The war on good research: Debating research ethics and methods on the basis of Jay Levy’s *The war on people who use drugs: The harms of Sweden’s aim for a drug-free society* (Routledge, 2017)

Johan Edman
Stockholm University, Sweden

I had looked forward to reading this book. The peculiar Swedish drug policy – including the criminalisation of drug use, long prison sentences for drug dealing, and drawn-out political opposition to various forms of harm reduction – has been discussed with increasing intensity during the last 10–15 years. There is now a respectable body of research in the area, but a book which is intended for an English-speaking readership and ambitiously aims to give a balanced picture of the complex questions is still more than welcome. Sadly, Jay Levy has not written that book.

There is no lack of ambition. The author establishes early on that he shall analyse political and media debates around the drug-political changes in Swedish legislation in the 1980s and examine how these accord with the changed views on drugs and drug users. At the end of the book the readers are reminded of the author’s purpose:

This book has focussed on the debates which resulted in Sweden’s prohibitionist criminalisation of the use of drugs and the legislation allowing for the compulsory care and treatment of people with drug dependencies. It has explored the legislation’s justifying discursive backdrop, and has also focussed on how Swedish discourse and legislation have come to impact service and
healthcare provision for people who use drugs, as well as the levels and spaces of drug use in Sweden. (p. 103)

One could assume that the undertaking to tackle such a vast issue in a mere 144 pages would require a succinct and tightly written treatise. The reader is, however, left with broken promises: Levy does not examine one single political or media debate, legislation, or any of the prevailing discourses. Neither does he study the criminalisation of drug use that he argues is a main focus, nor the process that has led to it. Nor do we get to know anything new or substantial about the compulsory treatment that is described as radical to its core.

My critique is twofold. I will first discuss the book’s ideological bias, the empirical and methodological gaps, and the lack of a relevant research context. I will then show, drawing on the book’s conclusions on compulsory care in Sweden, how these gaps concretely lead to false or insignificant results. In conclusion I will discuss the overriding problems caused by studies such as this.

Ideology and facts

The war on people who use drugs is above all a show of indignation and a condemnation of the Swedish drug policy. The tone is exaggerated, uncompromising, and bombastic, as is often the case when one is unhampered by balanced empirical analysis. In the very first paragraph the author determines that “[i]t is quite literally illegal for people who are currently using drugs to live in Sweden” (p. 1). At first I found this to be an unfortunate yet also a somewhat amusing mistake; surely he meant that it was illegal for people who live in Sweden to use drugs. But I only had to read a few pages more to realise that it was not a mistake, that it was rather a most intentional dramatisation. This book has a cause: to show how the allegedly progressive Sweden drives an unusually repressive and inhumane drug policy, and how this can be partly explained, or at least understood, in light of the historical baggage of repressive and inhumane measures taken in other areas of Swedish life.

Without analysing any of the allegedly explanatory or contributing factors, and without making use of any relevant research context for that matter, Levy keeps arguing that national government information campaigns in Sweden have been grounded in a “racist and xenophobic discourse, no doubt fed by Sweden’s history of eugenically informed social construction and engineering” (p. 17). Such outbursts mark the entire book, serving as reminders of why his own analysis (that he in fact fails to carry out) is so important:

These modernising reconstructions should be seen in the context of Sweden’s unique modern history, a history particularly marked by the discourses (and resultant laws and policies) of eugenics, social engineering, state-sponsored repression, and (often violent) social control, as discussed in this book’s introduction, and as compared aptly by the below-respondent to the policies, practices, and discourses of the National Socialist fascism of 20th-century Germany [...]. (p. 100)

So this is where we end, a book about Swedish drug policy blithely making a connection to Nazi Germany. It is not easy to take it seriously. But I will try, because Levy’s project and the decision by Routledge to publish this book deserve to be discussed seriously. This is ultimately a discussion about the boundaries between research and personal views, and whether we can trust the theoretical and methodological tools (and academic publishers) to safeguard this boundary.

