Acceptable Use: Morality and Credibility Struggles in Swedish 1960s Alcohol and Illicit Drug (Ab)use Research and Policy

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Abstract This article explores morality and credibility struggles in connection to two officially sanctioned public Swedish experiments launched in the late 1960s to investigate the (ab)use of alcohol and illicit drugs, especially in relation to young people, and the subsequent decisions to terminate the experiments and research. We argue that these 1960s struggles on how to analyze the effects of increased availability of psychoactive substances must be understood in the light of a simultaneous development of modern (social) science studies. The public display of conflicting expert views on how to investigate and interpret questions of alcohol and drugs in modern society played out in concordance with the growth of social science alcohol and drug research and expertise. The article focuses on the 1960s, a decade that was characterized by profound transformations in Swedish society. In so doing, the article contributes from the perspective of history to debates on the nexus between knowledge production and policy in modern societies.

Keywords Knowledge production · Moral and scientific regimes · Experiments · Substance use

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Introduction

The 1960s is in the Western world known as a period of potential and actual change, even as “a period of unusual transformation” (Agar 2008: 569; also e.g. Florin and Nilsson 2013; Östberg 2002; Cross and Kleinreselink 1985). The era saw transitions in many, often interconnected, areas – such as technology, science, education, work life, social relations, family patterns, and youth culture. It was also an era when the issue of alcohol and illicit drug use was renegotiated in scientific, political, and public debate. This article focuses on public initiatives taken in Sweden during the transformative 1960s to investigate new angles of the (ab)use of alcohol and illicit drugs. We are here focusing on two largely overlooked early harm reduction experiments regarding the accessibility of alcohol and illicit drugs and the controversies that they evoked.

The idea with the experiments was to, on a trial-basis, introduce an increased controlled availability of psychoactive substances as a means to influence the users' consumption and lifestyle choices. An increased availability of beer was believed to steer people away from high alcohol content spirits and prescribing drugs to illicit drug users would steer them from harmful activities and “dirty” drugs as well as prevent drug related crimes. However, the trials met with fierce pushback, and the intense media coverage about especially young people's alcohol and drug consumption led to an early termination of the trial activities. These controversies were simultaneously expressions of struggles about norms concerning psychoactive substances and about norms regarding knowledge production and its credibility (Epstein 2006, 1996). As different experts took a different stand in the debate, and as their disagreement was scrutinized in the mass media a moment of scientific self-reflection followed, which according to the historian of modern science and technology Jon Agar is an important cornerstone for modern science studies (Agar 2008). In this article we illustrate how this development unraveled within the context of 1960s Swedish social science alcohol and drug research and policy. In so doing, the article contributes from the perspective of history to debates on the nexus between knowledge production and policy in modern societies.

The Transformative 1960s

International research has shown that the issue of young people’s (ab)use of alcohol and illicit drugs was firmly introduced on the political and scientific agenda in many national contexts during the 1960s. As alcohol consumption patterns changed, concerns about new groups of consumers and their drinking habits were raised (Törrönen 2012; Rotskoff 2002; Olsson 1994). Especially young people’s alcohol consumption was the focus of intense scholarly and expert discussions in many countries around this time (Braun and Hauge 1963; Maddox and McCall 1964; Bacon and Jones 1968). A similar trajectory can be discerned for illicit drugs. Historian Alex Mold has shown how heroin use was problematized as addicts not only became more numerous in Britain during the 1960s, but also
younger, and that the substance use of the new consumers was predominantly recreational (Mold 2007). New patterns of increased alcohol and illicit drug use among youth were perceived as alarming in other parts of Western Europe as well as in the USA and Canada (Weinhauer 2006; Musto 1996; Marquis 2005). The German historian Klaus Weinhauer sees the drug consumption development of the 1960s as the cast for the shape that it still has today: an international youth problem (Weinhauer 2006). Sweden, situated in the European Northern periphery, was no different and the perceived spread of problematic use of alcohol and drugs to new consumers, such as youth, thus created political and public alarm as well as substantial scholarly interest (Johnson 2021; Hibell 1977; Lindgren 1993; Olsson 1994).

Another trait of the 1960s, besides the increased interest in psychoactive substances and in particular its relation to youth, was the social and moral interpretation of inappropriate use of these (Florin and Nilsson 2013; Brick 1998; Mold 2007). There was a concern that substance use could be “contagious” (Mold 2007; Bejerot 1968). As new consumer groups became more visual, it was believed that consumption threatened to spread even further and to even younger cohorts of the population, which would pose “a danger to the physical and moral health of society” (Mold 2007: 279), a notion also taken to heart by the very influential Swedish dependence researcher Nils Bejerot (1968). Excessive consumption of psychoactive substances was believed to lead to an “erosion of social norms and values” (Weinhauer 2006: p. 188) and that the introduction to alcohol or drugs, would accelerate the substance use, both with regards to frequency and quantity. Milder substances would become the “gateway” to more severe use, and potentially lead to addiction (Peele and Brodsky 1997; Bejerot and Hartelius 1984).

Hence, the connection between youth, generational gap, and alcohol and drug use has become symbolic for the 1960s as one of the youth-focused “moral panics” which sociologist Stanley Cohen discusses in his influential 1972 study of youth culture. According to Cohen, mass media played an important role in creating moral panic by exaggerating both youth behavior and their ability to challenge social order (Cohen 1972/2002). Historian Eileen J. Yeo extends the discussion by considering the influence of social scientists, politicians, and civil servants in creating “simplistic and sometimes demonic stereotypes and then clamoured for ‘remedies’ to address social problems which they had, to some extent, ‘manufactured’ themselves” (Yeo 2004: 185).

