Out of the ordinary: Media reports on wet eldercare facilities

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Abstract
The aim of this article was to investigate presentations of “wet” eldercare facilities in Sweden, a type of facility that provides care for older people with long-term alcohol problems and where the consumption of alcohol is allowed. Wet eldercare facilities challenge traditional Swedish policy on alcohol treatment, and their approach constitutes a breach of mainstream policies on alcohol and treatment, where abstinence is a goal. Data for the study consisted of articles that reported on two nursing homes in the City of Gothenburg during 1995–2017, a total of 65 articles. Qualitative content analysis was used to identify relevant themes. The study revealed that with the exception of a media scandal at one of the facilities in 2017, reports were mostly positive. Residents were portrayed as “chronic” alcoholics (kroniker) who were resistant to treatment, but in need of the type of permissive approach and care that was provided at the facilities. In the article we refer to this as a framework of matched arrangements. Readers of several media reports were invited to see the person behind the scruffy addict and the approach was in some cases developed into a critique of unrealistic ambitions of mainstream treatment. This critique was, however, not developed into a coherent framework. A conclusion was that the surprisingly positive portrayal of residents and descriptions of the facilities as “different” should be understood in relation to the way the media creates interest by reporting on events and arrangements that appear as out of the ordinary.

Keywords
ageing, alcohol, eldercare, homelessness, nursing homes

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The media is an important force in alcohol and drug policy debates and a number of Nordic studies have investigated the interplay between media images, public opinion and policy change. Discursive constructions of problem drinking and drug taking have focused on moral responsibilities and control, in debates that have tended to present drug addicts as either “passive victims” or “active villains” (Ekendahl, 2012, see also Asmussen, 2007; Lindgren, 1993; Sutton, 1998). Media representations are part of the social construction of reality, and by framing events and issues in particular ways, the media may justify social order and established cultural beliefs, as well as act as an agent for change (Altheide, 2013; Gamson, Croteau, Hoynes, & Sasson, 1992). The media provides organisations, decision makers and the public with ways of understanding societal issues, but is simultaneously an arena for interests and claims-making activities of individuals and organisations. In these capacities, the media arena is regulated by principles of selection (Hilgartner & Bosk, 1988). Issues that appear as novel or that are dramatised in alignment with established moral ideas tend to be favoured (Altheide, 2013; Christie, 1986; Hernes, 1978).

The present article concerns images of “wet” eldercare facilities in Swedish print media. Wet eldercare facilities constitute housing options for older persons with long-term alcohol problems and provide care but not treatment. Residents are accepted as being active users of alcohol, and staff members report that some also use illicit drugs such as amphetamine and hashish (Harnett & Jönson, 2018). In Sweden, the City of Gothenburg has been at the forefront of arranging wet eldercare facilities for people above the age of 50 years with severe alcohol problems. A facility with 129 apartments opened in 1995 and a second facility with 65 apartments opened in 2014. Similar facilities, with slightly different policies, exist in Stockholm, Malmö and Uppsala, and in neighbouring Nordic countries (Lindgren, 2008; Thiesen, 2007; Vossius, Testad, Berge, & Nesvåg, 2011).

Wet eldercare facilities constitute a breach of mainstream policies on alcohol and drugs in Sweden where treatment is regarded as the means to attain the goal of abstinence. Solutions that divert from preferred action – in this case treatment – are likely to be questioned or justified in the media and in other arenas of society and one such type of justification is what Emerson (1981; Järvinen & Miller, 2010) has referred to as last resorts. All other options, according to those who use last resort logic, have failed and measures that are out of the ordinary – non-preferred activities – are therefore applied. Although not as controversial as harm reduction for users of illicit drugs, the existence of wet eldercare facilities is easy to place within a broad controversy on the role of alcohol and drugs in society. The strong focus on treatment as the main option for people with substance-use problems in Sweden has been questioned in a debate where the political ambition of a drug-free society has clashed with efforts to reduce harm among those who do not stop using alcohol and other drugs (Blomqvist, Palm, & Storbjörk, 2009; Tham, 2005; Tops, 2001). To what extent do media reports on wet eldercare facilities position their descriptions of the facilities and their residents in relation to mainstream policies on alcohol and drugs, and to debates on alternative approaches?

