

Nils Bejerot and the Great Swedish Drug Epidemic



Drawing: Peter Ekström

JONAS HARTELIUS

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and the
Great Swedish
Drug Epidemic

Foreword by Robert L. DuPont, MD

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In memoriam Nils Bejerot.

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Foreword

By Robert L. DuPont, MD

Professor Nils Bejerot, MD (1921 – 1988), was the Swedish prophet of a better 21st century drug policy.

This report summarizes Bejerot’s revolutionary views. It introduces his powerful public health strategy for drug control. Bejerot focused on the central role of the drug user in drug policy, on what policy leaders now call “demand reduction.”

I had the privilege of meeting Nils Bejerot on my 1982 visit to Sweden and Norway. His wisdom and his passion were instantly recognizable. So, too, was the clarity with which he saw the folly of global drug policy in Europe and the United States as it headed toward more permissive approaches to drug use.

The polar opposite choices for today’s global drug policy debates were foreshadowed by the writings of Nils Bejerot, a Swedish psychiatrist, and Alfred Lindesmith, an American sociologist, the two most influential early thinkers on drug policy. Lindesmith’s 1965 book *The Addict and the Law* led to the modern “harm reduction” movement which seeks to reduce the harms caused by drug use without reducing drug use itself. Lindesmith viewed the criminal justice system as the cause of most of the costs, or the “harms,” of drug use. The solution, according to Lindesmith, was to “medicalize” drug use, so that drug users could be separated from drug sellers and so they could be gradually weaned off drugs.

In contrast, Bejerot, a psychiatrist with more than three decades of experience as a consultant to the Stockholm police, saw the criminal justice system as not only necessary to curb drug sales but also to move drug users into abstinence. In his experience, the criminal justice system had the leverage to get drug users into treatment and to enforce strict long-term abstinence. He saw the criminal justice system as the major force promoting recovery, bringing drug users to treatment, and providing a compelling reason for them to stop drug use. Far from encouraging draconian punishments with the criminal law, Bejerot championed tough laws that insisted on drug

users becoming – and staying – drug-free using treatment and close monitoring. He was, however, highly critical of one aspect of the American approach to drug policy, what some people call the “war on drugs.” Bejerot saw this approach as relying on ever-longer prison sentences. Bejerot was the champion of relentless, but not draconian, criminal justice punishments that were linked to treatment and that required monitored abstinence for addicts.

In the mid-1960s, Bejerot launched his theory of drug abuse based on his observation of drug use among juveniles. He saw the epidemic of drug abuse as a unique behavioral epidemic, spreading from person to person by new users, like a communicable disease. At that time, in response to a sudden increase in intravenous drug use, and over the objections of Professor Bejerot, Sweden adopted the misguided and disastrously seductive Lindesmith policy of “medicalizing” addiction by having physicians prescribe drugs of abuse to drug users. Bejerot carefully observed that when addicts were given drugs by physicians not only did they not stop using drugs, but they also sold their drugs to others, spreading their drug habits. Bejerot showed that while the allure of drugs is biological, the level of drug use in a community, in a nation, and in the world as a whole, is largely determined not by brain biology, but by the social reactions to drugs. Tolerate or, even worse, encourage drug use and drug use explodes in a deadly, self-propelling behavioral epidemic. Identify drug users, reject their drug use, and insist on enforced abstinence, and the drug epidemic is quelled. Drug policy really is, Bejerot argued, that simple.

Today, as the world seeks better ways to cope with drug problems, drug use is both underestimated and misunderstood. As predicted by Bejerot, and as confirmed by the Swedish drug experience in the 1960s, efforts focused on tolerance and compassion for drug use yield perverse and deadly effects. Tolerance of drug use increases drug use and all of the negative consequences of that drug use, ranging from diseases like HIV/AIDS and Hepatitis C to overdose deaths. Increasing drug use reduces economic productivity, undermines education, increases crime, and destroys families and entire communities.