It is clear from research that the concern over young people’s use of psychoactive substances is an international phenomenon, creating controversies as it is stirring up deep rooted values and emotions, involving policy, media debates, and scientific responses in many different national contexts (Marquis 2005; Eriksson and Edman 2017; Stevens 2007; Stone, 2002; Cross and Kleinhesselink 1985; Törnqvist 2009; Anttila and Sulkunen 2001; Weinhauer 2006). It is not our ambition to define the relationship between policy, morality, mass media and science; we are content with the fact that they were connected. Thereby we are following the example of sociologist Steven Epstein, who, writing about moral panics about publicly funded sexuality research in the United States, analyzes these controversies as both struggles on morality and as credibility struggles (Epstein 2006, 1996).
If the morality tinged struggles were visible mainly in the media, the credibility struggles were predominantly fought within an academic framework. It’s been pointed out how both the alcohol and illicit drug issues presented research opportunities for medical as well as social sciences, but also how better means of calculating misuse of both illicit drugs and alcohol became strong arguments when applying for larger budgets and an expansion of the research field (Edwards 2002; Savic and Room 2014; Marquis 2005; Mold 2007). Another trend in the intellectual landscape of the 1960s, e.g. noticed by Howard Brick, was the enriched sense of social context that emerged among researchers (Brick 1998). Researchers were embracing the social context in Sweden as well, with the “socially minded and politicizing spirit of the times that characterized Sweden in the sixties and seventies” (Florin and Nilsson 2013: 14; see also Danell et al. 2013). Also, central governmental bodies and civil servants embraced the idea of questioning, challenging, testing, and re-interpreting established norms. From a number of aspects, the 1960s was a window of opportunity for those who wished for a new social take on a traditional paternalistic approach (Johnson 2021; Edman and Stenius 2007). It was against this backdrop that the experiments in focus for this article, regarding the accessibility to alcohol and illicit substances, were launched (on experiments, see e.g. Rheinberger 1997; Collins 1988).

However, impulses of change also triggered responses and polarization. American historian Andrew Hartman argues that although the various social and liberation movements that arose during the 1960s shook up normative society, reactionary forces were also moved into action (Hartman 2015). Sweden also saw an era of polarization, containing radicalization as well as liberalization. In the words of historian Kjell Östberg, it was a time “when everything was in motion,” highlighting a struggle for more freedom as well as for increased dogmatism (quote from the title of Östberg 2002). Representing another view, Bejerot professed it was too much freedom in: “an era of ultra-liberal perspectives (...) which [he continues] has permeated Swedish drug-policy” (Bejerot and Hartelius 1984: 124). This about a policy that has gained an international reputation as one of the drug policy hard-liners of the Western democracies in an otherwise progressive welfare state (Chatwin 2003; Laursen and Jepsen 2002; Boekhout van Solinge 1997; Gould 1994; Levy 2018). These conflicting perceptions of what the 1960s represented and paved the way for, in terms of knowledge production and regulations of psychoactive substances, calls for further research.

The issue of knowledge production and expert discussion on substance (mis)use needs to be revisited, and from an historical point of view (Weinhauer 2006). Building on research traditions such as history of knowledge, Science Technology Studies (STS), Science Policy Nexus (SPN), we can provide a contextually rooted understanding of Sweden’s knowledge and moral regimes on psychoactive substances by analyzing routes not taken. By focusing on public availability experiments and their reception during the formative years of the 1960s, we hope to reveal the, at the time, possible epistemic and moral alternatives as well as their effect on knowledge production. Taking a historical qualitative approach, this article addresses the scientific exploration, and communication, of two public experiments concerning reducing the harm of psychoactive substances, on the experiments themselves and on their...
reception. Somewhere amongst what was perceived as “ultra-liberal perspectives” and the reactionary responses we are looking for what was to be considered/re-considered as an acceptable use of intoxicating substances, and an acceptable scientific practice of the 1960s.

Analytical Framework

When trying to understand the transformative 1960s, we have been inspired by science historian Jon Agar, who describes the long 1960s as a period of “sea change” for modern science and technology. He has proposed that the changes taking place with regard to the scientific landscape can be viewed as the result of three shifts developing in the shadow of the unfolding Cold War. According to Agar, the first shift contained an institutional change, partly because of a multiplication of the sheer number of experts, partly because experts and researchers found their scientific debates and disagreements being open to public scrutiny. The second shift consisted of an upsurge of social movements, providing an attentive arena for the disagreeing experts. Finally, the third shift brought about an element of scientific self-reflection and meta-discussions on scientific practices. In Agar’s words, this new scientific landscape was fertile soil for “the birth of modern science studies” (Agar 2008: 574; Agar 2012). Agar’s analytical framework for understanding changes to knowledge production in the 1960s, such as a distribution of agency, connect to other work by STS scholars, which suggests that proximity to the seat of creation of scientific facts usually has the effect of creating uncertainty and disagreement. Harry Collins therefore emphasizes “the paradoxical nature of ‘public experiments’” and inviting the general public to take part in scientific discussion, as they are thus asked to “draw a firm conclusion on matters that experts themselves cannot agree” (Collins 1988: 725). Steven Epstein, however, reminds us that uncertainty is also a key element in the production of knowledge. The possibility to negotiate knowledge is not only associated with scientific disputes but is also a prerequisite for new knowledge (Epstein 1996).

The three connected changes proposed by Agar are a transnational phenomenon. However, even though they are not confined to one place or country, their meanings are to be locally understood. Agar is thus calling for locally sensitive studies – without resorting to only nationally specific causes (Agar 2008). Consequently, when analyzing the Swedish availability experiments of the 1960s we have interpreted Agar’s call as an urge to be aware of the existence of the three changes mentioned above, not as consecutive events, but as interfering phenomena both building on and cancelling out each other, within the Swedish context.

