers, offering cheap meals and coffee in a homelike atmosphere: the aim is to bring some order into the lives of a group of socially excluded people (for more on drop-in-centres, see Grytnes et al. 2002, Elm Larsen & Schultz 2001, Grytnes 2003). Located in the city centre, this particular drop-in-centre has a long history of attracting alcoholics and drug addicts and other marginalised people. The centre is operated by a
Christian organisation, but is funded by the local council. The drop-in-centre runs a non-alcohol policy, but it has fitted out an adjacent yard as a shelter where those who want to can drink beer. The yard has become a popular attraction and according to the police also a haven for drug dealing and other criminal activities. When I started my research with the mobile squads, the management of the drop-in-centre had, in concert with the head of the mobile squads, decided to close down the yard until further notice.

The decision to close the yard was motivated by a number of factors. For some time the management of the centre had been under pressure from the police to clamp down on the drug dealing and fencing of stolen property in the yard. The police had paid regular visits to the yard, searching people and fining those who were in possession of drugs: they wanted in this way to draw the council’s attention to the illegal activities that were going on. To the police it appeared morally offensive that a publicly funded social programme should facilitate criminal activity in this way. The impression I got was that the police were trying to persuade the council to pressure the drop-in-centre by threatening to withhold funding unless something was done to sort out this problem. Significantly the management of the drop-in-centre did not consider the issue of criminal activity that important. On the other hand it was true that the drug dealing had led to an intolerable situation at the centre, as some people were threatened by drug dealers not to enter the centre because of debts to drug dealers. However, to the management it was the consequences of the drug dealing for other users of the centre — not criminality in itself — that made them take action.

The police expected that when the yard was closed, people would spill out into the streets around the centre. This change in location, from a private yard to a public street, would mean the police could prohibit people from loitering in a *public place*, something they could not do as long as they were on private property. They had drawn up a list of persons suspected of drug dealing, and the plan was to issue such a prohibition to any of these people that were seen standing outside the centre; and if they violated the prohibition later the same day, they would be fined. The aim here was to tidy up the area and thereby respond to the public complaints.

Moving people — where to?

As it turned out, the people who struck up camp just outside the drop-in-centre were *not* on the police list. When they were told to move on, with reference to the local residents’ complaints, they took their gear and walked away. This went on for the best part of a week, but only few people were there, and even fewer got a formal prohibition. The area just outside the drop-in-centre was in fact cleared, as described by this police officer:

There are these pillars just outside the drop-in-centre where they could in fact have been left relatively undisturbed. But it was too massive anyway. And as far as I understood the written complaint was more concerned with the nuisance caused in the main shopping street, which is where most of them gathered, especially around a kiosk where they buy their booze. At first we didn’t do much about that, but concentrated on the area around the drop-in-centre. They probably went into private apartments as well, because they disappeared from the area around the drop-in-centre. We do know that there are other known spots for drug dealing, but these are apparently not used very much, possibly because the weather’s been so cold. We had expected to see things get livelier there, but it didn’t really happen.

The officer here is suggesting that there was a certain ambiguity about asking people to leave: if they had just been allowed to stay there outside the centre, no one would have minded. However the decision to move people out had already been taken. He is also hinting that having these people moved from outside the centre did not resolve the problem in the main shopping street, which is where the mobile squad had to turn its attention next.

In a sense this operation did represent successful policing in that it quietened down the area around the centre. However, it also created new problems or paradoxes. First, it caused intensified drug-related activity in the main shopping street, especially around the kiosk mentioned. In addition, as the officer quoted conveys, it meant that the police lost contact with these people, at least for a while. Later in the week two of the dealers whose names were on the police list, were found among a group of people gathering in a park, a known place of refuge. Eager to get these people caught in possession of drugs, the squad stripped and searched four or the five persons present. Subsequently, one of the officers told me that it soon became clear to them they would not find anything in the raid because the people they were searching were in such a good mood. None of them had been seen around the drop-in-centre since the yard had been closed, and therefore none of them had got a formal prohibition. The police left these people in the park for the time being, but the strip search had made it clear to them that the squad was continuing to keep a close eye on them.

In the following I will highlight the difficulties of fitting together the dual functions of policing, i.e. authoritative intervention and symbolic justice, difficulties that are due to the way in which the mobile squads work and interact with the drug scene.
Effects of the drop-in-centre policing

The mobile squads use different methods to try and keep in control of the drug scene. In the present case authoritative intervention by the squad did to a certain extent reduce disorder and restore public confidence by moving people out; but what happened to the “chat not check” strategy and to police information about people, places and actions? This strategy, as we have discussed earlier, is based on a mode of intervention that downplays the gonna-getcha role of the police and emphasises their overseeing role. As shown in our case here, people disappeared from the areas where they used to gather, and the mobile squad needed to re-establish the whereabouts of these people in order to maintain their own role as “overseers”. The police have the authority to exercise control territorially, but they cannot predict the movement of the targets of their control. The need to re-establish contact brings into focus the issue of pressure.

As far as the police are concerned pressure has two rather different functions, namely to move the drug scene and to gain access to information about the drug scene. The incidence in the park that was described earlier is an example of how pressure is used to establish a basis for information, with the mobile squad strip searching people, stopping people all the time and talking to them, trying to create a sense among this group of people “that the police can be here any time”. The main force of this pressure lies in its unpredictability. The officers know from experience that a sense of uncertainty makes people talk to the police.

I was assured by the squad officers on several occasions that their strategy was not to pressure drug users, but rather to get to the dealers although more often than not the dealers are drug users themselves. When I pointed out that this “disturb and move” policy seemed to cause stress upon the drug scene, one police officer concurred and said that even if this is just temporary, it’s a stress factor which tells them that you can’t stay here, when there are in fact no other places to stay — that would be the stress factor. When they go down to the park, that’s ok for the time being, but at some point they will be asked to find some other place.

There seems to be something inherently paradoxical about this “moving strategy”. On the one hand, it is official policy to leave drug users alone and not to confiscate their “user doses” (brugerdose) so as to avoid further complicating their situation. On the other hand, forcing people to move when they have nowhere else to go, seems to create a situation of stress and uncertainty as to where they can stay and for how long.

We have seen that information is vital to the work of the mobile squads and that contact between the squad officers and persons related to the drug scene is useful to both parties. The function of the “chat not check” strategy is very powerful because the police have the authority to check suspected offenders in any situation and the power to enforce the law (Bayley 1994, 21). In reality, however, several officers felt the police are often one step behind on the drug scene. The relationship between the police and people associated with the drug scene is such that it creates possibilities on both sides. The perception of “mutual benefit” is not quite accurate, though, in that while the police have the power to arrest, their informants can at best hope for a short break.

The general sense among squad officers that this kind of policing does not really do anything to the level of drug dealing, merely adds to the ambivalence surrounding this kind of policing. Since the disturbance and disorder problems are bound to re-surface somewhere else, surely it would make more sense to leave it where it is so that they can control it more effectively? Most officers responded negatively to such a suggestion, the reasoning being that drug dealing is a criminal offence and that therefore the police have an obligation to react.

Serve the public or get the drug dealers?

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1 In 1996 Parliament adopted an amendment to the Act on euphoric substances of 1955 (Lov om euforiserende stoffer) that is, popularly known as the Act on drug dealing (“Pusherloven”) (Act no 1054 of December 13, 1996). The purpose was to crack down on repetitive street-level dealing. The amendment provided the police with the means to prove drug sales not only on the basis of actual seizures but also on grounds of the way that suspected offenders interacted with people. In other words, if the police could prove that a purchase has happened on a few occasions, they don’t need to check on all buyers, but need only to prove that the same mode of interaction has happened repeatedly. According to the policemen I spoke to, this has considerably changed the way they work. See Laursen et al. 2001, 66.
In our particular case the response of the police was motivated by the level of disturbance caused, although the officers were also concerned by the argument of illegal activity. Moving people is not satisfactory; what they really want to do is get the dealers off the streets. The main problem with moving people is that the police loose contact with the people they are supposed to be following. To an extent then order maintenance throws a spanner in the works of law enforcement, since in this case law enforcement is based on contact with people and knowledge about the drug scene, its connections and places. The aim is to catch dealers and to show them that a regime of law is in place, that is, to perform symbolic justice. What motivates the squad officers is the chance of a “big catch”; moving people around rather undermines their motivation, as this officer explains:

What you really want is a seizure of 50–100–200–500 grammes of heroin — that’s something I would celebrate a whole week. It’s very simple really. It’s not anything personal, there’s no grand notion of making Denmark a better place. I’d just like to get the big cases, and clip the wings of some dealer. It may be a selfish way of looking at it, but the drugs will never go away. When we get our hands on 100 or 500 grammes, this person will go to jail, or at least it will restrict someone else’s operation. That’s satisfying to me.

The drop-in-centre case did, however, have one important function, namely to demonstrate the ability of the police to intervene with authority. The aim of their “performance” was to calm down a situation on the basis of the general public’s notion of order. This refers to a kind of external performance aimed at the general public and “criminals”. There is, however, also an element of internal performance involved.

As the officer quoted above explains, his main motivation is the possibility of a big catch and in this way of “putting someone out of business”. Most police officers express some measure of ambivalence towards the way that drug policing is carried out; they rather prefer operations where dealers are sentenced on the strength of their contacts with and information about the drug scene. This is not only to show their authority or prove that a rule of law exists; it also serves as proof of police activity, detective skills and effective policing. This is valued internally in police departments since it is these kinds of results that make up police statistics (Holmberg 1997). Several officers pointed out to me that police statistics say nothing about the amount of illegal drugs in circulation; they only illustrate the amount of working hours put into drug patrolling by the police.

Although the formal ground for the police authority to move people rests upon the Police Regulations, in real situations the officers did not have to make reference to any law; they simply told the people outside the centre that “you have to move, people have complained” — and they moved. The police are well aware that this does not resolve the problem, but their authority to intervene does send the symbolic message that they are doing something about the problem and that they have a grip on the situation. The police seemed to be aware of this effect and its consequences, but the general picture and the signals sent out were more in the direction of the police being in control of the situation.

Concluding remarks

On Danish drug policy

I have suggested in this chapter that some of the ambiguity surrounding the policing of the drug scene has to do not with incompetence or ignorance on the part of the police, but with the different functions of the police that sometimes contradict each other. However the apparent contradictions in the ways that the drug problem is tackled on a practical level stem from the overall drug policy in Denmark. Danish drug policy rests upon a principle of prohibiting all narcotic drugs, but combines this with harm reduction (see Laursen et al. 2001, 56 and Jepsen & Laursen 1998, 126). The goal of a drug-free society has indirectly been abandoned, but the strategy of prohibition remains in place. The police consequently take a somewhat ironic view on the work they do. It is realised that the police cannot really do anything to the drug problem per se, but only try to remedy some of its effects. However, as we have seen, the actions of the police, their strategies and practices do affect the actual situation in a certain part of the city, addressing complaints by local residents and shopkeepers. Moving people from the area around the café did not, however, do anything to the problem of drug dealing as such; it simply moved the problem to another area that was considered more “absorbent” of this group of people.

This way of moving people around in response to calls for improved public safety and order is by no means a phenomenon distinctive to Denmark or Odense (see Holmberg 1997, 41, 43, and Wilson & Kelling 1982). Rather, it is a reflection of the inherent ambivalence of the police tasks related to drugs. The police have an obligation to secure compliance with the law which criminalises narcotic drugs; therefore the seizure of drugs and containment of offender are crystal clear police tasks. On the other hand, drug-related activities also represent an order problem, not (only) because they are in violation of the law but because the people concerned lead a way of life that is not tolerated. It is not
so much about the drugs themselves, but about the combination of activities, persons and places. Current policies do not adequately address both these facets of the problem.

**Policy implications**

The case of the “drop-in-centre” in Odense provides a useful illustration of how law and order policing is exercised in Denmark. We have seen that policing can be viewed as a result of two different functions that in practice serve to establish the notion that (a) crime does not pay in the long run, and (b) the power of the police to intervene and restore order is potent and vital in society. However, as Skolnick puts it, the “(s)ocial control of streets and persons must not deal merely with maintenance of order, but with the quality of the order that a given system is capable of sustaining and the procedures appropriate to the achievement of such order” (Skolnick 1966, 230). We can satisfy ourselves with the knowledge that the police are doing something, or we can go one step further and examine the kind of order that is implied by this way of organising the control of illegal drugs. One important issue that needs to be addressed is the relationship between the kind of order achieved and the procedures applied to achieve it (ibid.).

The analysis here has called into question the quality of the maintenance of order. For whom has the operation described been helpful? According to the police the decision to close the yard resulted in a larger number of people loitering in the main shopping area. Shopkeepers were obviously not impressed, and the police did in fact crack down on some of the dealers in the shopping area later on; this, according to one shopkeeper, did help to reduce the amount of drug-related traffic. To a certain extent the shopkeepers’ complaints did have the desired results. For the staff at the drop-in-centre, then, the operation had the effect of calming down the situation with the centre. The staff were better able to attend to the people who they regarded as their primary target group. The police, however, saw this kind of authoritative intervention more as a necessity than a challenge. At the same time it compromised their access to information. As the drug scene refers not only to drug activities in certain locations, but also to persons, i.e. citizens, it also points to another implication of this kind of policing.

Even though narcotics laws are applied and enforced vis-à-vis individual drug dealers, the maintenance of order — when pursued through authoritative police interventions aimed at the drug scene — blurs the distinction between “illegal acts” and “illegal persons”. As outlined earlier, policing of the drug scene easily results in a notion of these people being excluded, lacking rights as citizens to move freely around the town. This is not to say that illegal activities should not be accepted as a legitimate reason to expel people from a certain place, but it does make clear that movement does not solve the drug problem. As the analysis has shown, moving people for the purpose of restoring calm in the city centre leaves these people in a more or less unprotected space; people are told to go somewhere else when there are in fact no other places to go to. After some time the drug scene began to gather in an industrial area, and the police decided for a while “to go a little easier on them down there”.

The question of disorder “involves a dispute over what is ‘right’ or ‘seemly’ conduct and who is to blame for conduct that is agreed to be wrong or unaesthetic” (Wilson 1968, 6–7). Again, order will always involve police discretion, even if it has to do with the police responding to citizens’ complaints. As Wilson describes it, order “is nowhere defined and can never be defined unambiguously because what constitutes order is a matter of opinion and convention, not a state of nature” (ibid., 21–22). He holds that law, to a certain extent, is opposed to this ambiguity. The lack of ambiguity in law is due to the fact that “(m)ost criminal laws define acts (...) which are held to be illegal; people may disagree as to whether the act should be illegal, as they do with respect to narcotics, but there is little disagreement as to what the behaviour in question consists of ” (ibid., 21). When it comes to the policing of drugs, the distinction between acts and persons is blurred. Consequently, as our case has shown, a whole “group” of people is constantly on the move. Despite the illegal acts that might be associated with this “group”, the requirement of constant movement questions the quality of the order upheld.

**Literature**


Elm Larsen, J. & I. Schultz (2001): Marginale steder. [Marginal places.] In: Goul Andersen, J. & Jensen, P. H. (Eds.): 1 This points to the social stratification of the policing of drugs, which gives differential treatment to the socially marginalised and the mainstream population. Several officers expressed their frustration at having such difficulty infiltrating the “smarter” drug scenes.


Spannow, K. E. & Asmussen, V. (2001): På gaden og henne om hjørnet. Foranstaltninger i relation til forekomst og brug af illegale stoffer i tre danske byer. [In the street and around the corner. Measures against the occurrence of illicit substance use in Danish cities.] CRF publication. Center for Rusmiddelforskning, University of Aarhus.


The goal of total control
— mobile police squads’ encounters with drug users in Oslo

Elisabeth Myhre Lie

Working under the Narcotic Crimes Section of the Oslo Police District, mobile drug squads in the Norwegian capital are charged with the responsibility of following and intervening in the drugs scene with a view to “disclosing drug dealers, people in possession of drugs as well as drug users. In this way the mobile unit shall cause disruption in and disperse drug use environments and actively identify individuals connected to these environments” (Arbeidsinstruksen… 1997). The guidelines issued for mobile police squads point at two different functions they are expected to perform in relation to the drug use scene: as well as collecting information on drug use, the mobile squads are to actively combat illicit drug use. In both of these functions the police squads are expected to work closely with users at street level.

This article describes the relationship of police in Norway to drug users from the vantage-point of the mobile drug unit. In particular, the purpose is to shed more light on an aspect of police operations on which large numbers seem to have firm opinions but very little sound knowledge. However, I will not be able to provide an in-depth description of the ways that mobile police squads work and operate in Oslo, for that would reveal confidential information that I am not at liberty to divulge. The interpretation and analysis I present of the work of mobile squads in Oslo is based on observations and interviews I personally have carried out. The officers involved would not necessarily share my interpretations.

Data

For my analysis of the encounters of mobile drug squads with drug users out in the street, I conducted a field study between August 2000 and May 2001. Before setting out with the observation proper, I took an introductory course on drug work. Once in the field, I made observations both at the police headquarter and while on patrol with squad officers. I rode with two different squads, following their daily shifts for a period of one week each. This gave me the chance to collect observations both during the daytime and at night, and at the same time to gain insights into how different parts of the mobile squad operation was organised. During the period I conducted my observations, police in Oslo organised major raids on several technoparties in order to clamp down on the illicit drug dealing and use that regularly took place at these events. Mobile drug squads were also involved in these raids by police district staff. I took part in two of these raids in the capacity of an observer.

In addition to the observations I conducted 23 interviews. I interviewed four mobile squad leaders, four permanent mobile squad staff and four squad trainees. Furthermore I interviewed eleven police officers from Oslo’s five police stations, among them the chiefs of these stations. The material also includes the mobile unit’s shift logs for a period of four months: I systematically analysed all the entries and compiled figures for the age, gender, type of drug used and the place of arrest for all the detainees.

1 Funding has come from two main sources: the Scandinavian Research Council for Criminology and the University of Oslo, Department of Criminology, where during the project I was employed as research assistant.
2 Training course organised by the Oslo Police Narcotic Crime Section on “Dealing with drugs: Stage 1 & Signs and symptoms of drug abuse and other substances”.
3 For reasons of anonymity, the term “police officer” is used for all police staff regardless of gender and rank.
The mobile squad unit

At the time of the field study the mobile squad unit had a permanent staff of 13 who worked in five different squads. Each squad consisted of two to three permanent officers, one of whom was an inspector and in charge of the squad. One of the squads had a staff of three and included a female officer; all other units consisted of men officers. In addition to its permanent staff, the unit twice a year took on 10–15 trainees for a total of ten months a year. The trainees were junior police sergeants, both men and women, who had applied for an assignment at the unit from their regular uniformed positions in one of the five police stations in the Oslo police district. The trainee system had two objectives: first, to make extra resources available to the mobile squad unit, and second, to provide on-the-job training for police sergeants in drug-related work.

The main focus in the work of the five mobile squads was upon drug use and drug dealing on different scenes: foreigners and immigrants, central nervous system stimulant use in house and technoparties, and amphetamines and heroin dealing.

The main strategy of the mobile squad unit is to work closely with its informants out in the field, aiming in this way to detect and detain sources of wholesale drug dealing. Police informants include individuals with whom they have more or less occasional contact to more long-standing contacts with whom the squad officers have built up relations over a longer period of time. In principle the police can consult anyone with relevant information on drug dealing, but in practice the most trusted sources are these street users with whom the police have well-established relations. Many squad officers indicated that one of the most important scenes where such contacts can be created is the Plata\textsuperscript{1} square outside Oslo’s main railway station, which is one of the biggest scenes of open drug use and dealing in the city. This applies most particularly to heroin dealing.