The parallel to Nazi Germany is drawn even further by describing Swedish state-authorised race biology as “eugenic projects rivalled on scale by only those of Nazi Germany” (p. 3). This claim is bolstered by a reference to Peter Baldwin (2005), but despite my best efforts I have not been able to find such an argument, and it would also have amazed me if such a
meticulous and nuanced historian as Baldwin had explicitly equated the Swedish eugenic project with Nazi Germany. Sweden did have a striking eugenic project, which has led to a great deal of research and attempts at stately atonement and compensation (the official inquiry that Levy himself refers to was a part of this process). But given even the Swedish sterilisation project which was upsetting in more ways than one, one can hardly compare it with the German undertaking which also included a euthanasia programme of around 70,000 casualties (Proctor, 1988). This dismissal of facts and earlier research is quite remarkable, especially since it contributes to a trivialisation of parts of the genocide committed by Nazi Germany.

The methodological approach explains much of the discrepancy between the alleged aim and the meagre results. There is no lack of empirical material in *The war on people who use drugs*, but it lacks material that could answer the ambitious questions that the author poses, nor is there a plausible method to tackle the material that he uses instead. Levy claims to analyse, or rather “to build up a broad understanding” of “wider debates, discourses, and the evolution and genealogy of Swedish drug policy” (p. 6). Behind the Foucauldian choice of words one detects a yearning to examine (or at least to understand) the history of Swedish drug policy, which appears as a perfectly legitimate if not even a necessary goal of the analysis.

So what does he do? A historian finds his answer somewhat unorthodox; namely, he argues that the task is resolved by applying “[k]ey informant sampling” (p. 6). Rather than using the rich source material that is available in, for example, archives, parliamentary proceedings (much of them digitalised and easily accessible online), and in abundant public inquiries (also available online), Levy has chosen to speak to people that in a best case have some recollections to offer but otherwise hold, so to say, rather personal views on what has happened and how we ought to understand it. Levy’s empirical focus on interviews works satisfyingly when he explores the individual respondents’ views and experiences of the drug policy, although the many block quotes piled upon one another do not make much of a contribution to the analysis. It is more problematic that the interviews are used without any source criticism or reflection of the representativeness of the material whatsoever. In fact, not once does the book reflect upon source criticism, representativeness, validity, or reliability. Add to this interview material collected by “snowball sampling” (p. 6) and theoretically informed by “grounded theory” (p. 8), and one has a patented formula for a scientific misfortune. How does Levy know that he is right?

The reasons for this approach which so clearly resists any empirical data can probably be sought partly in a theoretical position that does not appreciate facts and substantial analysis, partly in the ideologically motivated resentment that Levy harbours in the face of it all. It seems something of an understatement yet also a piece of welcome consumer information when Levy acknowledges “the fact that my personal interests and political perspectives had come to influence my work” (p. 7). I do not believe either that it is possible for social science research to be totally objective and free from any value judgements, but this is rather a problem to be dealt with than a point of departure which one happily goes on to cultivate. Levy’s position informs the book in its entirety, even if it is at times draped in a theoretical facade, as in portrayals of Sweden’s differing from the European model of inclusive postmodernity in favour of a dated modernity defined by rationalisation, social engineering, social exclusion, and control.

The envisaged (yet unexamined) conflict between modernity and postmodernity is an implicit point of departure in large parts of the book. In the absence of his own research Levy leans heavily on some articles written by the social scientist Arthur Gould. It was Gould (1989, p. 740) who 30 years ago coined the idea that the Swedish welfare state, called “the
people’s home” (folkhemmet), aspired to a sort of order and cleanliness that had no place for such asocially disruptive elements as drug misusers. Also, it was Gould (2005, p. 73) who sketched the image of Swedish social political resistance to the postmodern condition defined by, among other things, a “false universalism of state welfare”. In Levy’s version this becomes a (poorly defined) postmodernity to aspire to where any expression of (poorly defined) modernity is objectionable and repressive.

Such a normative approach is further reinforced by a self-made paradox where Levy (without any empirical evidence) time and again argues how Sweden has come to be seen as a liberal society of autonomous citizens independent of the state. Against this fictional description about the image of Sweden, the author contrasts the similarly fictitious actual Sweden, which becomes a recurrent theme in the book. But what the author sees as a paradox could in fact be an utter fallacy on his part, a misunderstanding which could have been corrected by moderately ambitious study of research literature. There is indeed no lack of critical research on the history of the Nordic welfare states, and nobody familiar with this research could plausibly resort to Levy’s argumentation.