The aim of this article is to investigate presentations of wet eldercare facilities in Swedish print media. Three overarching questions will be addressed:

- How are the facilities presented regarding goals and approaches?
- How are residents characterised as individuals, and as representatives of problem categories and recipients of care?
- How are presentations placed in relation to a broader debate on policy on alcohol and treatment, through support, criticism or demands for change?

The questions of the study were derived from reviews of data and from theory on how
the media constructs reality as part of attitude and policy shaping processes. Theoretically, the concepts of frames and framing have been fruitful tools for posing research questions and analysing media presentations. The concept was initially developed by Goffman (1974), but in studies of media and social change, it has come to signify a type of “storylines”, coherent ways of packaging issues and rhetorical devices that create meaning and reduce complex events to binary struggles (Gamson et al. 1992; Gamson & Modigliani, 1989; Greenberg, 2002; Jönson, 2016). As regards social problems, frames will often communicate – explicitly or implicitly – a coherent package of ideas about causes, consequences, preferred action and subject positions of individuals displaying a particular problem. The point, and this is what the frame analysis may reveal, is that presentations that disrupt the coherence of an established frame are less likely to appear in reports. Subject positions are rhetorically matched to ideas on causes and solutions that are presented by people processing organisations or by claims-makers in policy debates (Holstein, 1992; Järvinen & Miller, 2010; Jönson, 2016). In the present article, the analysis will focus on the presentation of care facilities as last resorts, and as alternatives to mainstream treatment, and on the ways that descriptions of residents are matched to this problem frame.

While studies using this type of approach have analysed media debates and policies on illicit drugs and alcohol as a general problem (Lindgren, 1993; Månsson, 2016; Månsson & Ekendahl, 2013; Sutton, 1998; Tops, 2001) care facilities and treatment for older persons have not been in focus.

Method

Data consisted of articles in Swedish print media during the period 1995–2017 (1995 being the year that Bergsjöhöjd opened). To minimise the necessity for contextual introductions on facilities with somewhat different approaches, the analysis will be limited to articles on the two Gothenburg facilities.1 Articles were identified through the database Retriever, which is a database on a large number of Swedish media sources that is searchable by words. The names of the two facilities were used to search for relevant articles, and additional concepts (“alcohol”, “substance abuse” and “care facility”) were used in order to narrow the search.

A total of 65 news and feature articles were identified in which the two facilities were described. All articles published before 2014 concerned Bergsjöhöjd. Kallebäck opened in 2014 but, as the facility has had the same manager as Bergsjöhöjd, it is not meaningful to make a distinction in numbers between articles on the two facilities after that date. Some articles describe one facility but comment briefly on the other; others describe both facilities. Duplicate articles, primary articles from Göteborgs-Posten which were also published in other newspapers, and articles that merely mentioned the facilities were excluded. The former category appeared during July 2017, when the media reported on scandalous conditions at Kallebäck. In total, 16 articles in the dataset concerned the scandal. Apart from this cluster, articles were evenly distributed through the years with no articles occurring in 1996, 1998, 2005, 2013, 2016. Most articles appeared in the regional newspapers Göteborgs-Posten (tabloid format, independent liberal with 28,000 readers) and the primary impact is therefore the region surrounding Gothenburg. Basing the entire study on Göteborgs-Posten was considered, given that some newspapers have started and terminated their distribution, and some have been added to Retriever during the years.2 The decision to include all newspapers in Retriever was based on the fact that it was for a qualitative study where the annual prevalence of articles were not in focus. The inclusion of several newspapers increased the variation of messages and showed that media attention was also national. The real names of facilities and representatives will be used in the article, given
that data have been collected from newspaper articles.

