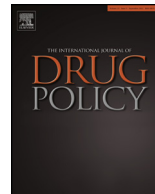




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### Policy analysis

# Depoliticising the political: Market solutions and the retreat of Swedish institutional drug treatment from state management

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#### ABSTRACT

**Background:** This article examines developments in the Swedish drug treatment services in 1982–2000 and explores the ways in which political initiatives and the state administration's management have contributed to the major privatisations of institutional drug treatment during this period.

**Methods:** The empirical basis for the textual analysis lies in official reports, parliamentary material and archived records from the Stockholm County Administrative Board's management of treatment facilities.

**Results:** The major privatisations of drug treatment services in the 1980s were both unintentional and unwanted and mainly arose from a lack of bureaucratic control and ideological anchorage. The privatisations were, however, reinforced by ideologically driven NPM-oriented political initiatives in the 1990s.

**Conclusion:** The market-oriented treatment services have failed to fulfil the needs for diversity and availability within a publicly financed sector, which deals with unevenly informed and often socio-economically weak citizens. New management models in this field must ensure that ideological considerations are taken into account to meet politically decided goals and means.

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Swedish drug treatment has long been castigated for poor effectiveness and lack of a sound knowledge base. Research has also branded public management of the treatment field as rather weak, recognising this as both cause and effect (Bergmark & Oscarsson, 1988, 2009; Blomqvist, 1996; Börjesson, 1989; Goldberg, 2005; Gustafsson, 2001; Segraeus, 1981; Tops, 2001). The dilemma seems internally coherent: without relevant knowledge about what works, it is difficult to steer in the desired direction, which then leads to an absence of positive results. The criticism of a lack of control is however a conclusion without apparent empirical support. As the effectiveness is so poor, politicians and authorities must have failed in their control of the activity. But this presupposes that politicians and authorities have agreed on precise goals, such as that drug misusers should stop consuming drugs. As shown in previous research (Edman, 2013a, 2013b, 2013c), this has hardly been the case.

On a political and bureaucratic level, the treatment of drug misusers has largely been an arena for political initiatives and ideological positioning, and at least until the social welfare legislation reform of 1982, the highest regulatory authority – the National Board of Health and Welfare [NBHW] – was both a competent and a potent control authority. The somewhat

misleading criticism of governmental control must therefore be seen as a sign of something else: that the issue has not been examined empirically. As a consequence, the NBHW's role during the drug treatment services' consolidation period in the 1960s and 1970s has been misunderstood and the ideological dimension of drug treatment has not been recognised. As another consequence, the rather dramatic development of the drug treatment sector during the 1980s and 1990s – when regulatory agency moved from the NBHW in the early 1980s to the County Administrative Boards [CAB] – has not been properly studied.

This article examines the development of Swedish drug treatment services in 1982–2000. The focus lies on the new circumstances following the social services reform of 1982, particularly the implications of a new regulatory agency from the early 1980s onwards and the impact of new governance models from the early 1990s on. The article examines both the central management of substance misuse treatment, and the national political arguments for and against more private agents in this field. The study is empirically based on official reports, parliamentary material and archived records from the Stockholm County Administrative Board's management of 49 treatment facilities.<sup>1</sup>

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<sup>1</sup> A more comprehensive study of the County Administrative Board's management, with references to the archives, has been published in a monograph written in Swedish (Edman, 2012).

I will briefly outline the article's starting points regarding the general development of the Swedish welfare state during the late twentieth century and government control before tackling the empirical investigation of the CABs, the parliamentary political positioning on the matter, the actual drug treatment services and privatisation thereof. The article concludes with a summarising analysis.

### Drug treatment and market deregulation

The period studied here coincides with years of market deregulation in Sweden and other countries (Bergh & Erlingsson, 2009; Ferrera, 2014; Potrafke, 2010; Ryner, 1999). The development of Swedish drug misuse treatment could therefore be seen as yet another example of politically initiated and bureaucracy-implemented reforms during what has been described as the heyday of neo-liberalism (Ferrera, 2014). A vast corpus of literature suggests that this development could be interpreted as a consequence of new steering models from the 1980s onwards, especially governance techniques described as new public management (NPM). Although there is no univocally accepted definition of the NPM (Cairney, 2002; Willis, Young, & Stanton, 2005), some features are recognisable as parts of this 'post-bureaucratic paradigm' (O'Flynn, 2007, p. 354). Privatisation and quasi-privatisation of public activities, the introduction of market mechanisms and competition in the public sector, separation of policy and implementation, outsourcing of public services and an emphasis on outputs over inputs have all been identified as belonging to the NPM set-up (Hood, 1991; O'Flynn, 2007; Willis et al., 2005).