Levy’s extraordinary approach to his main argument would require him to know what research has shown about the historical development of the Swedish drug question – but not only that. If, for example, the proposition of Swedish exceptionalism were to appear plausible, the author would need to discuss the developments in some other countries too. Instead of such comparative discussions, the reader is confronted with recurring portrayals which in all likelihood are to serve as illustrations of how Sweden truly is very different. Alcohol, for example, is regarded as “historically and
traditionally rooted in Sweden” (p. 53), and drug use in Sweden has been “very much culturally determined” (p. 61). As opposed to where, one wonders? A reasonable contextualising research approach should also provide insights into the Swedish welfare state (and especially about the *folkhemmet* which is so central in this study), in addition to race biology, eugenics and sterilisation policy, social engineering, modernity, political culture, harm reduction, and public drug scenes. Levy’s analytical ambition finds him in the midst of a dynamic historical and social scientific research field which has produced a great many publications during the last 30 years. He only references a few of them.

By contrast, Levy has conducted interviews, and these interviews replace the secondary literature which could have helped to delimit the area of analysis, to dismiss preconceptions, to see what has already been done, and to forge a context and a broader understanding of these vast and complex phenomena. It is almost amusing to see how the author – instead of making use of previous research – dwells on, for example, the Swedish amphetamine craze of the 1940s and 1950s, the public drug scene of the 1950s and 1960s, the early political formulations of the Swedish drug problem, the 1980s drug debate, the influence wielded by the Swedish psychiatrist Nils Bejerot, or the role and function of the client movement through the lens of the odd interview respondent. We even get to read about the earliest Swedish drug history – how the Vikings got inebriated – from an interview with a Swedish police officer.

At times Levy does refer to the research literature, but this, too, leads the reader to suspect a problem that perhaps explains why the author does not make use of the rich Swedish source materials: he cannot read Swedish. But what do I know; it is entirely possible that he can (he says on p. 8 that while he resided in Sweden in conjunction with his research, he “undertook intensive Swedish language training”). Still, he carefully deselects sources and research literature written in Swedish. Of the 210 titles in the references, three are in Swedish. As all essential sources and the majority of the relevant research literature are in Swedish, I cannot understand how one can tackle this research task without being able or willing to read Swedish. I would never imagine that I could study a complex societal phenomenon in another country without being able to use sources and literature written in that language. To think that one could pull this off only seems extraordinarily arrogant.

The limited literature that is used in the book is often also rather dated, which becomes a problem when such literature underpins the reasoning on the current situation. This carefree use of older research also shows a lacking sense of historical change. Levy mentions, for example, the amount of homemade spirits in Sweden, which is taken as a pretext for a kind of libertarian Swedish approach to alcohol as the traditional intoxicant and is also assumed to chime with “ideas of Swedish (hetero)masculinity, with Swedish men traditionally manufacturing their own alcohol” (p. 44). But this information comes from an article published in 1996, that is, one year after Sweden entered into the EU and a process started towards the increased liberalisation of alcohol which had a clear effect on the amount of home distillation. A lot has happened since: while 1763 cases of home distillation were reported in Sweden in 1994, the figure was down to 58 in 2017 (BRA˚, n.d.). Has something happened to Swedish “(hetero)-masculinity” since the middle of the 1990s and how does this feature in the antagonism to postmodernity which allegedly explains Swedish drug policy?

Further, the striking opposition to needle exchange in Sweden could be an important empirical point for Levy, but why does he then choose to talk about it with references to research dating from 1992? Levy is not sure whether there are needle exchange programmes in two or three cities in Sweden, but the fact is that there are currently needle exchange schemes in 16 Swedish cities (some have been added after Levy’s book was published, but
there were significantly more programmes than two or three even at the time). Yet another example of this neglectful approach is the claim that harm reduction does not get a mention in the national action plan on drugs from 2006. But if one aims to report on the current situation in a book published in 2017, would not the author wish to read and refer to the updated national action plan from 2016? This action plan discusses both substitution treatment and needle exchange appreciatively. I am the first to admit that harm reduction has not been high up on the Swedish drug political agenda, but change is taking place that needs to be acknowledged even if it goes against Levy’s preconceptions.