The mobile squad unit accounts for a large proportion of drug-related arrests in the Oslo police district. In 1999, the unit apprehended 1,234 persons, while the total number of drug-related arrests in Oslo standing at 4,540. An examination of the unit shift logs showed that the largest single category of people apprehended were “street users”, who most typically were older male heroin users. The mobile unit argued that the statistics on apprehensions and arrests did not do full justice to their efforts since they disregarded all the groundwork that was necessary to get onto the trail of wholesalers: one single arrest in the statistics may have required several days of surveillance and information collection. It was only very rarely that the mobile squad unit worked on one and the same case for extended periods of time: systematic, long-term surveillance of wholesalers was the responsibility of a separate intelligence unit. The mobile squad unit would be involved towards the closing stages of these cases to conduct the actual arrests. Squad staff were consulted as experts on drug arrests and investigation, and they were also often used by other police units when tying up major drug cases.

The aim of total control

In order that the individual squad member could earn the respect of the unit as a true professional in street work, there was one characteristic that was clearly more crucial than any other. This was the ability to achieve what I have chosen to call “total control”. Total control means that squad officers are able completely to master the situation in which users are encountered: in these encounters there is to be no doubt whatsoever as to who is in control. The squad officer was there to dictate and decide, the drug user was there to listen and obey. The concept of total control was not one used by the squad officers themselves; they preferred to speak in terms of “showing them who’s the boss”, “to keep them in line”, “to teach them”. It was clear from these and other similar expressions that the squad officers indeed felt that they were fully in control in their encounters with drug users.

\footnote{\textsuperscript{1}“Plata” is short for Christian Frederiks plass, a large open square near Oslo’s Central Railway Station. It is one of the biggest open meeting places for drug users and dealers in Oslo.}
Nowhere was this total control more evident than in an episode I observed during a squad raid carried out at a technoparty. A squad officer had picked out a young girl who was queuing to go to the toilet: in the sharp light he had spotted her dilated pupils, one of the signs of CNS use. She denied having taken any drugs. The officer told the girl she would have to come with him to have a drug test: the police had a room on the other side of the dance floor where they carried out tests on suspected offenders. Without any further explanation the officer started across the dance floor. The girl looked confused and asked whether she was supposed to follow him. Yes, said the officer. It was a curious sight. The police officer was walking out in front with the young girl following a few steps behind, trying to keep up. Not once did the police turn back to make sure the girl was following him, even though it was quite obvious he could not have either seen or heard her. It would have been quite easy for the girl at any point to disappear in the crowd on the dance floor, and the officer would never have found her. However, she obediently followed the officer across the floor and into the testing room. There, she admitted to using ecstasy, and she was found to have two further pills on her person.

In spite of the formal powers and authority of the mobile drug unit, individual police officers may well experience a sense of powerlessness in their concrete encounters with drug users. This sense of lack of power and influence may be very discomfiting, for various reasons. It may, for one thing, be experienced as humiliating, particularly in cases where the police officer sets out to deal with a situation in the expectation that he will be able to establish total control. Powerlessness may be give rise to a sense of frustration for it effectively prevents the police from doing their job. For instance, lack of power means that drug users are in a position to be able to make resistance during investigations and arrests. It may also give rise to feelings of fear, because the police may sense they are no longer in complete control of the situation.

**Total control guarantees security**

The need for total control, according to the mobile squads’ own argumentation, was important for purposes of maintaining their own as well as outsiders’ safety. Control afforded a sense of safety and real command over the situation which was crucial in order that they could confidently enter threatening situations. Control reduced the risks involved in the situation, persuading suspects not to resist the police but rather to do as they were told.

One might be tempted to question the logic behind this expressed need for control since it is very rarely that police in Norway are really exposed to very dangerous or threatening situations (see e.g. Støkken 1981, Sæter 1997, Myhre 1999 and Finstad 2000). However, although the everyday job of policing is quite a mundane exercise with very few dramatic incidents, even quite simple and straightforward assignments may involve various risks and dangers. In particular, the environments in which mobile drug squads routinely operate involve various threats and violence is rife. The very presence of squad officers and the apprehension of suspects may give rise to potentially dangerous situations. The people apprehended by drug squads often stand to lose a great deal if they are arrested. For instance, if they are caught in possession of large quantities of hard drugs, they may well be looking at long prison sentences'. This may easily give rise to fears and anxiety, which in turn may spill over into behaviour that to the police appears threatening. On several occasions the mobile squad officers reminded me of a shooting incident in which one of their colleagues had been seriously injured: theirs was a job that was always potentially dangerous.

The rationale that total control creates safety and security also lies behind the adoption of this strategy in practical situations where police officers are exposed to dangers. At the same time, total control is a way of actively exercising power: this was how the squad officers constrained drug users’ scope of action and often persuaded them to do what they were told. This falls in line with Weber’s concept of power, the notion that power always consists in power over someone (Sosiologisk leksikon 1997, 191). In this case, the power wielded by the mobile drug squads was power exercised over drug users. This was particularly clear when squad officers explained their need for control by reference to not giving users the opportunity to destroy their drug or other evidence. One squad officer justified the need for control both by reference to his own security and to securing the necessary evidence for the case.

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1 In 1984 the maximum sentence for serious drug-related offences was increased to 21 years, which is the maximum punishment for any offence in Norway.
Speed and the element of surprise are all-important. If they’ve been there before, they may have a plan they follow when they see us coming, so then we’ll step up to an even higher level. The key thing is how many of them there are. If you’ve got six Somalis and two police officers, you have to make it clear it’s you who’s calling the shots, that you’re the one who is giving out the orders. If they’re not listening, don’t threaten them, but make it clear to them what you want. The main thing is that we have to be in charge, dominate there and then. It’s about our own safety and about securing the case as well.

The importance of total control was emphasised particularly in connection with raids carried out on private flats, which were quite common when there were suspicions that larger quantities of drugs might be discovered. Such raids would usually be carried out by two or more squad officers. The “entry stage” during which the police stormed the flat, identified the suspects and handcuffed them, took no more than a few seconds. Squad officers were not normally armed when they stormed a flat, but they relied mainly on the element of surprise combined with personal presence in the face those who were in the apartment. In raiding private flats, squad officers could never know in advance what to expect behind the closed door. The inherent uncertainty and potentials risks involved in these kinds of operations meant the police officers always approached these situations with due caution and well-prepared.

Mobile squad entries into private flats made good use not only of the element of surprise; the first few seconds were also marked by great intensity and loud use of voice, which effectively paralysed the suspect or suspects until such time as they had been handcuffed. I saw this on several occasions: for quite some while after the flat had been stormed, the suspects were completely stunned and could do nothing but sit on the floor motionless. The squad officers stressed that their entries were intended to have precisely that effect so that the suspects would not have the chance to do anything that could threaten the security of the police or to destroy any evidence.

A safe workplace

Although the strategy of total control was justified by reference to the safety argument, squad officers’ descriptions of their job rarely highlighted its dangers. On the contrary, the accent was most typically on the good sides of the job: on its freedom, on the strong collective spirit in the workplace and on the challenges of the job. Nonetheless the element of danger did feature in many accounts of the different aspects of the job. Indeed there were strong indications that these elements of risk served to heighten the positive sides of working with the mobile squad unit: in a sense they gave the job an extra edge. Perhaps the potential hazards of the job made it more challenging and exciting, contributing to the sense of satisfaction gained from mastering the demanding everyday situations.

In spite of the awareness of the risks involved in the job, no one ever mentioned being afraid. Instead, squad officers talked about being constantly on their toes, about keeping the adrenaline flowing. Everyone was agreed they had always felt safe working at the mobile squad unit.

Many officers made the point that they felt safer in the mobile squad unit than they had in uniform. This had to do precisely with the control than mobile squads exercised in their operations out in the field. The expertise and competence of squad officers in drug-related work helped to create a safe workplace. Reference was also made to the fact that the mobile drug unit had much more freedom than uniformed police to plan ahead its encounters with drug users. It is often the mobile squads that make the first contact with drugs users, which affords them greater control over the situation. That, in turn, translates into a greater sense of security. Many officers also took the view that their meetings with users were safer because they would usually be more calm and the atmosphere in general was more laid back than in their encounters with uniformed police. Mobile squad officers can visit drug users simply with a view to having a chat with them, without any intention of carrying out arrests, which obviously makes the tone of the exchange less strained. According to the squad officers, the encounters of uniformed police with drug users were bound to be more tense occasions because they usually occurred after an incident that had been so alarming that the police had had to be called in. These scenes were by definition more heated and therefore the police had to take a harder line in order to get the
situation under control.¹ This is how one squad officer describes the difference between their job and that of uniformed police:

We [the mobile squad unit] have many hard assignments, but it’s often us who are in charge and that makes all the difference. Our roles as police officers are very different. If you’re on a uniformed patrol you hear over the radio that people are fighting at the Plata, go there and sort it out. ... This may involve physically separating these people. You can of course be friends afterwards, but you can never be sure that that’s going to be possible. So the whole starting point and the whole setting, they’re completely different, you’re quite right behaving in different ways. ... From that point of view we’re a bit spoil I suppose because we’re able to steer things the way we want. So that it’s us who are on the attack.

Charismatic power

One of the key ways in which the mobile squads pursued the goal of total control was to understate their formal power and authority as police and to underscore instead their inherent power and authority, in and of themselves. Even though squad officers always identified themselves to drug users, both verbally and by showing their badge, it was the way they carried themselves into their encounters with drug users that brought across the message of their power. Wearing plain clothes downplayed their formal identity as police officers. They rarely carried police torches, handcuffs or bulletproof vests, which apart from police uniform are among the most visible markers of the formal police role. Instead, the squad officers used eye contact, voice and body language to convey their personal authority in a situation.

In the words of Max Weber, the mobile drug squad can be said to have exchanged its “legitimate domination” as a police force with “charismatic domination” based on personal style (Østerberg 1984, 99, Weber 1990). In situations where they failed to achieve their goals by means of charismatic power, they would resort to their formal authority as police officers, for example by arresting suspected offenders and conducting investigations.

The reliance of the mobile drug squads on their personal authority alone in tackling potentially dangerous situations sent out a clear message of self-assurance and confidence. This further contributed to their charismatic power and increased the likelihood of their gaining control over drug users. One of the officers had the following account of personal authority:

Over the years I’m sure I’ve benefited greatly from my size. But it may also have to do with the way I look at people in the eye, that I don’t shy away, that I’m good at talking. All this means I don’t have to fight. If I were just tall but couldn’t look people in the eye and didn’t know what to say, then I would have appeared a fool. It’s all these things together. You can also be short and never get into fights because you come across as someone with authority. It has to do with the way you carry yourself, with what you are like. When you’re dealing with drug users it’s important to show what you’re about. That you’re not just carrying an empty skull around, the police officer’s empty skull. But that you are what you are. That way you get much more respect.

Part of the reason why the mobile drug squad officers opted to de-emphasise their formal authority may have had to do with the experience that charismatic power was more effective in terms of gaining control. Many of officers said their formal police role did not automatically afford them any authority at all; drug users simply showed no respect for that role. Charismatic power afforded squad officers more real power and legitimacy than did formal power.

The ideal image of the self-reliant mobile squad officer is in sharp contrast to the archetypical image of the uniformed police officer. Many squad officers described with some contempt their uniformed colleagues who encountered drug users with their sleeves rolled up, wearing sunglasses and leather gloves. The message they thus convey is one of an unapproachable and militant police force; a vulgar representation of power. The mobile drug squad officers were particularly critical of two aspects of this approach. First of all they thought that this style unnecessarily provoked drug users, potentially creating dangerous situations and also preventing the police from establishing good relations with users.

¹ Finstad (2000) reports that according to uniformed police officers, most of their encounters with the general public are peaceful and uneventful, while they believe that the encounters of mobile squad officers with drug users are confrontational and violent.
Secondly, it was considered a less worthy achievement to gain control of a situation by means of a demonstrative police role that caused a rift to be opened up between the two parties.

Charismatic power as capital

The charismatic power of the mobile police unit derived in large part from the unit’s reputation among user circles. Squad officers were represented as courageous men who showed no fear, who dominated every scene they ever entered. They would take up their place and take command. They would firmly take control of any situation. This signal was strong and it was clear: these were powerful men. This representation of physical and mental strength appeared as a strategy for gaining strength and thereby of gaining control over situations.

It was clearly harder for some squad officers to gain total control of the situation on the strength of their charismatic power alone when drug users resisted them and/or when they applied considerable physical and psychological force in entering the situation. Most typically, these would be situations where the police officers involved did not immediately come across as being “tough enough”, who lacked the necessary charismatic power; instead they had to turn to other strategies, such as their legal and formal authority — the less prestigious way of gaining total control. In some situations it seemed that this applied particularly to female police officers, who did not meet the drug users’ stereotypical images of what squad officers were supposed to look like. There was one fieldwork episode where the suspects clearly ignored the female officer involved, while the male officer was acknowledged as possessing legitimate power:

The squad has apprehended two foreign men in a multistorey car park in the centre of Oslo. The male police officer goes over to the men and begins talking with them, while the female officer radios back to check on the car and the driver. The female officer then goes over to the passenger and asks his name. He complains, “I already told him”, pointing at the male officer. The female officer says, ”But I’m asking you now. Where do you live?” Reluctantly, he answers: “He knows where I live”.

Paradoxically, many of the mobile unit officers made the point that if one had physical stature and a prominent verbal presence, then one could also afford to show a softer side of oneself without losing control: that would not undermine one’s powerful image.

The mobile squad officers themselves refrained from presenting themselves as tough and macho. As far as they were concerned the question was to convey assurance and self-confidence. They thought the tough image of mobile squad officers was a myth that derived from the early days of the unit when it was first set up. They emphasised that today, the unit consisted simply of a group of police officers who were working closely in a collective effort. Even though the unit officers disassociated themselves from this myth, the tough macho image was certainly very much alive at the five Oslo police stations. One of these officers referred to the unit’s coffee room, which he thought symbolised a certain type of masculinity:

It’s a special environment and they all know they’re special. It is a man thing, a man environment. And that’s exactly how they like it. They make their own rules, they create their own spaces. It is a boy’s room and no one’s allowed to go in and touch anything. It’s immediately clear to any outsider who comes in. They have their rude jokes over their meals. They have their stuff there and they really enjoy themselves in their own little cave, in the boys’ room. That’s how they want it and that’s how they’re allowed to have it because they’re results are really impressive. These are the kinds of blokes who like to work with drugs in this way, and it’s become a really tough environment.

The discrepancies between the two sets of images of the mobile drug unit may be due to the dense wall of fog that separates the unit from the rest of the police administration. On the inside, the mobile unit may be open to different interpretations, but for people outside, it is difficult to notice the shades of differences. The unit therefore appears as a
homogenous entity that is characterised by a distinctive policing style and a policing culture dominated by the elements of toughness and masculinity.

**Burdens on the mobile squad unit’s reputation**

The mobile drug unit’s macho image was quite a burden for the squad officers. Their reputation as tough and hard men that in some situations could help them gain control, also meant they were thought to represent a certain policing style for which the unit was criticised. That criticism came both from within the police administration itself and from other sources; in some cases the critics went so far as to call into question the unit’s professionalism.

The criticism focused on two sides of the unit’s operation. The first concerned the officers’ relationship to drug users at street level, the other their attitude towards the code of criminal procedure.

As for their relationship to drug users, the unit was criticised for concentrating too heavily on the most marginalised groups. The constant surveillance and raids upon drug users by police in general and the mobile unit in particular, the critics pointed out, merely served to make the life of drug users out on the street more intolerable than it already was. Many researchers have argued that the police methods of intervention present too great a psychological burden upon drug users (see Balvig 1987, 1995, Finstad 2000, Frantzsen 1997, 2001). Especially for users who are already exhausted and in a poor condition, the stress of having to try and avoid being arrested and having to try and find drugs in replacement of those confiscated by the police, may have fatal consequences. Balvig goes so far as to argue that the constant police control may be directly responsible to deaths from overdoses because the tactics tends to increase prices and reduce the availability of substances.

Similar criticisms of excessive control were also made from within the police force. The strategy of targeting users at street level was described as unethical by several officers from the five police stations in Oslo. In the words of one of the chiefs of these stations: “People tend to think the way the unit goes about its job is a manhunt. The police should use its resources differently. This hunter v. hunted situation is like going fishing for trout in an artificial pond”. Another police officer said it was wrong to look upon street level users as the drug problem; the problem was the suffering they caused to themselves and their families. In addition, many officers were sceptical about whether there was any real chance of resolving the problem by police methods in the first place, for this was essentially a social problem. There were also criticisms that the strategies of the mobile squad unit effectively exacerbated the situation out on the street, forcing drug users into a position where they had no option but to commit new crimes so that they could get the money they needed to buy drugs. To rephrase the “good enemy” concept made famous by Christie and Bruun' (Christie & Bruun 1985), many on the Oslo police force seemed to look upon drug users at street level as a bad enemy for the police. They felt drug users were too ill and too weak to be targeted in such an intensive control effort.

The same elements of human suffering and lifestyle problems were also present in the mobile squad officers’ descriptions of street level users; many of them shared the view that the social welfare authorities ought to take a more active and visible role in dealing with them. However, they also made the point that drug use was illegal and therefore a direct concern for the mobile squad unit. They could not just let them be; that would send out the wrong signal. Squad officers did not accept the image of their hunting and harassing drug users. On the contrary, they took the view that not enough work was done with users at street level. Even though they did continue to work at street level as well, it was stressed that the emphasis in the mobile unit’s work had in recent years shifted to wholesale organisations. It was pointed out that the unit generally had very good relations with users on the street. One of the squad officers argued that many users value their presence out on the street in that it provided them with protection: they knew the unit was keeping a close watch on the street scene and would come to their help if there was any serious fighting amongst the users.

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1 Christie and Bruun describe drugs as the good enemy: the thinking is that the war against drugs adds to the sense of cohesion in society because it is agreed that drugs must be rooted out and all attention is consequently focused upon this one social problem (Christie & Bruun 1985, 55, 56,170).
The other line of criticism against the mobile squad unit concerns its legality, the adherence of unit officers to the laws and rules governing its operation. Many critics said the unit had its own code of criminal procedure. This criticism implied that unit staff had their own agenda and their own way of trying to reach the results they were looking for. This criticism, however, was denounced by unit officers; instead they argued they were competent specialists in the code of criminal procedure in drug-related issues. On account of this competence, they saw possibilities where others saw difficulties and limitations. Since the critics did not have this competence and expertise in how to apply the code of criminal procedure to the practice of drug work, they were in no position to understand the legitimacy of the work done by the mobile unit: their interpretation was completely ill-founded. The critics did not share the mobile unit’s understanding that despite its untraditional and unconventional working methods, its drug work was characterised by special competence and professionalism. Many officers also rejected the criticism concerning their lacking legitimacy by referring to the cooperation they had with police lawyers who specialised in drug issues. Two of them specifically referred to the support and confidence shown by the highest prosecution authority: as well as recognising the importance of the work they did, the public prosecutor’s office had indicated its formal approval of the unit’s working methods.

As the public prosecutor said to me, she was giving a presentation on new methods of investigation, including the treatment of informants, and she then listened to our presentation afterwards and she said: “This is exactly what I’m missing. I don’t know how this happens out in the field.” But out there we’re really extremely good!

Many squad officers also pointed out it would be impossible for them to depart from the code of criminal procedure or any other regulations for the simple reason that their job was so closely monitored and controlled, especially by the defence teams of those charged in drug-related offences. They were all the time continuously “being tested in the code of criminal procedure in court of law”, as many officers put it.

The criticisms concerning the mobile squad unit’s attitudes to drugs users and their difficulties of adhering to the code of criminal procedure are no doubt the hardest for squad officers to swallow because they go to the very heart of their ideals of professionalism, the views that they have superior competence both with regard to the legal requirements of drug work and their good relations with users. Their professionalism was supposed to be based upon competence and expertise rather than brutality and violence. Besides, these ideals were not only something that squad officers were aiming at; they thought that this was a true representation of who they were and how they worked. The ideal image of their own operation can perhaps be explained by the fact that it was intended as a defence against the criticisms of the unit. To denounce those criticisms, unit officers thought they should do more than reject the claims that were presented: they promoted the idea of themselves as competent experts in those fields where the criticisms were harshest. They argued that no one had better relations with drug users than they did, and that no one was more competent in the application of the code of criminal procedure.

