

Medicalisation of the social perspective: Changing conceptualisations of drug problems in Finnish social care and substance abuse treatment

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ABSTRACT

AIMS – Starting from the notion of the Finnish “non-medical approach” in the handling of alcohol and drug problems, this article analyses expressions of the medicalisation of drug problems and drug users in Finnish social work and specialised substance abuse treatment. The article focuses on the first drug wave, in the 1960s, and the second, at the end of the 1990s. **DESIGN** – The data consists of all texts on illegal drugs found in the years 1968–1972 and 1997–2001 in two leading journals of social work, one from the social care and social service field, the other issued by the key provider of specialist substance abuse treatment. The texts were systematically analysed (author(s), problem descriptions, suggested solutions, and words used for the problem and the drug user). **RESULTS** – In both periods, we found in the journals a social perspective on drugs and drug problems. There is more emphasis on prevention and more optimism on the possibilities of prevention in the first than in the second period. During the first period the call for medicine or medical solutions are few and the medical voices rare. Medical expertise gets more space in both journals in the second period. The predominant understanding of the problem changes from drugs as part of a new youth culture, possibly an epidemic in the first period, to a dependence/addiction in the second. The description of the user shifts from a young person to a (marginalised) dependent or addict. The proposed solutions in the 1960s are (youth focused) social policy and social change, while the 1990s solutions highlight refined treatment and more specific interventions. The society seems difficult to change, and so do the established institutions. **CONCLUSIONS** – The medicalisation of the Finnish perspective on drugs in the 1990s is expressed through a narrowing of perspective on illegal drugs as social problems. While present, the social perspective is impotent.

KEYWORDS – drug problems, Finland, concepts, history, treatment, medicalisation, social work

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Background and aim

Over forty years ago, in an article which has since been much cited, Kettil Bruun (1971) argued that Finnish alcohol treatment had a “non-medical approach”. Compared to many other countries, alcohol problems in Finland had primarily been handled and treated as practical problems of everyday life rather than as medical ailments, and the medical profession had played a minor role in the treatment system. A national alcohol treatment system, with a special legislative base, was established within the framework of social work in the 1930s. The treatment system expanded in the 1950s, also comprising drug treatment from the late 1960s on. Characteristic of the Finnish treatment system since the post-war period has been not only municipal social work with poor drinkers, but also the so-called A-clinics, which provide multiprofessional treatment (medical treatment included) in a mainly outpatient, anonymous, voluntary and free-of-cost setting in either municipal or foundation-owned clinics. This accessible treatment was for the first decades after the war surrounded by a very restrictive alcohol policy, with alcohol buyer surveillance and a social work regime with continued focus on social control, particularly of poor drinkers (Ahonen, 2007). In their article on the developments of Finnish alcohol treatment from the 1960s to 1990, Takala and Lehto (1992) reconsidered Bruun’s non-medical model, underlining that the shift from “badness to sickness” that took place elsewhere – from judicial to medical authorities – occurred in Finland as a shift from stringent social work with legal compulsion to more amiable and therapeutically-oriented social work.

In this therapeutically-oriented social work model, they maintain, the (new) rhetoric around “treatment” and “rehabilitation” was similar to that of the disease model. In practice, however, the measures were “caring” and “supporting” rather than treating. It was thus that the non-medical model survived. Murto’s (2002) later analysis found that even if the need for multidisciplinary measures had been stressed since the 1930s, the role of medicine in the substance abuse treatment system remained minor until the end of the millennium, when the growing use of illicit drugs (opioids) was met with a new arsenal of medical treatments.

Several Finnish studies have analysed the changes in views on drug problems. Drawing on texts in medical journals, Selin (2010) concluded that the psychodynamic and psychiatric tradition of the 1960s and 1970s, which regarded the drug problems as symptoms of traumatised personalities, deficient surroundings or mental ill health, gave way at the end of the millennium to a more physiological, neurological and behavioural medical interpretation of the drug problems and their solutions. Similarly, Hakkarainen (1992) and Hakkarainen et al. (2007), on the basis of press items (only the first study) and parliamentary debates and committee reports (both studies), have described an increasingly medical framing of the drug problem in the 1990s, marked also by growing opioid abuse and the breakthrough of substitution treatment. And Hellman (2010) has pictured the diversified views on drug users in the Finnish press at the turn of the millennium.

From these studies we can conclude that the views on drug problems have become

more biomedical within the medical profession and possibly more medicalised, but also more diversified in the general drug debate in society. Interestingly, however, in a system with a declared social work-dominated approach, no analyses have so far focused on the views among the social work profession or in the specialised substance abuse treatment system.