To understand the effect of the three changes we must clarify what the unfolding Cold War and the changes in the scientific landscape meant from a Swedish social science and policy horizon. Although Agar’s theory is both thought provoking and instantly recognizable when interpreting the changing conditions for, perhaps especially, social sciences, we have a few reservations. Based on the empirical evidence presented here, the three waves are apparent also in the Swedish context. However, we would argue, the emphasis on how “[a]ll three waves must be understood in the
context of the unfolding Cold War” might be misleading in the Swedish case (Agar 2008: 567). From our horizon, focusing on the Cold War as a driving force is focusing on an American context, in the Swedish context the primary driving force was the rapidly expanding welfare state. This expansion, in Sweden often referred to as the record years (rekordåren), started to unfold after WWII, peaked during the 1960s, and ended with the oil crisis 1973. The record years are characterized by political stability (with the Social Democrats in government 1932–1976), a steadily growing economy, radically raised standard of living, and extensive social reform (Schön 2007).

Scholarship on Cold War science has emphasized variations in science practices and discourses depending on national contexts (Feld 2019). Just as during the two world wars, Sweden was neutral and alliance free also during the Cold War, representing a “third way.” Equally important, Sweden was relatively unharmed by the wars devastating much of the industrialized world, leaving the country with an intact industry and infrastructure, creating a financial affluence to re-invest in a rapidly growing scientific welfare state (Makko 2012; Lundin et al. 2010). As the Cold War played out, it was Sweden’s welfare state model that competed on “the global market of ideas.” As historian Carl Marklund has pointed out, the national branding of Sweden and the Nordic welfare state model has been important not only in relation to the surrounding world, “but also for the sense of orientation and direction of the citizenry in the country itself” (Marklund 2017: 633; Marklund and Petersen 2013).

The expectations placed on the welfare state were high and, in parallel to the “contagion theory,” several so-called deviant behaviors came to be interpreted as symptoms of not enough being done by the welfare state. Causal explanations as well as possible solutions were sought in society, and society should compensate these flaws by generous social policies (Edman et al. 2021; Bjerje et al. 2016; Edman and Stenius 2007; Olsson 1994). In this article the “symptom theory” is partly visible in the social science experiments regarding what at the time should be considered as acceptable use of alcohol and/or illicit drugs and the policy that endorsed them.

We might even talk about a scientific counterculture questioning the establishment and the boundaries of legitimate science. What in the US was a reaction against, but also at times a bi-product of, giant government funded programs, was, however, in Sweden a result of generous funding concerning research on social problems and conditions (Kaiser and McCray 2016). This counterculture was spilling over to the topic of (mis)use of psychoactive substances where the framing of the problem gradually moved from a medical understanding and interpretation to a social and criminological one (Olsson 1994).

The social science landscape of the 1960s in Sweden displayed the same kind of characteristics as the ones Agar describes; we can see the institutional shift as social scientists and experts became more numerous during the decade as well as more public (Governmental Bill 1960: 119, on a significant expansion of higher education; Danell et al. 2013; Larsson and Magdalenić 2015). Inappropriate uses of intoxicating substances were high on the agenda in the public and the political debate, hence demanding an increasing number of expert statements (Agar 2008; Sigtunastiftelsen Cuttings Archive; 1960s; “drugs”; Kahlson 1965; Lindgren 1993; Storbjörk et al. 2021). On the supply side, the number of doctoral students more than doubled.
from 1962 to 1970 and the discipline of sociology grew rapidly (Högre utbildning 2006; Sociologisk Forskning 1997; Det personliga är sociologiskt 2014). Also, the number of articles on substance misuse in medical journals increased many fold (Olsson 1994).

Social movements and social policy engaged laymen also played a crucial role in challenging established social science during the 1960s (Lindgren 1993). Sweden experienced a surge of NGOs with single-issue-interests, often concerning social problems and inequalities (Florin and Nilsson 2013; Östberg 2019). A plethora of client organizations, called national federations (Riksförbund), were active in the 1960s (Riksförbunden och socialpolitiken 1985). Furthermore, the single-issue orientation encouraged an oppositional tone and fueled a polarized culture referring to different experts (Storbjörk 2021; Törnqvist 2009; Lindgren 1993). Finally, we can also see in our material that matters of scientific uncertainty and reflection were brought about by the increased professional competition and media attention. One event changing the experts’ role concerning drugs was the TV documentary series Dokument 65, which aired four programs portraying e.g. users, abstinence, and smuggling, in a way that challenged prejudice on Sweden’s only channel in 1965 (Lindgren 1993). In the following, we will show how these three interconnected phenomena, of public display of expert disagreement, engaged social movements, and scientific reflection, were manifested in Swedish social scientists’ and experts’ work and analyses of the availability experiments.

Method and Material

This article draws on material produced in connection to two Swedish governmental inquires (SOU), one on alcohol policy and the other on illicit drug policy, both which initiated experiments on substance accessibility. Government’s official reports are generally regarded as privileged sites of knowledge production in Sweden, as they link policymaking, state bureaucracy and academic work (Johansson 1992).

In the fall of 1966, the governmental inquiry The drug addict treatment commission (Narkomanvårdskommittén) gave the department of social medicine at Karolinska Institutet in Stockholm the task of evaluating the patients of an experimental clinic prescribing a variety of drugs to users. The overall objective of the inquiry commission’s work was to analyze every angle of the “new” phenomenon of problematic drug use. It resulted in four comprehensive reports, altogether some 2,000 pages: A general survey and treatment (SOU 1969:25), The control system (SOU 1967:41), Coordinated measures (SOU 1969:52), and Investigations (SOU 1969:53). Here the focus is on one of the sub-reports in SOU 1969:53; The “legal” drug addicts, where the workings of the clinic, its closing down, and the subsequent consequences are scrutinized.