I’m sure there’s no one else in Norway who’s more competent in the code of criminal process. I could take on anyone any day and get the better of them in the practice of criminal process. Why’s that? Because we work with it every single day.

Squad officers also rejected the criticisms against them by arguing that the critics had no knowledge of their daily work. This was intended to knock the bottom out of the critics’ argument and to eliminate the potential threat they presented. This counterattack against the critics and the representation of themselves as the best experts in practical drug work served to draw a picture of the unit as a supreme force who have been exposed to unfair and misinformed criticism. In the words of one of the squad officers:

I have had discussions with teachers from the Police Academy, people who specialise in criminal law. What they are doing in their job is teaching the theory, telling us what the textbooks say. And interpreting all that from their own narrow standpoint. But they don’t know how all that ties in this with real situations. No one’s better than us as far as the practical business of criminal procedure is concerned. We know it inside out.
Many squad officers took the view that the criticisms against their unit were due to the fact that they had been isolated from the world around and other departments in the police district for such a long time. People on the outside simply did not understand exactly how the unit operated. This gave rise to speculation and myths that had no real foundation.

There are many people who like to express their views about the unit, but who really don’t know the first thing about us. You often get these myths, these images of unit officers in long hair and looking untidy. Their questioning the work we do: “What exactly is it these lads are doing?”

Quite a few unit officers expressed the view that in earlier years staff within the unit had not really been bothered by how they were seen on the outside, but now that they were working more and more closely with other departments, they felt cornered into a situation where it was necessary for them to disprove the criticisms.

**Aiming for good relations with drug users**

In order to earn the respect of colleagues within the mobile unit, squad officers were to be able not only to gain total control, but also to create good relations with drug users. This could mean anything from having friendly conversations with users to more formal cooperation with sources. It was not unusual for squad officers to help users re-establish contacts with their family, to escort them to the social welfare office or help them get treatment. It was clearly understood that in exchange, they might one day be able to turn to these same people and get some information they needed. In this sense the help and support they provided may be described as instrumental care: helping people with a view to getting information in exchange for information on drug dealing. Many officers spoke of relations with drug users that had continued for several years.

Regardless of whether these good relations had an instrumental purpose or were motivated by genuine concern and caring, they were considered crucially important for the job, for several reasons. One of the officers referred to the safety implications of having good contacts: in potentially hazardous situations, they could always turn to these people and ask for their help in trying to calm down a situation. Another officer said that good relations with users generally made their job easier: he had earned a reputation among many users as a cop who was “alright”.

It’s good to know you can go down to the Plata and they don’t have you down as another shithead. I’ve been working with these people so much it would quite simply have been impossible for me to get my job done at all with that sort of label. It also has something to do with what kind of working environment you want to have for yourself.

However the main reason why squad officers worked so hard to create good relations with users was that this was crucial with respect to having good sources. In this sense good contacts were an integral part of the ideal of professionalism and the key strategy of working with informants.

We’re not really all that interested in the people who we’ve picked up and arrested. It’s when we’re taking them that we can ask them questions and try to dig up information about people who are dealing in larger quantities of drugs, they may come back to us later. So these individuals who we arrest with two doses of heroin, that’s not really very interesting as far as we’re concerned.

On the drug scene, mixing with users in the streets, squad officers would often chat with them about various everyday issues without trying to extract any relevant information or to check whether they were carrying drugs. In the words of one officer, “We give them a chance to talk about something else than drugs and money”. Unit officers said it was easy to establish contact with users because they were starved of normal adult contact: they had very few adults outside the drug scene with whom they could talk. This is how one officer explained the way that the unit creates good relations with users:
People know where we work, and they also know they can trust the people who work here. If they’ve worked with us earlier, they know I’ve worked with him and him, and they were OK. I think maybe the most important thing is that we know where they are in life. They’re not even on the lowest rungs, and we should not be walking all over them, and simply say you’ve done this and that, just to talk to them. You can tell a joke or anything, that way you can get them going, and they’ll be willing to talk. They’re really keen and eager to talk. They hardly ever have the chance to talk to people who are sober.

Unit officers did not think there was any contradiction in their having good relations with users and their controlling them at the same time. A typical statement was along such lines as: “We’re fighting them but we’ve still got good relations with them”. The key thing, as far as the unit was concerned, was the way in which the control was executed: if that was done with respect and decency, there were no problems in having good relations with users. When asked how the mobile unit could both control drug users and at once argue they had good relations, one officer had this answer:

To me it’s quite unproblematic ... If you’ve been doing it for some time, it’s easy to understand ... that they’re doing something that’s punishable, and they understand that we have to do our job. As long as we do it honestly. ... When we come in here [police custody] it’s not like we’re trying to expose them to additional punishment or anything like that. All we want is to get it over and done with, to make things quick and easy. They get a smoke before they go in, we try to treat them alright. We know it’s not that nice to have to spend time inside.

Many officers made the point that maintaining good relations with users is a better way of getting them to cooperate than force. The marginalised way of life that most drug users led meant that this was also an easier way for unit officers to tie them into the position of informants, for the care they showed towards drug users met important needs. On the other hand a couple of officers also indicated that good relations could in some cases involve coercion as well: given those relations of trust that they had built up, users might easily feel under pressure to agree to any offers to work with the police as sources of information. One of the officers stressed the importance of not asking users into that role if there was any risk of exacerbating that person’s drug abuse.

Many uniformed officers called into question the kinds tactics which took advantage of drug users’ social needs, even where that was aimed at obtaining information on drug dealing in larger quantities. Mobile unit officers did not share these concerns, but defended their strategy by reference to the results it yielded. Getting to grips with wholesalers was such an important objective that it was thought to legitimise the methods employed ― including that of taking advantage of drugs users’ social distress in order to get to more serious offences.

**Professional distance**

Good relations were one thing, becoming too closely involved with drug users a different matter altogether: a professional officer knew how to strike the exact right balance between good, friendly relations and maintaining a suitable distance. A relationship that became too close and private would seriously jeopardise the professional integrity of any police officer. Although it was stressed that unit officers must show due respect for drug users, the most important task for the unit as whole was to prevent and intervene in any violations of drug legislation. The police officer, who showed hesitation about his role in controlling drug users and who instead focused on care alone, was at obvious risk of becoming a “social worker”, a term that for many mobile unit officers clearly had negative undertones.

It is extremely difficult for a police officer to befriend criminal offenders without this threatening his professional integrity; inevitably, it casts serious doubts over that officer’s loyalty to the police administration and role in the war against crime. Many mobile unit officers said it was dangerous to become dependent on criminals: “The sources are our eyes and ears out on the drug scene, but they are also criminal offenders we have to deal with”. Maintaining a cautious distance is crucial if one does not want to be misled by these people: in a situation where one has become too closely involved with a drug user, there is the obvious risk of one failing to recognise that the drug user has committed a crime that is detected by one’s colleagues. Some statements by the unit officers could in fact be taken as implying that they considered it unprofessional to express genuine concern and care for drug users: “Care about them or pretend that you
care about them. Take advantage of the fact that they have no other friends.” These kinds of statements were probably grounded in the fact that instrumental caring was the only legitimate motive for unit officers establishing good relationships with users. The care that individual officers showed in their treatment of drug users had to be justified by reference to instrumental caring so as to make clear that one was not at risk of losing one’s professional integrity. Close relations of cooperation with the same users over extended periods of time were indeed distinctive features of the way that the mobile unit went about its work. For this reason it was important for the unit officers to make clear they maintained a professional distance to drug users, both to themselves and to the environment.

Unit officers also referred to the needs and interests of drug users when they explained why they needed to maintain a certain distance to them: this was crucial so that the users did not misunderstand the initiative taken by the police officer and expect that their cooperation meant they could be friends at a more personal level. Given the primary control function of the police, it would have been wrong for them to take advantage of the trust shown by drug users.

**Care and closeness, domination and distance**

The most distinctive characteristic of the relationship of mobile squad officers to drug users is the tension between closeness and distance, on the one hand, and caring and domination, on the other. This is particularly clear when we look at the two main functions of the disturbance unit out on the drug scene: as we saw at the beginning of this article, the mobile drug unit is charged with the responsibility of both unsettling and dispersing drug scenes and at once of gathering information on these environments. The unit is supposed to combat drug use scenes in particular, and drug dealing in general.

For these purposes the mobile drug unit applies a strategy that may be described as “methodical disturbance”. Based on what may be termed “predictable unpredictability” (see Finstad 2000, 114), the idea is to apply pressure to the drug scene so that users know the police may appear at any time, thus instilling a sense of constant fear and apprehension. This will create a sense of complete powerlessness. They will have no control over the situation, and they cannot hide themselves or their drugs without the risk of the police finding them. The fear of police will mean the users themselves psychologically control themselves when unit officers are not physically present.

Methodical disturbance creates distance between the users and the police and is aimed at strengthening the mobile unit’s domination over users. Unit officers themselves were clear that their constant presence on the drug scene was geared to making drug use and dealing as awkward and unpleasant as possible. In the episode quoted below, one of the unit officers harasses a user by unexpectedly warning him that the police will soon be paying him a visit:

We were sitting in a car waiting for an informer. One of our officers rang a user who was no longer snitching for the police. He wanted to know how the police had got his new mobile number. The officer smiled, answering that he was offended because the user hadn’t told him about his new number. Before he finished the officer said: “I’ll be coming to see you one day because I’ve heard you’re moving quite a lot of stuff. See you soon.” The officer said to us who were waiting in the car: “Now he doesn’t know what to believe when the police phone in advance to say they’re coming to pick him up. That causes the maximum stress.”

Despite this strategy of methodical disturbance, the mobile unit at once relies upon the drug scene for its information on drug dealing. This was clearly not lost on the unit staff officers. They also showed great frustration about their place and role: the very existence of the drug scene served as a continuous reminder that the unit had failed in its fundamental mission, i.e. to combat drug crime. In this way the drug use scene threatened the mobile unit’s ideal of professionalism as a successful force combatting drug use.
The mobile unit is not only dependent on the existence of a drug use scene, but also on its close and trustworthy relations with users: these people are their main sources of information. Herein lies the paradox of the unit’s dual role in relation to drug users. On the one hand, the mobile unit appears to exercise control and domination, as is clearly reflected in the strategy of methodical disturbance. On the other hand, the mobile unit officers and drug users have a relationship of cooperation that requires mutual trust and to some extent caring as well. Therefore, the individual unit officer has to find the optimal balance between control and care, coercion and trust, apprehension and assistance.

References


Drug users, the police and social workers
Finnish police officers and social workers discussing drugs1

Sakari Andersén

Introduction

Increasing drug use and experimenting with drugs, the growth of drug-related crime and the arrival of new substances such as ecstasy, all combined to change the Finnish drug scene in the 1990s (Hakkarainen 1997). As well as being described as a second drug wave (Partanen & Metso 1999), it has been suggested that these changes may in fact be indicative of a more permanent rise in the water level (Salasuo & Seppälä 2001).

Public debate about drugs in Finland has traditionally been focused around two problem definitions, namely crime and illness, of which the former has been dominant (Hakkarainen, Ruonavaara & Wiberg 1993). Similarly, national drug policy has emphasised the role of control exercised by the police and customs officials. The same emphasis remains in the new situation. However, the 1997 Drugs Strategy which sets out the guidelines for national drug policy also stresses the social dimension of the drug problem. From this point of view, it is considered an important part of a workable drug policy to help people who suffer from drug-related harms by improving their living conditions and by influencing the values of the broader culture in which they live. (Sosiaali- ja terveysministeriö 1997a.)

The 1997 Drugs Strategy stresses that drugs constitute a diverse phenomenon. First, drug use is illegal and can therefore be seen as a law enforcement issue. Second, drugs can be defined in terms of social problems that require integrative and supportive actions. These views are regarded as mutually complementary, which implies that in order to successfully tackle the drug problem, both of these dimensions should be taken into account. This is considered to require better cooperation between the authorities. (Sosiaali- ja terveysministeriö 1997a.)

Other documents on official narcotics policy, and especially on the roles of the police and social work as parts of that policy, are closely in line with the views presented in the Drugs Strategy. The purpose of police actions is to prevent, investigate and uncover offences related to drugs, whereas social work is geared to preventing and intervening in individual and social problems related to drug use. Guidelines for local police work include suggestions on how to improve surveillance in the streets and preventive education for the youth, while within social work anti-drug actions are viewed in the context of more general social policy measures, such as preventing alienation and social exclusion. Recently, strategic programmes have highlighted the importance of closer cooperation between the authorities, such as the police and social workers. (eg. Sosiaali- ja terveysministeriö 1997b & 2001, Sisäasiainministeriö 2000a, 2000b & 2001.)

Viewing drugs from different angles as they do, it is hardly surprising that the police and social workers also have quite different definitions of the drug problem(s). Important questions are how representatives of these two authorities define drugs and characterise drug users and what kind of effects they think that drugs have on their everyday work. Nonetheless it is clear that despite these differences, the authorities need to share at least some viewpoints in common in their definitions of drugs and drug users if they are to have fruitful cooperation.

This is the main focus of my article: I am interested in the general nature of the drug discourses used by Finnish police officers and social workers. From this vantage-point my intention is to examine how professional background influences the way in which drugs are constructed in the interviewees’ speech.

Data and methods

My data consist of focus group interviews with policemen and policewomen as well as social workers from the cities of Turku and Helsinki. The interviews were carried out in spring 2001 and they varied in length from 45 to 90 minutes. All in all there were nine interview groups with a total of 35 interviewees. The interviewees were police officers and social

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1 The Finnish Foundation for Alcohol Studies has funded this study.
workers working in the field, no-one specialised in drugs. The policemen were uniformed officers with the exception of one group in Helsinki, which consisted of patrol officers working undercover. The police groups were assembled by contact persons within the police departments of the two cities, while the social workers were all volunteers. Some of the interviewees worked in pairs, and the rest of the interviewees within the interview groups knew each other.

The interview groups were asked to focus on a certain set of topics. Compared with other kinds of group interviews, the purpose of focus groups is to stress the role of mutual interaction within each group. Ideally, the interviewer’s role is limited to bringing new topics into the discussion, instead of posing questions and expecting answers, as in the case of traditional interviews. That is, the interaction is not supposed to happen between the interviewer and the interviewees, but rather between the group members. Communication within the group should be self-directed, so that the group itself finds ways of dealing with the topic in focus. (Barbour & Kitzinger 1999, Morgan 1997.)

The themes covered in the interviews were as follows:

**Drugs and situations involving drugs**

- What is a “drug”?
- In what kinds of situations have you last encountered
  - drugs?
  - drug users?
  - What happened, how did you react?
  - Is this kind of situation typical?
- How often are you confronted with drugs/drug users? Has this changed recently?
- How do you recognise a drug user?
- How do drugs affect your work?

**Drug users and the general drug situation**

- Why do some people start using drugs?
- Who are drugs users, what kinds of characteristics do they have?
- Is it possible to recognise a possible drug user before the use of drugs has started?
- What are the main problems associated with drug use?
- What is your opinion about the drug situation when comparing
  - Turku and Helsinki?
  - Finland and other Nordic countries?
  - the present and the situation ten years ago?

**Official drug policy**

- What do you think of Finnish drug policy today and its goals?
- What is your opinion of your own professional role in relation to official policy?
- With whom do you cooperate in your daily work?

Analysis of the interviews was based on the method of discourse analysis (Jokinen, Juhila & Suoninen 1993 & 1999). A discourse can be defined as a relatively coherent system of meanings that is constructed in social practices but which at once is involved in constructing social reality. Defined this way, discourse analysis can be considered a method of analysis that is aimed both at the process of producing the reality and at social practices used in peoples’ speech. Discourse analysis allows for the evaluation of both the complexity of the social reality and the ways in which that reality is constructed. Both of these approaches are useful in examining police officers’ and social workers’ discourses on drugs. Examination of the views and interpretations presented in the interviewees’ speech makes it possible to identify the general content of the discourses, while analysis of the dynamics within and between the discourses paves the way for an evaluation of how these interpretations are used.
The interviewees are identified below with a “p” for police and an “sw” for social workers. In addition, each interviewee has a random number. Excerpts from their speech are typed in *italics* if they are given in the body text. “...” means that the excerpt is drawn from a longer segment of speech.

**Drugs and drug users in the everyday work environment of Finnish police officers and social workers**

**The concept of drugs**

All interviewees agreed that drug use has sharply increased in Finland over the past ten years. Moreover, it was thought that the “drug problem” was one of the main challenges facing society. How, then, did the interviewees adapt to this situation?

As regards the concept of drugs, the main point of reference for both police officers and social workers was Finnish legislation. Both also referred to other aspects when defining drugs, such as chemical mechanisms and the observable effects of different substances, but these never challenged the definition based on the law. Drugs were “... all those illegal substances ... (sw11)” that “... are not accepted in society ... (p01)”.

The legislative definition of drugs provided a convenient basis for making the distinction between drugs and other intoxicants. Drugs consisted simply of all those substances that were defined as such in the law-book. This view is closely related to the general values and norms of society. From this perspective, drugs were defined as those intoxicants that are not traditionally common in Finland, whereas traditional intoxicants such as alcohol were excluded from drugs. One group had a hypothetical discussion on

... whether it is more dangerous or condemnable if ten-year old kids go around drinking alcohol or if they smoke marijuana; in the end, what is more dangerous ... (p19).

However, when asked to elaborate on the issue it was readily admitted that the distinction between alcohol and drugs is by no means a clear-cut one. This is true, they said, when considering the ways in which these substances affect the nervous system. In practice, though, the interviewees took the view that drugs have harmful and dangerous effects both for the user and for society at large, whereas the effects of alcohol were seen to be less serious and more under control. Drug dependence, it was thought, is more serious than alcohol dependence. Quitting drugs seemed virtually impossible. All in all, because drugs were thought to have adverse mental, physical and social effects, they were constructed as a severe threat to the individual’s well-being. As one policeman concluded:

... it’s very rarely anyone comes to tell me that they’ve given up drugs, but I have met people who have quit drugs for good, who will never use drugs again — their pictures are up on the wall at the drug unit [of the police department], and they are all pictures of people who have died from drugs ... I can’t really remember anyone coming to tell me that they had quit drugs ... (p01).

Legality combined with traditional values was also important in marking the difference between drugs and medicines. Medicines were excluded from drugs if they were obtained through official channels, such as pharmacies, and used for purposes of curing illnesses. However, if they were obtained legally but used improperly “... in order to get high, they are in my opinion drugs (sw30)". This also applied to medicines bought on the black market and used for other than medicinal purposes.

Although both the police officers and social workers referred mainly to the law and legality when defining the concept of drugs, they seemed to do so from different angles that were closely tied to their professional backgrounds. For the police officers, drug-related activities became, by definition, criminal offences that have to be dealt with accordingly. For social workers, the law certainly defines some substances as drugs, but this can be seen as only the first step in the process of helping drug users, for this definition gives social workers access to the legal measures with which they can treat their clients.

**The effects of drugs use and characteristics of drug users**

The police officers spent much time evaluating specific features of drug users, as well as the consequences of drug use. On the other hand, different reasons for drug use were not explicitly discussed in the groups. There were, though,
indications that drug use is at least to some extent attributed to individual choice, which means that the drug users themselves are considered responsible for their situation. The purpose of police work, according to the interviewees, was to intervene in criminal activity when it occurs. Therefore, there was no need for any deeper discussion about why somebody was breaking the law and what happens to that individual when apprehended by the police.

Social workers gave much thought and time to weighing the reasons for drug use. Likewise, they spent more time than police officers discussing the future of drug users. Different reasons for the clients’ situation contain vital information for the planning of professional interventions. Social workers also emphasised the significance of a long-term relationship with their clients, and particularly the factors of trust and open interaction. This process calls for a full and complete commitment on the part of social workers: when their clients fail to show progress and to break loose from drugs, social workers easily feel that they themselves have failed both professionally and personally.

