

## **Comment on the Stoltenberg report**

**By Håkon Formo-Berntsen**

**Free Man**

### **A brief introduction**

The Stoltenberg report was processed by a working group/ think tank appointed by the Norwegian Government in March 2009. The group's mission was no less than designing a brand new approach to the public drug policy and to find radically new methods and methodologies to improve the drug abusers' life standard. The group was simply expected to redeem and replace the alleged failures committed by the ordinary/public health and welfare system. An eclectic working group was put together. The majority was experienced politicians. One of the representatives is a Deputy Chief in the Oslo Police Precinct. The group does not represent health or social work professions. This is a bit curious, given that drug abuse and drug dependence, is defined as a medical disease or a pathological state in this country.

Some time ago, I was asked to work out a comment on the Stoltenberg report. I accepted a bit reluctantly because the conclusions in the report touch and confront my professional and personal ethical value standings very strongly. This means of course that my comments in the following will be highly subjective and influenced by my many years in this extraordinarily challenging field of destruction and hope. I want to emphasize therefore that my comments represent my personal interpretation and value standing only – no one else's!

## General comments

The think tank launched several proposals:

### Injection rooms/users' rooms

1. The major proposal and bearing ideology rest on an attitude that is negative to prohibition of illegal substances. The underlying notion seems to be that when you have established a chronic drug abuse you are caught in a net of dependence which the individual is unable to break out of. Consequently it is both pertinent and necessary to establish more injection rooms, where it should be possible also to smoke heroin as well as inject. Ironically, today the use of tobacco is prohibited in all public rooms. The working group wants to make it easier for the users to use the injection rooms more extensively by transforming them into what they call users' rooms, small institutions that are supposed to meet all the abusers' needs in coherent cooperating links. These units will offer medical care, psychiatric care, psychological care, low threshold care, drop- in care, acute care or care for longer periods, unconditional love, care and consideration, long term following up services etc. The employees in these units will be there for you of course, and for you exclusively, you will be offered advice on individual problems, drug abuse, depression, psychosis, etc. The employees are supposed to meet you with unconditional openness and care. The drug abusers will for instance be offered one particular person whose duty it is to follow up that individual, if necessary over years, maybe for lifetime!!

*Comment: The think tank promotes an unbelievably naïve notion that these units will replace the attraction represented by the open drug scenes in the cities. This has of course not happened, and will not take place considering the heavy symbolic and practical impact these public rooms have as social meeting places and markets. The*

*City of Oslo decided several years ago to suspend the prohibition against illegal substances in the injection rooms. This is a willed way of breaking the current law and regulations. The funny and somewhat ironic fact is that you may risk to be arrested if you inject drugs outside or in the vicinity of the injection room. This practice and way of thinking demonstrates blatantly the lack of coherent intellectual principles and a lack of responsibility towards the drug abusers themselves. One suspends the law in favor of one group in society due to a notion of this group's collective helplessness. To the individual members of the group, this is a prescription to social exclusion.*

*Please look closely at the following: Units that offer medical care, psychiatric care, psychological care, low threshold care, drop- in care, acute care or care for longer periods, unconditional love, care and consideration, following up services, if necessary over years. Over years? People do actually move, some of us get tired, some get sick and some even die.*

*All these approaches in one unit? This is obviously produced by people far away from the utmost complex realities that characterise the lives of drug abusers, the mentally ill, often in a combination, persons who lack normal empathy, individuals with dissocial functions, sociopaths, depressed, suicidal, the poor and unhappy, you name them, I have met them all. I will also add; no human being is met with unconditional openness and consideration at any stage of his/her life circle. To meet people unconditionally may in many cases be quite dangerous, let alone professionally dubious.*

*Note also that every proposal rests on one major assumption; the think tank seems to imply that their ideas are new and visionary and thus should replace the*

*methodologies in the public sector's rehabilitation and treatment units. I must say that I find this ridiculous.*

### **Economic resources**

2. The working group wants to gather all economics in one pot and design a budgetary platform governed by one single administration without, as far as I can see, telling how. We can state that these proposals will require enormous resources. And it seems that the costs will be defined at the outside of the ordinary budgetary processes.

*Comment: Nothing of importance within public sector and our national and local welfare system is decided outside the budgetary system. There are NGOs of course but they are of minor importance in our country compared to other European countries. So, where are the money supposed to come from? What about the administrative and therapeutic staff? Will they be recruited from the (ill reputed) public sector, or will they be recruited from the street?*

### **Crime and punishment**

3. Inspired by the Portuguese experiments and those from Switzerland and Germany the think tank argue that neither drug abuse nor drug distribution no longer should be a police case, but a health care responsibility, unless you are a hard core criminal. The think tank wants to look deeper into the practical use of compulsory or restraint treatment. Treatment along such principles is supposed to be administrated in the users' room. The group will have a special focus on abusers in prison and support them by offering jobs and activities, and states the necessity of offering work to those who struggle to get free from drug abuse.