Using his remarkable powers of observation of the results of Sweden's early embrace of harm reduction, and marshalling both his implacable will and his relish of a good argument, over the course of two decades Bejerot went from being an unknown outsider to being vilified as inhumane by his many drug policy opponents. From the start, Bejerot's theory of drug abuse caused an uproar in Sweden's academic and political circles. Undeterred, he documented that personal contact and peer pressure had a contagious effect in spreading drug-using behaviors and in recruiting additional drug abusers. Bejerot's evidence was presented year after year. Recognition came slowly because his approach, initially, appeared to clash with the compassionate concern of Swedes, especially in medicine. Bejerot insisted on paying attention to the results of what was thought to be compassion – the prolonging and the spreading of addiction. After a long and difficult struggle, he eventually received international recognition for his work in drug abuse prevention.

Bejerot was officially consulted by Presidential Advisers in the United States and in the Soviet Union. He testified before a U.S. Senate Committee in 1974, warning of the dangers of considering marijuana to be a harmless drug. Bejerot was influential in the U.S. Parents Movement that led to a 60 percent drop in illegal drug use in the US from 1979 to 1991. As is often the case with prophets, in his own country, Sweden, Professor Bejerot has remained a controversial figure. Although Bejerot is the architect of today's Swedish drug policy, the Swedish Government has rarely credited him for his profoundly important role in its development.

Bejerot's ideas shaped Swedish drug policy into an international model for other nations. In a report on Swedish drug control, the United Nations Office on Drugs and Crime (UNODC, 2007) devoted a section to Bejerot's pathfinding role. Additionally, R. Gil Kerlikowske, the Director of the White House Office of National Drug Control Policy (ONDCP), said in 2011 while at the Commission on Narcotic Drugs (CND) Meeting in Vienna, "Sweden's commitments to drug education, treatment for drug addicts, and enforcement efforts have led to significant decreases in drug use over the

past three decades, and serve as a successful model for our efforts in the United States.”

It is easy to find information in English about the leading thinkers of liberal drug policy like American sociologist Alfred Lindesmith, but it is exceedingly hard to find Bejerot’s thinking beyond simple, but often profound, statements. When lecturing about the hard-won experience from drug control efforts of other periods, Bejerot often quoted George Bernhard Shaw’s aphorism “We learn from history that we learn nothing from history.” Bejerot was untiring in his efforts to teach people the lessons from the history of drug control in Sweden and around the world.

Bejerot’s understanding of the modern drug epidemic was comprehensive, complex, and based on both his experiences and on the data he gathered over more than two decades. His study deserves far more attention than it has been given.

Bejerot was aware of the need to inform the public and to shape public opinion. In 1969, he founded the Swedish National Association for a Drug-free Society (Riksförbundet Narkotikafritt Samhälle; RNS), which has become the leading opinion powerhouse, the Swedish think-tank, supporting a balanced and restrictive drug policy. In addition, the Swedish Carnegie Institute (SCI) was chartered as a foundation in 1982 to promote Bejerot’s research. Today SCI supports research based on his powerful, and still underappreciated, ideas.

Bejerot’s legacy has had lasting effects, including inspiring the development in 2009 of the World Federation Against Drugs (WFAD), a worldwide organization of non-governmental organizations based in Stockholm, Sweden. WFAD is committed, as was Nils Bejerot, to the goal of a drug-free society. Today, WFAD carries Bejerot’s ideas all over the world. WFAD is the embodiment of his vision extended into the 21st century.

Sweden, thanks to Professor Bejerot, stands as a beacon for strong drug policy for the world. Today, Bejerot’s understanding is needed more than ever as the drug epidemic spreads globally and as individuals and entire nations seek to free themselves not only from the confusion that characterizes most thinking about

drugs, but also from the grip of the epidemic itself. Many people failing correctly to understand the dynamics of the drug epidemic see Bejerot's zero tolerance for drug use and the central role of the criminal justice system as lacking compassion and as being judgmental and un-modern. Bejerot was a compassionate psychiatrist who was dedicated to helping drug addicts free themselves from the slavery of addiction.

Sweden sets the standard globally for compassion across the board, including when it comes to drug use. The fact that it is un-Swedish to use drugs, including marijuana, reflects the broad consensus that exists in Sweden today supporting the ideas that Bejerot worked so hard and so long to establish. Bejerot's thinking on the dynamics of drug epidemics is the basis for improving the world's drug policies.