**Police officers on drug use, addicts and controlled drug users**

The police officers said that with the emergence of completely new user groups, it had become more difficult in recent years to identify drug users. They had no problems spotting hard drug users, but the use of elite and party drugs was much harder to detect. In this sense middle-class drug use in particular was considered problematic. Two different drug user profiles can be extracted from the police interviews, namely the profile of the addict and the profile of the controlled drug user.

An addict or a junky is a person who has been using drugs for a long time and who has become alienated from society. The police officers had no difficulty illustrating certain features of the drug addict, because the long-term use of different substances was thought to mould out of an originally rather heterogeneous group of users a very homogeneous “addict” type. As far as the addict is concerned, “... the old cliché of a long-haired, skinny and tattooed guy is still valid ... (p06)”. Other features that were considered typical of the addict included a general scruffiness and glazed-over stare. Moreover, addicts often behave quite strangely:

... if they are high they may be very calm or then they may act very lively and unconventionally ... and then the baggage, often they haul masses of bags, because they are homeless ... (p24).

According to the policemen, their own image of the drug addicts shared many similarities in common with that of ordinary citizens:

... if you call an emergency room ... and say that there is this drug user, you will have a certain vision of what the drug user looks like, and that vision is rarely very wide of the mark. When you are talking about a junky, you can tell the difference ... (p24).

Some police officers pointed out that the ease of identifying addicts also serves the purposes of the drug markets, making it easier for supply to meet demand and to protect the business. One police officer suspected that addicts actually had certain signs or symbols to make their contacts more secure:

[... a person wants to communicate] ... he prefers a certain appearance so that those who are selling the stuff can recognise him ... establishing contact becomes easier, trading becomes easier, you don’t necessarily have to talk at all ... (p20).

The controlled drug user is a more tricky case for police officers. Recently drug use has been spreading to new social layers, among others to higher classes and to certain fragments of youth culture in which party drugs are used. Therefore, ...

... it’s no longer as clear if you’re a smart looking young guy or girl ... you can just as well be a drug user ... (p02).

Users of the elite drug of cocaine were especially hard to identify. The same went for people using drugs that are sniffed or smoked. If the use of these kinds of substances is casual and the drug user can pay for the habit without committing crimes, the detection of drug use becomes extremely difficult.

Although controlled drug use was defined as less harmful than addictive use, the interviewees were keen to stress that controlled drug use very rarely remains such. Instead, it usually develops into intravenous use, which in turn tends to transform the controlled drug user into an addict.

**Social workers on drug use, addicts and modern hippies**
According to the social workers there is no single, causal explanation for drug use; instead it is typically the outcome of a variety of different factors. From this point of view, drug use is not a matter of individual choice. It seems reasonable to divide the social workers’ understanding into three categories, namely mental factors, factors related to the social environment and macro-level social factors.

Mental factors are closely tied to the individual’s psyche and personality. From this point of view drug use is related to “... inner problems ... (sw10)” and people use drugs in order to “... forget how bad they feel ... (sw11)”. These inner problems usually manifest themselves even before the onset of drug use. Difficulties at school, low self-esteem, depression and panic disorder are all regarded as such symptoms.

The main elements of the social environment are family and friends. Family background was widely regarded among the social workers as an important factor behind drug use. The quantity and quality of social interaction within the family were thought to be crucial factors in child development. Even more important than that, however, was “... whether you have a family at all ... (sw10)”. Many socially deprived children come from broken homes.

Among the macro-level social factors mentioned by the social workers were unemployment, liberal attitudes and divorce procedures, cutbacks in funding for schools and social services and the permissive attitude towards intoxicants in Finland. A distinctive characteristic of drinking habits in Finland is that “... you have to drink a lot when you drink ... (sw11)”. The social workers suggest that the same way of thinking applies to contemporary drug use. Parents’ drinking habits and other substance use were considered important because the cultural habits of intoxicant abuse may be inherited.

Although the social workers were keen to emphasise that drug use was always the net outcome of multiple factors, there is no doubt that family overshadowed all other explanations. In particular, the meaning of family interaction in childhood was stressed on many occasions. If the family does not care for their children and if the children do not get love from their parents, then the risk of drug use in later life will be greater. Taken this way, the “good family” is not necessarily one with a high socio-economic status. On the contrary, some interviewees took the view that ...

... big money is sometimes a bigger minus than having little or no money ... if you look at the upper middle class, they are often hard at work, but spend little time at home (sw33).

The social workers called upon parents to have courage to be just that: parents, to set limits and rules for their children and to make sure they follow those rules.

The social workers said it was often very difficult to know if their clients were on drugs, unless they had been using drugs for long periods. In many cases drug use “... is not so obviously visible, it just finally somehow pops up ... (sw17)”. This uncertainty can cause problems for social workers because if there are “... well-founded suspicions ... (sw33)” that someone is doing drugs, social services can provide no help to the client until it is confirmed whether or not that is the case.

The social workers’ difficulties in spotting drug use were due to two factors. Firstly, most social workers felt that they did not know enough about the probable symptoms of drug use in order to say for sure. For example, the mood swings that are associated with drug use are very similar to those caused by many medicines and mental disorders. Secondly, drug users will usually try to conceal their habit for as long as possible. The reason for this, the social workers say, is that drug use is a criminal offence and users suspect that the social workers would immediately inform the police.

The social workers constructed the drug users’ reality as a subculture ruled by unconventional norms. This subculture was like an “... uncontrollable and inconceivable fog cloud ... (sw14)” where violence was ever-present. This reality was also reflected in the everyday reality of professional social work, as drug users often interacted with social workers in the same way as they were used to interacting in the world of drugs. Clients who were on drugs would therefore follow the logic of egoistic bargaining aimed at maximal personal benefit. Traditional norms did not apply in this kind of interaction, which was often based on “... manipulation and lies ... (sw34)”.

... they were working in a pawn shop, selling this and this and this and this, like “if you don’t give me so and so much I will do this, but if you give me so and so much, then of course I will not do that” ... (sw35).
Although most drug users tried to conceal their situation, there was one group who were very open about their drug use, namely people who used cannabis for ideological reasons. Social workers defined these people as modern hippies, who think that

... nobody should work for this system because it is so rotten and it treats everybody so unfairly, and cannabis is a much better option than alcohol ... (sw29).

With such strong arguments for their drug use, this was considered a particularly difficult group of clients. When social workers tried to talk with them about the downsides of drug use, these clients would often quote studies indicating that cannabis is less harmful than alcohol. Such studies can now be found on the Internet, and the modern hippies “... often know them by heart ... (sw32)”.

**Drugs and drug users in everyday work**

*Drugs in the police officers’ working environment*

The police officers pointed out that drug use ties in very closely with other (petty) crime, e.g. bicycle and car theft. They often came into contact with drug users

... when [they] are fixing money for themselves [by committing crimes] or when they are high and doing something unacceptable ... (p20).

If they can finance the habit without criminal activities, and

... these guys just go around and behave normally and don’t bother anyone ..., then there is no need for the police to intervene ... (p02).

According to the police their main job was to intervene in banned behaviour. In this respect a clear distinction was made between the police and social services, as is clear from the following excerpt:

... usually when a person is seeking help he will have some idea that he needs services provided by these people [within social work and health care], but in our case the situation is different: they don’t really need our services all that desperately, and when the police appear and have to intervene, the contact is a negative one ... They don’t want to be treated by the police ... (p02).

The police officers interviewed took the view that public expectations about their role were very similar to those that the police have of their own role. People would usually call the police when the behaviour of drug users was disturbing:

... it’s very rarely that people call us to say that they have seen a junky and that they are worried, could you come around and talk some sense to them .... The assignment frames your role; you are not going there to tell these guys about the good choices and options in life, you are going there to protect property, to protect other citizens and things like that ... (p02).

Although the police officers said that drugs are nowadays a normal part of their work, narcotic substances themselves were seldom directly present in everyday police work. Some interviewees said they

... don’t even remember when they last saw actual drugs ... in the sense that someone had stuff in their car or something ... (p04).

Even though drugs were not encountered on a daily basis, they were still seen to have a major effect on police work. Drugs were thought to pose a risk through people using them and through drug using equipment. In this sense the main risks was seen to be the unpredictable behaviour of drug users and the diseases potentially spread by needles. Injection needles were considered a serious threat indeed in contemporary police work, something that had to be kept in mind all the time. Nowadays

... even with the young ones, you always have to be prepared that they may be carrying something sharp. And with the addicts you will always immediately start asking about needles, and if you can’t find anything sharp then you will start thinking that where the hell are they hiding them ... (p24).

Although the image conveyed by the media is that weapons and violence are closely associated with drugs, the police interviewed did not consider weapons a major threat; weapons only appeared in connection with incidents within the world of drugs. People associated with drugs are mainly concerned to try and avoid the police rather than harm them:
... some of these people who are messing around with drugs are really bad guys, but even so they will prefer to run away from the police; we rarely find any weapons ... (p06).

This did not, however, mean that the police felt interaction with drug users was easy. On the contrary, their unpredictable behaviour was thought to pose a constant threat to the police. In this respect drug users differed markedly from alcohol users, who normally are quite predictable: there is

... some kind of logic to it ... it’s very rarely that [alcohol users] do something unexpectedly or surprisingly (p19).

Usually, people who drink tend to quieten down the more they drink; beyond a certain limit “ ... they do nothing ... (p08)”. Drug users, on the other hand, often behave very unpredictably, and mood swings are very sharp and dramatic. Their mood

... changes like day and night, and it all happens very quickly. There is no escalation from a verbal threat through to roughing us up, they just come straight at you ... (p18).

Police officers from Turku and Helsinki seem to differ to some extent in their interaction with drug users. Some of the interviewees from Turku described drug users as “ ... complete assholes ... (p04)”, convinced that any attempt to motivate drug users to seek help would be useless:

... nothing happens if you go and kick their asses ..., I wonder about the use of Mediheli (medical helicopter), they’re all the time bringing back these junkies who have taken an overdose. It would be much cheaper for society if they could delay their departure for a couple of minutes. It makes me angry because there are people who would really need Mediheli, it shouldn’t always be the junkies, and there should be some real reason for using the chopper ... (p04).

In addition some police officers from Turku claimed that some drug users deliberately tried to complicate the job of the police by threatening them with different diseases, either by concealing injection needles or by biting, scratching and spitting. The police have come across people who were known to have hepatitis and they “ ... just spit at you right in the face ... (p03)”. In Turku the police had noticed an increase in the spitting habit, partly because

... they have noticed that the police are afraid of spitting, it’s a new way for them to get back at the cops ... (p06).

It was often difficult to protect oneself against this, for example when

... they’re sitting in the back of the car, and you’re trying to get them out of there ... (p05).

Moreover it was hard for the police to interfere with the spitting in public places because in the end this really was quite a minor offence. In situations where

... there are large numbers of onlookers the police cannot use much force because you can’t explain to the public why you should have to put a plastic bag on somebody's head [the group laughs] to prevent them from spitting ... (p06).

In Helsinki interaction between drug users and the police was more neutral. Drugs were certainly regarded as a growing problem in Helsinki as well, but drug users were not presented in such a negative light as in Turku. There was even some discussion about how best to treat drug users, and the view was expressed that the contemporary system was not very effective. On the one hand it was felt that the social and health care system was unable to help people who wanted to kick the habit, on the other hand the criminal justice system was criticised for its often lenient treatment of drug users. In addition, the police officers in Helsinki emphasised that the social and health care system should do more to help people quit drugs after they had served prison sentences. The social system should be able to tackle problems at an early stage and in that way prevent them from escalating. Treatment for drug users should be more intensive and last for longer periods.

The police officers from Helsinki were also familiar with the problem of spitting, but they did not feel it was a deliberate strategy on the part of drug users. Rather, spitting was associated with people being handcuffed and deprived of other ways of reacting. Although the Helsinki police officers did not regard spitting as a potential source of infection, they did consider spitting as a behaviour that they would act upon:

... you cannot ignore it. All this shouting and yelling and threatening is something you can just ignore, you can put yourself above that. But you just have to react somehow to this [spitting] ... (p19),
because
... spitting is perhaps the most aversive way in which our clients can interact with us ...
(p20).

Police officers do not have very active contacts with other authorities when dealing with drug users. In both Turku and Helsinki it was felt that officers working in drug units may keep in touch with people from the social services. However, it was very rarely that patrol officers had such contacts: in the cases that they did, this would usually be with health care personnel when they were bringing in a drug user to hospitals for medical attention. This lack of cooperation with other authorities does not mean to say that police officers consider it unnecessary. On the contrary, especially cooperation with social workers was thought to be an area that needed improvement. Such cooperation would be particularly useful when dealing with young people who are in trouble with the authorities. The main obstacle to this kind of cooperation is judged to be professional confidentiality, which makes it practically impossible for the authorities to exchange information. Nowadays the problems of a particular individual may be known to one authority, but unknown to others, which in turn may make interventions ineffective. Professional confidentiality is considered a problem in another respect as well: some interviewees took the view that health care personnel should identify to the police those people who are carrying infectious diseases like HIV. From this point of view the requirement of professional confidentiality is criticised as being too strict because

... we have to keep our mouths shut, and if someone thinks we could somehow take advantage of this information, I don’t know how that would happen, it’s all about safety in our work ...
(p04).

Drugs in the social workers’ working environment

Social workers in Turku and Helsinki shared very similar views. Drugs and drug users are quite a common phenomenon in their work, and drug-using clients are encountered on at least a weekly basis. In spite of this drug users are regarded as a special group who require special attention. In this respect drugs are different from alcohol because

... people who use alcohol are quite normal, you don’t regard them as special clients ...
(sw17).

Drug users are particularly associated with the potential threat of violence. The social workers said they would often try to plan their appointments with drug users beforehand so that the situations would go as smoothly as possible. They were particularly keen to make the situations safe so that help was readily at hand if there happened to be any trouble. The main precaution was to keep the office door open so that they could easily get out. It is interesting to note that although the interviewees had quite frequently faced aggressive behaviour, such as shouting and verbal threats, nobody reported any actual physical attacks. The most serious incident occurred when

... a couple of years ago, this fellow had left this institution and had said he would come and kill me [laughs], me!, and they never called me to tell me about this, and he appeared here in the corridor and he was just furious (sw14): and it all came as a surprise, and luckily I was not alone with him in my office, I don’t know what would have happened, he had never before acted that way towards me, and then I heard that he had said he would kill me and he was somehow on stuff, and he was so furious. Then he calmed down, and afterwards he was sorry and apologised, but that was a very dangerous moment ...
(sw15).

Building a confidential relationship with the drug user is considered to be the main goal in social work. Without mutual trust, it is impossible to help the client. The social workers stress the importance of openness in this kind of interaction; there shall be no bargains. The process towards this kind of relationship is extremely demanding, both for the social worker and the drug- using client. For social workers, even getting the process started is a challenge:

... when you have felt that someone is just telling you a pack of lies, it’s very hard to interact with that person ...
(sw34).

In the process towards open interaction there are also situations where

... you just have to say to them that stop bullshitting me ... and when we say quit the bullshit, I think it’s a big relief for most of our clients, they can stop pretending ...
(sw33).

It is a common notion that it is difficult for people who are on drugs to keep their promises. They have a tendency to forget their appointments and turn up at the social office when no one is expecting them. This makes it harder for social workers to intervene in their clients’ problems, because proper treatment is considered to require planned actions. Planning is difficult since
... our clients are masters in timing their appearance so that when you are in the middle of something else, they will show up and place themselves on top of everything ... (sw33).

The main contact of cooperation for social workers is health care personnel. Contacts with other authorities are scarce, but it is emphasised that colleagues specialising in drugs may have wider contacts for example with the police. Although cooperation with the health care sector is usually considered satisfactory, there are also areas where it is felt that there is room for improvement. The interviewees felt that health care personnel should show more patience with drug users; some suspected that health care people do not always appreciate how much time and work it takes to get drug users to start medical treatment in the first place. Many drug users quit these treatments very early on, and the social workers complained that health care personnel do not do their share in trying to motivate drug users:

... it’s a big disappointment — you have done a lot of work for a long time to get a drug user to go to a single meeting [at the hospital], and you have tried to prepare them at the hospital to the fact that this person needs a lot of motivation and encouragement, and then it all fails. Especially in these cases where the client wants to get into treatment but is not yet completely ready for it, they should continue motivating them at the hospital and not just wait for these fully motivated people to appear ... (sw32).

Concluding remarks

It is evident that professional background influences the way that police officers and social workers express themselves about drugs and drug users. Their respective drug discourses are largely formed in accordance with the division of labour between police work and social work, as implied in official drug policy. Drugs, as far as the police were concerned, were illegal substances, and drug users criminal offenders. The view among the police officers was that the use of drugs could be based on the individual’s own choice, which means that every drug user is ultimately responsible for his or her own situation. The purpose of police actions was to intervene in banned behaviour, whereas helping drug users was a matter for other authorities. The police officers were keen to emphasise the harm that drug use inflicts upon other people as well as upon society as a whole.

The social workers, on the other hand, stressed that drug use had its background in multiple psychological and social factors, which were largely beyond the individual’s control. The role of the family was emphasised in this view, according to which drug users were people who needed help. In order that the drug problem could be properly tackled, the reasons underlying drug use should be addressed.

Both groups agreed that the main distinctive characteristic of interaction with drug users was their unpredictable behaviour. Both also associated this behaviour with the threat of violence, although the police regarded this as a normal part of their work. For social workers, the possibility of violence marked a considerable threat. A clear difference can be seen in the way that the police and the social workers interacted with drug users. In general, it seems that the police did not try to get personally involved with the drug users and that they sought to handle the situations as they happened, while the social workers emphasised both the meaning of personal commitment and a long-lasting relationship. However, even the police officers were not always able to maintain a purely professional relationship with drug users, as indicated by the negative emotions expressed by some officers.

The police officers’ and social workers’ drug discourses also have many elements in common. The interviewees agreed that drug use in Finland has increased over the past ten years and that this increase looks set to continue. Both the police and the social workers indicated that they frequently came across drug users, even though they were seldom confronted with actual narcotic substances. Moreover, they had very similar definitions of the concept of drug, both referring primarily to the prohibitionist legislation and traditional values in Finland. Neither group supported the legalisation or liberation of drugs; on the contrary, drugs were seen as a serious threat to both the individuals using them and to society at large. The two groups also had rather similar characterisations of people using drugs. Hard drug users are considered to be easy to characterise: they usually have a scruffy and untidy appearance and they behave strangely and unpredictably. In addition to this stereotypical user profile, the social workers say they have run into a new type of drug user, namely people using cannabis on ideological grounds. The police officers also noted that with the growing use of elite and party drugs new user profiles have recently emerged which they said were more difficult to identify.

It seems that there is only limited cooperation between different authorities, and with the exception of the cooperation between social work and health care, it does not reach the grassroot level of the organisations involved, but tends to be limited to people specialising in drugs. The interviewees said they would welcome informal and immediate contacts with representatives of other authorities, which would also be useful in coordinating the actions of different authorities. There were also calls for more exchange of information about drugs and the drug situation. The main obstacles to improved cooperation were thought to lie in the lack of resources and rigid organisational structures. Hierarchic organisations
rarely support other than official cooperation that is limited to conference room discussions. In addition the interviewees said that daily routines take up most of their working time, which limits their ability personally to seek contact with other authorities.

The discourses of the police officers and social workers were quite clear and static in the sense that opinions on individual topics were usually quite homogeneous, generating hardly any challenging viewpoints. This may be due, first, to the nature of the group interviews, which suppresses or perhaps refines the expression of divergent views and, second, to the fact that the interviewees were members of the same profession, which unifies the views present in the discourse.

