

# Moral perspectives in the Swedish alcohol and drug treatment system

**Jessica Palm**

Moral concerns – Treatment staff and user perspectives on alcohol and drug problems. Stockholm: University of Stockholm, Department of Criminology, Dissertation in Criminology no. 19 & Centre for Social Research on Alcohol and Drugs (SoRAD), Dissertation no. 5. 2006, 252 p.

The aim of Jessica Palm's dissertation "Moral concerns – Treatment staff and user perspectives on alcohol and drug problems" is to contribute to an understanding of how alcohol and drug problems are viewed in contemporary Sweden. It is an important topic to study staff attitudes to the patients and their problems, as they influence both the discourse on alcohol and drugs, and have an impact on the services received by the patients. The main data of the dissertation are from a large research project initiated by SoRAD: Women and men in Swedish alcohol and drug treatment, a project carried out in Stockholm county. Staff-questionnaires were filled in by around 900 health care and social service staff, and data were also collected from close to 2,000 interviews of clients and patients entering the health care treatment system, and clients receiving service in the social service system. This large and successful project has resulted in two other doctoral theses, a number of articles and reports and more publications are in progress.

Jessica Palm's thesis is divided into six parts; an introductory chapter, four research articles and an appendix where an overview over the whole study is given. The introductory chapter starts with a historical background for how use of alcohol and drugs has been constructed as problematic in Sweden. However, the author makes it quite clear that she is not writing an overview of the research on the treatment system, but that

her objective is to emphasize particular aspects from former studies that are relevant to her own research. These features show that alcohol and drug problems have been a highly moralized area, and when alcohol and drug problems have been encountered in Swedish society, they should be solved. The author finds that the historical descriptions reveal four perspectives on alcohol and drugs: the moral perspective, the medical or disease perspective, the social perspective, and the public health perspective. The perspectives tend to shift due to structural changes, industrialization, the welfare state developments, and marketization. All in all, a strong moral view of alcohol problems, a disease perspective, and a social perspective all belong to the social heritage of the Swedish welfare state.

The first paper of the dissertation deals with "The nature and responsibility for alcohol and drug problems: Views among treatment staff". Four main research questions are raised regarding the view of the staff in the treatment system: Are alcohol and drug dependent persons responsible for becoming dependent? Are alcohol and drug dependent persons responsible for recovering from their dependency? Do the views of social service staff differ from the view of staff working in the health-based system? Are there differences in how the staff view alcohol problems and in how they view drug problems? The data are analysed with the help of the theoretical model developed by Brickman et al. based on the attributed responsibility of the individual for his/her problem and for the solution of the problem: The moral model, the compensatory model, the enlightenment model, and the medical model. The results show that there is not one dominating model in the treatment environment. The staff views clients as partially responsible for the emergence of his or her alcohol or drug problems, and fully responsible for solving the problems. A stronger support was found for the medical model among social service staff than among the health staff, who to a somewhat greater extent agree with the moral and

compensatory models. The author found that the view of alcohol problems did not differ to a large extent from the view of drug problems.

The author presents different results from Jan Blomqvist and Margaretha Järvinen who also have used the Brickman model to understand the Swedish handling of alcohol and drug problems, and for analysing the Danish treatment culture. Both found support for the moral model being widespread, but not for the compensatory model, which seemed strongest in the attitudes of the treatment staff in Jessica Palm's study.

In the second paper: "Women and men – same problems, different treatment" the aim is firstly to examine the views of alcohol and drug treatment staff on differences between men and women in treatment. Secondly, to compare men and women in treatment on issues related to staff attitudes. The main research questions are the following: Do men and women in the alcoholism treatment system have the same social support, who are more marginalized, men or women? Are women more ashamed of their alcohol and drug problems than men are? Are there more barriers for women than for men to seek treatment? Do men and women have equal needs for therapy? Should men and women be treated separately?