The report is one out of 18 studies; others covering topics like “crack houses” in Stockholm, drug use among 15-year-olds, and drug treatment at mental hospitals. It is, however, particularly interesting to go into some detail about the clinic study, partly because it illustrates the readiness to keep an open mind towards a policy field today renowned to be focusing on control and punishment, partly because it
triggered considerable reactions and polarization (Johnson 2003; Lenke and Olsson 1998). It was to some extent a “real life laboratory,” offering an example of how research in the field of problematic use of psychoactive substances could be conducted in the 1960s – before the Swedish aspiration to become a drug free society in the late 1970s was made the main goal of the drug policy (Tham 1999; Governmental Bill 1977/78: 105).

In an equally experimental mode, in 1967, the Alcohol Policy Inquiry (APU) launched another real-life experiment where beer containing alcohol up to 5.6 % by volume could be sold in stores other than the state-controlled Wine and Spirits Monopoly’s outlet Systembolaget during a trial period. The objective of the so-called “strong beer experiment” was to investigate alcohol consumption and behaviors as beer was made more accessible, with special attention to the effects on young people.

The APU-inquiry had been appointed two years earlier, in 1965, to conduct a general review of Swedish alcohol and sobriety policy – a decade after a comprehensive 1954 alcohol policy reform where a previous rationing system (motboken) was abolished. The strong beer experiment was but one of many investigations that the inquiry conducted during its 10 years of existence. The APU investigators designed various studies and developed models for interpreting and understanding the Swedish “alcohol situation”, and discussed openly and to great length questions of research methodology in their reports (SOU 1974:90). The focus here is primarily on the experimental study and report on the sales of beer in stores other than Systembolaget in two Swedish regions in “Experimental activities under the auspices of APU … Free sales of strong beer in Göteborg/Bohus and Värmland regions” (SOU 1971:77), but also the study of beer with a lower alcohol content in The middle beer issue (SOU 1971:66).

Making use of empirical material from these two different cases, where researchers and public officials investigated the consequences of changed access to intoxicating substances, the article analyzes what was to be considered/re-considered as an acceptable use of psychoactive substances, and an acceptable scientific practice of the 1960s.

The Problem of Substance (Ab)use in Swedish Social Science and Policy

In the Swedish 1960s, before the hazards of tobacco were generally accepted, the main cause for social concern was alcohol and illicit drugs. Though having a very different history in the Swedish societal fabric, where alcohol had gone from being part of laborers’ wages to being all but abolished in the 2020s, to in the 1950s and up until today being sold under rigorous regulations at the Systembolaget. Drugs, on the other hand, were still in the early 1960s considered purely medicinal, however, acknowledged as possible to misuse. The turning point towards increased control was when the use spread to various criminal elements and youth – without prescriptions and without a solid footing in society (Lindgren 1993; Olsson 1994).

Alcohol and drugs have thus long been problematized in Sweden. In public debate both types of substances have been connected to social discourses on
maladjustment, failed (male) breadwinning or (female) immorality, or medical discourses on physical and mental disorders (Edman and Eriksson 2005; Edman 2004; Prestjan 2004). In an international comparison, Sweden stands out for its long history of trying to control problems related to substance (ab)use through distinctive regulatory systems and social planning (Johnson et al. 2017). Besides customs and police, various mechanisms such as taxation, penal consequences, local and national alcohol and drug restriction systems, temperance boards and committees etc. have been in place to check the substances as well as to monitor both individuals and the population as a whole (Edman and Stenius 2007).

In addition to the ambition to assert control over deviations from social norms, there is also another decisive factor about Swedish tradition to solve political problems that are often emphasized in international comparisons: the interlacing of decision-makers, experts and researchers in the creation of policies and programs (Wisselgren 2006; Edman et al. 2021). This practice can for instance be seen in the Swedish extensive governmental inquiries (SOU), as researchers have been called upon to investigate and scrutinize different aspects of Swedish society and to evaluate past and future policy reforms (Johansson 1992; Hirdman 1989; Lundqvist and Petersen 2010; Wisselgren 2006). This model of political and expert social planning through SOU inquiries was present also in alcohol and illicit drug policy issues of the 1960s. As an example, the proportion of governmental inquiries on psychoactive substances was twice as high as during the 1970s (Database of the Swedish Royal Library on SOU).

In the 1960s, the idea of liberalizing substance accessibility was paired with the idea of domesticating substance use, and gearing Swedes towards safer alternatives. In one instance; to substitute the tradition of drinking vodka and instead turn towards “milder drinking habits” by means of increased availability (Anttila and Sulkunen 2001: 65), or another to reduce harmful behavior by means of prescribing “illicit” drugs to those with a problematic use (Lenke and Olsson 1998). There was also an interwoven concern about the increase of new consumer groups, and even in the light of what today would be called experimental liberalization it was considered important to refrain youngsters from substance use. In the following we will first give an account of the “strong beer experiment,” then of the “legal” drug addicts, and finally discuss the experiments’ long term ramifications considering the morality and credibility struggles.

**The Beer Experiment**

Access to alcohol has long been regulated in Sweden. A 1922 referendum to ban alcohol completely was rejected with the smallest possible margin (48.8% pro-ban 50.8% con-ban), but instead a system of regulated access was at play 1917-1955 (motboken), limiting the possibility of obtaining alcohol along class and gender lines defined in the individual “motbok.” From 1955 onwards, a new control system was introduced that allowed adult consumers to purchase alcohol beverages but restricted retail to the state-controlled Wine and Spirits Monopoly’s outlet, Systembolaget, with regulated opening hours and age-limits. The new regulatory system
was paralleled with efforts to promote a general transition of Swedish alcohol consumption patterns from high-alcohol to low-alcohol beverages.

