Medicalization of substance use and behaviours in Sweden

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The project

- Investigate the establishment, application and abrogation of medical perspectives on a number of phenomena in Sweden 1920s–2010s.
- Medicalized:
  - alcohol
  - drugs
  - shopping
  - gambling
  - sex
  - tobacco?
- De-medicalized:
  - alcohol abuse (late 1960s and early 1970s)
  - drug abuse (late 1970s)
  - sexual orientation (homosexuality 1979; transvestism, fetishism and sado-masochism 2009)
The expanded addiction concept

- obesity (García-García et al. 2014)
- exercise (Allegre et al. 2006)
- work (Griffiths 2005)
- religiosity (Taylor 2002)
- fishing: “near-bite-reinforcement” (Tengström 2014)
- oil dependence (Spencer 2009)
- binge flying (Cohen, Higham & Cavaliere 2011)

Source: Corpus of Historical American English (115,000 textual sources, 400 million words, between 1810 and 2009).
Why has the addiction concept expanded?

- Scientific advances that allow us to see individual pathologies as they really are (medical, psychological and neurobiological research).
  - broad and neutral (non-normative) definition of medicalization: a “process whereby certain behavior becomes defined as a disease” (Rosencrance 1985)
  - religion → medicine: smallpox (Soumonni 2012); leprosy (Coogan 2001); the plague (McWilliam 1972), etc.
  - critical question: what can medicine properly take on? (Mäkelä 1980)

Critique of the addiction concept

- Critique of whether certain phenomena, given a specific definition of addiction, truly can be described as an addiction (e.g. Fox & Orford 2004).
- Hard to distinguish pathological craving from desire or holding both craving and withdrawal as symptoms of addiction when the former is assumed to be evidenced by the latter (Davies 1997).
- Impaired control criticized for being a self-validating concept where “addicted individuals are unable-to give up, while those who are able to give up are not truly addicted” (Cantinotti, Ladouceur & Jaques 2009).
Critique of the addiction concept

- Impaired control at the same time descriptive and explanatory; it characterizes pathological addiction but also explains the development towards severe misuse.
- Psychopathological research often confirmatory and rarely exploratory; diagnoses assumed a priori as a defining support for further studies (Boudreau, Labrie & Shaffer 2009).
- The disease concept of misuse described as a metaphor; an analogy mistaken for a homology (Hellman et al. 2013; Rantala & Sulkunen 2012).

Why has the addiction concept expanded?

- Scientific advances that allow us to see individual pathologies as they really are (medical, psychological and neurobiological research).
- Addictions ("intense, irrational, and ultimately self-destructive") have actually increased because of alienation (dislocation) in free market societies (Alexander 2000).
- A conceptual and socio-historical approach that connects the phenomenon with influential groups’ needs and the political use of such concepts (Reith & Dobbie 2012). Empirical question whether some policies require certain concepts (Vrecko 2010) or if some concepts lead to certain policies (Berridge 1997).
Alcohol and drug problems in Sweden 1849–2015: concepts and policies

Studies

- Alcohol:
  - What’s in a name? Alcohol and drug treatment and the politics of confusion (Edman 2009)
  - Jakten på den verksamma vården: kunskapssträvanden och målsättningar inom den svenska missbrukarvården under ett sekel (Edman & Blomqvist 2011)

- Drugs:
  - Swedish drug treatment and the political use of conceptual innovation 1882–1982 (Edman 2012)
  - Conceptual carpentry as problem handling: the case of drugs and coercive treatment in social democratic welfare regimes (Edman & Stenius 2014)
  - The Swedish drug problem: conceptual understanding and problem handling, 1839–2011 (Edman & Olsson 2014)

- Shopping:

- Gambling:
  - From boredom to dependence – the medicalization of the Swedish gambling problem (Edman & Berndt, forthcoming)
Responses to problematic consumption in the Swedish press, 1991–2012

- Rationalization (home economics as a school subject; State and NGO promoting of sound consumer behaviour).
- Social reform (criticism of materialistic culture, advertising, payment techniques, etc.).
- Pathologization.

Source material:
- 151 articles on consumption in general or misuse in a larger perspective.
- 133 articles with shopping misuse as the primary subject.

Problematic consumption as a medical problem

- Shopping misuse explained by biochemical mechanisms: serotonin, dopamine, endorphins, brain disturbances, stress hormones, enzymes, genes, etc.
- First reference to dysfunctional reward system from 2003.
- Internalised dualism: causes located in biological or biochemical functions of the individual that allows a division within the shopping-dependent person – the body/biology/brain does something with the person.
- Wide explanation – applies to any misuse (reinforces status of shopping misuse as a compulsive behaviour).
- Shopping misuser both more normal and more deviant:
  - path to misuse is portrayed as essentially natural;
  - emphasis on explaining (more dichotomized) difference between normal and abnormal.
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The gambling problem

- Investigation and comparison of the political discussions on gambling problems in the Swedish parliament in the mid-1970s and early 2010s:
  - How have the consequences of gambling problems been described in the parliamentary debates and in parliamentary bills?
  - What causes have been traced behind gambling problems?
  - What solutions have been discussed?

- Source material:
  - 12 parliamentary debates.
  - 26 parliamentary bills.
Problem formulation in the 1970s

- **Consequences:** “financial ruin, alcohol misuse, embezzlement, check fraud, burglary, ruined marriages”
- **Causes:** “a cynical speculation in peoples’ loneliness and lack of connections peoples’ need of variation”
- **Solution:** “it is highly questionable whether we should allow unrestrained import of slot machines and roulette”

Problem formulation in the 2010s

- **Consequences:** “guilt and lying”; “economic problems”; “dependence”
- **Causes:** “gambling dependence can in many ways be similar to alcoholism and drug dependence”
- **Solution:** “gambling dependence should be treated as other dependencies since this behaviour is similar to other dependence problems”
The gambling citizen in the 1970s

- Gambling affects the individual but also political ambitions such as increased real incomes, greater community involvement, limited alcohol consumption, family stability, etc.
- Gambling as a supply problem puts the individual profiteer against an imagined social community.
- Gambling almost exclusively described as a problem.
- Solution sought in control and regulations.

The gambling addict in the 2010s

- Gambling not only a problem but also a pleasure that most can handle.
- EU and Internet a fundamental challenge nationally controlled gambling policies.
- Causes sought in (increased and foreign) supply and the (excessive/pathological) demand.
- Solution sought in (vaguely described) regulation, more research and, above all, increased treatment of compulsive gamblers.
The US problem

- Early (1943) disease description (Castellani 2000).
- Early (GA 1957) client movement (Collins 1996).
- Influential alcoholism movement (Jellinek) in the 1960s (Rosencrance 1985).
- Early (1972) treatment (Rosencrance 1985).
- Deregulation from the 1970s, boasted by opportunities for tax revenues (Volberg & Wray 2007; Markham & Young 2014).

The Swedish problem

- No fiscal motives for deregulation:
  - the national gambling monopoly now rather faces competition on an unregulated gambling market
  - the Nordic welfare states with their relatively high taxes are not dependent on the taxation of the gambling industry
- A Nordic framing of the disease description:
  - high welfare state ambitions
  - market-driven liberalization of gambling
  - deteriorating possibilities for the nation state to regulate gambling
To the panel discussion...

- Medicalization becoming a “fat word”, just as addiction?
- Theory driven conclusions and empirically derived theory.
- Empirically solid investigations.
- Cultural and historical contextualization: when, where and why?
- Distinguish different levels (institutional, conceptual, treatment/implementation).
- Openness to alternative processes.

Thank you!