The analysis was based on the text of the articles, and no systematic analysis of visual images was conducted. In the first step of the analysis articles were read several times by the first author, who also coded data using qualitative media analysis (Altheide, 1996). Although this method is inductive and not governed by a hypothesis, the process is iterative and themes are informed by a theoretical understanding and research questions that are developed during the analysis. Data were coded and brought into three broad themes: (1) descriptions of the approaches and goals of the facilities, (2) descriptions of residents and (3) policy-oriented descriptions. This process resulted in a number of codes and sub-codes. Many descriptions were placed in more than one category – and this was expected given the theoretical approach of the study. Codes, themes and interpretations were continuously discussed in meetings between the two authors.

Results

Results will be presented according to the way data were coded and summarised into themes, but it is important to understand that the theoretical approach that was used suggests an interdependent construction of problem components (Gamson & Modigliani, 1989; Jönson, 2016). A description of older “chronic alcoholics” who are finally being provided with dignity is not just a description of a category, but also a suggestion about a solution to a problem that may also be developed into a criticism of other policies. In the results section, articles that were part of the 2017 media scandal will be described separately as they framed the facilities and their residents in a different way than most other reports.

The facilities: The last mesh in the net

The goal of Bergsjöhöjd and Kallebäck has not been described in terms of reduced alcohol consumption, but as providing a better life. During the period, the articles present the facilities as a “home” where residents can sleep, eat and feel safe and be accepted “for who they are”. An idea that is expressed by several managers is that there is a “real” person behind the alcoholic and that the obligation of the facility is to see this person. “We have learnt to not only see the roughed-up alcoholic, but also the person behind and his dreams” (GT, 2001).

The very first article on Bergsjöhöjd (Göteborgs-Posten, 1995) deviates from the rest, as this is the only occasion when the facilities are explicitly said to provide treatment. In that article, the manager states that:

> The goal is to make the old men drink less, through an environment therapeutic approach, get them to participate in common activities and eat on regular hours.

Before being rebuilt and reorganised, Bergsjöhöjd was an infamous low-threshold facility for older men, described as a dirty and disorderly place, and the first article contrasts the rebuilt and well-functioning facility to its own past. Later articles have created a contrast in relation to mainstream treatment, referring to the approach of the facilities as “unique”, “different” and an “example” to follow. The predominant approach is to provide residents with a better life and to regard drinking as a matter that should be accepted and not be focused upon. An article in Göteborgs-Posten (2002) summarises the policy: “It is allowed to drink oneself to death under controlled forms”.

In the articles, the non-treatment approach is justified with reference to Bergsjöhöjd and Kallebäck being last-resort arrangements for people where all other options have been tried and have failed. Whereas Emerson (1981) and Runquist (2012) have described the last-resort vocabulary as justifying coercive treatment that breaches the autonomy norm, the wet facilities in our dataset are justified as being the opposite; it is not coercion but acceptance of continued substance abuse that is justified. The modality
of statements regarding the necessity of the facilities is often expressed in absolute terms. An article in Göteborgs-Posten refers to Bergsjöhöjd as “the last mesh in the net” (Göteborgs-Posten, 2002) and presents a drastic scenario: “Without the 129 rooms, the streets of Gothenburg would be filled with as many of the homeless, this is as sure as eggs is eggs [som Amen i kyrkan]”.

Some articles report on a paradoxical outcome by suggesting that the permissive approach of the facilities results in residents drinking less and some becoming sober. The absence of treatment is, on the one hand, presented as the very last option, an ethical trade-off that is motivated by the fact that residents are unable to change and would fail or move out if a different approach were to be introduced. On the other hand, it is described as the preferred alternative, since the lack of a traditional treatment approach is the very reason residents drink less. The phenomenon of residents drinking less is commented on as a fact in a number of articles and in some cause–effect descriptions are also provided. Causes follow two patterns, where the first relates to the security and stability that is provided by the facilities. Addicts who eat properly drink less; consumption related to the stress of living as a homeless person is reduced in a safe and comfortable environment. To consider stress the cause of older people’s alcohol consumption is part of an established counselling perspective (Hunter & Gillen, 2006), but what is of interest is that these causes are also contrasted with treatment efforts:

Rehabilitation is not a demand, and this may paradoxically result in a spontaneous recovery, since most feel better when they get roof over their head. (GT, 2008)

Managers who are interviewed relate a humanistic view that the staff is urged to apply to the prospect of change:

Here we want everyone to be aware of their value. It’s only then that they feel that it’s meaningful to break away from their substance abuse. (Göteborgs-Posten, 2000)

All humans have the capacity for change, but “change comes from within” (Göteborgs-Posten, 2000). This type of statement blurs the border between treatment and non-treatment, making acceptance a type of therapeutic approach that will eventually result in change.