This article studies changing conceptualisations of drug problems in specialised substance abuse treatment and in the social services since the first drug wave in the 1960s. Can one discern a growing role for medical expertise in social work drug discussions? Have the views on the causes and the remedies for drug problems changed in the discussions of social workers and specialist treatment staff; has there been a shift from a social perspective to a more medical focus? Do the journals give a more prominent role to medical expertise in treatment? Our aim is to establish if the social work sector has become medicalised. We propose to do this by looking at whether the social work discussions ascribe more institutional power in drug policy to medical expertise, give more prominent roles to medical expertise in treatment and re-define the problems in medical terms (words) (cf. Conrad & Schneider, 1980, and their definition of the dimensions of medicalisation).

Data and methods

We have chosen to study closely the conceptualisations of drug problems during five years in two crucial periods in post-war Finland. The first study period is the late 1960s and the early 1970s, or the early years of “the first drug wave”, which was characterised by youthful can-

nabis use. The second study period is the end of the 1990s and the beginning of the 2000s, or “the second drug wave”, with increased drug use (mostly cannabis) in party and recreational settings but also with increased use of hard drugs. During both periods drugs caused widespread social concern, and committees were set up to deal with the problems. These were the 1960s governmental expert committee Huumausainekomitea/Narcotics Committee (NC, 1969) and the 1990s ministerial expert committee Huumausainestrategia/Drug Strategy (DS, 1997). In the 1960s the developments led to an emphasis on criminal control approaches, such as the criminalisation of drug use (Hakkarainen 1992). The results of the endeavours in the 1990s have been called “a dual track policy”, as a restrictive criminal drug policy continued and expanded side by side with harm reduction with medical and social interventions (Hakkarainen et al., 2007; Tammi, 2007).

Our core data consists of articles from two leading social work journals in the years 1968–1972 and 1997–2001. One is the main journal of municipal social work in its time, a publication established in 1912 by prominent administrators of poor relief at the central and municipal level. The journal has been renamed several times: it started out as *Köyhäinhoitolehti* (Journal of Poor Relief), became *Huoltaja* (The Carer) in 1919, was known as *Sosiaaliturva* (Social Security) from 1976 onwards and was renamed in 2009 as *Sosialitieto* (Social Facts). In 1968–1972, *Huoltaja* published 24 annual issues, and *Sosiaaliturva* averaged around 20 issues per year during 1997–2001. The journal has been a forum for administrators, de-

Table 1. Conceptualisations and words in the Finnish social service journal *Huoltaja/Sosiaaliturva* and specialised substance abuse treatment journal *Tiimi* during the first and second drug wave.

Period/Conceptualisations	First drug wave	Second drug wave
Speakers' affiliations	Administrators and experts, social workers, medical doctors	(Journalists), medical doctors, treatment staff/social workers, administrators
Description of drug problem	Youth problem	Marginalised problem
Predominant solution	Youth/social policy	Treatment
Words for the problem	Sociocultural phenomenon/Epidemic	Dependence/addiction
Words for the drug user	Young person, user, abuser	User, person dependent on /addicted to specific drugs

cision makers and practitioners of social care and services as a whole. Alcohol- and drug-related matters hence cover only a fairly small part of the entire focus. We found 19 texts on the drugs question from the first period and 41 texts from the second period in this journal.

The other journal we chose is *Tiimi* (The Team). It was established as late as 1965, with 4 annual issues to begin with and later expanded to 6 issues a year. In this journal we found 16 texts on drugs in the first period and 47 contributions in the second period. Published by the A-Clinic Foundation, *Tiimi* represents the social treatment model typical of the Finnish treatment system, the so-called A-clinics. As a non-governmental stakeholder, A-clinics provide specialised treatment for alcohol and drug problems (see above) with a staff of social workers, nurses, doctors and previous clients.

As neither of these journals is digitised, we examined each issue, picking out all texts where the index (in the case of *Huoltaja*) or the title referred to illegal drugs. For each article we registered: a) the speaker's affiliation, b) how the drug-related problem was described, c) which solution was suggested, d) which words

were used for the problem, and e) which words were used to denote the user.

Results

Table 1 presents the main analytical structure of our article and also the main findings according to category.

Who is talking: increasingly the physicians

Finland is a small country with a small “intelligentsia”. Most public debates are still dominated by a few persons. As Kettunen notes (2014), both Nordic and Finnish politics have a long history of defining terms for “social problems” and of discussing by whom and how they should be used. State and society have also historically been regarded as interchangeable concepts, and NGOs have not to the same extent as in many other western countries been seen as opponents or alternatives to public measures/services. Kettunen sees, however, a breach in welfare policy thinking which is relevant for our discussion. In the 1960s and 1970s, State engagement in social policy was debated between the “Left” and the “Right”, which in our data takes on an interesting guise. To a degree, this conflict appears as being fought between

the more liberal social sciences, which did not want to dramatise the problems related to illegal drugs, and medicine, which highlighted the dangers with all drug use. But the fronts were not clear cut. In all cases, the debate was lively as we shall see. Political and institutional choices were made in a discussion on new problems, and this debate was marked by the activism and optimism of the budding welfare state. In the 1990s, on the other hand, a more or less consensual conception reigned. The journal texts dealt with how one should distribute the existing welfare resources and find the best solutions to established, chronic and complex problems. There is in fact only one text in our data, in *Sosiaaliturva* in 2000, where we could see a clear polemic. A lay member of a social board disagreed with the views of the leading civil servant in drug policy Tapani Sarvanti on the social rights of drug users, and stressed the drug users' responsibility for their problems. "Since drug use is a lifestyle chosen by the individual, it cannot be compared to cancer or any other ailment caused by fate... those who enjoy drugs despise their own health and demand help from society". (Ratu, 2000). This sounds like an echo of what Takala & Lehto (1992) called the more stringent social work attitude of postwar Finland.