This report is an introduction to Bejerot's thought for the new generation of leaders who are creating a better global drug policy. This brief overview will inspire current and future generations of people interested in drug control policy to learn and to benefit from Bejerot's experience, analysis, and prescription for ending the modern drug epidemic.

In this biographical sketch, Jonas Hartelius, for many years a close associate of Bejerot's, gives a brief but comprehensive overview of Bejerot's life, work and legacy. Hartelius, an inspired teacher, clearly and comprehensively details what needs to be learned and what can be applied today from Bejerot's unique understanding of the drug problem.

Rockville, Maryland, April 16, 2012

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1. Nils Bejerot (1921–1988)

Nils Bejerot was born in 1921 and graduated as an MD from the Karolinska Institute Medical School in 1957. He then served in various capacities as a physician, specializing in psychiatry and social medicine.

In 1954, while acting as a medical consultant to the Child Welfare Board of the City of Stockholm, Bejerot came upon the first case of intravenous amphetamine abuse ever diagnosed by any public authority in Sweden (and probably also in the world). A teenage girl had taken an overdose of amphetamine and developed a psychotic reaction. When she recovered, Bejerot had her appear before the Board, but her description of the local drug problem was not regarded as credible. In the same year, a field study by the “Night patrol” of the Board, however, indicated that there were about 200 young drug abusers in the City and that drug pushing (of tablets obtained under false pretences for prescriptions) had become a regular feature of the underground scene.

From 1958 until his death in 1988, Bejerot served as a consulting psychiatrist to the Stockholm Police Department. In this role he performed approximately 10 000 diagnostic examinations of criminals, alcoholics, addicts, mentally ill people, and other persons who had been arrested or taken into custody by the police. He also served as an adviser to the police on tactical matters, e.g. when a mentally disturbed person threatened to kill him- or herself or his next of kin. In August 1973, Bejerot assisted the police at the “six days’ war in Stockholm”, when a bank robber barricaded himself in a bank vault with three bank employees taken as his hostage and demanded free escape and a large ransom. Bejerot – in stark contrast to a number of teachers in criminology at the University of Stockholm – perceived the situation to be fully under control, as he regarded the bank robber (later robbers, as another criminal was let in into the bank) to be a rationally acting “commercial criminal”, not a political terrorist. After six days, the robbers surrendered without injuring their hostages. The strategy of containment and “wearing out” developed in

this case became a model for similar police action. This event also hatched the psychiatric diagnosis of the “Stockholm Syndrome”, describing the emotional bonding of the hostages to the perpetrators threatening them.

In 1974 Bejerot presented his thesis *Narkotikamisbruk och narkotikapolitik* [Swedish; English translation: *Drug abuse and drug policy*, 1975], which won him a doctorate in Medical Science from the Karolinska Institute. He was made honorary Professor by the Swedish Government in 1979. At the charter of the Swedish Carnegie Institute in 1982, he was appointed Director of Research of the Institute and remained in that capacity until his death.

Bejerot lectured in many parts of the world. He gave testimony before the U.S. Senate Subcommittee hearing on the Marijuana-Hashish Epidemic and its Impact on United States Security (1974), describing the hazards of legalizing marijuana and hashish. He was a keynote speaker at the Parents’ Resource Institute for Drug Education (PRIDE) World Conferences in 1983, 1985 and 1988. He met with several American presidential advisers, such as Dr. Donald Ian Macdonald (1987 and 1988), and with leading Soviet government experts, such as Professor Eduard A. Babayan (1988).

In 1987, Bejerot’s private house, library and archives were completely destroyed by fire. He was certain that the fire was arson, but the police investigation never reached any conclusion and was written off after nine months. Bejerot died in 1988. His funeral was attended by more than 900 people, ranging from former drug addicts to members of the Riksdag [the Swedish Parliament].

For Bejerot’s 65th birthday (1986) his bibliography, containing a list of more than 600 publications, was published in the book *Nils Bejerot – Människan och Verket* [“Nils Bejerot – The Man and The Work”; Swedish]. In 1993 a number of friends and associates published the memorial book *Nils Bejerot – Forskaren, folkupplysaren, pionjären i kampen mot narkotika* [“Nils Bejerot – The Scientist, the Popular Educator and the Pioneer in the Fight Against Drugs”; Swedish].