To summarise, professional roles clearly affect the way that the drug discourses of the police and the social workers are constructed. Both groups remained faithful to their own viewpoints, with hardly any indication of anyone crossing over the traditional boundary lines. Even though cooperation between the different authorities was heavily emphasised in official strategies, the rigidity of professional viewpoints can be regarded as an indication of a lack of interaction between the authorities. On the other hand, all interviewees were open to the idea of increasing cooperation between the authorities if that were reasonably executed.
References


“It’s the drug abuse that’s the problem, that’s what we need to deal with”

How police officers and social workers describe their work with drug abusers

Monica Skrinjar

Introduction

The official Swedish quest for a drug-free society (SOU 2000:126) depends crucially upon the efforts of the country’s police force and social welfare authorities. What do these key agents think about this official goal; what kind of attitudes do they take towards their job; how are those attitudes manifested in their encounters with drug abusers in the streets; what conceptions do they have of drug abusers? These are the main questions addressed in this chapter. Two further concerns are (a) with the structurally defined roles assumed by the police and social welfare authorities in their work with drug abusers, and (b) with the strategies of control, which operate through their work.

This article is based upon seven focus group interviews with police officers and social workers in Malmö and Stockholm. The police officers were recruited from street patrols (one focus group) whose beat covers the whole city of Malmö and community police units (two groups) who work with regular everyday crime including drug-related offences in Stockholm. The social workers (three groups) were from drug abuse units with responsibility for assistance, subsidies and motivation. In addition, one focus group interview was carried out with social workers engaged in outreach work in Stockholm, which among other things involves locating drug abusers and getting them to contact social services. Each of these focus groups consisted of three to five people. A total of 32 persons took part. The focus group discussions were based upon an interview scheme with set themes (Morgan 1988) that were designed to uncover the participants’ experiences, opinions and understanding of their work with drug abusers. In other words the picture that is drawn here portrays these people’s collective images, intentions and meanings of work with drug abusers — which, importantly, may differ from those held by individual officers or social workers (Wibeck 1998).

Street-level bureaucrats’ power and knowledge

Police officers and social workers are prime examples of what Lipsky (1980) calls street-level bureaucrats: these are public sector employees who in their daily work have direct and immediate contact with ordinary citizens. Street-level bureaucrats’ power and knowledge are based upon the position they occupy in society. It is from this position that they can exercise control over others. They have the power to make decisions that affect the lives of ordinary citizens. They are able to do this because they are in a position to make the rules that govern the lives of ordinary citizens. They are also able to make decisions that affect the lives of ordinary citizens because they have the knowledge necessary to make those decisions. They are able to make decisions that affect the lives of ordinary citizens because they have the power to make decisions that affect the lives of ordinary citizens. They are able to make decisions that affect the lives of ordinary citizens because they have the knowledge necessary to make those decisions. They are able to make decisions that affect the lives of ordinary citizens because they have the power to make decisions that affect the lives of ordinary citizens.

1 This article is part of the study “The junkie and the authorities — social and police interventions in drug abusers’ everyday life” (Knarkaren och myndigheten — sociala och polisiära interventioner i narkotikamissbrukares vardagsliv). The study was financed by the National Research Council in Sweden and it was carried out by the Centre for Social Research on Alcohol and Drugs (SoRAD) at Stockholm University.

2 The data for this study was collected together with Patrik Johansson, who also contributed to data analysis.

3 Two groups in Stockholm and one in Malmö.

4 The themes covered were as follows: police officers’ and social workers’ working conditions, responsibilities, cooperation with other actors, understanding of and attitude towards legislation, the objectives of Swedish drug policy, perceptions of problems and proposed solutions, and perceptions of one’s work with drug abusers.

5 For a more detailed account of the methods and procedures, see Fondén et al. 2003.
bureaucrats have considerable freedom and latitude in their job, in which they make decisions that have a direct bearing on the lives of other people. Their freedom of action derives from and is at once limited by the structural framework that defines the responsibilities and roles of police officers and social workers in relation to drug abusers. These are the authorities, which at the local level shoulder the main responsibility for the three main functions of Swedish drug policy: prevention, control and treatment (SOU 2000:126).

The job of street-level bureaucrats’ involves exercise of power. Power is here understood in terms of a relationship between people: in the case of police officers/social workers, they exercise material, cultural and social power over drug abusers (Kristiansen 1994). Their position of superiority vis-à-vis drug abusers also has a structural foundation: police and social workers are officials who possess certain authorities that they can and indeed in certain situations are required to apply (see below). Their job is in essence about making decisions, which involves making assessments of people and different situations. That, in turn, requires a certain knowledge base on which those assessments can be made. For this reason both the police and social welfare authorities collect and compile considerable amounts of information during the course of their everyday work, creating that necessary knowledge base (Hörnqvist 1996). Wherever knowledge is created, power is also built up and exercised. One of the characteristics of professions such as those of the police and social workers is that they possess a monopoly of knowledge over the field in which they operate. They also develop their own discourses, their own distinctive ways of speaking and writing which construct images of reality and constitute objects of knowledge (Franzén 2000, Sahlin 1999). This discourse contributes to the creation of representations that suggest certain ways of understanding and interpreting reality and at the same time exclude certain other understandings. The discourse tells us which phenomena “are” true, right, normal, healthy, etc., and which shall be seen as abnormal, sick, etc. A key aspect of any professional discourse is the definition of what is seen as a problem and how the problems ought to be resolved. Professions carry the promise of having the necessary competence to do certain things (Franzén 2000), which again ties in with knowledge and aspects of power. In other words then, possessing knowledge about drug abusers — for instance, knowing what kinds of actions are possible, desirable or undesirable in working with this particular “problem group”, and knowing which measures the individual social worker or police officer will opt to choose or not to choose — implies the execution of power, even though individual police officers and social workers are not always aware of this (see Johansson & Skrinjar 2001, cf. also Kristiansen 1994). Power is exercised both explicitly and implicitly through the work of these street-level bureaucrats because it is built into in the structures that govern the operation of authorities. What follows is a brief description of these structures, i.e. the roles and responsibilities of social welfare authorities and the police in general, and in relation to drugs in particular.

Social welfare services

Governed by the Social Services Act (2001:453), the provision of social welfare services in Sweden is the responsibility of local government: it is the local authorities that shall provide any help and support that the people living within the municipality may require. With regard to drug abuse these responsibilities rest with the social services committee, which is charged with the task of deterring and preventing the abuse of alcohol and other addictive substances. The committee shall provide information on the sources of help and support available and

work actively to ensure that the individual drug addict has access to the help and care he [sic!] needs in order to escape drug abuse. The committee is required in mutual understanding with the individual to make plans for help and treatment and carefully monitor that the plans are implemented. Act (2001:453). (Emphasis added.)

In purely practical terms, what this means is that social services are concerned with the payment of cash benefits, with supporting and motivating drug abusers in face-to-face discussions, and with providing the financial support that abusers need with temporary housing and their treatment. According to the Social Services Act, all social work with drug abusers must be based upon voluntary commitment, with due respect shown for the integrity and will of the individual concerned. However, the requirement of voluntary consent does not necessarily have to apply where young people are concerned (LVU 1990:52), or in cases which meet the conditions of the Act on the care of drug abusers in certain circumstances (LVM 1988:870): in these exceptional cases the option of compulsory treatment will also be considered. According to the Act on the care of drug addicts in certain circumstances, care shall always be aimed at encouraging voluntary treatment and to breaking the pattern of destructive behaviours. Abusers may be confined to compulsory treatment for no more than six months at a time, typically in dedicated institutions. As far as individual social workers are concerned, these tasks and responsibilities imply a dual role: as well as providing help and support to drug abusers, social welfare services are also expected to monitor and control their drug habits.

The police
The Swedish Police Act of 1984 (Polislagen 1984:387) says the main tasks of the police are to try and prevent crime and disruption to law and order and to provide the general public with safety, information and other help. As far as drugs are concerned, the police are charged with the responsibility of limiting the supply and demand of drugs as well as discouraging new users (SOU 2000:126). Indeed the police have a prominent part to play in the fight against drugs, among other things because criminal sanctions are imposed upon the drug users (Kassman 1998, BRÅ 1999). All forms of non-medicinal dealing with drugs are criminalized, and consequently the police are authorised to carry out urine or blood tests on people aged 15 or over who are suspected of drug consumption. In addition, the police are required to notify the social welfare authorities of their inquiries, which means they are an important source of information on individual drug abusers. The police are also under obligation to report to the social welfare services of any offences under the Act on the care of drug abusers in certain circumstances (LVM). All in all, police in Sweden play a key role in the detection and identification of drug abusers.

Drugs — a multifaceted problem

How, then, did the focus groups talk about and define drugs as a problem? Generally speaking their argumentation followed more or less similar lines. All make a clear distinction between young people and established drug abusers (Johansson & Skrinjar 2001). In this article the focus is on the latter category, aiming to shed light on the way that these focus groups perceive and work with older, established drug abusers.

The thinking within the focus groups may be described as being oriented to causes and processes. All these professionals talk about drug abuse in terms of it being a symptom of one or several underlying problems and take the view that these problems are the direct or indirect causes of drug abuse. Another view they widely share in common is that regardless of the factors that are thought to lie behind drug abuse, it will sooner or later become a problem in itself, one that is bound to generate further problems. The descriptions involve multiple layers, which are typically considered to tie in with one another and influence one another. None of the focus group suggests that there exists any one or a certain specific factor that could account for the development of drug abuse, instead it is seen as a multifaceted problem.

Structural factors such as unemployment, economic deprivation as well as housing problems together with individual exposure through mental problems, for instance, are described as common underlying problems. The focus groups emphasise that most drug abusers have had a troubled childhood. Descriptions of drug abuse in terms of social heritage, escape from traumatic experiences and self-medication occur in all groups. Disturbances in early relationships between children and parents are emphasised particularly by certain social workers. Drug abuse is usually seen as an expression of other problems originating in the individual’s early development.

The predominant view among the focus group participants is that the most serious problem for abusers is that of drug abuse, not least because it is considered to give rise to other problems. As to the reasons why it is thought to be so difficult for these people to break loose from the vicious circle of drug abuse, many refer to the increased frequency of criminal activity, the lack or absence of contact with people other than drug abusers, illnesses, debts, homelessness etc. The symptom is thought to have become a problem in its own right.

The red thread that ties together the perceptions and definitions of all the different focus groups is their causative and processual thinking. The picture that emerges of drug abusers’ problems may be summarised as follows:
Against what and whom should drug interventions be targeted?

As the focus groups take the view that the primary problem is that of drug abuse, it is that problem they feel that also should be the primary target of interventions. Any subsequent interventions may then follow to address other problems. The way these people define those problems and look upon the measures that need to be taken, reflect three different images of the drug abuser: the abusers are perceived in terms of a “criminal”, “victim” or an “outsider”.

“The Criminal”

It is the police groups who describe drug abusers as criminals. Given the common understanding among police groups that drugs are first and foremost a social problem, one has to ask why they appear to take it for granted that drug abuse is a matter for police intervention. None of the police groups called into question the work done with drug abusers, which to some extent can be explained against the background of police officers’ description of drugs as “a basis for almost all crime”. Working with drug abusers forms an essential part of the work with other types of crime.

“The criminal” is always described by the police as a shrewd, calculating man who leans upon his knowledge of legislation and prevailing practice to make rational choices.

In some situations they get away unpunished, and these blokes they know all about it... For instance, if they’ve been given a sentence, they know there’s a waiting time before they have to go into prison and serve their sentence. That means they can commit some more crimes depending on what sort of sentence they’re carrying. They might well be able to do another half a dozen break-ins and still get the same sentence. So they know their sentence won’t be increased if they commit more crimes... It won’t cost them anything extra. (PG 1)

The relationship between drug abusers and police is described as

a game — you have the cops and then there’s the robbers. The drug abuser knows this just as well (PG 1).

The police give expression to understand that the rules of this game are more or less clear to both parties and that abusers — especially the older ones and those who are “regular customers” — are well aware what kinds of tricks they can play without getting caught (see Carlström 1999, Ekman 1999). From this vantage-point it is easy to understand why police are keen to advocate measures that are aimed at increasing the risk of detection, such as police provocation, under cover

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1 PG refers to police group, SG to social worker group. Certain words picked out from the interviews and used throughout the text, are given in italics and in quotation marks.
operations, the use of vomit-inducing syrups and telephone bugging. One group of police officers also advocated a reversed burden of proof system. Police today are not allowed to use any of these measures, and most officers in our material consider this extremely frustrating.

We talk about personal integrity — well, politicians love to talk about it — but the thing is we know who the drug abusers are. I mean it’s not like we’re going to harass ordinary people, are we! It’s not these people we’re going after. It’s the drug abusers and the dealers we’re going after. And if you ask me I don’t think that personal integrity is the most important thing here, to me the benefits to society as a whole from our getting to grips with drug abusers outweigh the personal integrity of these dealers who are selling drugs to children. (PG 2)

Repressive measures, in so far as these were geared to the “common good” in society, were widely endorsed among the police focus groups. The same applies to compulsory treatment, which is the single measure that enjoys the most support among the police groups and that most typically is defended from a utilitarian point of view, i.e. by reference to the need to protect other people (Kinnunen 1994). All groups share the view that compulsory treatment should be applied on a much wider scale than is currently the case, and several of the participants take a critical stance towards social welfare services.

I mean they’re responsible to the rest of society that these people [the drug abusers] don’t do as much as damage to others as they’re actually doing. ... They are hugely expensive, even when they’re receiving treatment, although there’s nothing you can do about that. But they’re really expensive when they’re out (i.e. when they are not in confinement). (PG 3)

Repressive measures are also motivated from the vantage point of individual deterrence thinking. The police strategy of "harassing" and "hunting down" drug users, their advocacy of the toughest possible sentences for drug-related offences all point in the same direction of making the life of drug abusers so hard that they can see only one option, that is to lead a life free of drugs. The police group who work with street dealers point out that what they hate most of all is us, because we have no strategy, or that’s what they think. And then suddenly we’re there behind their door, for whatever reason, or we might be standing there by the gate and when they turn up we grab hold of them. So I mean we really do push them as hard as we can, because they never know where we are. (PG 2)

The choice of a drug-free life should thus appear as a rational one. Statements like

I don’t think you can really talk about punishments; at least not at street level for personal use (PG 3)

are voiced partly from the point of view of individual prevention in line with the above argumentation, partly from the vantage point of general prevention, the suggestion being that short sentences "send out the wrong signals".

“The victim”

The conception of drug abusers as victims appears among both police officers and social workers: the thinking here is that abusers are “chemically conditioned”, victims of the “powers” of drugs. Against this background all focus groups also share in common the notion that compulsory treatment is an important, possible measure. There are, however, differences between police officers and social workers in what they think can be achieved by means of compulsory treatment.

*Police officers’ descriptions*

Where drug abusers are seen as criminals who make rational choices, police tactics of deterrence and harassment are legitimised by reference to their trying to discourage abusers from using drugs. However the prevailing view among all the police groups is that “drug abusers are not motivated”. “It is the body that craves the drugs” and that forces them into their “constant search for their doses of drugs or whatever it is they’re on. Every day.” But if it’s the body that craves for drugs, how can the above police strategies be legitimised?

It was more about showing to the social people that we’ve now picked up this person so and so many times. And now we’ve filed our report. Now it’s your turn to do something. (PG 3)

It is generally recognised and understood that drug abusers cannot be persuaded to kick the habit on the strength of police measures alone. Police acknowledge that social welfare services have a crucial role to play, but they also know that the welfare authorities do not have the resources to fulfil that role. Indeed the police are just as
keen to see more resources poured into the social services as they are to get more support and resources for their own operation. At the same time, though, police officers are sharply critical of social services for devoting too much attention to the voluntary motivation of drug abusers. Their support for compulsory treatment is thus motivated not only by utilitarian concerns, but there is also a paternalistic side to their argument (Kinnunen 1994). If drug abusers are “lifted out” of their everyday environments where “there are too many tempting lumps of sugar”, that will help them (Johansson & Skrinjar 2001). The police groups also share a conviction that the motivation to quit drugs is to be forced upon drug abusers. They have no concrete descriptions of exactly how this could be done, but the time aspect is clearly regarded as crucial. Six months of compulsory treatment is not a long enough time period.

No, that’s too short a time. I think that if we could lock them up, or if we could put them into compulsory care and give them proper treatment for like two, three, four, five years, or until they’re, well, reasonably free from drugs. (PG 3)

In contrast to social workers, the police groups seem to advocate a literal interpretation of the concept of compulsory treatment. As far as they are concerned drug abusers taken into custody, that by definition means they will also be given treatment. However, coercion is not the only avenue they advocate, but they believe that voluntary care can also be effective. Paradoxically, however, voluntary treatment is criticised for having too strict rules.

If you manage to get into care, or help, and get a place in a treatment home, but then it all falls through, that will blow your chances for a long time ahead. It’s a bit tragic as well. Because it’s really easy to relapse [to using drugs]. It’s a pain. But I do think that if you’ve reached the point where you feel you might have that sense of motivation to quit, you should grab hold of the opportunity. (PG 1)

This line of argumentation runs counter to the thinking that is grounded in the notion that abusers are criminals, an image that draws from the harm and damage caused by abusers to the “general public”. When the police talk about drug abusers as victims, they express an understanding for the drug abusers difficult situation and may point out that interventions are not properly designed and adapted to the problems with which they are struggling.

The view that drug abusers are victims may also imply a decision on the part of police not to take any action — although these kinds of comments were made in one police group only.

Police officer 1: It’s very rarely we take away their syringes, for instance. They’ve got their own personal syringes rather than share them amongst friends and spreading all sorts of... so we’ll let them keep them.

Police officer 2: I mean the craving for heroin is so intense, if he didn’t have his own syringes, if we’d taken them away, then he’d have to borrow one off his mates. He’s not going to just quit like that! He has to have it! So we take that for granted!

Social workers’ descriptions

Descriptions by police officers and social workers of the drug abusers as a victim share many features in common, but there are some differences. For instance, there are a few social workers who take a critical stance against the criminalization of personal use, arguing that abusers do not abstain from drug use “because it’s illegal; other mechanisms are involved”. Social workers attach more weight to the various underlying factors than police do. Some refer to the notion of “addictive personality”, which is assumed to be grounded in psychosocial problems. People with addictive personalities are thought to be particularly vulnerable and liable to develop addictions. In these descriptions by social workers, drug abusers appear as doubly victimised: they are victims of both psychosocial problems and drugs.

Social workers say they often feel “very small” and “powerless” in the face of the “might” of drugs. Like police officers, they regard compulsory treatment as an important and possible intervention. However, while the argumentation of the police is essentially utilitarian and while they look upon compulsory treatment as a goal in itself, social workers are almost exclusively paternalistic in their argumentation and consider this a means only. Most social workers accept the use of compulsory treatment as an acute measure aimed at temporarily breaking a pattern of self-destructive abuse and at giving the drug abuser a chance to “think it over”.

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1 Billinger (2000, 19) says that in a formal sense “care based upon the LVM Act is based upon a distinction between motivation and treatment”. However there is much confusion as to where the dividing lines run both in theoretical and practical terms (ibid.).
Although social workers are generally quite sceptical about the contents and effectiveness of compulsory treatment — many of them describe it as a tactics of “preservation, it’s not really a treatment but just halts the progress” (SG 2) — they also have concrete examples of how the intervention has been applied. In these cases the method is legitimised mainly by reference to successful interventions among clients who have managed to break free and who have described compulsory treatment as something “that saved me” (SG 1).

Many social workers make the point that the simple removal of drugs will not resolve the problems of drug abusers: “No, it all comes from the inside, the desire to do drugs. The need.” (SG 2). Therefore many of them take the view that drug treatment alone is not enough. Some speak in favour of psychotherapy, others say it should be covered by sickness insurance. However before therapy can have a chance, “the drugs have to go first. You have to be sober to go into therapy.” (SG 4)

“The Outsider”

The picture that keeps emerging from the descriptions of all focus groups ties in closely with the accumulation of problems that is considered to follow from or be reinforced by drug abuse (see Figure 1). The picture is largely the same both for the police and social workers, although their accounts and the measures they suggest do differ. The police are in favour of interventions at the individual level, whereas social workers are keen to stress the importance of measures taken by society. However, this applies primarily to individuals who have received treatment for their drug abuse. One interesting feature that all the focus groups share in common is that almost all the solutions they suggest lie outside their own professional field of competence.