*Comment: As a direct conclusion of the working group's ideology we must take for granted that those cases end up in the users' rooms. I cannot see anywhere in the*

*report anything said about the enormous personal and professional responsibility put on the staff confronted with these very complex and unpredictable cases. By transferring some of these criminal cases to the health care they argue that this means that the police will be able to prioritize their actions against the industrial part of drug distribution to a larger extent. If you split reality in a dichotomy, everything is possible.*

*I think we all can agree that work or some kind of social activities are preconditions for a successful rehabilitation. There is a fact that most of the abusers in jail do time due to petty crime, drug distribution and crime connected to their miserable life conditions. But there is also a fact that many have committed serious crimes like violence, threats, robbery, and armed robbery. This is of course related to serious drug abuse but does the working group really mean that those criminals should get free and not be punished or do they really mean that this primarily is a health case? Or do the group really mean that the users' room are supposed to replace the prisons for serious crime as well as drug abuse?*

### **Internet**

4. The group suggests a more active use of internet to inform young people of the dangers of narcotics and drugs and says a lot of the necessity of preventive actions. To most of us this is well known news.

***Comment:** Not very spectacular news. Sustained!*

### **Drug abuse and mental health problems**

5. The working group wants to make a more visible and clear distinction between individuals with drug abuse and mental health problems.

***Comment:** I can hardly wait for their conclusions as I have been struggling with this challenge for years.*

## Status

The reception of the report has since been mixed but I have noticed that some of our most influential newspapers have given the report an enthusiastic welcome which I find disquieting and alarming. Among the political parties the proposals and conclusions in the report have raised conflicts, contradictions and a certain antagonism. From my point of view the nature of the debates is more political than humanitarian. You may easily score political points in Norway if you are hard on drug abuse. There is however good chances of getting public support if you have the opposite view as well. When strong and powerful groups in our society repeatedly maintain that the public sector fails and is inefficient it creates resignation. When this alleged inefficiency is connected to a restrictive drug policy it legitimates so called experimental approaches that seemly represent something new and innovative. This opens the way for the Stoltenberg think tank as a sole agent of the truth on how to solve the very drug challenge, or for similar groups whatever they may be called. So far the report has not obtained necessary support in the national Parliament. This does not mean, however, that its intentions and proposals are abandoned. *(Note: The proposals are not withdrawn. I would be highly surprised if supporters of legalizing drugs do not make a new advance against politicians and others to push the report's conclusions through).*

I am not in favor of conspiracy thinking or related theories. I am afraid; however, that the report represents a long term strategy for liberalization of illegal substances through slow changes in the laws and by strategies for influencing the public opinion. Most Norwegians pity those who for many reasons, have been deprived of their social dignity. That is a vital part of our cultural tradition and identity which I hold high. However, this cultural empathy is not worth much if it stands in the way for inclusive actions in favour of the unfortunate.

Certain reciprocity is needed because there are always two or more parties in individual and social changing processes.

## **Personal comments**

Though this proposal was expected I must admit it is shocking and very alarming because it represents another method of excluding fellow human beings from our common moral universe and our reciprocal social contracts, which are built on unspoken and unsaid cultural codes, and rules underlying our common existence in our society. Thus in the name of the good, one causes, unintentionally of course, evil.

I have been in this game for forty years and been through all the debates on how to come to grips with the abuse of narcotic substances. And when I look back I clearly see that I have gradually got into a losing position. The values that we believed in have been rejected one by one over the years. Sometimes I feel that I have lost almost all the battles and in that respect the Stoltenberg report feels like the final blow.

The report claims to build something new. It pretends to be visionary and innovative. In my mind it is the opposite; metaphorically, you may say that instead of building a new house on solid ground, the report suggests to put up an unsteady scaffold detached from the ground itself. The report is like a vessel of lofty thoughts and remote ideas and dreams far away from the reality of the nasty marketplaces which form our abusers life conditions.

I feel that the report has a tacit language, an undertone of an underlying presumption directed to the current public work with drug problems; it distributes a message that what we have done up till now in the ordinary public welfare and treatment systems has been of bad quality, non-coherent, characterized by internal and external conflicts, lack of understanding of the necessity of seeing things in a whole, professionals demonstrating neither warmth nor

consideration of the abusers, let alone compassion and will of actions. It spreads in its tacit way negative impressions on the reader/the public, as it indirectly refers to social workers and health care workers in a condescending, patronizing and derogatory language. At the same time the report emphasizes that the social workers in the public systems deliver excellent work, thus leaving a double message which is hard to attack unless one chooses to interpret the meaning behind, which I do here. At least this is the way I feel it.

