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A cannabis reader: global issues and local
experiences

Perspectives on cannabis controversies, treatment and
regulation in Europe

Editors

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Chapter 5

Cannabis's role in drawing attention to 'the drugs problem' in Sweden

Keywords: cannabis – jazz musicians – media coverage – moral panic – Sweden

Setting the context

In many aspects of government the 'Swedish model' is held up as a paradigm. Sweden is often cited as proof that a distributionist welfare state can co-exist with a strong market economy. Although Sweden is not immune to social problems, the country's 9 million inhabitants are able to boast an impressive record within EU countries on many health indicators.

So how does Sweden look in terms of cannabis and illicit drugs? Sweden promotes a vision of a 'drug-free society' at policy level. It recently appointed a National Drug Policy Coordinator to espouse what it terms a 'restrictive and humane strategy', and in September 2006 its drug policy was singled out for praise from the UNODC in a report which concluded that the country's vision of a drug-free society 'has not been found to be obsolete or misdirected' (UNODC, 2006).

Cannabis prevalence rose in Sweden in the early 2000s, particularly among youths, and was reported as 'very worrying' in a Swedish government report (Ramström, 2004). Reported last month prevalence among young people rose from 1.3% in 2000 (16- to 34-year-olds) to reach 5.3% in 2004 (18- to 34-year-olds) and dropping to 4.8% in 2005 (16- to 34-year-olds) (EMCDDA, 2006). Sweden has also observed a general increase in the tested potency of cannabis, and anxiety has been expressed about increases in treatment admissions. In 2007, the Swedish Rikskriminalpolisen published a report that suggested that the cannabis market is larger than previously thought: 25–30 tonnes per year, with around 140 cannabis smuggling networks operating. Nonetheless, at 2.9%, cannabis prevalence among young people in Sweden (15- to 24-year-olds) remains the third lowest in EMCDDA reporting countries, after Greece and Lithuania.

This chapter studies cannabis's cultural role in what sociologists term a *moral panic* about drug use in Sweden. It examines the evolution of drug use from almost a non-issue to a highly debated cultural construct. Its extracts from contemporary media reports with a salacious tone suggest that Europe was no stranger to the much-ridiculed 'reefer madness' campaigns of 1930s America.

It is interesting to note how responses to drug use evolved to embrace a moral and welfare-related approach as opposed to a medicine- or psychotherapy-based focus. While in Sweden the vision of a drug-free society has been able to gain political legitimacy, in many other countries more pragmatic approaches have been adopted. Today, decades after the reports quoted in this chapter, stories about drug use — particularly among youths, celebrities, musicians, criminals and clubbers — still retain a hold over the public imagination.

Further reading

The politicisation of cannabis and drugs

Goode, E. (1970), *The marijuana smokers*

www.druglibrary.org/special/goode/mjismokers.htm

Goode, E., Ben-Yehuda, N. (1994), *Moral panics: the social construction of deviance*, Blackwell, London.

Maccoun, R., Reuter, P. (2001), *Drug war heresies*, Cambridge University Press, Cambridge.

Schlosser, E. (2003), *Reefer madness and other tales from the American underground*, Penguin Books, London.

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Swedish drug policy

Boekhout van Solinge, T. (1997), *The Swedish drug control system: an in-depth review and analysis*, Cedro, Amsterdam.

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Cannabis's role in drawing attention to 'the drugs problem' in Sweden

Börje Olsson

World illicit drug consumption has increased substantially since the beginning of the 1990s. The annual number of users of all illicit drugs ⁽¹⁾ in 2007 was estimated at about 200 million people. For cannabis, the corresponding number is 158.8 million, compared with 24.9 million for amphetamines, 15.6 million for opiates, 14.3 million for cocaine and 8.6 million for ecstasy (UNODC, 2007).

Even if cannabis is by far the most frequently and widely used drug, the bulk of problems related to illicit drug use is linked to other substances, such as heroin and cocaine. In this respect, cannabis use is a subordinate issue, but in present and past policy controversies cannabis plays, and has played, a central role. Why is this so? This chapter focuses on the role of cannabis in the 'cultural construction' of the modern drug problem in Sweden. It aims to discuss cannabis's central role, and to provide tentative answers.