As a police psychiatrist Bejerot personally got to know a large number of the career criminals and chronic drug abusers in the city. Some of them would even greet him in the street, addressing him

as the “police doctor”. His experience with criminals, drug abusers and mental patients gave him a unique background for analyzing social problems and unveiling the harsh realities behind the fogginess of political rhetoric. Based on his first-hand knowledge he also made his internationally renowned contributions to the scientific understanding of the modern drug epidemics.

In a series of “Vardagsbilder” [“Pictures from everyday life”; Swedish] (1982 – 1988) Bejerot described a number of interesting cases of drug abuse, mental illness etc. from his encounters with patients, always pointing out how the particular case highlighted a problem or shortcoming in the public welfare system. He lambasted the “talkologists” (such as well-meaning therapists and social workers) and accused them of producing – through sheer incompetence – “socially disabled persons in the tens of thousands”.

Bejerot was a rare scientist in that he also showed intense personal interest in developing practical measures. He used changes in public drug control as a way of testing and falsifying theories. He even declared the drug problem to be a “burial ground” for naive academic theories on human behaviour.

Seen in a historical perspective, Bejerot can be said to be the Liddell Hart of modern Swedish (or Western) drug control strategy. He saw the modern drug epidemics as entirely new phenomena outside the reach of the conventional measures, analyzed their dynamics and proposed new strategies. Other parallels to Liddell Hart were that Bejerot often used military metaphors, such as “strategy” when talking of a comprehensive set of interactive measures to reach a goal and, further, that he advocated an approach which was clearly “indirect” in Liddell Hart’s sense, when he focused on stopping the demand for drugs by intervening against the drug abusers instead of directly taking on the drug syndicates in a “war on drugs”.

2. The Great Swedish Drug Epidemic

Around 1944 the first reports of an increasing oral abuse of amphetamine tablets among students and others in Stockholm lead the Swedish National Board of Health [Medicinalstyrelsen] to issue strict rules for the medical prescription of these substances.

In 1946 a young Swedish man signed up as a sailor to get to know the world. In New Orleans, Louisiana, USA, he picked up the technique of intravenously injecting drugs (originally with morphine). Back in Stockholm, he adopted the technique to injections of dissolved amphetamine tablets and started the first local drug epidemic in Europe. This man would then remain a leading figure on the Stockholm drug scene for more than 20 years. The drug epidemic spread among bohemians, artists and prostitutes and soon caught on among criminals.

For a decade the drug epidemic was limited to Stockholm. In 1956, it spread to Gothenburg, when a well known drug addict moved there and created a local drug scene. In the early 1960s, the epidemic spread to major cities, and around 1965 – 1967 to Norway, Denmark and Finland.

The “Great Swedish Drug Epidemic” (Bejerot’s expression) reached all parts of Sweden in the late 1960s. In the early 1970s i.v. drug abuse was reported by the police all over the country. The spread of cannabis (hashish) smoking was even more rapid during this period. The spread of the epidemic was later reconstructed in a survey by the Swedish Carnegie Institute (SCI) with the assistance of the Swedish National Police Board [Rikspolisstyrelsen, RPS] in 1984 and 1990 (see *Basfakta*, 1996, pp. 92 ff.).

The increasing spread of amphetamine abuse forced the Swedish National Board of Health to put amphetamine and later also phenmetrazine and related compounds under formal drug control (1958 and 1959). Sweden was thus the first country to schedule the synthetic C.N.S. stimulants as “narcotic drugs” [Swedish: “narkotika”] within the scope of the law (in that period the Narcotic Drug Ordinance).