If Swedish alcohol policy during the earlier 20th century had been dominated by ideas of restriction, from the 1950s and onwards ideas of moderation became equally important. This was regarded as “a third way,” between the front lines of the debate of, on the one hand, restrictive alcohol policy and, on the other, so-called “alcohol liberals” (Nycander 1996: 200). Taxation was still used as an instrument to keep prices high and consumption low. New efforts were directed toward alcohol research and education, informing Swedes, especially youths, about the harmful effects of alcohol (SOU 1952:12; Elmén 1999). Other alcohol moderating measures were the efforts to sway consumers away from beverages with high alcohol content towards lower alcohol alternatives. The Swedish vodka problem, with spirits dominating the alcohol consumption, had been pointed out by the government committee preparing for the abolition of the “motbok” and the introduction of Systembolaget, and the policy reform was paired with the promotion of beer as the preferable alternative (SOU 1952:55). In 1965, a further step was taken with the introduction of a new alcohol alternative - “middle beer” (mellanöl) – containing less than 3.5% alcohol by volume and which could be bought in stores other than Systembolaget, and in 1967 experimental sale of “strong beer,” i.e. beer with a higher alcohol content than the “middle beer,” commenced in grocery stores in two Swedish regions (SOU 1971:66; SOU 1971:77). As these initiatives conflicted with another alcohol policy goal, to prevent youngsters from being introduced to alcohol, they were closely monitored and evaluated. The strong beer experiment was launched explicitly to present government officials and alcohol researchers with the opportunity to gather data and analyze the alcohol attitudes and behaviors of the Swedish population.

As several of the researchers involved in studying alcohol consumption patterns commented, public discussions on youth drinking were often alarmistic and more often concerned with singular events covered by mass media than with evidence-based research results (Bruun and Hauge 1963; SOU 1971:71; Hibell 1977). An overall picture given through international studies at the time was that young people’s alcohol habits in different countries tended to reflect national drinking cultures (Hibell 1977). Earlier research on youth alcohol consumption patterns in the Nordic countries showed that although beer, and to a lesser degree wine, were young people’s “gateway” alcohol choice, those who only drank beer or wine as they started consuming alcohol tended to drink less frequently and smaller quantities than those who were introduced to alcohol by drinking spirits (Bruun and Hauge 1963; Bruun 1973; Sindballe et al. 1978). It was research results like these that inspired the APU investigators to launch the beer experiment. The plan was for the “strong beer experiment” to run from November 1967 until the end of 1968, and to be monitored closely by researchers. However, the trial was cut short prematurely due to increasingly negative media coverage and troubling reports of a sharp escalation of alcohol consumption in the regions where the experimental sales took place, especially among youths (GT Kvällstidningen 9/1 1968, 16/2; Arbetet Västsvenska editionen 13/2 1968). Faced with intense media attention and petitions from established and new social movements focused on sobriety, the Swedish government made the decision to abruptly end the experiment immediately after the Midsummer festivities.
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in June 1968, in dialogue with some but not all of the APU investigators (Svenska Dagbladet 29/6 1968; Expressen 29/6 1968).

During the trial period, beer with an alcohol content of 5.6% by volume was allowed in grocery stores in two trial regions in western Sweden, Göteborg/Bohuslän and Värmland. The experiment was initiated by the APU-inquiry, with the intent to simultaneously secure data to study the effects in alcohol attitudes and consumption, and alcohol related behavior, and to make comparisons before, during, and after the experimental phase. As the experiment was cut short, the original plan for analysis was not completed. Nevertheless, the investigators compiled some quantitative and qualitative data, primarily from statistics on alcohol sales, and drew some tentative conclusions. The volume in which the report on the failed experiment was published dealt with sociological aspects of alcohol consumption and the studies had been led by sociologists Tom Nilsson and Per-Gunnar Svensson from the Department of Hygiene at the Karolinska Institute and the National Institute for Public Health. However, the report from the trial with unrestricted beer sales was written by John Collett, the director of the Control Board – the government agency responsible for the Wine and Spirits Monopoly.

Drawing from statistics on alcohol retail sales, it was shown that noticeable temporal and regional fluctuations had occurred in the trial regions. The beer experiment lasted approximately eight months, from November 1967 to July 1968. Comparing sales figures with the previous year illustrated that the per capita beer consumption, during the first six months, increased from 1.8 to 15.3 liters in Göteborg/Bohuslän. In the region of Värmland, during the same period, the per capita consumption increased from 0.7 to 10.6 liters (SOU 1971:77). Summarized over both regions beer consumption thus increased ten-fold. Some decrease in consumption of stronger alternatives had occurred, but not so it paralleled the escalation of beer consumption. However, statistics also made clear that the overall national beer consumption rose some 26% during the experiment period – that is in regions other than where the experiment took place (SOU 1971:77).

Against the backdrop of the significantly changed alcohol sales, statistics on arrests for public insobriety were also compiled and interestingly, the number decreased somewhat in the experimental regions during the trial period (SOU 1971:77). However, some qualitative reports from child-, sobriety, police and school authorities in the concerned regions raised concerns of youth insobriety and disorderly behavior connected to the unrestricted access to beer, such as indications of loitering, littering, truancy from school etc. (SOU 1971:77).