In both periods and journals, discussions were wielded by a small number of influential persons. In both periods, the debate included both medical and social expertise, but with more alternative views on what the problem was and what should be done about it in the 1960s and 1970s than in the latter period. Comparisons to other Nordic countries – another common feature in Finnish social policy debates

(cf. Kettunen, *ibid.*) – or reprints of discussions published elsewhere were also commonplace in both journals, in the first period in particular.

During the first period, many different professions got a say, especially in the *Huoltaja*: local social service administrators, treatment providers (including the A-clinics), central welfare administration and social scientists.

All in all, articles written by physicians in these journals around 1970 were in a minority. Exceptions can be found, such as the statement of the Finnish Medical Association (Suomen Lääkäriliitto) on the report of the 1968 Narcotics Committee (Lääkäriliiton lausunto, 1969 [*Huoltaja*]) or the reprint from a seminar on "Problems of the youth in today's society", with many perspectives on youth, youth culture and problems, but also on drugs as an epidemic (Nuorten ongelmista nyky yhteiskunnassa, 1969 [*Tiimi*]).

During the latter period, too, the views of the medical profession were fairly seldom presented in the social services journal *Sosiaaliturva*. There was an increase in both journals in the number of articles devoted to drugs (compared to alcohol), and in the *Tiimi* of the late 1990s, the medical profession was clearly more present than previously: in five of the 12 drug pieces in the *Tiimi* in 1997, the authors or informants were physicians. The same proportion applied to the coming years.

The drug problem: drugs as youth culture – or an epidemic?

In 1968–1969 both journals published special thematic issues on the drugs problem: *Tiimi* in 1968 and *Huoltaja* in 1969. *Tiimi* went well beyond the treatment field,

with articles on different kinds of drugs, drug users, epidemiology, control policy options as well as information and education and experiences from abroad (United States, Sweden) – all the while waiting for the Narcotics Committee to publish their report. *Huoltaja* discussed the report in 1968 and had a peak in drug texts in 1971 following the report on drug treatment by the Narcotics Council (Huumausaine-neuvottelukunta, an expert committee set up by the Ministry of Social Affairs). The texts moved from an explorative and nuanced understanding of a new and manifold question, with partly conflicting views on both problems and solutions, to a discussion of a problem that seems more permanent.

Several early debaters, notably social scientists, but also those in important positions in the central bureaucracy, drew attention to the heterogeneous nature of both drugs and the drug users. Sociologist Kettil Bruun (1968 [*Tiimi*]) described different drugs, their dependence-producing characteristics and “dangerousness” as well as different international terms (habituation, addiction, dependence). His claims seemed radical: existing knowledge did not enable an undisputed ranking of intoxicating substances (including alcohol) according to their dangerousness. The ranking depended on the emphases given to physical dependence and the extent of use in a population. The latter criterion pointed to the severity of the use of psychopharmaceuticals. In a later discussion, Bruun argued specifically that cannabis was less dangerous than prescribed psychopharmaceuticals. He warned against harms from excessive drug control measures against illegal drug use

(interview with Bruun, 1969 [*Huoltaja*]). Matti Määttänen, from the National Social Board (Määttänen, 1969 [*Huoltaja*]), broadly agreed with Bruun’s views. Criminalisation of use was a contested issue, where Bruun (ibid.) was critical. He was supported in a later issue in 1969 by legal expert Matti Marjanen from the Narcotics Council (Marjanen, 1969 [*Huoltaja*]).

Much of what was published in the *Tiimi* attempted at nuancing the picture of cannabis use among young people. Several articles look at drug use from a general societal and youth culture perspective. Some articles give empirical data on youthful drug use (such as that written by social scientist and civil servant Raitasuo, 1968 [*Tiimi*]). Wikholm (1969 [*Tiimi*]), a student in social sciences, emphasised that cannabis use did not result in physical dependence (and thus not in dope fiends/slaves). He saw three groups of cannabis users: those who sought intoxication at any price and ran the risk of moving on to stronger drugs; the biggest group, those who looked for sensations and an expansion of the mind; and those (few) who wanted to develop their thinking and intellectual abilities. The editor of the *Tiimi* Ingalill Österberg (Österberg 1968 [*Tiimi*]) underlined that drug users or abusers were as heterogeneous a group as alcohol abusers. According to her qualitative study, drug abusing clients in treatment similarly stressed the differences between middle-aged abusers of psychopharmaca and a big group of young amphetamine users... [who] do not care or do not know what substances they are using. They are rootless and unprotected...” (Österberg, 1969, 8 [*Tiimi*]).