The drug problem was “discovered” by the media as a social issue in the first months of 1965. An unprecedented media campaign for “medical prescription” of drugs to chronic addicts was started by a small group of journalists, doctors and lawyers. Almost all editorials and op-ed articles supported the idea, even though a similar experiment in England (by Lady Frankau and others) had been stopped only the year before, after an uncontrollable spread of drug abuse fuelled by the prescription project. Even the Journal of the Swedish Medical Association [*Läkartidningen*] in an editorial gave half-hearted support to the proposed Swedish experiment. The National Board of Health was more or less forced by the media storm to allow a small number of doctors, mainly in Stockholm, to prescribe drugs for the maintenance treatment of “drug addiction”. One leading doctor during a period of two years prescribed 3 400 000 doses of synthetic C.N.S. stimulants and 600 000 doses of opiates to approximately 130 patients (average number of patients in treatment: 100). For the year 1966, his total prescription volume constituted 30 per cent of all synthetic C.N.S. stimulants prescribed in Sweden in that year. The treatment rationale was publicly stated to “liberate” the drug addicts from the influence of the black market and to give them the opportunity to saturate their desire for drugs and thus after a while wean them off of their habits. The leading doctor received most favourable reports in the media, often being heralded by addicts to be the only one who really “understood” them, i.e. had a sympathetic attitude towards their situation and needs. In Stockholm, drug enforcement became extremely difficult for the police.

The Swedish prescription project was stopped in 1967 after two fatalities with drugs prescribed by the leading doctor. He was later prosecuted for causing the fatalities and his medical license was revoked (though later reinstated; then it was revoked again after he had committed other irregularities with prescriptions). The failure was completely buried by the media. It was only when similar ideas were floated in the early 1990s in Europe that the tragic Swedish experience was taken out of the curiosity cabinet to be seriously discussed in public.

On 1 January 1969, the Swedish police launched a nationwide campaign (“the police offensive”) against drug crime at all levels. The campaign rapidly revealed that drug abuse and drug crime had spread to all parts of the country. It also led to a reduction in drug crime and drug abuse for the first time since the start of the Swedish drug epidemic.

Starting in 1972, public prosecutors, following a directive from the Prosecutor-General [Riksåklagaren, RÅ], began a policy of waiving prosecution in cases involving only possession of small amounts of drugs “for personal use”. In the late 1970s the practice had become highly permissive, and a possession of up to 20 grams of cannabis would regularly be written off. The police almost stopped enforcing the law, as the pushers always stated that their possession was for personal use. During this period i.v. drug abuse increased rapidly in Stockholm. The situation changed in January 1980, when the new Prosecutor-General issued new guidelines. Prosecution or administrative issuing of fines were to be the norm, except in a single case involving one single dose of hashish or amphetamine. The change occurred only after Bejerot, the Swedish National Association for a Drug-Free Society [Riksförbundet Narkotikafritt Samhälle, RNS] and many others had publicly criticized the state of affairs. The new guidelines gave the police the impetus to develop the new “street enforcement teams” [Swedish: “gatulangningsgrupper”], dealing specifically with the local drug markets in order to stop the spread of drug abuse and inhibit the demand for drugs. This approach has since then become a high profile feature of the Swedish police strategy. In the 1980s there was a considerable drop in the actual abuse of drugs, and the core group of i.v. drug abusers turned out to be aging.

A drug case heard by the Swedish Supreme Court in 1983 established that the non-medical consumption of narcotic drugs (e.g. swallowing of pills) *per se* was not included in the act of criminal “possession”. This started a heated public debate, which led to a nationwide campaign by Bejerot, RNS and many other people to criminalize also the “consumption” (“abuse” or “non-medical use”) of drugs. An opinion poll in 1984 showed that 95 per cent of the po-

pulation supported the criminalization of drug abuse. The Swedish Riksdag finally yielded to the pressure and enacted the legislation in 1988. In 1993 the police were given the right to use urine testing to prove drug abuse. This has been used in many local police campaigns (e.g. in Stockholm) to stop drug abuse and close down the open drug scenes.

Summing up, the Great Swedish Drug Epidemic is the oldest one in Europe, and it has been subjected to major changes in public control policy. Twice the change has taken a more permissive (“liberal”) direction, which has led to an increase in the abuse of drugs; twice the shift has been in a more restrictive direction, which has led to a decrease in the abuse of drugs. During the same period, public opinion has made a full turn, from supporting the legal prescription of drugs in 1965 to demanding the criminalization of drug abuse in 1984.

Here, it is important to notice that in Sweden, the Government has never launched any initiatives in the field of drug control (except technical revisions of drug laws) unless there has been either a public opinion storm or a flood of media reports of a rapidly deteriorating drug situation.