The most blatant example of using dated research is, however, Levy’s reliance on the 1989 article by Gould, who 30 years ago had already conducted the analysis that Levy now aspires to do. Gould’s point of departure is the legal changes which at the end of the 1980s aimed to criminalise the use of drugs, and to widen the legal space and extend the length of stay within compulsory treatment of substance misusers in Sweden. Gould expresses concern about this process which he felt could lead to increased repression. But it was still the 1980s, and there was no way that he could know what would happen. He therefore concludes the article by humbly asking himself what the future may bring. This makes an excellent starting point for Levy’s analysis: what did in fact happen, were Gould’s concerns justified, or did things take a different turn? The revised laws have been applied for 30 years now so this is a great opportunity to answer these questions. Did the legal changes lead to implemented changes? Did, for example, the number of patients in compulsory treatment increase? Was there increased repression in any other empirically observable way? Levy does, after all, take such repression as a given and ascribes it for reasons unknown to the spirit of “folkhemmet”. How could one study this, and why has not Levy done it?

Increased repression and medicalisation?

What happened during this 30-year period that The war on people who use drugs could have made a contribution to? There is some research on this, but also gaps to fill. Take the revised law on compulsory treatment. A study which aspires to contribute new knowledge and information to the subject requires a fairly substantial review of the law itself, the preparatory work, and the political process that led to the legal change. The war on people who use drugs fails to do any of this. Levy makes not one single reference to public inquiries, parliamentary materials, or the legislative process. What he does is lean heavily on Gould’s article from 1989.

If one wants to argue that this legal change contributed to increased suppression of drug users, one really ought to examine some of the consequences. Something could be read from the readily available figures from the early 2000s which show that while the revised law made it possible to compulsory detain misusers who “run the obvious risk of ruining their lives” (SFS 1988:870, § 4), such action was by and large not taken. If we, however, examine the number of patients in compulsory treatment on a particular date, it does unarguably look like Gould’s concerns were justified: the number of patients in compulsory treatment (most of whom were alcohol users rather than the drug users that Levy writes about) more than doubled in 1989, which was the first year of the new law being in force. This level was, however, only maintained for three years; the figures start to come down as early as 1992, and keep doing so until we are almost back at the pre-1989 levels. Despite this, the author argues that this legal change represents a repressive regime, or, in his own words, a “social order that has been achieved through strikingly violent and invasive means” (p. 18).

Levy does not show any great familiarity with the background, establishment, or consequences of this law, and the matter is
compounded by a peculiarly groundless definition of compulsory treatment as “compulsory medicalised incarceration” (p. 3). This interpretation of the 1988 compulsory treatment legislation seems to be anchored in notions about a widespread disease model which has enabled the repression of Swedish drug users:

But The war on people who use drugs does not examine this question either, and the above quotation comes with the backing of four references to English-language literature on medicalisation in general without pointing to any Swedish circumstances. As tends to happen in such cases, there is a risk that the claim is not true. A certain medicalisation of drug use can in fact be seen between the 1969 revision of the legislation on psychiatric compulsory treatment and 1982 when the compulsory drug treatment law first came into force. But the 1982 legislation expressly broke with the notion of medicalisation: an inquiry which submitted its report before this law dismissed the idea of medicalised dependence as one of the “hard-to-pin-down abstract concepts” which would hardly improve the rule of law and could therefore not constitute a basis for any legislation in the area (SOU 1981:7, p. 38). This did not change in the 1989 legal revision.

The language dilemma may once again have played a role in the poorly substantiated conclusions. Levy has neither examined any relevant source material nor made use of the appropriate research, and the interviews that are made to represent an empirical foundation have mostly been conducted in English. Here, it might have mattered that the word “addiction” does not in fact exist in the Swedish language and that there is no reasonable Swedish equivalent to the word or the concept. It is therefore only when the respondents have had to express themselves in English that descriptions of “addiction” appear. Levy is not alone in resorting to the conceptually distorting translation; we also find it, for example, in Gould (1989) whom Levy fondly refers to and who translated missbrukare (misuser) as “addict” in the context of an inquiry preceding the 1989 legal revision (SOU 1987:22). This non-Swedish conceptual apparatus plays not a minor part in Levy’s tinkering with the image of Sweden: the very term “addict” contributes to “a reductive totalisation” in which “[p]eople are seen through a lens of their drug use” (p. 38).