Now, the report claims that it is about time to leave this inefficient trail and find another. The working group does this knowing quite well, that the Norwegian welfare system is basically humanitarian, this includes also drug abusers who are offered numerous low threshold activities and extended social and health services reached out to those who have the greatest needs.

The report seems to suggest more or less to tearing down the ordinary health care system, and the social welfare system at the advantage of new (unqualified) units in every city in this country. These units are expected to do miracles compared to the public units.

### **What now – What are we up against?**

When I started to work with young drug abusers in the beginning of the seventies we were strong believers, we were driven by an enthusiastic conviction that every individual is able to get out of this misery given the right support and individual empowerment through own motivation and existential search for self- respect. Most of us were, and still are, convinced, that every individual has an obligation to make choices and to bear the consequences of these choices which means that every individual has an ethical and moral obligation to sign the social contract that forms society itself. Drug abuse or drug dependence offers no absolution to that contract. In other words, they are to be considered as our fellow beings, yet with greater problems than the rest of us. This is still my firm conviction, but it unfortunately

interferes with the general attitudes in society which pity the abusers quite non-binding as no one expects anything from them. In my mind, non-committal pity should not be blurred with an active compassion combined with an expectance of change, reciprocal participation and obligations. I am afraid though, that this is another lost case.

Another example which is related to the former; I have for instance always been arguing against deterministic collective descriptions of those who abuse drugs, then the individuals fade away. If we prescribe and expect a pattern of certain actions which is claimed to be typical for abusers as a collective mass they are inclined to do exactly what is expected from them, burglary, threats, open and shameless injection of syringes in the public room, degrading behavior of all kinds and demonstration of their individual helplessness. I lost that fight years ago.

A last example; I have also always been sceptical to replacing one evil with another, that means that I am not happy at all with the extensive and uncritical use of medical substitutes in the treatment of abuse, as I see drug abuse as an existential and socially related problem rather than a medical one.

## **Conclusion**

And now, after all this years we are confronted with a report which content blurs everything that may be blurred, which is unbelievably and utterly naïve, extremely shallow and free from profound reflections. You will find few traces of professional knowledge, or experience from the field, and next to none valid references to research. It is paradoxical that this rapport was presented as an authoritative document to the public in a time when this vile narcotics industry has spread throughout the world with horrendous impact on those who are disposed to seek artificial substitutes as relief for existential problems. And this happens in a time where it seems to be a bitter fact that more and more young people are getting caught in the

drug pushers' net. The reasons for that are of course complex and manifold but I am deeply convinced that it also has something to do with the general attitudes in society.

For these reasons, and for many others, time is overdue to intensify the national and international combat against drugs. Throughout my professional life, I thought we had an agreement on that. I thought we had an agreement of the necessity of organised and firm attitudes against drugs in public and on the individual level. I thought we had a common agreement of the necessity of representing a powerful alternative to organised liberalism over drug distribution and use, and I thought we could unite in our efforts to counterbalance the tendency of gradually more sloppy attitudes among ordinary people to drugs. I thought we had an agreement of inclusion of the individuals in crisis through reciprocal dialogue based on the individuals' existential dignity and free choice. In a time like this, we are confronted with a report that advises the opposite! Through this laissez-affair policy, which pretends to be humane, we buy the drug abusers a ticket to social oblivion!

Under these circumstances it is also paradoxical that one of those in the think tank who recommend free distribution of heroin to the hard core abusers is an outstanding representative of the police corps in this city – a man who, by definition should be preoccupied in finding efficient and humane ways and methods of using the law. Another one is a populist right wing politician who has devoted his political life to a quite harsh maintenance of law and order. It is a puzzle why he chooses to suspend his conviction in this case.

The leader of the think tank and the responsible individual of the report is the Prime Minister's father, a well reputed politician, former diplomat and Foreign Minister and a national icon who obviously is a warm hearted and kind man. He has got three children, one

of whom with serious drug problems. For at least that latter reason he should, seen from my point of view have been wise enough to refuse the request of leading this work.

### **Final remark**

Am I angry? Yes I am. Mostly because non-committal engagement and sentimentality, parallel to denial of the necessity of reflection over the complexity related to individual social misery is about to replace considerate and responsible attitudes. This change of attitudes will have, and have today, implications on the political and economic priorities. Many of my generation of devoted social workers have lost many battles, but not all. We did what we thought was right, most of us simply followed our conviction and certain ethical standings. We lost and failed and failed again, sometimes we succeeded. There were no other choices at hand. We searched for the best.

So do of course the supporters of Stoltenberg group's perspectives and approaches to drug abuse. We all search for the best. The only difference between them and us is that we are right and they are wrong!