Residents: Favourable descriptions of chronics

Residents of the facilities are commonly referred to as “older” people and alcohol “chronics”. Additional categories are “homeless”, “care users” and are described using a number of different names such as “original”, “odd” or “unusual” people, and “gentlemen” [herrar], “good old fellas” [goa gubbar]. Women have been accepted from 1997, but this is rarely reflected in the reports. The age limit of 50 years is frequently mentioned and some articles comment on the actual age-span among residents, for instance as being “between 49 and 90 years of age” (Sydsvenskan, March 16, 2004). The first comment on the reason for having 50 as the age limit at a care facility for older people appears in an article in Göteborgs-Posten (2000) entitled “A nursing home with room for the unusual”.

You might think that 50+ is young, but there is an explanation. Almost all our residents are chronic and active alcoholics. The disease adds 20 years to their age, says Irma Maria Ekström.

When Kallebäck opened in 2014, this logic unfolded in claims that persons with severe alcohol problems are “suffering from more illnesses and ageing faster than others” (Vårt Göteborg, 2014). The article states that many residents have difficulties in moving around, and that they need nursing and care in order to “age with dignity”.

As noted by Järvinen and Miller (2010), biographical construction is central for
determining that a last resort option is applicable. In the articles of our dataset, this construction is achieved through comments on the history of residents and on previous fruitless efforts to provide treatment: “It’s not as if society has been quick to give up its attempts to get them sober” (Dagens Samhälle, 2008). Residents are “chronic addicts”, “people who will never quit drinking”, and persons who are “not welcome anywhere else”. The use of extreme case formulations (Pomerantz, 1986) is typical, with words like “all”, “everyone”, “anywhere” and “nothing”, and many articles implicitly argue against the proposition that treatment should be provided. An article in GT (2001) suggests that “all tenants” have received treatment in many different forms during their life and a counsellor at Bergsjöhöjd states: “Our gentlemen belong to the group that has fallen through all protective nets that society has put up”. Shelters or the street is what remains for a person who is not allocated a place at Bergsjöhöjd, according to manager Gustavsson (Dagens Nyheter, 2002a). Residents are people who have been evicted from “all other places” and, with reference to one resident, readers are informed that “There is not a treatment method that has not been tried on him and failed” (Dagens Samhälle, 2008).

Contrasting different situations is part of the biographical construction of single residents, as is illustrated in an article in the national paper Dagens Samhälle (2015) entitled “Here it’s OK to be yourself”. In focus of the article is Roger, 61 years old, who has lived at Kallebäck for four months. Comments from Roger are mixed with comments from an assistant manager who has worked at Bergsjöhöjd and has now moved over to Kallebäck. In the article, the street is placed in opposition to the safe home, as expressed by the manager: “They may have been homeless and slept on the street”, followed by “Here they get safety, well-being and meaningfulness”. A version of the same theme is expressed by Roger himself: “I have never had it as good as now. The staff treat me with respect and I don’t have to live as a criminal addict”. In this and other articles, comments on the misery outside the facility help establish the identity of residents as in need of a last-resort alternative: they have lived on the street; they have been addicts for many decades; they have tried all types of treatments and now at last they have found a home.

It is not only the residents’ histories that merit Bergsjöhöjd and Kallebäck as last-resort solutions, but also their age. This is expressed in several articles, and an interview with a Social Democratic politician and expert on drug abuse serves as a good illustration (Göteborgs-Posten, 2001a):

Those who have lived a hard life on the streets for perhaps 20–30 years, in combination with substance abuse, and who are 45+ are not in need of treatment, they have done it all, says Widar Andersson. What we need is a home, an old age home, where they can receive care, and we can’t let the liquor stand in the way of that; we need to be able to offer dignified solutions without demanding sobriety, says Widar Andersson and praises Bergsjöhöjd in Gothenburg, an old age home for chronic alcoholics.