A troubling book

Basically, I agree with much of Levy’s critique of Swedish drug policy: that the criminalisation of own use is a repressive tool used against citizens who should be offered help instead of being punished or who – if they so wish – should be left alone; that the implementation of needle exchange programmes and other life-saving substitution treatment has been met with scandalous antagonism; and that the grand vision of a drug-free society stands in the way of political pragmatism. As a researcher, I also find it entirely natural, if not inevitable, that life experiences and ideological standpoints leave their mark on the research. It is often these views and insights that generate a research interest, delimit the research area, and help to pose questions and choose analytical tools. And it is precisely for reasons such as these that it is so important to use the tools of a trained researcher to ensure an analysis worth doing.

An analysis worth doing is one that answers your questions, not a piece of writing where you already have all the answers and then neglect to examine the questions. An analysis worth doing requires, among other things, that you have read not a small amount of previous research in the area. This is how you demarcate your analysis, modify your understanding, and sharpen your questions. Levy has failed to make use of most
of the relevant literature and therefore gets it entirely wrong from the beginning: he asks questions that have already been answered (in studies which have done their proper analyses and thus often give answers different from those provided by Levy). He persists in ideological indignation instead of approaching the subject with a sense of balanced humility in the face of the complex whole (which previous research could have helped him to deal with), and he draws conclusions about current circumstances on the basis of dated research when he should have used more recent analyses, which could have helped to nurture a much-wanted sense of historical change.

An analysis worth doing is one which poses questions to relevant empirical materials. The materials are then processed with the methodological tools that any doctoral studies supply (Levy has defended his dissertation at the Department of Geography, University of Cambridge). Here, too, Levy loses his way: he is at variance with his own aims by choosing mainly to find answers to his questions in empirical sources (interviews) that do not provide them. In addition, he carefully avoids any source critical and methodological reflections on whether the materials are able to answer the research questions in the first place. Once in a while he does happen to be right even without conducting an analysis, as in addressing some aspects of the Swedish opposition to harm reduction, but this question has already been better treated in other analyses with which he has not familiarised himself. He is wrong at least as frequently.

While many of those issues that Levy claims to want to examine have been dealt with by previous research, I find that there is a significant and intriguing area that Levy could have pioneered, namely the question of the allegedly increased repression that Gould feared could follow from the revised legislation of the late 1980s. Readily available statistics indicate that Gould’s misgivings were unjustified, but an ambitious study is still needed which, on the basis of clearly defined criteria for such repression, would deal with a larger empirical source material.

The poor analysis in The war on people who use drugs gives many causes for concern. Firstly, it should worry the author himself, who may think that he has conducted a thorough analysis and who as deputy director of the International Network of People who Use Drugs (INPUD) is in a position to speak with authority about these. Secondly, it is also a worry for the book’s readers who have paid £105 for 144 pages of nothing. Also, it is troubling for Routledge, a renowned publisher of specialist literature. What happened in the referee process, where were the editors and fact-checkers?

Because it gives cause for concern to a large academic publishing house, it also gives cause for concern to the scholarly world at large. The most common measure of quality control of research today is peer reviews of articles in academic journals. It is by no means a perfect system, but it should nevertheless work well enough to weed out the most obvious inaccuracies and downright fabrications. As a historian I nevertheless have a penchant for the book, the scope of which allows the researcher to tackle large and complex questions which the article format is not suitable for. As researchers, we are totally dependent on the book publishers doing the quality control that the journal publishers do on the articles. In a bibliometric rewards system, which favours the writing of articles, the book has in a relative short time been downgraded. To ensure that the book does not entirely disappear as an academic work (and to also safeguard the future of large and complex analyses which require the book format), the research world must be able to trust that the established academic publishers publish quality products.

Last but not least, this book is troubling for the extremely dynamic debate on drug policies. There is a lot going on in the drug political area, such as a widespread movement (also in Sweden, even if Levy refuses to believe it) towards liberalised penal laws, sales regulations, and a regulatory system of harm reduction. As I agree with much of Levy’s critique of the drug
political repression, I welcome fresh new ideas within drug policy. Research has an important role to play in lending credibility to drug political measures of all sorts. Academics are engaged in this field with research interests of their own, and however we may feel about their points of departure and conclusions, we have to be able to trust that they are doing their utmost to carry out good research. Here, requirements are the same for neuroscientists who might advocate increased restrictions, and for postmodern sociologists who want to see less repression and more user democracy. In this context, Jay Levy’s book is very nearly counterproductive, also in terms of his own ideological points of departure: it is a consummate illustration of “drug liberals” as a collection of dreaming ideologues who could not care less about research or its results. That is truly troubling.