The basic assumption behind new public management is that democratically elected governments are inefficient and unable to reach decided objectives. It has been argued that governments tend to be corrupted by interest groups and that bureaucracies are steered by self-interest, leading to a costly wastage of resources in order to gain power and pursue ideological goals (Boyne, 1998; O'Flynn, 2007). A fundamental but not always articulated presumption in the NPM is however a distinctly observable and measurable outcome (Hood & Peters, 2004). Even though a publicly funded activity such as substance misuse treatment lacks many of these manifest outcomes, it has still to a large extent been exposed to the models of thought imbedded in the NPM (Stenius, 2011).

However, I believe that the development of the Swedish drug misuse treatment, albeit with a similar end result, has proceeded differently from market-oriented reforms in other areas. According to Bergh and Erlingsson (2009), there was a significant orientation towards market solutions in many areas in Sweden in the 1980s and 1990s when the Swedish society developed from 'a highly regulated economy' to 'one of the world's most open economies' – exemplified by, among other things, the credit market, telecommunications and the electricity market. The mechanisms behind this development have been described as in accordance with a Swedish political culture marked by a deliberative, rationalistic and consensual strand (Anton, 1969; Bergh & Erlingsson, 2009). In the field of substance misuse treatment, there is however reason to question the role of a sound knowledge base and the alleged rationalism for the creation of supposedly un-ideological consensus politics. Instead, as shown in a review of all public inquiries that in one way or another addressed the drug problem in the years 1882–2011 (Edman & Olsson, 2014), there has been significant fluctuation in the understanding of the problem, scientific claims and terms of use.

The description of Swedish political culture as consensus-oriented, and of the market-oriented development of the 1980s and 1990s as an un-ideological adaptation to new ideas about the welfare state's ability and role, has also been questioned on a more general level. A focus on a more conflictual development where different interests and power resources have stood against each

other makes it possible to identify not only political forces behind the welfare state transformation of the late twentieth century, but also ideologically shifting positions for the whole political field (Ryner, 1999). This perspective is shared by Ferrera (2014), who sees clear ideological elements both in the late twentieth-century neo-liberal overhaul and in an observed reaction from the 1990s onwards (described as liberal neo-welfarism). Economist Niklas Potrafke (2010), examining the ideological significance of the various OECD countries' market orientation in the late 1900s, makes this argument about a general ideological shift into a rather curious ad hoc conclusion: right-wing governments have been more market-oriented and where left-wing governments also have been so, this is explained by their right-wing tendencies.

During the years under examination, Sweden had social democratic governments for more than 15 of the 19 years. New legislation specifically regulating substance misuse treatment was launched in 1982 and this legislation changed little during the investigated years. A number of political statements and legislative reforms on a more general level during the early 1990s can be read as an introduction to more articulated NPM-influenced thoughts, but privatisation of drug misuse treatment was initiated even earlier. When looking for the privatisation of substance misuse treatment in these years, we must therefore also look elsewhere than in the reforms with a rather clear political agenda that Bergh and Erlingsson (2009) take as their starting point for sketching out the deregulations of the late 1900s. One important factor was the handing over of bureaucratic responsibility from the National Board of Health and Welfare to the County Administrative Boards.

### Bureaucratic reform and loss of control

Three traits of Swedish drug treatment and its political-administrative organisation should be mentioned in order to properly understand the development. First, alcohol and drug misuse have long (ever since the first Alcohol Misuse Treatment Act came into force in 1916) been primarily viewed as social rather than medical problems in Sweden, at least within the realm of public policies that have sought to contribute to their solution. This has several implications, but in line with the arguments in this article, the most important is that Swedish substance misuse treatment has, for the better part, not been widely discussed in terms of diagnostic criteria and other features perpetuating the health care area – perspectives that could have contributed to a rationalist de-ideologisation assumed by some research (e.g. Bergh & Erlingsson, 2009). Another important implication is that individual substance misuse has been subjected to private medical practitioners only to a limited degree and has therefore usually not been regarded as a problem to be solved within the private sector.

The second characteristic, however, points in a different direction: Swedish – socially defined – substance misuse treatment has from the beginning been an activity in which government action has been integrated with NGOs working in the field (Stenius, 1999). Legislation, government grants and administrative procedures have therefore been developed to allow – not prevent – non-state agents to work with misuse.

The third distinctive feature is the high degree of freedom in the implementation of this and other policies (see e.g. Anton, 1969). Political decisions at a relatively high level of abstraction have been accepted by the parliament despite ideological conflicts. Potential ideological conflicts have often found a concrete form only at the level of bureaucratic administration when, for example, public authorities have decided on the distribution of means. In a phrase borrowed from Ferrera (2014, p. 423), the active ideologists have been 'bureaucrats "with vision"'.

Swedish drug treatment has allowed different implementing agents and a great breadth of programme goals. This organisational

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