The statement by Andersson reveals a logic where chronological age becomes a prominent characteristic in the decision on preferred action.

Few articles published before the Kallebäck scandal characterise residents in an unfavourable manner. Several articles portray Bergsjöhöjd and Kallebäck as idyllic with tendencies to exoticism. Responding to “unfounded” fears the manager describes Bergsjöhöjd as “as calm as it could possibly be” (Sydsvenskan, March 15, 2004). An article describing the “cosy atmosphere” at Bergsjöhöjd starts with the text: “Cheers and welcome to us. Gunnar and Bertil take a shot after lunch at Bergsjöhöjd’s home for older chronic addicts” (GT, 2001). Several articles seem to be part of a journalistic project that is parallel to that of the facility: getting to know the person behind the “scruffy” addict (cf. Blid & Gerdner, 2006). Residents may have a
history of acting as “villains”; that is not denied, although most comments portray them as unwilling targets of treatment attempts. But as residents at the facilities they are portrayed as persons who have finally found a place to call home.

The facilities within a broader policy debate on treatment

Descriptions of the accepting approach are in some cases developed into a critique of traditional drug treatment policy in Sweden, where the paradox of reduced consumption is used to back claims for a policy shift. In 2002, the largest daily newspaper Dagens Nyheter devoted two linked articles to Bergsjöhöjd. The first article (Dagens Nyheter, 2002a) is titled “Here old people are allowed to be drunk” and contains interviews with the manager, a staff member, two residents and experts outside the facility. In the article, the manager describes the phenomenon of reduced consumption as an effect of treating residents as humans:

In spite of, or perhaps due to, the permissive approach, many people reduce their drinking after a while at Bergsjöhöjd. It is almost automatic when they feel that we treat them with respect and see them as humans, then they want to live up to that. (Dagens Nyheter, 2002a)

The second article is entitled “Bergsjöhöjd nursing home: Permissive trend within Swedish alcohol treatment” (Dagens Nyheter, 2002b) and describes a shift towards a more “humane” and “liberal trend”. Two of the three experts interviewed comment on the unrealistic ambitions of making old addicts sober. Sobriety has been the norm of Swedish policies for a long time, but these ambitions “are now being reversed” so that social services are being provided before a change to sobriety is expected. Other articles use a similar angle by describing Bergsjöhöjd as “having a philosophy that counters the ideas that have dominated Swedish policies on the treatment of addiction” (TT Spectra, 2003) and describe the approach as “completely unique as the first step towards a more humane treatment of addicts” (GT, 2001).

The messages of the articles could be interpreted as an attempt to broaden the case of Bergsjöhöjd into a matter of a new policy for “addicts” as a general category, thus making the non-treatment approach a preferred activity rather than a last-resort option. A critical approach is also possible to discern in a number of binary opposites (Greenberg, 2002) that inform readers about the approach of the facilities as being different from mainstream treatment. A typical example is provided by the assistant manager at Kallebäck, who states that: “We don’t work with pointers [“give people orders”]. Our focus is the social aspects, that they have a cozy everyday life” (Dagens Samhälle, 2015). The manager points out that the staff consists of nursing assistants, not treatment assistants. Nursing and care is placed in opposition to treatment. In the dataset, a number of concepts mark the difference between the facilities and “traditional treatment”. Treatment is associated with moralising and judgmental attitudes, pointers [giving orders], failure and guilt. These concepts appear in contrast to what is provided at the facilities: humanity, respect, meaningful activities, acceptance, support, warmth, dignity, freedom, being valued, care/nursing, cozy atmosphere. Some of the positive comments on Bergsjöhöjd and Kallebäck could, potentially, be read as part of a general critique of Swedish drug policies as being moralising and governed by principles that deprive people of their dignity and human value. In the articles this critique is, however, not developed into any coherent framework on harm reduction or into claims about needs for a permissive approach for younger persons. When politician Widar Andersson praises Bergsjöhöjd (Göteborgs-Posten, 2001b), he follows up by suggesting that “for younger people there is of course a need for other solutions and many need much more qualified help than they receive today”. The division between old and young is used to justify the existence of the facilities as
exceptional solutions, and is also present in the articles in *Dagens Nyheter* that are described above.

