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SCIENCE DIRECT
International Journal of Drug Policy 16 (2005) 384–392
THE INTERNATIONAL JOURNAL OF DRUG POLICY
www.elsevier.com/locate/drugpo

Policy Analysis

Discipline or contain? The struggle over the concept of harm reduction in the 1997 Drug Policy Committee in Finland

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Received 21 June 2004; received in revised form 16 June 2005; accepted 22 June 2005

Abstract

Based on archive sources and interviews with the people involved, this case study revisits the 1997 Drug Policy Committee in Finland and the struggles that were fought out within that committee over the definition of drug issues: the two main rival camps were the police authorities that were advocating for a drug-free society and insisting on policies of strict control and, on the other hand, the social welfare, health and criminal policy alliance that was in favour of harm reduction. The committee's efforts produced the first national drug strategy. Applying a social constructionist approach to social problems, the analysis concludes that the general objective of harm reduction, in the drug strategy was based not only on public health concerns: the ideological roots of the concept can be traced back to the tradition of a rational and humane criminal policy that was first adopted in the 1960s and 1970s. According to this tradition, criminal and social policy were primarily aimed at minimising overall social harm and at protecting the minorities that were the targets of control. The article describes the argumentation of different administrative and professional groups and their positions on harm reduction and the goals of a drug-free society. The end results, the aims and measures of the drug strategy, was a compromise between two logics, which has since paved the way to the further elaboration of the policy of harm reduction but also stricter criminal controls on drug users.

Keywords: Drug policy; Finland; Harm reduction; Public health; Criminal policy

Introduction

This case study describes the social construction of the drug problem in Finland at the end 1990s. In a social constructionist approach, drug policy or any other regulation policy in society is seen to be formulated in a collective process of defining the policy object (social problem) and related means for addressing it (Blumer, 1971). In order for us to understand a policy or regulation, the main actors and their claims of expertise regarding the problem need to be identified.

In their comparison between drug policy formulations in Sweden and Great Britain, Lindberg and Haynes (2000) focus on the influence exerted by societal and professional elites in particular. They conclude that the differences between the drug policies of these countries can largely be attributed to the hegemonic or marginal position of different professions and other interest groups in drug policy formulation and government. Drawing on the neo-elite theory (Gray, 1994, p. 105; Lindberg & Haynes, 2000), they argue that drug policy elite groups and their networks tend to control drug policy discourses and disregard any analyses of the problem that are unfavourable for them. Elite networks persuade decision makers to look at the problem from a specific perspective and to accept their solution to the problem. According to the neo-elite theory, power is not exerted by a certain coherent group but by a less specified situation-specific network composed of individuals, groups or organisations sharing the same values and aims to a sufficient degree. In what follows, I will analyse drug policy formulation in Finland employing the similar approach as Lindberg and Haynes: as a distributive ('each actor's power depends on other actors' power') and collective ('by joining forces actors can increase their power

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doi:10.1016/j.drugpo.2005.06.006

in relation to others') use of power where the different professions and other interest groups strive to increase their power resources and strengthen the position of their own problem construction as a basis for the selection of drug policy goals and means.

The analysis focuses on the work of the 1997 Drug Policy Committee in Finland. This Committee delivered the first ever national strategy on drug policy (Huumausainestrategia, 1997). The work of the Committee was concerned with the reconciliation of the views of different authorities and experts at a time when public concern about and attention paid to the drug issue were rapidly increasing (e.g. see Hakkarainen & Tigerstedt, 2004). From the perspective of a constructionist analysis of power, the debate within the Committee was about the 'ownership' of the drug problems. The outcome, i.e. the national strategy, was a kind of co-ownership arrangement: it gives a voice to all the key actors: law enforcement authorities, social and health authorities, substance abuse care agencies, the medical profession, NGOs, researchers, and so on. But although many voices are heard in the strategy, some voices are louder than others. In what follows, I will describe these voices, i.e. the implicit authors of the drug strategy, and describe the drug-policy rationalities of their position-taking. To do this, I focus on the notion of *harm reduction* as used in the report: what the Committee referred to when speaking about harm reduction, how, why and by whom the drug issue was defined as a matter of harm and harm reduction, and how, why and by whom the use of this notion was opposed.

The data consist of the records of the Drug Policy Committee and interviews with two Committee secretaries and five members and experts of the Committee. The records consist of some 13 folders of Committee proceedings, notes, Committee members' comments on draft reports, expert reports submitted to the Committee, documents distributed, press clippings, correspondence, and opinions requested from various authorities and organisations after the submission of the Committee report. In addition, I have made use of a variety of drug, health and criminal policy documents and discussions on the media to put the harm reduction discourse into context.

Goal: harm reduction

One of the main principles stated by the Drug Policy Committee in its report was that the goal of drug policy should be harm reduction. Accordingly, the goal of drug policy was to prevent drug use and the spread of drugs so as to minimise harm, but the best way to achieve this was seen to be a restrictive, prohibitionist policy:

> The goal of drug policy is to prevent drug use and spread of drugs so that the financial, social and personal harms and costs caused by their use and combating them will be as small as possible. (. . .) In the present situation the best way to promote this goal is a restrictive drug policy, including a ban on experimentation and use. (p. 56)

Typically, it is considered that there are two main drug policy approaches: restrictive policy and harm reduction policy. In Finland, these policies have been seen as being contradictory (Kontula, 1998) or at least in conflict with each other (Hakkarainen & Tigerstedt, 2004; Tammi, 2002), although they have occasionally also been regarded as complementary strategies. The report by the 1997 Drug Policy Committee mention them both, one as the goal and the other as the means. The Committee thus ended up regarding these strategies as complementary: restrictive policy (the means) is used to reduce harm (the goal).

I will next describe the process in the course of which this kind of interpretation was arrived at. I also argue that the notion of harm reduction was used at two different levels in the Committee's work. First, it was used to refer to the introduction of certain public health-policy measures to make them an integral part of official drug policy. There was opposition to the introduction of such measures (needle exchange and substitution treatment), but compared with Sweden (see Lindberg & Haynes, 2000), for instance, the opposition was less determined and had less arguments to present. Second, the notion of harm reduction was used in the broader context of the struggle between those who advocated harm reduction policy, i.e. 'the rationalists', and the proponents of a drug-free society, who were against it. In this struggle, the main emphasis was not on the public health-policy goals of harm reduction but on more general differences in societal ethos and public policy thinking.

The functions and composition of the Drug Policy Committee

Until the mid-1990s, illicit drug use and related problems remained marginal in Finland, but towards the end of the decade the situation began to change: drug use and related harms increased quite rapidly (Partanen & Metso, 1999). According to population surveys, the life-time prevalence of drug use (i.e. mainly experimenting with cannabis) doubled between 1992 and 1998 (from 4.6 to 10.2%), and the estimation on the number of "hard drug users' indicated that only in 2 years—between 1995 and 1997—their number had been increased by 40% in the Helsinki area (Partanen et al., 1999). As a result of informing the public, politicians and authorities about the arrival of this 'drug wave' to Finland, there was increasing public concern about and attention paid to the drug issue. Drugs were debated in public on a daily basis, professions demanded more resources and soon a national committee was set to create a national drug strategy for handling the emerging social problem:

> The Parliament requires that the Government should draw up an action programme in 1995 for preventing drug use and the spread of drugs. (Report No. 51/94 of the Parliamentary Social Affairs and Health Committee on the