In the *Huoltaja*, Veijo Lappalainen, chair

of the Narcotics Committee, also noted the different kinds of abuse, based on a survey of Finnish municipalities' social services (Lappalainen, 1969 [*Huoltaja*]). Problematic drug use is often a symptom of other problems. Young drug users are different from narcomaniacs proper and as a rule will stop using drugs after their first experiment. Representatives of treatment staff also pictured the drug problem as part of contemporary western youth culture and general social problems (Hirvonen & Nieminen, 1971 [*Huoltaja*]; Mietinen, 1972 [*Huoltaja*]), linked to spiritual emptiness, sense of dislocation, alienation and unfavourable living conditions in unpleasant suburbs.

As medical professionals, professor of forensic medicine Antti Alha and Helsinki city's social medical officer Lenni Lehtimäki (Alha & Lehtimäki 1969, [*Huoltaja*]) called for a consensus on the dangers of marijuana smoking and regretted the conflicting perspectives. They saw two sides in the discussion: "representatives from a younger generation in countries with a high standard of living, culture radicals, sociologists, psychologists and psychiatrists and others of the elite", who regarded marijuana smoking as a generational protest against society, and those who dealt with "persons suffering from the abuse disease" (*väärinkäyttösairaat*) (doctors, treatment staff, the police), who emphasised the harms of drugs (ibid., p. 211). The statement of the Finnish Medical Association (*Huoltaja*, 1969) also talked about the danger of "dependence" in drug abuse. Cannabis leads to hard drugs and causes disturbed personality and passivity. This statement was, however, critically commented upon in the other texts of the

issue. It was also, as we shall see, slightly different from the views of the physicians who wrote longer articles in the *Huoltaja*. There were clearly competing views within the medical profession. In a long article, focusing on the prevention of drug use among youth (Idänpään-Heikkilä 1972, 776–779 [*Huoltaja*]) the author, a physician, distinguished between two groups of young users: the "crisis group", experimenting youngsters who only occasionally used drugs under group pressure, and chronic drug users with multiple problems and usually multi-problem parents.

The concept of an epidemic appears in 1969. Dr Varilo (MD) (1969 [*Tiimi*]) defined the use of solvents, cannabis and some medicines as an epidemic among the young (parallel to pain killers among adults). Alha & Lehtimäki (1969 [*Huoltaja*]) also described the new abuse as an epidemic in gangs of young people, starting as thinner use and cannabis smoking. Linked to national and international radical movements, it was difficult to prevent as younger group members would learn from their elders. The authors were not very optimistic about treatment either. In another context drug use is described as "communicable", but within citation marks (Hirvonen, 1972 [*Huoltaja*]). In all cases, the social character of the epidemic is underlined.

... toward dependence

In the 1990s, the journal texts highlighted alarming findings, but unlike in the first period, there was no such questioning of this alarm. The drug problem was described by a social worker as the quickest growing social issue in Europe: it appeared as an issue of "narcomania", resembling the

postwar narcomania which preceded the (innocent) hippie culture and its relation to drugs (Kopteff, 1998 [*Sosiaaliturva*]). One issue of *Sosiaaliturva* (3/2001) contained reports from several towns in the south of Finland. The drug problem had exploded, and there was an urgent need for much more and co-ordinated treatment and harm reduction. The reports mentioned long waiting lists, need of treatment for young persons, including compulsory treatment, institutional treatment, medical and psychiatric treatment, integrated and long-term treatment.

There were no explicit discussions in *Sosiaaliturva* about the etiology of the drug problem or signs of conflicting views on the solutions. Treatment-related texts were in the majority during this period, partly because there was now a real system of drug treatment in Finland, with experienced professionals. A few articles with an international perspective also discussed the relation between control policy and treatment.

The main focus in the *Tiimi* is clearly the problematic use or abuse of drugs: those in the drug trap (*huumekoukussa olevat*) or those who are dependent/in the dependence trap are taken up as an issue, at first as a matter for drug policy, but later as a matter for the treatment system. A problem to be solved was how to guarantee the drug users' right to help. The director of the A-Clinic Foundation (Murto, 1997 [*Tiimi*]) claims that prior to 1997 it was practically impossible to talk about drug users' needs of support, care or treatment, because this was seen as an encouragement or at least as a social acceptance of drugs. Parallel to advocating the rightful needs of drug abusers, the goal to reduce

the harms they experienced – harm reduction – found its way into the debate.