**A competing problem frame during the Kallebäck scandal**

Until 2017, Bergsjöhöjd and Kallebäck are presented almost exclusively in positive terms, characterised by humanity and respect. In July 2017, however, a totally different image emerges where Kallebäck is described in terms of conflicts, violence and lawlessness.

Nursing home scandals are well-known phenomena that in some cases reveal mistreatment and serious flaws in the system of residential care, and in others primarily mirror the possibility of dramatising one of many problematic events that occur in nursing homes. Scandals have the potential to elicit change in the regulation and organisation of care (Jönson, 2016), and in the case of the scandal at Kallebäck, two aspects are of particular interest. Firstly, the scandal revealed a different type of description of the facility and its residents, thereby indicating that previous reports had omitted to report on some aspects. Secondly, while the policy to allow the use of alcohol was questioned during the scandal, the approach at the facility did not change and, in effect, the media scandal was over in one week.

July 19, 2017 marks the start of the scandal at Kallebäck. The regional newspaper *Göteborgs-Posten* published several articles and these were also cited, copied, reworked and used by other news media on the same day. The front page has the headline “Staff flee from housing for addicts” (*Göteborgs-Posten*, July 19, 2017a) and inside the paper articles are entitled “Alarms about violence and threats dismissed” (*Göteborgs-Posten*, July 19, 2017b) and “The house that God forgot” (*Göteborgs-Posten*, July 19, 2017c). Six staff-members had been frustrated by the situation at Kallebäck and, when leaving their employment, four of them contacted the media in order to draw public attention to the problems at the facility. The first articles in *Göteborgs-Posten* describe a situation where staff members are being threatened and abused by residents. Managers are described as denying the problem and, according to reports, they do not support their staff.

In the articles, an image emerges of a facility with intolerable working conditions and staff interviewed in the articles in *Göteborgs-Posten* claim that they have all been attacked by residents over the years:

> Sometimes, because residents are intoxicated, hallucinating and become aggressive, sometimes because they get the wrong type of crisps, or they are missing some type of ice cream or they think that the cleaning by the staff is not good enough. (*Göteborgs-Posten*, July 19, 2017c)

In the articles, residents are also portrayed as using racist and sexist language, and staff members are described as being frustrated by the lack of consequences:

> When a resident broke the ribs of a colleague, he was allowed to stay but the colleague was the one who had to move to another floor. The residents know that we can do nothing, so they just laugh at us. (*Göteborgs-Posten*, July 19, 2017c)

Articles introduce a new frame for interpretation. Staff – a category that has mostly been absent in previous reports – are now cast in a lead role as victims of a drama where residents are perpetrators of abuse, and managers are failing to establish a tolerable order at the facility. Staff members interviewed argue that residents also suffer: “They beg for rules, they can’t sleep because people are throwing things around and having parties” (*Göteborgs-Posten*, July 19, 2017c). The claim that some residents will eventually drink themselves to death if they are not helped is presented as inhumane, in contrast to the way it is previously used to signal respect of individual autonomy. Through statements by staff members and representatives of treatment organisations the facility of Kallebäck is described as a way of “giving up” on people
in need of help and as a cheap but cynical alternative that is used to “store” people in need of help (Göteborgs-Posten, July 19, 2017b, 2017c).