Summarizing the results of the trials, it was stressed that as the experiment was cut short it was impossible to evaluate correctly its potential effects, and if the attempt to motivate Swedes to change their alcohol behaviors was successful or not (SOU 1971:77). But as many of the qualitative reports from regional authorities primarily raised problems connected with the experiment, the qualitative takeaway in the final report was that unrestricted sales of strong beer were inconsistent with attempts to keep youngsters from being exposed to alcohol (The drinking habits of the Swedish people SOU 1971:77). However, neither the investigators behind the experimental study nor alcohol experts or sobriety organizations commenting on it agreed over how to interpret the findings from the experiment, and their
disagreement played out in public. The investigators opposing the premature ending of the experiment included their formal reservation to the decision in the published report (SOU 1971:77), and the conflict between the investigators took place also in media (e.g. GT Kvällstidningen 29/6 1968). There were indications that consumptions of spirits had been affected, which had been the intended outcome of the experiment, and terminating the trials in advance ruined the chances of any rigorous evaluation argued three protesting committee members, as they were interviewed by several newspapers (e.g. GT Kvällstidningen 29/6 1968). Other commentators also voiced their dissent. For instance, Eckart Kühlhorn who was an alcohol adviser and researcher as well as the spokesperson for the workers sobriety and social policy organization Verdandi, stressed that it was not the increased consumption of alcohol that should be noted, but the parallel decrease in public insobriety offences that was of interest (Dagens Nyheter 29/10 1968; Göteborgs sjöfarts och handelstidning 29/10 1968). He was but one of many experts who continued to promote the interpretation that an increased use of low-alcohol beverages as a substitute for spirits reduced the risk of more severe alcohol and drug related injuries (e.g. Svenska Dagbladet 29/10 1968).

The Drug Experiment

Youth was a prominent variable also when addressing the drug issue. With the spread of amphetamines and opioids to criminals and within certain youth cultures in the early 1960s, illicit drugs were introduced with a social framing in national politics (Olsson 1994). Simultaneously, the use and spread of drugs was quickly interpreted in epidemiological terms where, if not vigilant, everyone was at risk of catching the disease of addiction (Bejerot 1968, also Expressen 12/10 1968; Sydsvenskan 28/2 1968). Some physicians within the field of social medicine responded to the medicalized disease interpretation by proposing that the prescription of drugs might be a gainful treatment against the ailment, or at least offer some relief: If the problematic use was indeed a disease, should not the users be treated as patients instead of being persecuted by the police and the legal system? In April 1965, an experimental clinic run by a group of physicians, prescribing drugs to addicts, opened. Inspired by Lady Frankau's work in England the intention was to prescribe generously and with a minimum of control, leaving the decision of type of drug and dosage to the patients (Johnson 2021; Lenke and Olsson 1998, see also Hallan 2016; Mold 2008).

The clinic was initiated by a client organization founded in 1965 (RFHL [The National Federation for helping abusers of medicines]) and was endorsed by authorities such as the Royal Medical Board as well as the media. However, the winds would change. In early 1967, the previously positive media were reporting about drug leakage, drug related deaths, and no longer referred to the users as defenceless victims of narcomania, but with moral indignation as remorseless profiteers, and to the clinic’s neighborhood as “The Swamp” (Johnson 2003), and the former advocates became opponents (Expressen 19/11 and 17/11 1966; Uppsala Nya Tidning 9/2 1968; Göteborgstidningen 8/2 1968). The tragic spark of this turnaround was the
death of a 17-year-old girl due to drugs leaked from the clinic. In late May 1967 the clinic closed, transferring some 100 patients to a special treatment ward administering drugs in a decreasing dosage for a year.

Simultaneously, in the fall of 1966, the governmental inquiry “The drug addict treatment commission” gave the department of social medicine at Karolinska Institutet the task of evaluating the practice and the clinic’s patients (SOU 1967:25). The overall objective of the inquiry commission’s work was to analyze every angle of the “new” drug abuse phenomenon. It is in this context particularly interesting to go into some detail about the clinic study (SOU 1969:53, chap. 12), since it illustrates some general trends occurring in social sciences in the late 1960s; such as a social interpretation of “deviant” behavior, conflicting experts, and vocal social movements (Mold 2007; Yeo 2004), but also displays scientific self-reflection as well as being subject for public scrutiny and heated debates (Agar 2008).

The researcher, sociologist Jakob Lindberg, based the study on a questionnaire, previously used in studies of drug habits among arrested drug users and of Stockholm youth. In the introduction of his report Lindberg expressed caution as to what conclusions were possible to draw from his study. According to Lindberg, the study did not lend itself to analyzing the effects of the work at the clinic, or of the prescribing of “illicit” drugs, as there was no way to isolate what caused potential changes in behavior, in part because there was no control group. Lindberg was also doubtful whether the patients were representative for the entire population of intravenous drug users. Therefore, the aim of his self-criticized study was mainly descriptive, but also to present an overview of the patient population and their history of using prescribed narcotics. The patients’ responses were then compared with the aforementioned over 200 arrested intravenous drug users and a group of 1297 randomly chosen young (16-25 years) Stockholmers. There was also an aim to establish relationships between the clinic’s prescription practice and some register variables through cross-tabulations: “despite the impossibility to determine causality and great methodological difficulties to observe statistical covariance” (SOU 1969:53: 346). Lindberg claimed that the maneuver was motivated by the many contradictory statements about the effects of the work at the clinic. He wrote: “Even though [the study] cannot present the truth, [it] might be able to show to which extent any statement could be true” (SOU 1969:53: 347, italics in original).