**Police officers’ descriptions**

Images of drug abusers as “outsiders” typically assumed the following kind of expression:

No structure to their life. No housing, no job, no family. There’s nothing for them to grab hold of, that’s at least how I see it. ... I mean if you’ve got somewhere to live, a job and a family, then at least you have a safety net. (PG 3)

The police officers believe the main reason why drug abusers lack these “safety nets” lies in their drug abuse. The fact that they don’t have a job, a house and a family is attributed first and foremost to the fact that they move in circles that consist of other drug users and criminals. Several police officers say this problem has a logical solution:

**Police officer 1:** The first step is to move. You have to, move away. Far away.

**Police officer 3:** Yeah because all their contacts and mates, they’re doing the same thing. I mean there’s not a single hard drug abuser here who has a family or kids or anything like that.

**Police officer 1:** Yes they have a really large circle of friends. It’s a very social life, and many people miss having that. (PG 3)

Drug abusers are described by many police officers as having been “caught up” in criminal circles. The propose two important ways in which drug abusers might be able to break loose and feel an affinity to the world outside are falling in love and discovering religion; indeed according to some police officers these are the only ways out. Police therefore do not think it is society that needs to be changed, but rather the drug abuser. And that requires something real. Something that can change your life. Dramatically, I have this habit of saying that build a big wall around the island of Öland and send out an ordinary person for every drug addict. Let them be there and live their lives. Many drug abusers are not capable of leading what we consider a normal life. But teach them how to lead a normal life. Replace drugs with something else within those walls. You have to understand the irony of what I’m saying, but get rid of this whole pattern. Let it take all the time it needs. Three, four, five, ten years. (PG 3)

One of the police officers said he had “been thinking of” a social intervention where drug abusers who were “hopeless cases” would be provided with “housing, free drugs within a legal system and under medical supervision”. He felt that people who
might have lived up to 40 years out on the streets in continuous misery, they could be given five years of a worthy life in controlled circumstances. (PG 1)

However all other participants in this focus group were firmly opposed to this idea.

Social workers’ descriptions

Most social workers put the blame for the exclusion of drug abusers, for leaving them on the outside, squarely upon society. One of the examples quoted by quite a few of them refers to the reluctance of landlords to sign contracts directly with social welfare clients, even after they have been tenants through the social welfare office.

Even if they’ve lived there for a whole year, paid their rent on time and generally behaved themselves, if they don’t have enough income, they won’t get a contract. After all it’s the property owner’s market.

The only option is to continue to rent out the flats in the social welfare office’s name, which in turn effectively prevents any changeover, people remain trapped in the system. Year after year. This is exactly what we’re trying to accomplish with what we’re doing, we want to make them independent of our support. (SG 2)

It is important to point out here that these accounts refer to people who have received treatment and who are no longer on drugs.

Lack of income is connected with the labour market, which according to social workers remains completely closed to drug abusers. To some extent this has to do with the general hardening of the opinion climate in society, which does not allow for “deviance in society”. As one social worker points out, the employment office, they simply won’t have our clients. …they have to be really well rehabilitated if the employment office is going to take them on.

Anyone applying to the social welfare authorities for benefits must be officially registered at the employment office. But how does this work if the drug abuser is not welcome at the employment office in the first place?

It depends. You can be registered as a jobseeker and not be defined as a drug abuser so to speak. But if you’re recognized as an addict, then things are going to be difficult. (SG 1)

Many share the view that drug abusers’ lack of contact with the labour and housing markets has increased over the past 30 years.

In the 70s it was still quite easy to get a flat in a house that was going to be pulled down. There were always odd jobs, two weeks here, one week there. All abusers, and not just drug abusers but all those who were in the margins could scrape along somehow. They had their dignity, even though they weren’t the perfect Svensson with a dog, a Volvo and a house. (SG 3)

All groups of social workers agree that the integration of drug abusers into society, and into the housing market in particular, will only be possible if there are major social reforms. However they have only one concrete suggestion, and that is to provide more or less temporary housing arrangements where it is not required that abusers refrain from drugs while they are there.

There’s a definite need for some kind of intermediate step with respect to housing, because this is what they need, a place to live in. A roof over their head, some kind of first care. Even before they have managed to get off drugs. (SG 3).

This statement illustrates an understanding that appears in all social worker groups, namely that drug abusers can only hope to find more permanent housing once they have managed to kick the habit. This falls in line with the police argumentation that it is the drug abusers who need to change — temporary housing arrangements are an “intermediate step” for drug abusers “before they have managed to get off drugs”. Keen though they are to emphasise structural changes, the descriptions by social workers of their practical work (which we will be looking at in closer detail below) indicate that they start out in their thinking from the view that it is the drug abuser who has to change.

You quite often get people who come in and say that housing’s their problem. I’ve nowhere to live. So what you’re inclined to say,
well at least I'm inclined to say that what you have to do is quit drinking, or quit using drugs, otherwise you can’t get a flat. So I mean this is what always comes out first, that THIS is the thing we have to do something about before we can move forward. (SG 2)

Different roles and different strategies

As has become clear by now, there are no apparent ideological differences between the two focus groups of police officers and social workers in terms of how they describe drug abusers and how they would tackle their problems. On the contrary, it is quite striking how similar the views of these two groups are. All the focus groups share the same basic and unequivocal understanding that drug abusers are a problem — something that society needs to rectify. This in itself is hardly surprising in view of the fact that it is part of the role and functions of both these authorities to define drug abuse as problematic (see e.g. Lindgren 1993, Kassman 1998). Viewed from the vantage point of legislation as well as these authorities’ organisation and responsibilities, however, the police and social services have quite different roles in their work with drug abusers. This is also reflected in how the focus groups perceive drug abusers as well as in what kinds of measures they recommend. As we have seen earlier, social workers do not, for instance, advocate the use of police methods, and they also have different reasons than the police for supporting compulsory treatment. The two groups also differ in terms of the vantage points from which they legitimise the concrete work they do with drug abusers. Whereas the police are often concerned to defend the interests of the “general public”, social workers are more likely to justify their methods from the point of view of the individual drug abuser’s best interests. The focus groups’ descriptions of practical work with drug abusers also reflect two different power strategies. Sahlin (1996, 2001) calls these border control and discipline. Although these are structural strategies, they influence and can be observed within the work of individual police officers and social workers. Even if they differ border control and discipline complement and require each other (see below). Border control is aimed at defending an area or territory against harm and damage, and the strategy is pursued through police work by excluding drug abusers. The strategy of discipline is implemented by means of social work, which is geared to controlling and changing drug abusers. The exercise of power within the respective strategies is legitimised through the construction of the objects that it needs, as objects that need it (ibid).¹

Border control by the police

The primary task of the police force is to maintain law and order, to protect the general public and to prevent, detect and resolve crimes. The two former functions of protecting the general public and increasing security are achieved precisely through controlling criminals (Knutsson & Granér 2001). Drug abusers are by definition criminals and are therefore not considered to rank among the “general public” (cf. Ekman 1999, Carlström 1999). Utterances about drug abusers being “at large are “a huge cost to society”, and are “a nuisance to other tenants”, that their criminal activities affect “innocent victims” and cause “unnecessary suffering” are often expressed by the police groups. In other words, drug abusers cause harm and damage to the “general public”, who therefore need to be protected. The measures described and motivated by police groups from the vantage point of “public interest” are in line with the strategy of border control. It is through this strategy that decisions are made as to which individuals are allowed to come in and which will have to remain out (Sahlin 2001). Non-desirable individuals — in this case drug abusers — are excluded. A good example of the police strategy of border control is that of causing “maximum disruption” so that drug abusers will move elsewhere “of their own accord”. Another is to get drug abusers evicted. Two of the police groups were involved in joint task forces that include property owners, and both these groups emphasise the advantages of ejecting abusers: “this means they have to go somewhere else and won’t commit crimes here.” (PG 3). One of the groups told that in their community policing area, they have made an inventory of all flats occupied by “interesting people”. When “you get lots of movement among drug abusers”, that’s a clear indication that a new shipment of drugs has come in and in that situation we’ll try to target those individuals who are pushing drugs. We get into touch with housing corporations and quite simply try to get them evicted. They cause so much nuisance to other (tenants) (PG 1).

¹ I have used Sahlin’s concepts for purposes of interpretation and analysis, and my use of them is not necessarily in line with hers. For instance, the analysis presented might give the impression that border control and discipline only operate in the work of authorities, yet Sahlin’s own research shows that the strategies are in fact applied by several other actors as well. Border control, for example, is applied by landlords (1996) and shopkeepers (2001).
The link to the power/knowledge aspects is clear. Information on flats occupied by “interesting persons” constitutes knowledge that is used by the police in their everyday work. Drawing on these knowledge assets and the official powers vested in them, the police target the individuals who they want to see leave the area.

The strategy of border control, whose objects are constructed as threats or enemies (Sahlin 2001), does not in fact require more than an image of drug abusers as criminals. The reason why the police not only draw this image can be understood against the background of their recurring interaction with the drug abusers. Learning to know many of these abusers through their frequent encounters, police officers say they often feel sympathy for them: they are constantly reminded of these people’s “tragedies”, that they are “human beings”, that many of them have grown up in difficult conditions.

I’m sure the people we meet out on the streets are very poorly indeed. They’re usually on drugs just to keep afloat. That’s the impression I’ve got when I’ve spoken to them. They’re on drugs simply so that they can live like we do, a normal life really. (PG 1)

It is obviously problematic in this situation for police officers to look upon their job simply in terms of control and prevention. The image of drug abusers as victims might well have threatened the strategy of border control and its exclusiveness, but instead it is incorporated in this strategy. This is made possible by the availability of the option of compulsory treatment, which probably explains why this particular measure is the one most forcefully advocated by all the police groups. It is fully in line with the strategy of border control. Compulsory treatment at once incapacitates and excludes the drug abuser, which is in the best interests of the “general public” and motivated by those interests (utilitarian coercion), and at the same time it can also be motivated by reference to drug abusers’ own interests (paternalistic coercion) (see Kinnunen 1994). This allows the police to see themselves both as “controllers” and “helpers”, which is clearly important to them (see Johansson & Skrinjar 2001).

The strategy of border control requires a non-defined “outside” with which one does not have to unduly trouble oneself (Sahlin 2001) — somewhere which drug abusers can “disappear” to.

I mean we can work our socks off but if there’s no one there to follow up, and there isn’t, then it just won’t work (PG 2).

In this regard compulsory treatment fulfills an important function for the police. However in recent years the number of drug abusers committed to treatment under the Act on the care of drug abusers in certain circumstances (LVM) has been decreasing (Palm & Stenius 2002), as is acknowledged by the police themselves.

Earlier when we wrote an LVM report, they would be admitted. So we knew that things would be taken care of ... If it’s a younger drug abuser who we know still has a chance, we’ll write the report. With these older abusers we can hardly be bothered. (PG 1)

It seems like the police are well aware that the strategy of border control is not effective when it operates on its own. The exclusion of abusers requires that some other intervention follow. Even though all police groups consider the physical removal of drug abusers as one solution, it is acknowledged that this can only be a temporary solution, both for the drug abuser and for the police themselves. Since the police take the view that the harm and damage caused by abusers to society is due to the fact that they are using drugs, the long-term solution has to be to get them to stop using drugs. And this, according to the police groups, is not achievable by means of police work only. The maintenance of border control thus requires that drug abusers are admitted to care and changed. This can only be done through the strategy of discipline.

Disciplining by social services

The dual function of social services makes the work of social welfare authorities with drug abusers a more complex exercise than the job done by the police. On the one hand, individual abusers have to get the help and support they need; on the other hand, their drug abuse has to be controlled. Both of these functions start out from the individual. The encounter between social worker and drug abuser depends crucially upon who is allowed to define the drug abuser’s needs, and how these needs are best satisfied (see Fondén & Leiknes in this volume).

As far as social workers are concerned, their “dream patient” is one who has contacted the drug abuse unit of his or her own accord or who wants help to quit drugs. “That makes our job quite easy”. It “does happen”, but ”not very often”. Typically, a drug abuser will come in to apply for benefits and help with housing:
many of them come here because they don’t have anywhere to live. They don’t come here because they’ve got a problem with drugs, but they come here because of something else, and it will come up during their first or second visit. (SG 3)

In most cases what will happen, according to the social workers, is that the unit responsible for benefits will refer the client to the drug abuse unit. They also indicate that abusers do not normally contact the abuse unit of their own accord, but are usually referred to the unit by some third party, i.e. the police, a psychiatric unit or relatives.

Those who contact us to get help, what we’ll do is try to see whether we can help them with whatever it is they want help. But those who come to us to get benefits, they have to do something about their habit in order that they can apply for a job on the labour market. In that case things become more problematic. It’s no longer quite as clear what the purpose is. In one sense the purpose is that they’re asking for cash. Another purpose is that we in our capacity as authorities should try to motivate this person to stop using drugs or to change his or her drug habit. (SG 1)

This excerpt clearly illustrates how the dual function of social work complicates its work with drug abusers. In situations where the drug abuser’s intentions collide with those of social services, the social workers say they will choose to define drug abuse as the main purpose of their contact. If the drug abuser does not share this view on the purpose of the meeting and the problem, the social worker has access to various means with which to try and persuade the abuser to change his or her mind. None of the groups of social workers say that they can work with drug abusers without at least adopting the goal of reduced drug abuse.

How do you motivate someone who is not motivated? One social worker provides an example by telling the story of one of his clients — an older drug abuser who has managed to go without drugs for long periods but who does occasionally relapse.

He’s now been an active heroin addict for two years, although there was a break when we sent him abroad to a treatment home. So this is what we have here. He comes over and NN (a colleague) and myself we have this competition as to who can be the most grim. But he comes here, he’s a big lad, and throws his entire life in our hands. He wants this and he wants that, and all he has when he comes here is a list of things he needs money for, a hair cut and things like that. “Yes but what about your drug problem, what have you thought of doing about that?” We always have to keep pushing the issue. It’s hard, but luckily there are two of us so that we can take it in turns. He wants our money, but then at the same time he can be out on the town completely stoned. He’s got the money then! What does he need ours for? He comes here and goes through all this humiliation to get these pitiful benefits so that he can then buy himself a cup of coffee. It’s so pathetic in this context it just doesn’t make any sense. How do you motivate people like this? What we do is be frowned and await him. He’s a professional client. (SG 1)

The excerpt illustrates the strategy of discipline that is pursued by means of control and the improvement of problematic individuals, the long-term aim being to create an “ordered” society (Sahlin 2001). As long as the client in the above example does not seem to be willing to do anything about his drug problem, he will just have to remain the target of social workers’ negative sanctions in the form of a “competition” as to who can be the most “grim”. This is how they have decided to try and get him to accept their view on what it means to be a client (Lipsky 1980). In line with the strategy of discipline, the social workers interpret resistance and reluctance as lack of willingness or ability to act in one’s own best interests (Sahlin 2001).

The strategy of discipline is most clearly manifested in the social workers’ descriptions of their work with problems that the clients have not sought their help for (which does not mean it does not work in situations where the client and social worker share the same definition of the situation). In most cases it is the social worker who defines the problem to the drug abusers, not together with the client:

Social worker 4: One part of it is we, the client and I, have to agree that we’re looking at the same problem, so to speak. Some ten years ago we often used to say to clients that if you only get your housing sorted out and a job then all your problems will be solved. I don’t think it’s quite as simple as that. It’s the drug abuse that’s the problem, and that is what we need to deal with, and I suppose that’s why they come to us. Then of course we can have different strategies for how to resolve it. We must have a common world-view, so to speak, and that’s where we might differ.

Moderator: What happens when you do differ?

Social worker 4: Simple. If they’re getting benefits I pull the plug on them. There’s no reason to pay them benefits if they’re not available on the labour market or if they’re not doing anything to control their drug habit. This does not apply to everyone… I mean everyone’s different. (SG 1)

Typical for the strategy of discipline is it that these sanctions and punishments are legitimised through the individual’s best interests (Sahlin 2001). The excerpt above illustrates how the social worker, who has priority rights of interpretation
over the client, takes a long-term view, looking ahead to the prospect of the client being able to cut loose from drugs. To reach this objective, the social worker takes an action that is not in itself assumed to lead to that objective, but that is aimed at promoting the client’s long-term adaptation. This demonstrates hidden exercise of power in that the problem and the solutions are viewed “from above” rather than from the drug abuser’s horizon (Mathiesen 1989) — the client is not available for wage employment in the labour market and does nothing to contain his drug habit. Short-term decisions like to discontinue benefits does not necessarily have to appear as a motive for the client to long-term adaptation. For instance, the client may be uncertain how the immediate decision ties in with the long-term intention (ibid.), which some of the social workers are aware of:

for the client it may be difficult to see this connection, why they’re not getting money or why they are. (SG 2)

It is not uncommon for this to give rise to conflicts between the clients and social workers, who in these situations can resort to legislation on compulsory treatment to get their clients to accept their own definition of the situation.

We do use the Act on the care of drug abusers in certain circumstances to make threats here and there — but I mean we really do work hard to get people to seek voluntary treatment” (SG 1).

It is rarely that clients are taken into custody involuntarily under the Act on the care of drug abusers because it’s often dropped as soon as the client says: “No, I’m ready to go along with this voluntarily.” In that case there’s no coercion (SG 3).

When the social workers succeed in “motivating” their clients to “agree to” treatment ”voluntarily”, they are “praised” by their bosses:

And then there’s all the bragging of how many LVM reports have come in and how many real cases we’ve made out of them and how bloody good we are at motivating.1 (SG 2).

At the same time as social workers indicate that the problems of drug abusers cannot be resolved simply by their coming off drugs, is it precisely this that is the key needed to open the gates to the form of community that is implied by wage employment and above all housing:

to get a long-term housing, like a flat, you have to show you’re capable of changing. In other words, you have to be sober. (SG 2)

The control strategy of discipline overcomes resistance by redefining it as reluctance, ignorance or helplessness (Sahlin 2001). This conceals both the drug abusers’ own definitions of help and needs as well as the power exercised by social workers over abusers (see the chapter by Fondén & Leiknes in this volume). As Kristiansen (1994) points out, social work is always influenced by aspects of power. However, social workers are not always aware of how power influences their relationship with clients. All groups of social workers in this study have wanted to present themselves simple as “helpers” in relation to drug abusers (with one exception, see Johansson & Skrinjar 2001). This is made possible by the strategy of discipline, because all measures are taken in the drug abusers’ best interests.

Conclusion

Decisions on what kinds of drug interventions and measures shall be applied are legitimised on the strength of descriptions of the people targeted; however these descriptions have their own consequences for those people (Sahlin 1996). The focus of analysis in this chapter has been on the relationship between descriptions and images of drug abuse and the measures taken against drug abuse and drug abusers, as expressed in focus group interviews with police officers and social workers. The consequences to drug abusers — as described by the abusers themselves — are examined by Fondén and Leiknes in this volume.

One might have expected to see the two professional groups of the police and social workers differ in how they define the problems concerned. After all this is exactly what professions do: they develop their own discourses on what the problem is and how it should be resolved (Franzén 2000). However the groups of police and social workers interviewed here followed very similar lines of argumentation. As their similar solutions indicate, they had a virtually identical

1 Compulsory treatment is the most expensive form of treatment of all. Since the local council covers 60 per cent of the costs (with central government footing the rest of the bill), there are obvious financial motivations to try and get abusers “voluntarily” to commit themselves to one or another type of less expensive treatment.
understanding of how the problem of drug abuse develops, so much so that it is fair to describe theirs as a more or less cohesive official discourse on drug abuse and drug abusers. There is also no indication in any of the focus groups that there exist any clear ideological conflicts between the police and social services (see Johansson & Skrinjar 2001).