The modern idea of 'a drug problem' developed fairly simultaneously in many Western societies in the late 1960s. It was characterised by an increased prevalence in groups not previously associated with drug use, and as a particular phenomenon that was distinct from previous, medical drug use. While historically cannabis experienced some pharmaceutical usage, it largely disappeared from legal medical practice in Western Europe before the Second World War (see Fankhauser, this monograph). A number of factors contributed to drugs being viewed as a problem: (i) recreational cannabis use as an intoxicant among 'exclusive' or 'deviant' groups as jazz musicians and other artists; (ii) claims that cannabis caused crime, mental illness and in severe cases even death; and (iii) the fact that synthetic preparations considered more effective than cannabis were invented, for example barbiturates and painkillers such as aspirin (Russo, 1998; Mack and Joy, 2000; Grotenhermen, 2002). Compared to many other substances which today are common on the illicit drug market — for example morphine and other opiates — cannabis was fairly easily ruled out from legal medical practice. Yet these medicinal substances continued to experience extensive, often highly praised use in

⁽¹⁾ The number of people who have consumed an illicit drug at least once in the 12 month period preceding the assessment.

regular medicine and as long as the users were seen as patients in need of treatment, drug use as a social problem was not an issue (Olsson, 1994; see also Fankhauser, this monograph).

Cannabis use played an extraordinarily important role in the process where drug use developed into a social problem in modern societies. This might seem odd considering its relatively mild effects and limited harms vis-à-vis opiates. As will be discussed, this paradox can be explained. In fact, it is doubtful whether our views on drugs and the policies developed upon them would have looked the same if cannabis had not existed. This general question will be discussed by taking its point of departure at the time of the Second World War and in one specific country, Sweden.

Though a prerequisite, the mere existence of drugs is not sufficient to create a drug problem. But to understand the roots of the 'modern' drug problem in Sweden, it is nevertheless a good starting point to turn to the introduction of amphetamines as pharmaceutical preparations towards the end of the 1930s. They were introduced for medical purposes and, as usual, the new medicament was praised as efficient, without side-effects and suitable for a variety of problems, such as narcolepsy, epilepsy, depression, psychosis, fatigue, excessive weight and obesity (Goldberg, 1944).

Amphetamines or similar drugs that stimulate the central nervous system rapidly became popular and their use spread to a significant proportion of the Swedish population. It has been estimated that in 1942–3 there were about 200 000 users of amphetamines in the country, corresponding to 3% of the adult population (a proportion that exceeds today's amphetamine prevalence by 5 to 10 times). Even if the majority were occasional users, nearly 10 000 used them as frequently as between once a week to several times a day, and many in the latter group did so in extremely high dosages (Goldberg, 1968). Despite this, there were no signs of constructing drug use as a social problem. On the contrary, the privilege to formulate drugs as a problem was still solidly contained within the medical field. When drug use was perceived as a problem, it was as an individual disease suitable for the family doctor to treat (Olsson, 1994).

Multiple Swedish government investigations during the 1950s concluded that drug use offered little cause for alarm. Conclusions were drawn that there was appreciable prevalence in amphetamine (3%, Goldberg, 1968) and opiate use, although these were predominantly used by well-adjusted citizens for medical or therapeutic purposes (Medicinalstyrelsen, 1956). Moreover, incidences of opiate addiction could be best treated by a family doctor (Olsson, 1994). Although there was some acknowledgement of the threat of amphetamines, heroin (Bejerot, 1969) and cannabis, particularly to young users, reports on 'societal risks' — for example those associated with intravenous heroin use — drew predominantly on case studies outside Sweden. Furthermore, attempts to link problem drug use to subcultural groups by the Liberal Party MP

Rimmerfors were met with scepticism (Rimmerfors, 1954, 1958). In short, drug problems were generally perceived as alien to Swedish society. Swedes were using drugs for medicinal, not mind-altering, effects.