3. Bejerot's scientific analyses of drug problems

In a long series of scientific and op-ed articles, books and popular lectures, Bejerot developed and published his theories on drug problems. He made major contributions in four areas:

1. *A new socio-medical classification of the genesis of drug dependence* (drug addiction). When encountering his first case in 1954, Bejerot immediately understood that this was a completely new phenomenon, different from the cases of medical addiction he had read about in the literature. An extensive study led him to distinguish between six major types (later reduced to four; the types 1 and 2 were amalgamated, as were the types 5 and 6):

(1) the intentionally medical (iatrogenic or therapeutic) cases, in which physicians take a conscious risk to make the patient dependent by giving large doses of analgesics to patients with e.g. cancer; these cases are of interest only to physicians;

(2) the inadvertently medical (iatrogenic or therapeutic) cases, where the patients themselves escalate from medically acceptable consumption levels to unacceptable levels, meanwhile developing a dependence; cases of this type often have neurotic or other mental disturbances and are of interest mainly to psychiatrists;

(3) the auto-established cases, consisting of a few, rare cases of people experimenting on their own with intoxicants and a small number of medical doctors and other medical staff who develop a dependence as part of their professional life; the cases of the latter type are of interest mainly to the medical supervisory authorities;

(4) the epidemic type, where the drug habit is spread from old drug abusers to novices in intimate relations; the spread can be traced through long contact chains, similar to those of venereal diseases; this group often displays norm-breaking (antisocial or criminal) behaviour; cases of this type are highly interesting to the police because of their high criminal activity;

(5) the endemic type, where the drug habits have been part of the social culture for generations (though not necessarily legally ac-

cepted); here the risk groups are more diffuse; examples are alcoholism in the Western world, opium smoking among the Chinese, and hashish smoking in the Arabian culture; and

(6) the pandemic type, which is spread all over the world, such as tobacco smoking.

Bejerot heavily stressed that the genesis of drug dependence was decisive in forming counter-measures, both in individual cases and in society at large.

2. *A detailed comparison of the dependence-producing properties and the detrimental effects of synthetic C.N.S. stimulants, such as amphetamine, with those of cocaine.* His comparison listed more than 40 effects. It was essential as a scientific background for the diplomatic efforts of the Swedish Government in the late 1960s to have the synthetic C.N.S. stimulants put under international drug control. This was achieved with the enactment of the 1971 United Nations Convention on Psychotropic Substances. Bejerot's comparison with cocaine also helped counter the then widespread notion that the C.N.S. stimulants were neither dependence-producing nor harmful.

3. *A theory of drug dependence (in his early papers called "addiction") as an artificially induced drive.* Bejerot was one of the first to point out that drug dependence (addiction) is a behaviour acquired and reinforced through the effects of drugs on the brain and that the dependence rapidly takes on a life of its own, no matter what caused the drug abuser to start. To halt or control a condition of dependence, it will not be sufficient to change the "background factors". Special measures, such as compulsory treatment, will be required.

4. *A detailed analysis of the dynamics of drug epidemics.* Bejerot always focused on the contagiousness of the epidemic type of drug abuse. He studied the "mental epidemics", where people would be so heavily influenced by the beliefs or behaviours of others that they would "catch" or become "infected" by a mental disorder. He described the risk for an individual to be drawn into drug abuse (actually the drug taking behaviour) as a product of the individual's susceptibility (personality, belief systems, norms, curiosity etc.) and the individual's exposure to the behaviour in the local culture (such

as peer pressure). He pointed to the peculiar fact that while most behavioural and social scientists had focussed on the susceptibility factors, these were more difficult to influence than the exposure factors. He stated that even if treatment could be of value to the afflicted individual, it could never be a first line of action, as the drug abusers spread their drug habits more rapidly than any treatment system could catch up with.