The official Swedish policy goal a drug-free society has a very clear and strong presence in the way that the police and the social workers define the problems and describe their daily work. All the focus groups here say that the biggest problems for drug abusers is their drug habit and that this is the problem that needs to receive priority attention. This can so be formulated that Swedish drug policy is staged via the power strategies of border control and discipline and thus “speaks” through the concrete work of police and social workers.

References


“After all it’s my life we’re dealing with”
Drug users’ encounters with social services, the police and voluntary organisations

Charlotta Fondén & Malin Leiknes

Introduction

Public authorities often play a very prominent part in the lives of socially marginalised drug users in Sweden — in both a positive and negative sense. The main concern in this chapter is with drugs users’ and street-level bureaucrats’ everyday encounters in the drug-policy arena. In recent years, responsibility for practical implementation within this arena has increasingly shifted to the local level. The main agents of enforcement are the police and the social welfare authorities, who are charged with the responsibility for prevention, control and treatment (Goldberg 2000, SOU 2000:126). Drug users often have several different contacts with these authorities (Bergström 1996). The people we interviewed for this study are no exception — quite the contrary.

The results presented here are based on a qualitative interview study with 16 adult drug users in Stockholm. All of them had used drugs more or less regularly for a number of years. At the time of the interview 14 of them were homeless and none of them stayed at an institution to receive treatment or served a prison sentence. The interviewees were aged between 21 and 53 years; half of them were women, half of them men. The interviews focused on the drug users’ formal encounters with public authorities and other actors. We used unstructured, open-ended questions so that the drug users could present their own views and accounts: we were first and foremost interested to learn about their experiences (Trost 1997).

We set about our analysis of these drug users’ experiences from the vantage-point of power. This perspective on the individual drug user’s encounters with the authorities is helpful in seeking to unravel the exercise of power and shed light on its consequences (see e.g. Mathiesen 1982, Hörnqvist 1996, Kristiansen 1994). Power cuts through all of society and power relations exist in all human situations (see Foucault 1987). Power ties in closely with knowledge and via discursive regimes constructs our interpretation and understanding of reality. This kind of power shapes and influences people’s perceptions of what is to be considered right and proper within different discourses, normatively disciplining those perceptions. The fact that certain things are considered true and others false is a fundamental procedure of exclusion (see Beronius 1986). The organisation of physical and social space, time and discourse are key aspects of disciplinary power.

Social workers are usually in a position of superiority with respect to their clients, both in material, cultural and social terms (Kristiansen 1994). Indeed all human interaction revolves around power relationships that are determined by differences in social position, gender, age, knowledge, etc. In their contacts with professionals within a given discipline, individuals encounter knowledge as power. Foucault (1980b) points out that power and the exercise of power is in essence about a relationship between the parties concerned. Power also has a productive function in that it contributes to the creation or maintenance of a given set of circumstances.

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1 This article is part of the study “The junkie and the authorities — social and police interventions in drug abusers’ everyday life” (Knarkaren och myndigheten — sociala och polisiära interventioner i narkotikamissbrukares vardagsliv). The study was financed by the National Research Council in Sweden and it was carried out by the Centre for Social Research on Alcohol and Drugs (SoRAD) at Stockholm University.

2 Street-level bureaucrats are officials and other public sector employees who in their daily job come into direct contact with citizens. They have considerable independence and latitude in their job, which involves making decisions that directly affect people in situations that are difficult to predict (Lipsky 1980).

3 For a more detailed description of the methods and results, see the final project report by Fondén et al. (2003).

4 Discursive regimes are constituted by the principles and frameworks of what within a given discourse shall be regarded as established truths (see Foucault 1980a, 1987).
Actors in drug users’ lives

There are four main categories of professionals with whom the drug users came into more or less regular contact: the social welfare authorities, the police, voluntary organisations and health care services. Most of their accounts described encounters with social services; the majority of the drug users also had some form of contact with social workers at the time of the interview. In addition, over half stated that they had a personal relationship with their social worker. This was described as a necessary relationship, although it did not have any real depth to it. For instance, the drug users would say that the social worker “is not all that important to me”, or that they had been forced into this relationship, “regardless of whether I wanted it or not”.

The interviewees also had quite frequent encounters with the police. These were typically chance encounters, yet handled as a matter of routine on the part of the police. In these kinds of impersonal encounters people know one another on the basis of the position they hold or their function. It was uncommon for any of the drug users to have personal relationships with individual police officers. Other professionals that drug users often saw in their everyday environments were the staff of various organisations and services — the majority of which were voluntary organisations — targeted at drug addicts. Many drug users indicated they had a relationship with one or more employees within these organisations.

Table 1. The 16 drug users’ earlier experiences of and current contacts and relationships with different actors (based on the encounters detailed by the drug users during the interviews, not all their lifetime experiences).

<table>
<thead>
<tr>
<th>Main actors</th>
<th>Social services (finances section, drug abuse section)</th>
<th>Police</th>
<th>Voluntary organisations (e.g. shelters, day centres)</th>
<th>Health care (including detox, methadone programme)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earlier experiences</td>
<td>All (16)</td>
<td>13</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>Current contacts/ encounters</td>
<td>14 (2 with no personal contact)</td>
<td>6</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>Current relationship</td>
<td>9</td>
<td>2</td>
<td>10</td>
<td>2</td>
</tr>
</tbody>
</table>

The drug users had relatively sporadic contact with health care service and most of them were scattered across very different types of services. In most cases these were temporary contacts, and it was rare for the drug users to develop a personal relationship with health care personnel. Some of the interviewees felt that their reception at public health services was different on account of their drug habit; that they were not treated as well as other patients, that staff members did not listen to them, that they had had to wait for longer than other patients and that doctors did not examine them properly. One of the drug users said:

if you’re an addict, they just couldn’t give a toss, and you sure aren’t going to the hospital … except perhaps if your arm’s cut off, then maybe. It’s like they don’t really take you seriously if you’re on drugs…I mean you’re really a low life who is not worthy of their effort…

One reason why the drug users reported so few encounters with health care service may have been their bad experiences. Since these encounters are relatively scarce and since they are spread across such a large number of different units, the discussion below is confined to contacts with social services, the police and voluntary organisations.

Contacts with different actors
Analysis of the drug users’ experiences is divided into an examination of their encounters and coping strategies. We begin by looking at the drug users’ descriptions of their contacts with different actors as well as their interpretations of these encounters. This is followed by an account of how drug users act in these situations and the attitudes they take towards different actors. In addition, there is a separate analysis of the short-term and longer-term consequences of these encounters in the drug users’ everyday life.

Social services

Social workers in Sweden are required by law to promote their clients’ social and economic security, equal living conditions as well as active involvement in society (Socialtjänstlagen 2001:453). The job of social welfare authorities is a highly complex one and on account of their dual function comprises a broad spectrum of tasks: not only are the authorities required to support drug users by providing practical help and treatment, but they are also expected to control their drug habit (see Skau 1992). Swedish legislation also gives the authorities the right to commit drug users to compulsory care. Furthermore, this role of the authorities implies dual representation: as well as representing the laws and norms of society (and its citizens), they also represent the people they are supporting, i.e. their clients.

Encounters with social services

It is clear from our results that the social welfare authorities play a prominent part in the everyday lives of drug users (see also Laanemets 2002). We begin with a description of one of the interviewees’ contacts with social services.

Karin is a 43-year-old woman who has used amphetamines for more than 20 years; she is homeless but has a place at a shelter. Karin is in contact with two social workers at the social welfare office; one of them works at the finances department and is responsible for financial support, the other is from the abuse department and oversees matters relating to treatment. Karin describes her most recent meeting with the latter social worker:

she [the social welfare secretary] asks me how I’ve been doing and I tell her. I try to be polite and ask her … [how she’s been doing] … She’s there to discuss my future plans … which is what you need to be entitled to supplementary benefits.

In order to qualify for supplementary benefits Karin is required to maintain contact and work with the social welfare secretary on her future plans. In general Karin feels she can talk to her social worker, express her feelings and her wishes, but at the same time she does say there is a sense that her social workers not really listening: "in fact they’re not really bothering at all." Karin is comfortable at the shelter and wants to stay there, but the social workers would want to see her move to a lodging house that would be cheaper. Karin says they should try to work together more closely, but feels that

it’s really them that make the decisions and tell me where I should live, otherwise it’s back on the streets for me, that’s more or less my options … it’s so bloody unfair, after all its my life we’re talking about.

She is doubtful whether this contact will produce anything constructive:

What’s the use … It seems pretty pointless to go there and keep on saying those empty phrases all the time, it’s no use, you are going nowhere, I’m standing still.

Karin believes her social worker thinks she needs help "kicking the drug habit", and adds:

if I just quit the drugs then everything else will sort itself out, she doesn’t really understand what it feels like inside and you can’t really expect her to.

Since drug use is criminalised, she says, the social worker’s job is all about trying to get her to quit drugs. Karin says she has often felt that social workers are talking to her but not with her. Given her many bad experiences with the social services system, she is sceptical about the authority that she regards first and foremost as an instance of control.

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1 According to the Act on the Care of Substance Abusers in certain circumstances (Lagen om vård av missbrukare i vissa fall, LVM 1988:870), drug abusers shall be committed to compulsory care if the authority consider there is no other way the abuser can cut loose from what is regarded a destructive pattern of development and if they refuse to accept treatment voluntarily.

2 All names have been changed.
Tony said he had earlier been drug free for a number of years. This he attributed to the efforts of his social workers: the commitment on the part of the social worker as well as an expressed interest in the individual drug user’s life situation.

Good, constructive meetings between social workers and drug users were said to be characterised by a personal means a complete sense of mutual trust we have between us… It tends to become a bit superficial in that way. - Tony, 48

He has to report any offences that carry a sentence of at least two years to the police, whether this involves missing a session of a voluntary program or some criminal activity. - Tony, 48

As a result, drug users do not have high expectations of a good relationship towards social workers. Even though he feels they have good cooperation, he cannot be fully open:

It is not uncommon that the relationship between client and social worker is one of inequality in terms of education and social class. In addition, clients are excluded by the professional jargon. This may lead to the two parties talking past each other, the process of communication unfolding in a series of monologues rather than a genuine dialogue.

When a profession has exclusive control over a certain discourse, they will also presume they have exclusive understanding of what kinds of knowledge and competencies that are legitimate. Clients are expected to show not so much understanding as acceptance and compliance (Kerr 1981, Beronius 1986). Social workers consider it their exclusive right to interpret the problems of drug users. In our case this may well have contributed to the feeling among drug users that they are met by their social workers with a sense of scepticism and misunderstanding, that the clients’ views on what kind of help they want are not taken into consideration (see also Ring 1998, Johansson & Nilsson 2000).

In many cases encounters and contacts are permeated by the repressiveness of the authorities’ official function. The control function of the social welfare service and the authority vested in social workers to enforce coercive measure collides with the drug users’ quest for help. As a result, drug users do not have high expectations of a good relationship with their social worker. Antonio’s (26) description serves as an example of drug users’ cautious, reserved attitude towards social workers. Even though he feels they have good cooperation, he cannot be fully open:

I mean I can’t sit there and talk about my criminal behaviour or my background when I’ve committed a crime… because he’s not under any strict obligation of non-disclosure … He has to report any offences that carry a sentence of at least a two years … so it’s by no means a complete sense of mutual trust we have between us… It tends to become a bit superficial in that way.

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Meetings with social workers are also marred by communication problems and misunderstandings. Tony, 48, describes these problems as follows:

once they start talking in their proxy jargon, I don’t dare answer yes or no to any of their questions, because you’ve no idea what they’re talking about… once they start complicating everything with a load of bureaucracy … then I just can’t be doing with it anymore.

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Karin’s description is quite typical of our interviewees’ accounts of the encounter between drug user and social worker. It comes across very clearly that the focus at these meetings is upon drug use, that the drug users are expected to show cooperation in planning their future if they want to qualify for benefits, and that the dual function of the social services makes it extremely difficult to have good relations of mutual trust.

All of the interviewees made it clear that it is important to have close and personal relations with one’s social worker based upon a sense of mutual respect. However older drug users did not have the benefit of such relations. In Karin’s encounters, the social welfare secretaries took the traditional attitude of wanting to show the way, to define the problems, to propose the remedies (see Hydén 1988, Jenner 1991). We consider this tradition as part of a disciplinary matrix from the vantage-point which social workers meet their clients. It is the social worker who will decide what concepts are used in categorising the client’s problems. The discussion becomes a tool with which the client’s life-world is transformed into a manageable issue that can be handled within the bureaucratic discourse (Fredin 1993). This makes it much harder for the two parties to genuinely meet each other and develop a good relationship. Pettersson (1986) has shown that drug users and social workers are agreed that there are problems with the way they cooperate, but they differ in the views on the reasons for this. Drug users blame the lacking understanding on the part of social workers, who for their part put the blame squarely on the lack of insight and motivation of drug users.

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Prominent differences were found concerning the younger and older drug users experiences and attitudes. Older drug users were defined as those aged 32–53, the six younger drug users are aged 21–31.

The disciplinary (or professional) matrix refers to the principle of how that discipline (or profession) maintains and controls its distinctiveness. This includes ways of speech as well as the rules governing the job and handed down to the next generation of practitioners (Foucault 1980a, Beronius 1986).
it was all really down to them coming to meet me when I came out of the prison and they got me thinking about all sorts of things. It’s the only time they’ve done that and it’s also the only time things have gone right for me. They offered me all of this stuff and I just didn’t want to disappoint them… I mean they were showing they trusted me.

Only two of the drug users felt they had a very good relationship with their social worker. Younger drug users were particularly pleased with the long-standing contacts they had. Four of them had contacted social services on their own initiative in a situation where they wanted to get clean. The younger drug users also expressed that they trusted the social workers competency regarding helping them in their efforts to become drug free.

Coping strategies in relation to the social welfare authorities

Depending on their prior experiences, the drug users had two different strategies. The first was to refuse to acknowledge the social welfare services’ exclusive right of interpretation. This approach resulted in conflict and avoidance of contact. The second strategy was to try and collaborate and adapt to the social welfare services’ interventions. Younger drug users in particular showed a more acquiescent attitude to the demands of the social welfare system, whereas older users tended more often to feel their relationship was marred by conflict; they preferred to opt out.

The majority of the interviewees said that every now and then they had avoided contact with the social welfare office, partly because they felt it simply wasn’t worthwhile to go and ”beg” for help (see also Finne 1995), partly because they wanted to avoid being controlled. Stefan, 42, had this to say concerning the control function:

the social laws we have in Sweden, they’re like total guardianship … I’m definitely not in favour, I personally feel hunted.

Antonio was no longer in contact with the social worker who was in charge of benefits. He says they didn’t really get along and feels he can manage without ”her help”:

In fact if I were smart or even just a bit less stubborn, then I should have gone to see her and take out the money every month … deep down I do know that you should just swallow your stupid pride and sit there and let them walk over you a little bit. But yeah, I’ve decided not to because I feel I just can’t put up with it.

Interviewer: Mm, what do you mean walk over you?

Well, I mean like, what’s the word, I put my fate in her hands, going over there begging — “I’m so sorry could you please help me?” If she doesn’t help me then suddenly I’ll have nothing to fall back on, I won’t have the money to pay the rent, no money to buy food, nothing. I will have put my whole life at her mercy.

The advantages associated with maintaining contact with the social services are not always perceived as sufficient to balance the disadvantages. For instance, Tony said

I’m not going to go up there [to the social worker] and sit down and tell her a pack of lies… and get irritated just to get a couple of thousand when I can go out and steal it in fifteen minutes flat.

Many drug users choose to avoid the social welfare authorities’ interventions, as is illustrated by the following excerpt. Anja, 22, is homeless and stays with friends; at one point she stayed at a shelter;

and before that I lived in basements because I was too afraid to go to the social welfare office, I was so scared they’d put me on compulsory care again … so I rather slept in basements instead.

The interviewees generally took a critical stance on the legal and social system mandated compulsory care, which they felt was primarily custodial and therefore largely ineffective. Like Anja, many of the drug users we spoke to had decided to avoid contact with the social welfare services and risk compulsory care (see also Puide 1981). Kim, 45, said she was to provide a urine sample if the social authorities asked her to, but she made sure she would never give a positive sample because that would mean she would risk having her child taken into custody. The power of the authorities has a sound

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1 Cf. the “dream example” mentioned by Skrinjar in this volume.
economic, juridical, cultural and ideological foundation which allows the people representing that power to either impose measures against or refrain from taking any measures against drug users (Skau 1992). There may be very little the drug user can do to counter these measures, such as having a child taken into custody. Therefore they will decide not to file for benefits at all, to avoid contact or to conceal their drug abuse. Another way to avoid compulsory care is to collaborate with the social worker and to take an active part in the planning of one’s own treatment. By so doing the drug user concedes that social workers have the authority to define the parameters of knowledge and how it is applied (see Kerr 1981).

With all the experience they have of interaction and exchange with the authorities, drug users are quite familiar with the rules that govern the social interplay between social workers and clients (Lejon 1996). All of our interviewees recognised certain advantages in accepting and adopting this client role, and many of them felt they can “manipulate” their social workers. Stefan says that he has led his social worker to believe that he is interested in future treatment:

it’s easy to manipulate social workers, I’ve been doing it for years… You have to learn how to do this because otherwise it won’t work… it’s dead easy to cheat them … but at the same you’re also cheating yourself.

Manipulation can help drug users to get what they want in the short term, although there are certain structural conditions that restrict the options open to drug users. Their views on the social welfare authorities and on themselves were sharply divided. They blamed themselves and said they understood the stresses and strains involved in the social worker’s job. Many said they were tired of the way they lived, of constantly having to look for their next fix and having no home. This kind of self-accusation and wavering between two conflicting norm systems are typical manifestations of drug users’ ambivalence (Andersson 1991).

It is clearly easier for younger drug users to acknowledge and accept the demands of social services, for instance with regard to the provision of urine samples: this they considered a natural and necessary measure in order that they could be admitted into treatment. The younger drug users exhibit a tendency to allow themselves to be taken charge of by their social workers, in a context where the division of roles between the participants exhibits elements of care provider — care recipient. Another feature that the younger drug users seemed to share in common is that conflicts are regarded as temporary and solvable; to this end they were liable more readily to comply.

The older drug users, then, were keener to maintain their independence vis-à-vis the social welfare authorities. It was clearly difficult for them to comply with the demands imposed on them, indeed they are almost considered unreasonable. The older drug users were also reluctant to accept the conditions attached to the benefits and support they got, and the majority regarded urine testing as infringement of their civil rights, degrading and a waste of resources. These differences between younger and older drug users’ attitudes may be a generational divide and possibly tie in with the changes that have happened over time in drugs-related interventions, regulations and legislation.

**Police authorities**

The primary function of the police, as prescribed by the law, is to prevent, detect and resolve crimes. They are charged with the task of controlling drug use and drug sales. Since all forms of non-medicinal dealing with drugs are criminalised, it is the responsibility of the police to detect and uncover ongoing drug use, to try and prevent the spread of drug abuse and to discourage new users (SOU 2000:126). In order to establish whether or not people are using drugs, the police have the right to carry out urine or blood tests on people aged 15 or over. In addition, the police are required to report people who are using drugs to the social welfare authorities.

**Encounters with the police**

Encounters with the police were generally described in rather negative terms. It was clear that the drug users’ expectations with regard to the police had a major influence on how they perceived these meetings. The following two descriptions show how differently these meetings can be seen.

Antonio has used cocaine and heroin and has had dealings with the police on numerous occasions. It takes some time before he comes up with the following account of a positive encounter. Antonio had been hauling stolen goods from his flat to a taxi waiting outside. As soon as he had got all his stuff into the taxi, two plainclothes police officers appeared. Antonio realised there was no way out; the evidence, the stolen goods, was all there all piled up in the taxi. The police let
Antonio take all the things back into his flat and even let him write a note to his partner, to say he wouldn’t be back for a while — without unveil that he had been arrested. This, Antonio thought, was ”really kind of them”. Further, the police were kind and considerate when they carried out their house warrant in the flat. Antonio was surprised by the friendly treatment he received, “it was quite a shock”. In general, he says that older policemen from the county criminal police (such as these) are good. They will try to create a dialogue with the suspected offenders during pre-trial hearings and not try to force out information they realise they will not get any way, for instance on accomplices.