However, towards the end of the 1950s discussions appeared in which drug use as a social problem started to be identified and defined. The reasons behind this had little to do with the extensive oral use of amphetamines or morphine among well-integrated persons. What the public discourse started to pay attention to were three other phenomena: (i) drug use among musicians and artists; (ii) the link between these groups and youths; and (iii) a few years later drug addiction among marginalised groups. The first two received the most attention in the media. Amphetamines and cannabis use among musicians and other artists were perhaps the most frequently highlighted in the press. Limited use of morphine was also reported. Half a century after these reports and descriptions were published in newspapers, it is evident that one of the most distinguishing features in them was a strong tone of moral condemnation. This is true not only for drug use and drug users but also for the kind of lifestyle these artists represented. The following article illustrates this.

A lot has been written about the historical roots and developments of American jazz music. Unfortunately, the historical writing has been blind to the dark sides of jazz music and only focused on its charming, exciting and positive aspects (...) but the rush, stress and the increased competition between top musicians and, not least, unscrupulous managers have provided musicians and artists with an illusory substance that overcomes fatigue, increases the performance capacity at the same time as it turns them into slaves under the most dangerous vice that exists, drug addiction. (...) Youths talented for the profession as musicians worship the American stars as they were gods, and they try to imitate them at any prize. They make contacts at frequent guest performances and young Swedes get enthusiastic descriptions of how improvisation and other forms of liberation is amplified simply by smoking one joint of marihuana.

(*Aftonbladet*, 11 April 1954: author's translation)

The article highlights several aspects of the drug problem that were important in forming the general perceptions of drug use/misuse/addiction. In absolute numbers, the groups referred to involved only a few persons frequenting certain clubs and bars in the 'Old Town' of Stockholm, while the much larger group of persons using amphetamines were hardly given any attention. The quotation also indicates one of the main reasons why anxiety about drugs was soon to escalate, namely the clear link that was established between this exclusive group of American musicians and young Swedes. The anxiety was further increased through repetitive descriptions in other articles that appeared concerning promiscuous young girls and drugs.

It is well known to social workers that the mean age among female prostitutes in Stockholm is constantly decreasing. The influx of 16 to 20 year old girls is presently big. It involves teenage girls who have a history of being regular frequenters of obscure dance halls where they have established contacts with mediocre artists who have provided them with drugs.

(*Aftonbladet*, 7 November 1954: author's translation)

From 1954 onwards, the link between drug use and youth in media becomes more and more evident. Also, well-adjusted young people are described in the context of drugs and drug use, making it possible for any parent to identify with the narratives presented.

Daily, dozens of teenagers hang out at cafés. It is schoolchildren, often from well-off families, who without further ado skip school and homework, who drift about in gangs, who pretend they are Bohemians, poets, and drug users. Among the most advanced groups of youth in Stockholm, it has come into fashion to smoke hashish or marijuana or to get high on Phenedrine and sleeping-pills.

(*Arbetaren*, 24 February 1954: author's translation)

Certain important features that have become central to how the Swedish drug problem later was conceived and defined were thus already present in 1954. Among the most important were the dominant perception of drugs as something alien to Swedish culture ⁽²⁾ and drugs as a serious threat to young people. At the same time, less attention was paid to the medically initiated use of drugs among somewhat older, ordinary citizens, and the fact that amphetamine use was already spreading among older criminals was not yet noticed. In other words, the portrayal of cannabis as a threat was both pronounced and distinct, but in reality did not yet live up to the legend. Even if jazz musicians, certain other groups of artists and a number of young people in their circles were given a prominent place in media narratives of drug use, their numbers were still very limited and an overwhelming majority of Swedes never had any contacts with drug users.