The result of the scandal was not that Kallebäck was shut down, reorganised, or ordered to use a different approach. The facility was subject to several investigations that were reported to politicians and there was a tightening up of safety routines, but the general approach of the facility remained the same. When interviewed, managers and politicians acknowledged some problems, but framed them as part of a trade-off for a last-resort alternative. The politicians responsible argued that establishment of eldercare facilities where alcohol consumption was allowed was the alternative to homelessness: If we were to prohibit alcohol, then I am sure that some would have been homeless and living on our streets and squares instead, says Marina Johansson. (Göteborgs-Posten, July 19, 2017b)

Although the media is a powerful arena for claims-making activities, change is usually dependent on the way that media reports interlink with its echo-system, where established interests among policy-makers and organisations are central (Altheide, 2013; Hilgartner & Bosk, 1988). Typically, reporters play on this dynamic by calling up representatives of organisations or political parties who will demand a policy shift (Jönson, 2016). This pattern was present in reports on Kallebäck, but although members of the political opposition were upset about reports of criminal activities and illicit drugs and demanded better security routines, none of them questioned the need for the type of approach that was used (Göteborgs-Posten, July 21, 2017a). The consensus among decision makers on Kallebäck’s status as a last resort for “chronic addicts” removed the momentum of the scandal. During the scandal, the sister facility Bergsjöhöjd was described as well-functioning, and this reinforced the idea that the approach at Kallebäck was not the problem as such. The scandal lasted only one week, with some follow-up articles on investigations and decisions during the autumn.

Discussion
The aim of this article was to investigate media presentations of wet eldercare facilities in Swedish print media, focusing on the presentations of (1) goals and approaches, (2) residents and (3) the facilities within a broader policy debate on treatment. Not accounting for the scandal at Kallebäck, the overall conclusion is that media reports have provided readers with a coherent framework on matched arrangements: facilities have been described as the best and only option for a category of older persons that has resisted all previous treatment efforts, but thrive at the facility. As suggested by Holstein (1992), the “production” of client categories serves to justify the features and approaches of treatment organisations and, in this case, a last-resort solution has been matched to a last-resort category. This category has typically been described as “chronic alcoholics”. What stands out as surprising is the positive phrasing that is used to described residents and the way the approach of the facilities could be situated in a broader debate on treatment policies. Wet eldercare facilities are described as exceptions, but also as examples of a “more humane” approach for older persons with severe alcohol problems. Adding to this, some articles contain a “Hollywood ending” where the permissive approach and the absence of treatment is linked to a decrease in the consumption of alcohol among residents.

Is the criticism that is expressed in some articles part of a shift in alcohol, drug and treatment policies in Sweden during the period? In a study on media reports on alcohol and treatment, Olsson (2000) has shown that a shift towards liberalisation occurred in the 1990s, and articles on the two facilities can be regarded as part of this shift. What makes it dubious to conclude that liberalisation is the major force behind the critical comments is the fact that no competing framework for policy change is
developed and calls for a more liberal treatment policy are not mentioned as relevant for persons of younger ages. In the final part of the article, we will propose an alternative interpretation by showing how “principles of selection” that media tend to adapt to (Altheide, 2013; Hilgartner & Bosk, 1988) have played an important role for the way that wet care facilities have been presented. Below, we will focus on how reports are made newsworthy through the emphasis on novelty, difference, and conflict, and on the way that media may work to provide readers with “comfortable” solutions to problems that are associated with moral dilemmas.

Articles have provided readers with newsworthy reports. Print media catches the reader’s attention through the use of techniques such as personification, dramatisation and simplification, and by reporting on events that appear to be novel, unexpected or out of the ordinary (Hernes, 1978; Hilgartner & Bosk, 1988). A scandal constitutes a perfect example, but our suggestion is that the positive reports on the facilities before the Kallebäck scandal could also be understood as adhering to this logic and that this is clearly visible in the articles themselves. A number of reports present “counter-stories” that make them newsworthy. The facilities are introduced as “unique”, “exceptions” or “alternatives” (to ordinary treatment) and a negative outside context is invoked through words or phrases that create contrast. Positive descriptions of “odd”, unusual “older gentlemen” stand in implicit or explicit contrast to the “roughed-up alcoholic” that the public encounters in the streets. Presentations are contrasted to expectations that are described in the articles. A context of negative expectations is also invoked through sentences such as “you might think” and in a number of reassuring messages. A statement by a manager that fighting is more common in the neighbourhood outside than in the facility follows a comment on “usually unfounded” fears among the public (Sydsvenskan, March 15, 2004). It serves as a response to fears or questions that readers might have: is it not risky to bring together 129 “chronic alcoholics” in a facility? Negative references to traditional treatment policies, expressed in binary opposites such as moralising and judgmental attitudes versus humanity and respect, could therefore be regarded as means of establishing novelty and difference.