In the presentation of the findings the author has organized the analyses around three main themes, social support and marginalisation, shame and barriers, therapy needs and preferences. The findings indicate that women staff members agree with statements on gender differences to a greater extent than men in the staff. Results of the staffs' views indicate that persons treated for alcohol and drug problems are poorly integrated in society, and men are significantly less integrated than women. The results show that women might not be that more ashamed than men, but that there are greater barriers for women to seek help than there are for men. There were generally greater differences between clients and staff than between sexes within each of the groups. In general, these results

are in line with much of the research literature on gender differences. In a society such as Sweden where men and women are more equal than in most other countries, it is interesting that the staff were more favourable towards treating women separately than the users of the treatment system were. In what way treatment planning should make use of these results remains an open question.

In the third paper "Priorities in Swedish alcohol and drug treatment: Policies, staff views and competing logic", the aim is to study how different groups of clients are prioritised within the treatment system for alcohol and drug problems. The theoretical frame of this study has been borrowed from Olsen et al. They suggest three ways of reasoning: Utilitarian reasoning, egalitarian reasoning and past actions. Pecuniary utilitarianism refers to what a treated person is able to produce in the future. Non-pecuniary utilitarianism concerns happiness generated through caring and interaction; priority is given to patients who will return to caring for elderly persons or children. An egalitarian principle will give priority to the group that has the most problems and who are the least socially integrated. Past action can be taken into account in two ways: merit and just deserts, those that have done bad things will be given lower priority than those that have contributed to society. The results indicate that staff does not believe that groups are receiving treatment in accord with the prioritization by the system. Socially integrated groups, motivated misusers and men were considered to receive the treatment they need. Mentally ill misusers are the group that was most clearly seen to not be getting enough treatment. In general, staff seems to agree with statements in official documents. They want to prioritise the youth, misusers with children, women, and mentally ill misusers.

Jessica Palm has a constructivist approach to social problems and her research questions are clear and thought provoking; the theoretical frames for analysing the data are relevant, and the empirical material care-

fully analysed. All in all, interpretations of the findings are well motivated and convincing. There is no doubt that demography is of relevance when the views of staff are examined. However, it would probably have been a more interesting contribution to examine the view of staff in relation to the status of staff in the hierarchy of the treatment system, and how close a contact various staff members have with clients. By focusing on these issues, the author could probably have come closer to her aim to study categorization, because she deals with it as a power relation.

The author analyses the genders separately and pays close attention to gender differences, and finds that the staff are more concerned with offering services than with control. This finding can be explained by the obvious fact that women form the majority of the staff but most of the clients are men. Furthermore, she finds small differences between staff views among those working in the social service system and those working in the health-based system. The author does not explicitly explain whether this should be interpreted as a reflection of their professional socialisation, or as an indication of a consensus view on alcohol and drug issues in society. The latter explanation is probably more in harmony with the author's overall approach.

In comparison with other countries, the Swedish treatment system is large and social service-oriented. The guiding principle of the dissertation is that even if the social service perspective is strong, the interaction between society, staff and clients in the treatment system is coloured by moral concerns. Society, treatment staff, clients are faced with the issue of how the target group is selected and perceived. The author finds strong support among the staff for a moral-medical perspective on alcohol and drug users. Even drug users think of themselves in such term as presented in the fourth paper.

The fourth paper "The weak, sick and innocent consumer – constructions of 'the user' by the Swedish Users Union (Svenska

Brukarföreningen)" has a different theoretical approach from the other studies and another methodology. The data are written texts mainly from the organization's web-page, and the method is discourse analysis. However, it is linked to the main theme of the dissertation as the paper deals with categorisation of users. The Swedish Drug Users Union was founded as recently as 2002 in Stockholm and is an organisation for 1,200 opiate users. The aim of this study is to explore how the Swedish Users Union constructs "the user" in its official text. The analysis shows that the Swedish Users Union reproduces many discourses on "the user" in their struggle for finding a space in society. Drug users organisations have existed in the Netherlands for many years and in Denmark and Norway for some years, but they are relatively new in Sweden. They are very diverse and with different ideologies, but Jessica Palm's study shows that the Swedish Users Union is a patient organisation fighting for better treatment for opiate users. This very fine article gives new insights into the interaction between small milieus of marginalised people and larger structures.

All the papers that comprise the dissertation will have relevance to a broad group of readers. Not only researchers, but professionals working in the treatment system as well as administrators involved in managing and planning treatment systems, would be well-advised to read these studies. They show that moral concerns are of the highest relevance to the alcohol and drug treatment system.

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