A simultaneous development took place which eventually would develop into the factual core issue in the Swedish drug problem: amphetamine use — in particular, amphetamines used intravenously — among established criminals. Due to reasons which are beyond the scope of this chapter, this unique form of drug use became extremely widespread in criminal circles. To some extent this process started already during the early 1950s, but it was not until the end of the decade and during the early 1960s that this pattern, peculiar to Sweden, really took off. As increased amphetamine use among criminals became evident, the controls of these substances also were made more stringent. Amongst other developments, by 1960 all amphetamine-like substances were included in the national list where narcotic drugs were classified. The legal channels to obtain access to these drugs were successively blocked, which led to an increasing number of drug crimes as the number of misusers and addicts continued to increase. This triggered a series of control measures such as, for instance, the setting up of a specific drug prosecutor and a police drug squad, together with a successive sharpening of drug legislation. At the same time, the legal consumption of narcotic drugs dropped to a fraction of its previous levels (Olsson, 1994).

⁽²⁾ Drugs as an alien element in Swedish society and culture has later been analysed by Tham (1995).

To summarise, taken together these three phenomena had a great impact on how the definition of the 'modern' drug problem developed and which drug policy was to be implemented. A crucial factor was that drug use (outside legal medical use) was something novel and unknown to Swedish society and culture, and to which frightening properties were attributed through references to intravenous heroin addiction in other countries. The image of drugs as a serious threat increased significantly due to the links made to ordinary youths running the risk to be drawn into the slavery of addiction. Also, and in sharp contrast to earlier images of the more familiar and legal medical use of drugs, clear links were outlined between drug use at the one hand and criminality and marginalisation at the other, as a result of the actual, visible and widespread amphetamine use among criminals.

As far as cannabis is concerned, thus far we can draw a tentative conclusion. Seen in isolation the actual prevalence of the substance played only a limited role in how basic perceptions and definitions of the drug problem originally were formulated in Sweden. Cannabis instead played an important role in adding strong moral and legal 'spin' to Swedish drug policy. It was portrayed as strange, unknown, alien, exotic and frightening and, in contrast to, for instance, opiates, there was hardly any lingering 'normal' medical use of cannabis after the Second World War. This concept of deviance was strengthened by the fact that people had almost solely to rely on illegal channels to obtain cannabis. Furthermore, the mind-altering effects of cannabis were unfamiliar to the 'normalised' intoxication culture in Sweden, that is to get drunk on alcohol. Empirical definitions of the substance in the medical field were held back by the absence of reporting of negative effects of cannabis in the medical literature. Such a 'knowledge vacuum' enabled moralists to step in and approach cannabis in alarmist terms. So public interest was weighted towards moral, legal and social aspects of cannabis use and the threat to young people that cannabis was seen to constitute. This weighting had a great impact on the process where not only cannabis, but drugs in general, grew to become a disproportionate public problem that required a response at the policy level.

By 1965 the situation around drugs had matured to the extent that all necessary prerequisites were at hand for the government to delineate what was to become a fundamental aspect of Swedish drug policy. A government commission was appointed to conduct the first comprehensive investigation into the drug situation in Sweden. The commission worked for four years and published four thick volumes ⁽³⁾ in which, apart from the articulation of negative moral perceptions, priority was given to the legal and social aspects of drug use. Control, prevention and treatment were from the beginning the main pillars in the model which later became one of the most restrictive in Europe. It is interesting to note that the legal and social aspects were not only dominant in the two first pillars, but also in the third, treatment. In contrast to many

⁽³⁾ SOU 1967, 25; SOU 1967, 41; SOU 1969, 52; SOU 1969, 53.

other countries, the Swedish drug treatment system was built outside the medical sphere and to a large extent based on principles that do not constitute medical treatment. The overall responsibility for providing drug treatment was placed upon the social welfare system and many of the specific treatment methods utilised had strong moral and social components. Apart from a small experiment with methadone treatment, all treatment activities were drug-free and aimed at total abstinence from drugs. The role of medical authorities was limited to handling complications related to drug use and to providing detoxification before the patients were transferred to long-term treatment provided by the social welfare system, which was preferred to institutional treatment. A distinctive feature of Swedish drug treatment was that, at least during its first 15 years, drug use was perceived as a symptom of severe social and psychological problems and that treatment, therefore, should focus more on what caused the symptom than on the symptom itself. Both laymen and non-experts were given an important role in treatment, reflected by the very strong influence of treatment institutions run by NGOs (Socialstyrelsen, 1973).