The dominance of the youth aspect from the first period has given way to reference to societal marginalisation. This gives social work a clear role in both prevention and treatment. From the very beginning of the latter period, the drug problem was described as often, but not always, complex, long-lasting or chronic, demanding multi-professional handling, sometimes long treatment periods. Treatment typically included medicine, but at the same time the journals made it known that medical treatment was not enough.

Predominant solutions: from social policy in a responsive society

The 1960s and 1970s writers all stressed the society's responsibility for the causes and solutions of drug problems. Prevention of drug problems relied on information and on general social policy targeting the youth, and drug use was commonly connected to other social problems (see for instance Lappalainen, 1969 [*Huoltaja*]).

Physicians, too, such as Pirkko Idänpään-Heikkilä (1969 [*Huoltaja*]), called for a social policy to prevent increasing problems among chronic drug users and to support the mental health of families in fighting what she called "crisis use". Facing a radically new problem, two leading Helsinki doctors (Alha & Lehtimäki, 1969 [*Huoltaja*]) advocated a rapid response to drugs on all societal fronts, including measures of both supply and demand.

Society as a whole had a moral obligation to prevent the drug problems from spreading. Paternalistic views abounded. Social care director Jaakko Tuomi from

the town of Lappeenranta held that it was irresponsible to publicly belittle the drug problem as this would only increase the use among young persons (Tuomi, 1969 [Huoltaja]). The editor of *Huoltaja* (Tiainen, 1969) suggested that the youth might be tempted into dangerous use by the media and persons in the public eye. Social worker Nylén (Nylén, 1969 [Huoltaja]) argued that information about drugs should be truly informative, and recommended total abstention from drugs.

In the discussion piece “Educating or staying silent” (Valistamalla vai vaikene-malla, 1968 [Tiimi]), which was originally published in a medical students’ journal, Bruun and three medical doctors discuss various drug policy alternatives and aspects: total prohibition vs controlling the supply of drugs, criminalised vs non-criminalised use, negative social attitudes toward drug users as an obstacle to treatment, allowing drug maintenance therapy for the few opiate users as well as tighter control of prescriptions. Such broad discussions underlined the understanding of drugs and drug problems as being of many different kinds and the necessity for responses or solutions to mirror these differences.

During this period as a whole, representatives of social care were more optimistic and visionary about treatment than were medical doctors. Social care professionals claimed that treatment of drug users should be voluntary, anonymous and take place in outpatient settings. It should be linked to general social services or psychiatry only in the most severe cases (for narcomaniacs) (see Lanu, 1969 [Huoltaja]); Määttänen, 1969 [Huoltaja]; and Tiainen, 1969 [Huoltaja]). In a report by the

Narcotics Council about drug treatment (Miettinen, 1972 [Huoltaja]), Sweden is again a point of comparison. However, the Finnish proposal argues against the Swedish model of an overly psychiatric emphasis of the drug problem. Drug use should not be viewed as a sign of personal disease or deviance. Treatment and care, it is stressed, will have to handle the conflicts between “the user of narcotic drugs and his surroundings” (Miettinen, *ibid.*, s. 13). The treatment of drug users or abusers should be taken care of by the special alcohol treatment system, the A-clinics, and through voluntary measures. While the discussion about alternative ways forward was quite lively in the *Huoltaja*, there are very few references to medical authorities or an expressed need to involve medical expertise, including psychiatry.

Toward the end of the study period, the importance to prevent use and abuse by strict regulations wins some support in the *Huoltaja*. Defending the criminalisation of use, editor-in-chief Kaarina Jousimaa (1972 [Huoltaja]) claimed that criminalisation would not hit the whole generation of young persons, as drug use was still very rare. Society must act preventively, striking at the image of drugs and attacking their distribution, especially because treatment had proved not very efficient. When the new drug law was presented, including criminalisation of use, police inspector general Kyösti Jousimaa (1972 [Huoltaja]) emphasised that the aim was to separate the users from the dealers also in the implementation of the law. Users should receive treatment instead of punishment.

... to treatment measures for complex problems

In the 1990s, even prevention texts focused much on how to reach the problematic drug users, promoting harm reduction measures and accessible proper treatment. The first article about a Finnish syringe exchange programme appears (Saarinen, 1998 [*Sosiaaliturva*]). Treatment to prevent more serious problems was a topic in one debate. Drug problems were here to stay, and the roots of drug problems were linked to lacking resources and social support, which led to social marginalisation and family problems. Social reforms were, however, not discussed.

During the first year of the second study period, in 1997, the establishment of new treatment units for drug users wins attention; the need for more and more differentiated treatment is a persistent theme. From the treatment perspective, drug users are described as a heterogeneous group in terms of the drugs they use (Sellegren, 1997 [*Sosiaaliturva*]) and in terms of their resources (Anonymous, 1998 [*Sosiaaliturva*]). Treatment of young drug abusers is much discussed in the journal throughout the years, as well as treatment models for such marginalised groups as homeless and imprisoned drug users.