Articles have provided readers with a comfortable solution to a problem. A well-recognised feature in media studies is the adherence of media reports to common values and “needs” of the public. The media tends, in this sense, to reproduce social order (Altheide, 2013; Gamson et al., 1992; Hilgartner & Bosk, 1988). “It is important to show that people have a value even if they have been drinking all their life”, states Minister of Social affairs Margot Wallström, praising Bergsjöhöjd (Göteborgsposten, 1997). What the minister verbalises could be described as a goal of the welfare state. To accomplish this goal is, however, a great challenge. Homecare workers report on misery and squalor among older care users who live at home and are willing to seek treatment for their alcohol problems (Karlsson & Gunnarsson, 2018). Representatives of social service organisations have argued that for older people with long-term alcohol problems, treatment is usually a waste of money (Palm, 2009). Studies on the everyday reality of wet eldercare facilities associated with problems that could be described in terms of ethical dilemmas – acceptance of trouble and misery being weighed against a higher threshold that excludes people in need of care (Harnett & Jönson, 2018; Lindgren, 2008). Positive reports on wet eldercare facilities, we would argue, provide the public and decision makers with a comfortable solution to a problem: older people with long-term alcohol problems living in misery – and being visible as homeless people in city centres. Ordinary citizens have, according to Schneider (2014), complex feelings towards marginalised people who are portrayed in the media: expressions of sympathy, care and ideas of being a good person blend with suggestions that individual behaviour is ultimately the cause of the
problems of many people. This complexity is expressed in the parallel but conflicting images of addicts, who are described as victims as well as “villains” (Ekendahl, 2012), a division that Sahlin (1994) refers to as that between the pitiable “wretch” and the shameless “villain”.

The narrative structure of the framework on matched arrangements provides readers with ways of reducing ambivalence, going in part beyond the dichotomy. Stories on residents contrast the past of failed treatments and misery with the present comfort, and in a similar manner a problematic life in the city is contrasted to feelings of being at home at the facility. Reports show that society has a solution for persons who are “chronic” alcoholics. Not only are they kept off the street. When they move to a wet care facility they live a good life, become “good fellas” and fears that this solution is associated with problems and risks could be put at rest. The extreme example of this provision of a comfortable solution appears in descriptions of what we have referred to as the “Hollywood ending”: members of a category that is described as “chronic alcoholics” will automatically drink less when provided with care and met with trust and respect. The dilemma is transformed into a sympathetic solution (although the shameless villain who abuses staff if not provided with the right type of crisps may be introduced if arrangements go awry).

The media produce “truth” claims about what makes people with long-term alcohol problems drink less and what makes them drink more. The risk is that decision makers, future staff members, future residents and the public are deprived of the possibility to regard wet care facilities as a humane but challenging attempt to increase the quality of life for persons with long-term alcohol problems. Policy may then be based on the view that problems are solved if this population is just brought together, provided with care and allowed to drink.

Given the theoretical framework that was used, a possible limitation of the study is that the issue of policy making and change was only studied using data from media sources, where such issues were commented on. A possible additional study could therefore be based on reviews of protocols and interviews with policy makers, aiming to investigate the overflow of “truths” and calls for action between societal arenas.

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Notes
1. A review revealed that articles describing facilities in other cities were very similar in content to those included in the study. Facilities were described as tolerant and as exceptions and residents were portrayed as “chronic alcoholics” who were allowed to drink and were happy living at the facilities.
2. Adding to this, single newspapers change and are difficult to use as single sources. During part of the investigated period, the regional newspaper GT was actually included in Göteborgs-Posten.

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