A striking example, which serves to illustrate the strong legal, moral and social dimensions of drug policy, is the development of an influential form of institutional drug treatment model for youths in Sweden, which has become known as the 'Hassela pedagogic' (named after the village where the first institution was set up in 1969). This model — where one of the foundations is 'medlevarskap' (living together), meaning that clients and staff live together round the clock — put young addicts for a considerable period of time in a permanent and stable group of adults to work and study. Such firm fostering is a key concept in the model: adolescents are strictly reminded of 'forgotten basics' such as good friendship, solidarity with the group and respect for work. The 'Hassela pedagogic' goes against the grain of the concept of therapy in the sense that treatment is explicitly rejected and the focus is instead on education and fostering pupils (the term used instead of clients or patients) into decent, well-integrated and hard-working citizens (Tilander, 1991). It should also be noted that the majority of young addicts in this form of institution are treated compulsorily as a result of a legal decision (Bergmark et al., 1989).

This particular form of treatment had a significant impact on treatment models and methods for adults when they were designed and it is one of many examples of the strong legal, moral and social dimensions of Swedish drug policy. As has been shown, this architecture was rapidly constructed once drug use was recognised as a public problem and already before the advent of the 1970s, the foundation was laid for a policy that has remained unaltered if we consider the basic perceptions of drug use. It is true that drug policy became gradually more restrictive over the years and that numerous repressive measures were introduced, but this cannot be seen as a redefinition of the perceptions, but rather as a quantitative change where more weight was placed on the control side of drug policy (Lenke and Olsson, 2002).

Some of the conclusions, at least tentatively drawn in this chapter, contradict popular understandings of how drug use developed in Sweden and how the drug problem was formulated. Maybe the most popular belief is that the Swedish drug problem took off when different youth cultural trends (hippies, flower power, etc.) spread around the world towards the end of the 1960s (see Abrams, this monograph). In these cultures drugs, and especially cannabis, played an important role. A closer look at the Swedish situation shows that drug use related to these types of youth cultures was hardly a new drug epidemic. Certainly, cannabis use among young people became more common from about 1965–7, but the prevalence figures which were reached were still modest and restricted to limited circles, in particular the major cities. Furthermore, for a vast majority of young people drug use was confined to trying cannabis once only or experimenting with the substance a few times (SOU, 1969: 53). Prevalence peaked only a few years later, after which a rapid decrease occurred (CAN, 2003). Later analysis shows that most of those who experimented with drugs in a more serious way, almost exclusively cannabis, only did so for a short period of time, after which they returned to a 'normal' life without drugs (Solarz, 1990). Those making up the group of problem drug users in Sweden were recruited through completely different channels, where the common denominator was the marginal position which preceded their drug use (Bejerot, 1965, 1969; Olsson, 1994).

The Swedish hippie era, if it is possible to talk about such an era at all, and the radical youth movement around 1968 were important to conceptions of the drug problem. However, they added little in terms of originating or redefining 'the drug problem'. The hippie era simply allowed media and other actors to revitalise the public discourse on youth and drugs that had already started some 10 years earlier but which, as with most discourses, had stagnated. In particular, two dominant aspects of the discourse in the mid-1950s were revived around 1968: firstly, the idea of youth oppositionism or rebellion, which was attributed to both the youth movements of the mid-1950s and those of the end of the 1960s; secondly, the idea of danger, in terms of the grave risks that were associated with drug use, with no exception made for cannabis. Since cannabis prevalence in the hippie era surpassed by far that in the 1950s, the effect was to 'upscale' the problem with little change to its key qualitative features. Again, we see portrayals of drug addicts as persons without will power who have become slaves to a lethal vice compelled to act as chemically driven 'crime machines' (Winsløw, 1984). Again, we see the factual domestic situation where amphetamine use rapidly spread to become an integral part of an established criminal sub-culture.

In short, the main effect of the 'drug wave' towards the end of the 60s in Sweden was to revive dormant anxieties of an impending social catastrophe and at the same time provide fertile soil for a drug policy with strong moral, legal and social dimensions.

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