For his study, Lindberg interviewed 88 individuals out of 121, 74 men and 14 women, at three different occasions. The number of variables were impressive, to mention a few: longevity of prescription time, age, drug debut, family background, education, employment, housing, use of alcohol, sexuality, mental illness, drug of choice, increase/decrease of use during prescription time, and anti-sociality. When compiling and comparing the results, Lindberg made percentage calculations despite stating that the low number of respondents made this maneuver inappropriate (SOU 1969:53). In doing so, he aimed to facilitate comparisons and the communication with the readers and, perhaps inadvertently, distanced himself from the informants. He also performed cross-tabulations using register data from records of criminality, drunkenness, social- and child welfare incidents, and absence from work. The results, however interesting and rather positive, were therefore neither reliable nor valid, which Lindberg also openly and self-consciously stated.
The one section of the study where Lindberg was not trying to quantify the results was when accounting for the patients’ opinions of the clinic. Whether it was because the answers were difficult to categorize or because they were almost unanimous, he refrained from turning them into numbers and instead quoted them at some length. Nearly all current and previous patients appreciated the clinic. They stated that the almost unlimited access made them fed up with drugs. They simply got sick of it and quit - indicating that the “saturation strategy” at least to some extent had been successful. Besides the decreased usage, the informants reported positive experiences of the new way of living, of becoming “legal”, like being able to stay home at night, to be social, and to think of something else than the next fix. Also, the peace of mind brought about by going to the pharmacy instead of to the dealer rendered a better self-esteem. According to Lindberg, several patients also appreciated the interaction with the clinic MD, Åhström. Some even claimed that it was the contact with the physician that was more important to them than the prescribed drugs. The sparse critique ventilated centered on the trust shown the users being too great and at times abused. Some patients argued that the control should have been stricter (SOU 1969:53).

The follow up study, after the closing, was initiated in January 1969 and was centered on the patients’ experiences. As Lindberg wrote about the follow up, he reflected upon the individuals he had met again and their experiences, which “must have brought about several radical changes in their situation” (SOU 1969:53: 386). They had gone from being “illegal” users to prescription supplied patients, experiencing an interest in their persons and lives through the daily and personal contacts with MD Åhström and the media attention, only to see all this gone when the clinic shut down. The aim of the second study was to find out how the patients had fared during this turmoil. Lindberg was again distancing himself through numbers, focusing on registers reporting deaths and causes of death, treatments at general or mental hospitals, welfare benefits, and notifications with the local temperance board. Also 94 interviews were conducted focusing on social aspects, such as working conditions, housing conditions, contacts with care and treatment institutions, and current drug habits (SOU 1969:53). When Lindberg communicated the results to the main inquiry commission, he summed up the knowledge he had obtained with two conclusions: “It is however clear that the suicide frequency as well as the overall mortality within the group has been extremely high during the period, also compared to mortality data concerning other groups of drug misusers” (SOU 1969:53: 387, also Aftonbladet 1/10 1968). And: “One result of e.g. this study is that many, also hard misusers, seem to be able to voluntarily kick the habit and according to several other studies this freedom from drugs can often become permanent” (SOU 1969:53: 403).

Neither of these conclusions was included in the main inquiry report. Lindberg’s study was mentioned twice, once in a section about drugs and criminality and once when discussing drug treatment at mental hospitals. The main report mentioned that the individuals’ criminal actions decreased during the prescription period, but this was just as soon brushed aside with the comment that the results were difficult to interpret (SOU 1969:52). The fact that a quarter of the clinic’s patients had quit drugs without being admitted to a mental hospital was treated as a curiosity, not mentioning that a majority of the interviewees reported that leaving Stockholm was
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key when quitting (SOU 1969:52; 1969:53). Several of the former patients were, when moving, voluntarily following the old paternalistic tradition of relocation at compulsory “treatment” facilities in the country and the future practice of relocation at in house treatment facilities far from the cities (Edman and Eriksson 2005; Eriksson and Edman 2018). Perhaps more importantly, neither the registers nor the interviews provided any evidence that the work at the clinic had done any harm; rather it had improved the living conditions for problematic drug users significantly. This information did not end up in the commission report, even though Lindberg was very careful not to over interpret or discard any information received from the interviewees or registers. He was also, reluctantly, communicating through quantifying the information by creating categories, calculating percentages, and performing cross-tabulations (Porter 1995). When the inquiry officials writing the final report mentioned the practice of prescribing drugs to people with a problematic use of drugs, they described it as the extreme opposite of isolating problematic drug users on deserted islands (SOU 1969:52).

Lindberg’s results were simply not suitable in the political frame of a restrictive drug policy that had developed, and the qualitative data in small numbers was easy to disregard. Fueled by indignant media, client organizations such as The National Federation Drug Free Society (RNS 1969), Parents Against Narcotics (FMN 1968), The Federation Against Drugs (FMD 1960s), and experts like Bejerot et al. the “saturation” treatment method was regarded as extreme by the inquiry who went with the tide and argued that it should not be allowed. Along with the bathwater the social aspects that Lindberg had factored in were also thrown out. Even though well renowned researchers such as Kettil Bruun and movements like RFHL argued against it (Dagens Nyheter 24/4 1968 and 2/6 1967; Aftonbladet 20/2 1968). It seems it was too late to save any credibility.

According to one of the clinic’s initiators, MD Sven-Erik Åhström, the clinic was never given the sufficient resources to succeed. He argued after the closing, from a self-professed moral standpoint, that the work the clinic did was “better than no treatment at all” and that it “despite everything, for many patients, nevertheless have meant a positive transformation of their entire lives, from the deepest misery to a socially acceptable, somewhat dignified, and at times actually happy existence” (Stockholm City Archive (SCA), Stockholm Social Welfare Board 1957-1974, F4 AH:1). This interpretation was preceded by the Royal Medical Board, which in March 1966 demanded that the authorities should give the clinic adequate resources. In their opinion, the work at the clinic had both eased suffering and prevented criminality and recommended a more permanent design (ibid).

Although there was nothing in the Lindberg studies that provided evidence for not prescribing “illegal” drugs to people who have a problematic use of drugs, within a few years the experimental clinic providing drugs to problematic users was considered a massive failure (Johnson 2003; Olsson 1994; Lenke and Olsson 1998; Lindgren 1993). And, according to research, this specific interpretation of the study has since the 1960s been referenced repeatedly in Swedish drug policy debate on harm reduction. It was not until the late 1980s that substitution treatment became a reluctantly accepted form of treatment (still aiming for abstinence), and only because it was framed as a possible solution to the AIDS-problem – which was considered as
a more severe threat than misuse of opioids (Johnson 2003). This acceptance was, however, not extended to the status of needle exchange programs, which remained controversial up until the national availability law of 2017 (Governmental Bill 2016/17:15).