Treatment should be multi-professional (Pietilä, 1997 [*Sosiaaliturva*]; Särkelä, 1997 [*Sosiaaliturva*]; Särkelä, 1999 [*Sosiaaliturva*]). While drug problems can be defined as dependence (*riippuvuus*), it is not only a physical dependence, but also a psychological and a lifestyle dependence. Antti Särkelä, medical doctor and director of one of the larger treatment units, wrote in 1999: “By stressing medical treatment, we can passivise the problem user and

cause their families to expect miracles. You can, however, only change your lifestyle by acting differently” (ibid.). In 2001, again, a physician of a substance abuse clinic emphasised in an interview that drug treatment was crucially, but not only, distribution of medication (Suoninen 2001 [*Sosiaaliturva*]).

But neither was social work claimed to be enough on its own in treatment. The editors therefore applauded the new decree on substitution treatment in 2000, which enabled assessment and start of substitution treatment in all central hospitals and continuing treatment in primary health care or substance abuse treatment units (Moilanen, 2000 [*Sosiaaliturva*]). The shift was said to turn substitution treatment into a mainly medical responsibility, but it was also claimed that “many patients are in outpatient treatment and also need social services” (ibid). Social workers should thus be trained to handle “drug dependent persons” in order to keep them in treatment and help them come back to treatment after relapse. Treatment had become a question for medicine, while social work had turned into a complement.

In 2000, two special issues dealt with human rights and drug users (*Sosiaaliturva* 2/2000) and with the “treatment of drug dependents” (*Sosiaaliturva* 11/2000). The first issue contained interviews with policy makers and treatment providers in the UK who emphasised the importance of factual education and treatment rather than policing. The main article came from Tapani Sarvanti (Sarvanti, 2000 [*Sosiaaliturva*]), who was introduced both as a researcher and as a high-ranking civil servant at the Ministry of Social Affairs and Health. During the five-year study

period, Sarvanti published three long articles speaking systematically in favour of a strengthened treatment perspective, both in health and social care, as opposed to an emphasis on law enforcement measures. He clearly championed Finland's following a moderate policy instead of settling for a more restrictive American or Swedish model (Sarvanti, 1998 [*Sosiaaliturva*]).

Tiimi had a number of general articles on how to deal with drugs in society, such as discussions on the pros and cons of legalising cannabis. These articles also stressed the need for more education and a change of attitudes to drug users both among the general public and the professionals. Harm reduction as an approach coexisted with a plea for the drug abusers' civil and treatment rights (made by development manager of the A-Clinic Foundation Ari Saarto, 1998 [*Tiimi*]). A philosopher (Lau-nis, 1997) was invited to write about drugs and ethics, and particularly about ethical problems with social interventions against persons engaging in recreational drug use who did not harm outsiders. This is far from the paternalistic views in the earlier period.

Most of the focus however lies on practical issues and proposals. There is discussion about how to secure sufficient treatment services: by applying new methods in different settings (new needle exchange clinics, treatment in prisons and youth clinics) and by reaching new target groups through low-threshold services. The youth still catch customary attention in proposals for better prevention, as addiction/dependence is said to be "contagious" (Tuomola, 1997 [*Tiimi*]). Interventions should also consider the fact that young people may have many problems at the same time

(Hemmilä, 1997 [*Tiimi*]). Customised aftercare for young drug users was needed (Tainio, 1998 [*Tiimi*]; Tainio, 2000 [*Tiimi*]). Better diagnostics was demanded, and so was multi-component treatment and treatment organisation on the local or district level (Jouhki, 1998 [*Tiimi*]; Mäkelä, 1998 [*Tiimi*]). At the end of the period, the suggested responses included evidence-based medicine and practice as well as quality standards for treatment (Ahokas et al., 1998 [*Tiimi*]; Koski-Jännes, 1999 [*Tiimi*]; Poikolainen, 2000 [*Tiimi*]; Salaspuro, 2001 [*Tiimi*]).

The journal editors (Murto, 1999 [*Tiimi*]; Saarto, 1999 [*Tiimi*]) complain that the conception among the general public and the media of drug treatment has narrowed down to medical and pharmacological interventions. What was needed, they claimed, was broader and more differentiated treatment and harm reduction approaches in a co-ordinated system – and to a larger extent than had been available so far.

From young users to various dependents

Irrespective of which understanding of the drug problem or drug use one adhered to, the writers in both journals in the 1960s and early 1970s avoided labelling the drug users as belonging to one single category. Most often the users were collectively called "young persons", "young drug-using persons", "users of narcotic/intoxicating drugs" (*huumausaineiden käyttäjät*). Sometimes a further step was taken by calling them "drug abusers" (*huumausaineiden väärinkäyttäjät*). Several articles emphasise how the group could be subdivided further, into "testers" (*kokeili-*

jat), “accidental users”, “cannabis users”, “regular users”, “problem users”, “hidden narcomaniacs” (*piilonarkomaanit*) and “narcomaniacs” (Nylén, 1969 [*Huoltaja*]; Määttänen, 1969 [*Huoltaja*]). Other words pertaining to the clients/patients were “abuser” (*väärinkäyttäjä*) or “user” (*käyttäjä*), with the addition “of medicines” (psychopharmaceuticals; *lääkeaineiden*) or “of intoxicating substances” (*päihdeaineiden; huumaavien aineiden*).