Antonio had several accounts of situations where he felt he had been badly treated, mainly by young uniformed policemen. One such incident occurred after Antonio and his friend had carried out a burglary and stolen PCs. Later on the same night they were stopped by a police van. The police maintained that Antonio and his friend were behind the break-in even though there was no hard evidence to link them to the crime. The reason why the police suspected them was that the descriptions they had received on what the offenders were wearing matched Antonio’s and his friend’s clothing. Antonio says the police took it for granted that they were guilty:

[The police] seemed to think they should just knock me around for a while until I confessed.

Antonio later informed the interrogator, in charge of the case, that he had been beaten by the police officers who took him into custody, but he just laughed, he didn’t take me seriously at all. I’m sure he knew I was telling the truth, but he just started with these suggestions like “so you haven’t fallen on your face then?”

Given this reaction, Antonio decided he wouldn’t press the matter any further.

Virtually all of the drug users described encounters with the police, when they had been stopped and searched for drugs or evidence of other criminal behavior. Men had more experience of encounters with the police than women. Most of the situations described by men involved conflict and confrontation with the police; they had often fought with the police and been battered by the police. Some of the drug users said that they were treated differently from others by the police on grounds that they were drug addicts. Andrew, the youngest of our interviewees, believes the police have a stereotypical image of ”speed abusers”; he himself meets this description as ”a drug addict who runs around at night breaking into places”. According to Andrew this was why the police kept such a close eye on him whenever they spotted him in the neighbourhood. Young police officers were often described as harder and more persistent and systematic, whereas older policemen were calmer and showed more of a flexible attitude. Some of the drug users described situations where they had been pursued, systematically controlled and threatened by the police.

Coping strategies in relation to the police

The drug users tried to avoid any form of contact with the police. Failing that, they would either adopt a strategy of conflict and confrontation, or one of collaboration aimed at smoother interaction.

It is, again, a divided view that drug users take on the police. For many, the police are ”pigs”, yet at the same time they accept that the police are ”just doing their job”. Most of the interviewees look upon the police as their enemy, and it is expected that any contact with the police will be marked by opposition and antagonism. They said they feel powerless in these situations. Any complaints they have of police action either fall on deaf ears or make the situation even worse; they know they cannot emerge from the conflict victorious.

Many of the younger drug users said their treatment in the hands of the police had recently improved. This may have to do with the drug users’ own behaviour. Like older drug users, they have learned how to respond in order to receive the best possible treatment. For instance, they know that if they let the police search them outside then they will not have to go down to the police station for a urine test; another good example is warning the police about injection needles on which they might hurt themselves. Older drug users, in particular, share the conviction that if only they are honest with the police and do not try to conceal their drug use, they will be better treated.

Most interviewees felt there is no point reporting incidents of police abuse. Kim, however, was an exception to the rule: she would always report what she regarded as unreasonable behaviour on the part of the police and stand up for her rights. In recent years she had been more cautious: ”when you’ve got kids you’re really in no position to fight back”. Indeed she will now try to avoid all conflicts with the police. In general drug users are liable to accept that it is the police who have the right to define the parameters of situation: this is the role traditionally occupied by the police, exercising
their control and repressive function. This attitude, we suggest, is grounded in an obvious imbalance between the two parties’ power resources. The police occupy a firm position of authority, which among other things means that they expect drug users to follow any instructions they issue (see Kerr 1981).

Voluntary organisations

Voluntary organisations engage in various activities that they consider complementary to the work that is done by official social services: these include outreach work, night shelters and short-term housing services. Traditionally they have stood more or less on their own in the field of social work, but there is now a growing movement to encourage social welfare authorities to work more closely with voluntary organisations (Nordfelt 1999). Most of the cooperation between the social welfare authorities and voluntary organisations consists of practical interaction and exchange in the provision of help to individuals (ibid.).

Representatives for the official social welfare sector has among others been rather critical of the social work done by voluntary organisations. According to the critics, voluntary organisations only add to the plight of drug users. Without asking for anything in exchange, they provide them with “shelter for the night and food for the day”; if this help were not available “large numbers would be keen to quit the habit” (Svenska Dagbladet 000830). The voluntary organisations, on the other hand, claims that the work they perform provides a point of contact for homeless people and drug users. In the long run this may help to create lasting relationships and contribute to positive changes for drug users (ibid., voluntary organisations’ documents on their activities).

Encounters with voluntary organisations

Voluntary organisations often have an important role to play in the daily life of drug users. Tony’s account provides a useful example. Tony is homeless and is in receipt of benefits from the social welfare authorities, but he has only seen his social worker on a few occasions during the past few years. For some time now Tony has been going to a day centre where he has a meal, takes a shower and sleeps during weekdays, when the centre is open. He says this is all a great help because he can’t really sleep when he puts his head down in old cars, caravans or staircases. Staff at the centre are his "point of contact with society". He continues:

The thing is, although I can’t understand society or work with them, they [staff members] can. They’re working with the state and in society … so in that way they’re helping me … in one way or another they’re getting my case through to the social welfare authorities. You get a lot of help from them.

As far as Tony is concerned the centre’s rules are by no means unreasonable. He feels that staff members are on his side. On one occasion, for instance, his social worker phoned him up at the centre; this is really the only way they can contact him. The staff member who answered the phone called Tony to say his social worker wants a word. Tony, however, did not want to get on the line, so the staff member let the social worker know that Tony had in fact left. When he doesn’t feel like talking, Tony says, it’s useless trying to talk to the social worker. Staff members at the day centre then encouraged Tony to get back to the social worker in order to find out what he wanted; eventually Tony decided it’s best to make the call. He has the support of the staff because he can decide for himself whether and when he wants to make the phone call. This way the staff member and Tony oblige one another, he says. Staff at the day centre also help Tony by talking directly to the social worker when he cannot understand the bureaucratic terms. This he considers a good arrangement because staff members have better prospects of wielding power vis-à-vis the social welfare authorities than he does.

Three different types of encounter with staff working in voluntary organisations can be extracted from the drug users’ descriptions. A common feature of all these different types of relationships is that they are marked by cooperation. The first type of relationship is a personal one between drug users and staff members: it is based upon mutual respect, and the drug user feels that staff members are really committed to helping him/her. These kinds of relationships were built up gradually as the drug users visited the organisations activities. The second type of contact is the shorter-term relationship: here staff members provide support to drug users with specific problems. The third type of contact is more superficial and service-oriented: these kinds of contacts occur in situations where staff members provide meals or a bed for the night, etc.

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1 Voluntary organisations are understood here as referring to all self-governed, non-profit making and non-governmental organisations that are engaged in social work with drug users. The label of “voluntary” does not mean that the work they do is primarily of an ideological nature, on the contrary most of the people who work for these organisations are hired staff.
Older drug users tended to frequent the organisations' activities on a regular, daily basis. The younger users, by contrast, more typically contacted the services when they needed help with something; young men in particular had very limited or no experience of voluntary organisations. As we saw earlier in the case of official social welfare services, the younger drug users tend to give staff members the lead more readily than the older users did.

Most drug users give a very positive account of their encounters with staff members. One of the points that comes across quite clearly is that staff members have no reason to try and persuade drug users to change their way of life, for instance to get them to quit drugs, but they simply show their appreciation that the individual drug user has come to visit the activity. Voluntary organisations, of course, have no official responsibilities, and it seems that staff members are less focused in their social work traditions on the isolated question of drug abuse.

**Attitudes towards voluntary organisations**

The strategies of action adopted by drug users vis-à-vis voluntary organisations are quite different from those they apply in their interaction with the authorities. Drug users use these organisations primarily for their own purposes. On the one hand the services provide a way of satisfying basic needs, on the other the activities provide a link to the social authorities and to society at large.

Overall, the interviewees readily accepted the voluntary organisations’ rules and had no complaints referring to situations when they were sanctioned for violations. The services available were well and truly appreciated; after all, they provided a chance to get a good night’s sleep and a shower. Attitudes among men were once again marked by a certain duality. Initially, they tended to consider the option of sleeping at a shelter as a last resort, something that only those occupying the lowest rungs of the social hierarchy would need to do. However, this attitude soon wares off as they began to settle in as guests themselves. After six months at a shelter run by a voluntary organisation, Stefan stated:

I used to think that people who came here to the shelter were plain stupid. Plain idiots who are doing nothing about their situation. But then I found myself in the same [situation]. … the food’s good and you know everyone who comes here, you know the staff, it becomes like, yeah I suppose like a home.

Even so, Stefan wants to have a decent place to live. I have to get out of this mousetrap.

Staff members also provided support to the drug users in their dealings with the social welfare authorities. In this respect there was quite a clear pattern whereby men were primarily offered help, whereas women came forward and asked staff members to help them in their meetings with the social welfare authorities. Men were clearly reluctant to ask for help; they wanted to be independent, self-reliant and certainly not show their weakness. They were, however, grateful for any offers of help they received: “it’s just something you have to be thankful for”, as Kenny, an older heroin addict, put it. Women asked for help because they feared their meetings with social workers would otherwise become destructive, and they wanted to avoid misunderstandings. Anja describes what she expected of staff members:

I just felt I had to have some help at the meeting with the social welfare officials. … I was ever so nervous. It’s just because I know that if I get really annoyed, I just can’t care less about the consequences of what I say or do there. I’ll can just leave and go outside and get high. That’s what I’m most afraid of. … I don’t always understand what they [social welfare secretaries] mean.

Anja wants to have someone there with her who can explain it all to me afterwards, what she [the social welfare secretary] meant with it all, because I’m not really one for asking questions.

The voluntary organisations were most important of all to those drug users who had personal relationships with staff members and who visited day centres or night shelters in order to satisfy their basic needs. The reason why voluntary organisations served this function often had to do with the fact that it was difficult for the drug users to satisfy these needs in any other way, and that they used the help and support that was offered so that they could save their energy and money for other things — often for drugs.
Consequences

The drug users’ encounters with different actors were structured in very different ways. They also had different expectations with regard to these encounters. The way that people are received and treated, the interventions that are made and the sanctions that are applied will all be perceived in different ways in the different contexts in which they take place. The discussion below looks at the consequences of the different types of encounters and their distinctive features to drug users.

Social welfare authorities define drug users’ problems

The social welfare authorities are charged with the task of supporting drug users with a view to their integration into society. In a sense this can be compared to the task of border control. It is the assignment of the social welfare authorities to decide whether, when and to whom a certain type of support shall be provided. Individual social workers have considerable influence here; they exercise substantial and highly visible power at the interpersonal level. Leffe describes this situation as follows:

if you want to quit drugs, all contacts [e.g. detox, housing, treatment] have to go through a social worker, it all depends far too much on that one person. ... I think it’s too much of an effort… if you’ve got someone at the social welfare office that you don’t get along with, then it’s all doomed to failure right from the word go.

Our analysis suggests that many of our interviewees’ encounters with social workers involve both explicit and latent exercise of power. Power is present in and has consequences for the meetings of social workers with drug users, the nature of the relationship as well as the alternative types of support offered. The long-term effects of their everyday meetings will be influenced and complicated by the social workers’ dual representation, the asymmetrical interaction as well as that fact that drug use is criminalised. Over time drug users will often adopt and assimilate the attitudes of the social welfare officials and accept the hierarchic structure where they are rooted to their subordinated capacity of client (see Lejon 1996). In their interaction with the social welfare authorities, clients walk a tightrope between complying with the demands and requirements of the social welfare authorities and standing up for their own rights (Lipsky 1980). We have seen that clients who are determined to defend their rights risk losing the help they need and want. In order that drug users can get help with housing, treatment and sustained financial support, they must comply and submit to the demands imposed by the authorities. They have to accept that social workers’ interpretation of the situation has priority, that social workers define drug users’ problems in terms of drug abuse and that social workers also say how the problem shall be resolved. If drug users can accept this, they will have a better chance of developing a good relationship with their social workers and greater freedom with regard to how the problem will be tackled.

If, on the other hand, drug users refuse to accept that the authorities have priority rights to interpret their situation, then the two parties will not be able to get together, no one will be able to get what they want, and they end up going round in a vicious circle (see Pettersson 1986). There is an obvious risk of conflict, and the contact between social worker and drug user will stagnate or ceases altogether. We argue that this has consequences for the way that drug users go about their life, both in the shorter and longer term. By rejecting their control, when drug users avoid contact with the social welfare authorities they ultimately must forgo access to all of their services and programs.

The drug users’ accounts imply that social workers often are unclear about the decisions they have made and the reasoning behind those decisions. This makes it difficult for drug users to understand how the authorities function, and of course equally to challenge the decisions they have made. All this creates a mounting sense of insecurity among drug users: it is difficult for them to predict what decisions the social welfare authorities are going to make, when and why. In this situation where drug users are unclear about the message and about what is expected of them, they will have to invest their energies in creating a frame of interpretation on their own, to try and make sense of what exactly is going on. This sense of uncertainty is quite common among drug users. Regardless of whether they accept their being defined by the social welfare authorities as drug abusers and that this is the primary issue that needs to be tackled, this lack of clarity and the dual function and representation of the social services can be seen as a way of disciplining drug users, of restricting their influence and scope of action.
The tools and means to which the social welfare authorities have recourse in their work with drug users may be regarded as instruments in the processes of disciplining and exclusion. From this vantage-point, the encounters between social workers and drug users can be seen as having consequences that lead in two different directions. The first, in which drug users accept that their drug abuse is the primary problem, implies that this person will be disciplined and integrated into society in the shorter or longer term. On this route, the drug user will often need to be in contact with a host of other street-level bureaucrats such as doctors, treatment staff, and people from the job centre. The social control is highly visible. The other direction, in which drug users refuse to accept the interpretation of social workers, implies a continued existence on the margins and a risk of being excluded from society altogether (see Sahlin 1996).

The police define situations

It is the job of the police authorities to deter and intervene in any illegal actions undertaken by individual drug users. Encounters between drug users and the police are characterised by a clear division of roles, with the police in absolute control as far as defining the situation goes. The role of the police vis-à-vis drug users is therefore relatively clear-cut. This repressive role is usually conducive to low expectations: drug users rarely expect anything good to come out of their meetings with the police. They know that the police have the authority to apply forced measures, and they also know they will be the subordinate party in their encounter. This attitude on the part of drug users means that they often tolerate unpleasant treatment from the part of the police.

The police have considerable powers and authority to apply forced measures as well as incapacitating sanctions, both of which can have significant consequences in drug users’ daily life (see Mathiesen 1982). Drug users may want to try and make their own case in individual encounters and to exercise power at the interindividual level, but more often than not these attempts will fail and result in an overwhelming sense of powerlessness. The party who is in an inferior position will feel there is absolutely nothing he or she can do to turn the tables. As we have seen, drug users in this situation will not even feel there is any point reporting offences committed by the police. In addition, this means that individual police officers do not have to make as much of an effort as other actors to make drug users feel they are being treated well, even though the exercise of power certainly is present in these encounters.

Many of the drug users in this study said they had learned from experience how they should behave in order to get better treatment from the police. Honesty and a quiet and modest approach can yield good results in terms of productive encounters with the police, with the police possibly ignoring minor offences and generally giving them a more lenient treatment. Drug users who have been singled out by the police for harsher treatment have in turn reported a sense of being persecuted and terrorised by the police, causing them to avoid certain neighbourhoods altogether. This restricts their physical and emotional freedom of movement.

Voluntary organisations satisfy basic needs

Many drug users expect of voluntary organisations precisely what they offer, i.e. help and support through various services and activities. The philosophy of voluntary organisations is to come out and meet homeless people and drug users in their own everyday life. The services they provide are not governed by political decisions, but based upon humanitarian consideration. It follows that they have few conditioned demands, and drug users can contact them without the threat of sanctions. Drug users are themselves involved in defining their situation and in trying to figure out what their problem is. Voluntary organisations can be said to provide short-term solutions to many of the drug users’ needs, which makes it much easier for the two parties to communicate and work together. As a result, these organisations become a practical and emotional anchorage in the everyday life of the users.

Sustainability and continuity are important aspects of drug users’ contacts with voluntary organisations. When they are temporarily declined access to these services, they lose not only a chance to have a proper meal and to sleep somewhere, but also the security and social contacts that voluntary organisations can provide. In cases where such sanctions are applied, or in situations where drug users feel they have not received a fair treatment, they are liable to feel helpless. Shelters run by voluntary organisations are more tolerant of long-term visitors than municipal shelters, where it is always stressed that their places are intended for temporary accommodation. Long stays at shelters run by voluntary organisations can have a conserving effect upon visitors, at the same time as they are one of the few housing options open
to these drug users. For many drug users, the staff of voluntary organisations serve as a link between their marginalised life and a restricted, but meaningful contact with official interventions. In their capacity as interpreter and link between drug users and the social welfare authorities, voluntary organisations serve as a tool through which drug users can communicate their needs to the social welfare system. Contacts with these organisations can thus constitute an important power resource for drug users, a way in which to put up resistance to the will of social workers.

Conclusions

The police and the social welfare authorities both have to base their operation on the requirements of laws and directives. In addition, their work is governed by a whole range of traditions, values, practices, etc (see Beronius 1986). They place claims upon having exclusive knowledge and an exclusive right to interpret and define drug users’ crimes and problems.

The police have a special status all of their own, the strongest and most repressive professional role. Drug users submit themselves to this special status and to the power explicitly wielded by the police, but also to their latent power. The tendency of the authorities to deal differently with younger and older drug users, we believe, means that the authorities’ traditional professional roles are further intensified in their interaction with younger drug users. The repressive role of the police is reinforced, while the work done by the social welfare authorities is marked by care and concern. For older drug users, it seems that the opposite holds: the understanding showed by the police means older drug users can enjoy a more lenient treatment, whereas the social welfare authorities tend to focus more on the control aspect.

The hidden, implicit power of the social welfare authorities emerges clearly from the drug users’ accounts. Regardless of whether drug users accept the social workers’ right of interpretation, there remains the dilemma that they have to cope with the lack of clarity and the ambiguity of social workers. This lack of clarity is seen in the reluctance of social workers to talk about, and possibly even see, the power and influence of their professional role (see Johansson & Skrinjar 2001). We consider this a form of disciplining. At the same time, the ambiguity that prevails in the practical encounters between drug users and social workers can lead to an exclusion of drug users since more often than not, the efforts at normalisation fail. Exclusion from one particular domain carries a high risk of exclusion from another — if for instance you fail to maintain contact with the social welfare authorities, it is extremely hard to find accommodation or to receive treatment (see Sahlin 2001).

Since the early 1980s Swedish drug control policy has been aimed at creating a drug-free society. This policy is reflected in encounters between social workers and drug users. The benefits and support provided by the social welfare system are grounded in the recognition that each individual has the right to decide on his or her own situation. At the same time, though, the help and support provided for the specific target group of “abusers” are aimed getting these people off of drugs, under the “close supervision” of the social welfare system (Socialtjänstlagen 2001:453). A distinctive feature of Swedish legislation and social work appears to be just that — that the job of social workers is to plan the life of drug users, focusing on the primary goal of getting rid of drugs. During the 1990s social policy programmes in Stockholm have been badly affected by a series of cutbacks that among other things has meant that older drug users are now a low priority target group. The situation is extremely difficult for the social welfare authorities, but from the drug users’ point of view it is doubtful whether the regimes of help that involve countless conditions really can contribute to attaining the ultimate goals of social welfare legislation.

Conflicts or stagnant relationships between drug users and social workers are pushing drug users towards voluntary organisations which provide a more convenient avenue to basic need satisfaction. This makes it easier for drug users to avoid the official control of social welfare authorities, and at the same time the support provided by the official system is often wasted. This may lead to drug users remaining on the outside, excluded. On the other hand, the greater freedom of action that drug users can enjoy at voluntary organisations may provide an alternative route to a socially more integrative way of life.

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