**Discussion**

Jon Agar (2008) invites us to pay attention to the interconnected processes that together capture the 1960s as a period of “sea change” for science and knowledge production. A reading of Swedish official reports and media debates over experimental studies on alcohol and substance use from the period has allowed us a window onto this transformative decade, a period of change and reaction, conformity and conflict, liberalization, and restriction.

An examination of social science studies of acceptable use of psychoactive substances in the Swedish context has revealed that the 1960s truly was an era of transformation, or as in the case of psychoactive substances; an era of possible transformation, as conflicting expert opinions on the matter were presented openly to public scrutiny. What was to be considered as acceptable use was challenged and alternative interpretations on morality on sobriety and acceptable research practices were discussed openly, not only by researchers but also social movements and media.

Analytically, both alcohol and drug experts were entertaining the idea that it was possible to “vaccinate” consumers by introducing less harmful alternatives or by saturation. Alcohol and drug history research have not paid proper attention to this line of thinking, which was present in 1960s scholarly debates, as the vaccination thesis met with fierce pushback by supporters of the more conventional contagion, symptom, or gateway theories. A more long-lived legacy of the 1960s was the simultaneous birth of modern alcohol and drug social science research. The intense media discussions on how to best problematize and understand “the substance question” in the 1960s provided a favorable environment for scientific introspection and methodological reflections – that is aspects considered to be integral to modern social science. The Swedish 1960s must be seen in light of a longer 20th century history on the connection between science and politics, with social movements and the media as increasingly important intermediators. The period saw a growing number of alcohol and drug experts in Sweden and internationally, new social movements, and a changed media landscape showing interest in psychoactive substances and thus exposing discussions between experts to public scrutiny. The media landscape of the 1960s made room for controversies between disagreeing experts and competing knowledge through newspapers, TV-documentaries, and debates. But there was also room for the general public to form their own opinion, through news media, movies, and public experiments. We argue that these public scientific discussions must be understood in light of a parallel development of scientific self-scrutinization and reflection, and the simultaneous “birth of modern (alcohol and drug social) science studies” (Agar 2008: 574).

However, when committing to a theoretical framework it is tempting to emphasize empirical findings that confirm the theory. We can, though, not ignore the fact
that when it comes to the third wave there is no obvious evidence of an increase in the scientists’ individualism and entrepreneurialism. The self-scrutinization expressed is more resembling Merton’s (1964) organized skepticism; institutional and methodological. Whether this can be attributed to Hallonsten’s (2021) suggested differences between American and European research conditions, with an American academic capitalism and a European hunt for excellence, or just a time lag, we cannot tell at this point.

There are nevertheless traits of a want for increased self-management, most obvious in the ambition to let the problematic drug users decide for themselves which and how much drugs to be prescribed. This was definitely a trait of the 1960s, however not concerning the researchers. There is also an instance where the individualism and entrepreneurialism present itself as the well-renowned and influential scientists heading *The drug addict treatment commission* make a complete turnaround from endorsing and appreciating the clinics prescription of drugs to turning their back to it when endorsement became inopportune. This is, however, hardly a trait solely of the 1960s.

Despite the very different degrees of cultural acceptance of the two substances in Swedish society, we find striking similarities in both the experiments: accessibility as a means and harm reduction as an end. The early experiments aiming for harm reduction explored new ways of tackling the old problem of alcohol and substance (ab)use in a manner that was not fixated on total abstinence – except when it came to youth. It was when media reported harm to young people that the public reacted negatively and politicians became apprehensive and the experiments deemed to neither represent acceptable morality, nor acceptable research credibility. Research of viable harm reduction in terms of acceptable use of psychoactive substances ceased to be the main matter of interest, to be exchanged for harm reduction in terms of research and policy trying to avoid accusations of unacceptable experiments. To return to Epstein; matters of academic credibility were at the same time matters of ethical and moral credibility. The credibility struggle for prescription drugs was lost and tainted all harm reduction measures black for decades. The moral aspect is more complicated. In the 60s the users went from being victims to being perpetrators but gradually, framed by the symptom theory, became victims again. The moral indignation was instead aimed at those who wanted to provide clean needles and substitution treatment: It was against the law, and it harmed people, as the clinic experiment supposedly showed. The same goes for accessibility to alcohol. Any effort to increase accessibility is still fiercely contested, for public health reasons in general and especially concerning youth. Providing alcohol to youngsters is considered irresponsible and morally wrong on the same grounds that the beer experiment was closed down.

While Epstein’s field of interest is sexuality research in a wide sense, it is clear that moral and credibility struggles are occurring also within politics of knowledge production concerning other “controversial” topics, perhaps within other contexts. He is calling for empirical analyses of the content and generation of sexual knowledge, and of the competition between stakeholders “to say what sexuality means and what places it might hold in our lives” (Epstein 2006: 9). We find this line of investigation also applicable on e.g. knowledge production concerning psychoactive substances, which also – and much more so in the Swedish context – are laden
with values, norms, and ideology. We have shown how moral panics brought two experiments to an early halt in the 1960s, and we can still see today how knowledge production connected to drugs and alcohol are being procrastinated, micromanaged, and constrained. Recently the Swedish drug policy was politically decided to be re-evaluated, however, with the firm exception for the current criminalization of own use. Apparently, the government does not want knowledge about the consequences of the 1988 law to criminalize use. Hence, we wish to widen Epstein’s call for more studies to concern other topics and other times while focusing on moral and credibility struggles.

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