The term “narcomaniac” is avoided of young users. If young drug users have more serious drug problems, these are often linked to other social or psychological issues. In the *Tiimi*, the word “*narkomaani*” is used (often by the editor Ingalill Österberg) to denote either users of opiates (traditional / classic drugs) or heavy drug abusers as opposed to alcohol abusers. Other than this, parallels are often made between drug abuse and alcoholism. When discussing a proposal for the organisation of treatment (Mietintö 1971:2 [*Tiimi*]), the journal argues that “the core nature of the drug problem (*huumausainongelma*) is only one form of the substance abuse problem (*päihneiden väärinkäyttöongelma*)”. Österberg (1968, [*Tiimi*]) mentions that the difference between the two kinds of abuse can be found in the social reactions to them. As “[n]arcomania is called a communicable disease”, both treatment personnel and representatives of administration seem almost to shun narcomaniacs as carriers of an infection. According to Österberg, when narcomaniacs are claimed to lack treatment motivation and a “sense of illness” (*sairaudentunto*), it has partly to do with the lack of interest, motivation and knowledge about how to treat them. Rökköläinen, a Doctor of Medicine (1971

[*Tiimi*]), suggests that problematic drug use might be seen as a social dependency, as a behaviour that satisfies social/societal rather than individual needs.

One term for the drug problem offered by medical authors (Alha & Lehtimäki, 1969 [*Huoltaja*]) is “eufomania”, or the seeking in drugs for “a disease-like feeling of wellbeing, with the help of which they try to escape reality” (as Møller, a Danish pharmacologist and father of this definition puts it). The problem is described as a disease with a psychological or mental health-like nature (cf. Selin, 2010). Additionally, the authors note a new version of eufomania or “dysfomania” (also launched by Møller) which is particularly characteristic of the drug abuse of the 1960s, and thus drug-specific. Here, the seeking of pleasure and escape is not the main feature, but rather “a desire to arrive at a mental change... and a change of habits” (Alha & Lehtimäki, 1969, p. 209 ff [*Huoltaja*]). Neither term can be traced in other texts in our data.

As in the previous period too, drug users in the 1990s and 2000s have various names. “User” or “drug user” is the most common general term, indicating a will not to label all use as problematic, at least not in a medical sense. From the very beginning of the second study period, the drug problem is typically described as complex, long-lasting or chronic. The term “experimental users” (*kokeilijat*) is mentioned once in 2000. “Problem drug user” (*huumeongelmainen, ongelmakäyttäjä*) is common while “abuser” (*väärinkäyttäjä*) is less frequent. “Dependent persons” (*riippuvaiset*), related to medical diagnoses, is used less often than “user” or “problem drug user”. Also infrequent

is “*narkomaani*”, which seems to indicate especially problematic use (such as use by prisoners).

Those who are most in focus – the problematic users – are seldom called clients or patients, but are defined either by the unit which receives or treats them (see Sellergren, 1997 [*Huoltaja*]) and through their resources (Anonymous, 1998 [*Huoltaja*]). They are categorised according to the interventions or as targets for specific interventions. We found in both journals “problematic drug (or substance) using prisoners” or “imprisoned drug users” (*huume/päihdeongelmaiset vangit*), “homeless drug users” and “drug users in need of treatment”. Sometimes the label refers to the substances used or to the way of using them: “polydrug user” (*sekakäyttäjä*), “those who use drugs in a problematic way” (*huumeiden ongelmakäyttäjät*), “those who use injectable drugs” (*piikkihuumeiden käyttäjät*), “injecting drug users” (suonensisäisesti huumeita käyttävät), “users of so-called hard drugs” (*ns. kovien huumeiden käyttäjät*), “users of heroin”, “users of amphetamines”.

“Drug-dependent users” (*huumeriippuvaiset*), “opiate-dependent users” (*opiaatti-riippuvaiset*) or even “severely opiate-dependent” are used most often in the context of *Tiimi* describing the relevant treatment services. In 1998, the journal also talks about “addiction” (*addiktio*) and the process of becoming addicted (*addiktointuminen*). The words “dependence” (*riippuvuus*) and addiction (*addiktio*) are used synonymously, and not only by the medical profession. In the medical voices the essence of addiction is explained through the “fact” that there are different kinds of addictions or dependencies – not only of

drugs but of human relations, or of other substances. The dependencies vary in kind and intensity: nicotine, for example, is as addictive as opiates; amphetamines or cocaine even more so. The word “dependence” (*riippuvuus*) is used from the beginning of the period in *Sosiaaliturva* as well (Suoninen, 1997 [*Sosiaaliturva*]; Salmela, 1997 [*Sosiaaliturva* (Saarinen, 1998 [*Sosiaaliturva*])], whereas addiction” (*addiktio*) appears only once, in 1998, in an interview with a physician (Saarinen, 1998 [*Sosiaaliturva*]).