References
Baldwin, P. (2005). Disease and democracy: The industrialized world faces AIDS. Berkeley, CA: University of California Press.
BRÅ (Brottsförebyggande rådet). (n.d.). Statistiktabas över anmälda brot [Statistics database of reported offenses]. Retrieved from http://statistik.bra.se/solwebb/action/index
Björkman, J. (2001). Vård för samhällets bästa. Debatten om tvångsvård i svensk lagstiftning 1850–1970 [Care for the sake of society. The debate on compulsory care in Swedish legislation 1850–1970]. Stockholm, Sweden: Carlsson.
Blomqvist, J. (1996). Från ideologi till ekonomi. Institutionsförlagd missbrukarvård under tre decennier [From ideology to economics. Institutional drug misuse treatment during three decades]. Stockholm, Sweden: Socialtjänsten, FoU-byrån.
Edman, J. (2012). Vård och ideologi. Narkomanvården som politiskt slagfält [Care and ideology. Drug treatment as a political battlefield]. Umeå, Sweden: Borea.
Edman, J., & Stenius, K. (Eds.). (2007). On the margins: Nordic alcohol and drug treatment 1885–2007. Helsinki, Finland: NAD.
Gould, A. (1989). Cleaning the people’s home: Recent developments in Sweden’s addiction policy. British Journal of Addiction, 84, 731–741.
Gould, A. (2005). Resisting modernity: Swedish social policy in the 1990s. Social Work & Society, 3(1), 72–84.
Hakkarainen, P., Laursen, L., & Tigerstedt, C. (Eds.). (1996). Discussing drugs and control policy: Comparative studies on four Nordic countries. Helsinki, Finland: NAD.
Johnson, B. (2003). Policyspridning som översättning. Den politiska översättningen av metadonbehandling och husläkare i Sverige [Policy translation. The political translations of methadone maintenance treatment and family doctors in Sweden]. Lund, Sweden: Statvetenskapliga institutionen.
Johnson, B., Richert, T., & Svensson, B. (2017). Alkohol- och narkotikaproblem. Lund, Sweden: Studentlitteratur.
Kassman, A. (1998). Polisen och narkotikaproblemet. Från nationella aktioner mot narkotikaprofitörer till lokala insatser för att störa missbruket [The police and the drug problem. From national actions against drug profiteers towards locally based disturbances of drug abuse]. Stockholm, Sweden: Almqvist & Wiksell International.
Levy, J. (2017). The war on people who use drugs: The harms of Sweden’s aim for a drug-free society. Abingdon, UK: Routledge.
Lindgren, S.-Å. (1993). Den hotfulla njutningen. Att etablera drogmissbruk som samhällsproblem 1890–1970 [The menacing pleasure. Establishing drug use as a social problem 1890–1970]. Stockholm, Sweden: Symposion graduale.
Linton, M. (2015). Knark: en svensk historia [Drugs: A Swedish history]. Stockholm, Sweden: Atlas.
Olsson, B. (1994). Narkotikaproblemet bakgrund. Användning av och uppfattningar om narkotika inom svensk medicin 1839–1965 [Background of the drug problem. Use of and perceptions of drugs in Swedish medicine 1839–1965]. Stockholm, Sweden: CAN.
Olsson, B. (Ed.). (2011). Narkotika. Om problem och politik [Drugs. On problems and politics]. Stockholm, Sweden: Norstedts Juridik.
Proctor, R. (1988). Racial hygiene: Medicine under the Nazis. Cambridge, MA: Harvard University Press.
SFS 1988:870. Lag om vård av missbrukare i vissa fall [Act on the care of misusers in some cases].
SOU 1981:7. Lag om vård av missbrukare i vissa fall [Act on the care of misusers in some cases].
SOU 1987:22. Missbrukarna – socialtjänsten – tvånget [The misusers – the social services – the coercion].

Tops, D. (2001). *A society with or without drugs? Continuity and change in drug policies in Sweden and the Netherlands*. Lund, Sweden: Socialhögskolan.
Törnqvist, D. (2009). *När man talar om knark. Drogdebatt i svensk dagspress 1970–1999* [Speaking of drugs. Drug debate in the Swedish press 1970–1999]. Umeå, Sweden: Umeå universitet.