To mitigate this description which conveys a certain medicalisation of the terminology, we must note that the “drug problem”, the “social drug problem” or the “drug question” are also frequent terms during the whole period. This suggests a perspective going beyond treatment. A term for integrated societal efforts is “drug work” (*huumetyö*) and, from 2000 on, “anti-drug work” or “intoxicant work” (*huumeiden vastainen työ, päihdetyö*).

Summary and conclusions

The two periods we have studied – the late 1960s/early 1970s and the late 1990s/early 2000s – are different in many respects. Not only the drug use, but also the welfare system and its institutions and consequently the solutions to what were seen as drug problems are different. In the first period the drugs problem is mainly one of cannabis, to some extent of amphetamines, especially among the youth. In the second period opiates are in focus but also all kinds of other drugs, and not exclusively among younger persons. In the first period the emphasis is on preventing young persons from taking drugs, on preventing the initial experimenting with drugs. Demand

thus had to be reduced, followed by social or psychotherapeutic treatment solutions. At this point there was very little treatment available for drug problems. The second period is dominated by treatment solutions, with medical involvement, maybe curing or at least reducing the harms of illicit drug (opioid) use and consequences. Illicit drug use is seen as an infectious disease, dependence and as a social problem, which also appears as more permanent than in the first period and is now linked to marginalisation.

In both periods, we find a social contextualisation of the drug problem. The main focus is not only on the individual level nor on the “abuse”, but the problem and treatment view are complemented with general and situational aspects: general social problems or cultural changes, national and international drug policy, epidemiology and experiences from abroad. Oversimplified labelling is avoided: this is a complex issue with different substances, different ways of using and different problems. It therefore demands different solutions.

Coupled with the need to gain a more nuanced picture of drug use, misuse and its social basis, there seems to be not only more emphasis on prevention but also more optimism on the possibilities to prevent drug use in the first period. There was no call for more medicine or medical solutions at the time; medical voices were rather silent, and few medical solutions were offered. The discussions are more couched in the need to educate and create a non-judgmental approach, also within the treatment sector as represented by the journal *Tiimi*. In the second period the discussions are dominated by a treatment

perspective, the medical involvement is taken for granted and the medical profession has solutions to offer. As the social perspective has retired to the background, social work is a support to treatment.

In the second period a larger gap develops between the journals, one of which represents social care and the other, treatment. *Sosiaaliturva* still insists more on prevention and the importance of social work. It features more views critical of medicine, while the *Tiimi* gives clearly more space to medical voices than before, presenting different treatment methods and evidence-based medicine/treatment. The change in the tone and content of *Tiimi*, with more emphasis on treatment and less on policy and prevention, may mirror the changing role of the third sector – from advocacy to service provision within the welfare system.

As far as the concepts and words are concerned, we can note that “narcomania” is not a very common term in either period, even if it figures in some texts. As a signal of alarm it assumes the role of an umbrella term in some articles in the first period. However, use, or sometimes abuse, specified with a particular substance or age, is by far the most common term in both periods. “Dependence” and “addiction” gradually become more important, even dominant, as umbrella terms in the second period in the special treatment sector journal *Tiimi*. To some extent, the concept has a medical connotation, but the causal background is often as unclear as that of narcomania in the previous period.

Can we then document a medicalisation of the Finnish social perspective on drug problems when we compare these two periods?

Yes, in several ways. Medical expertise is given more space in the journals in the 1990s, especially in the substance abuse treatment journal. Second, the treatment perspective becomes more dominating, whereas prevention discussions are on the wane. Third, the two journals, one on social care/work and the other representing the dominant treatment provider in the third sector become more different. This clearer division of work between specialised treatment and other social interventions may have weakened the influence of social care on the handling of the drug problem. Fourth, the concepts referring to the problem become more individualised.

Murto (2002) points at opioid substitution treatment as an important reason for a certain medicalisation of drug treatment. Our analysis shows that there may also be more general, structural factors behind the medicalised nature of the drug problem. The entire welfare system changed between 1960 and 1990. In the 1960s, it was still a fairly small system, entering a phase of expansion. New institutions were

established. This, together with the general social and political mobilisation made most problem definitions and solutions open for debates that were relevant politically, too. In the 1990s, the welfare system was a mature, intricate and wide-reaching system for specific interventions. As such it was also conservative and difficult to change in a radical way. Possible changes in the interventions could be identified, however, on a technical level, in more specialisation and in better methods. This also implied a narrowing of the social perspective that could still be discerned. The social perspective was there but it had become impotent.

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