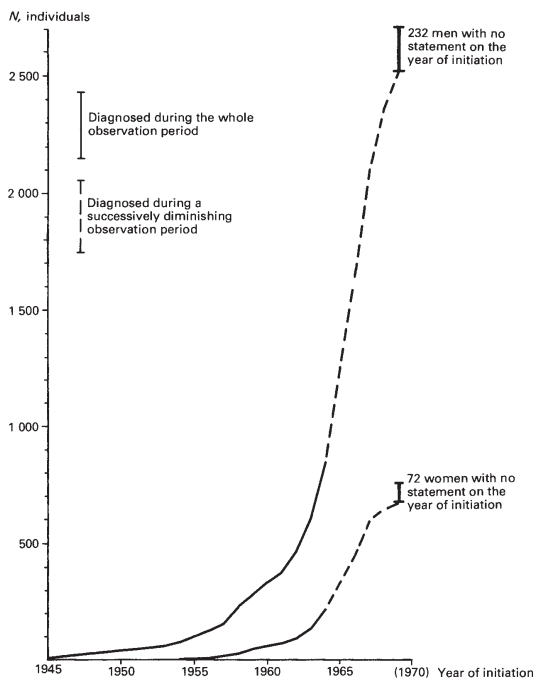
As a psychiatric consultant to the Stockholm Police Department, Bejerot was in a position to carefully monitor the spread of drug abuse in the criminal culture of Stockholm. When the legal prescription experiment started in the spring of 1965, Bejerot rapidly organized his Injection Mark Study [Swedish: "Stickmärkesundersökning"], where nurses on duty at the central arrest premises inspected the armpits of all arrestees for i.v. injection marks (scars from venous punctions) and took notes of the case.

Using his Injection Mark Study to monitor the spread of i.v. drug abuse among arrestees in Stockholm, Bejerot was able to show that almost all i.v. drug abusers known by any public authority or medical or counselling service in Stockholm turned up in the injection mark study within two years. He demonstrated a clear interrelationship between the norm-breaking behaviours of drug abuse and crime. He showed that the legal prescription period led to a rapid increase in drug abuse at large (a doubling in 12 months), and that the police offensive in 1969 led to a drop in actual drug abuse at large for the first time ever.

He also established that the "legal addicts" (receiving medically prescribed drugs from the official project) did not decrease their crime rates; in fact an alarming number of them were arrested by the police for various crimes such as drunk driving, theft, check forgeries etc.

The Injection Mark Study was discontinued on 1 January 2007, as new administrative procedures for arrest and detention created practical obstacles to carry out the examinations. By that time, it had become the largest ever investigation of its kind in the world.

Bejerot also made a number of contributions in other fields, such as the *health hazards of cannabis*. He was one of the first to point out



Based on his Injection Mark Study, Bejerot was able to reconstruct the development of the Stockholm epidemic of intravenous drug abuse. It started in 1946 and developed slowly in the first years. The legal prescription experiment, 1965 – 1967, caused a rapid increase in the number of *i.v.* drug abusers. (From Bejerot, 1975, p. 158).

the risks to road safety caused by cannabis smoking car drivers, after a number of Swedish pop music bands had crashed on the road in the late 1960s. He wrote about the mental health hazards of cannabis smoking, such as cannabis psychosis (which he considered to be a condition separate from schizophrenia) and amotivational syndrome. He remarked that the countries with the shortest experience of cannabis (i.e. in the West) were the most tolerant ones, whereas cultures with a long experience (e.g. the Arab world) were much more restrictive. Egypt, having had centuries of experience with cannabis, in 1924 proposed that cannabis be put under international drug control, and this control was achieved in 1925.

4. Bejerot's criticism of Lindesmith and drug liberalism

The American sociologist Alfred R. Lindesmith (1905 – 1991), who has been heralded internationally as the scientific champion of drug liberalism, was for many years (mainly in the 1950s and 1960s) a leading academic critic of U.S. drug control policy.

Lindesmith saw the control of drugs as a more serious problem than the drugs (mainly narcotics, i.e. opiates) themselves. He compared the strict American laws of the 1950s with the permissive “British system”, where physicians were allowed to prescribe drugs with very little interference from the Government. Lindesmith thought that American drug control forced the addicts into the black market, into crime and into drug pushing to pay for their drug consumption. As an alternative, Lindesmith advocated an adoption of a British-type system of prescription of drugs to chronic addicts.

No British drug addicts of the epidemic type had, however, received medically prescribed drugs at the time when Lindesmith started his criticism of American drug legislation. The first addicts of the epidemic type to receive medically prescribed drugs in England were a group of six Canadian heroinists, who arrived in 1959 to be “treated” by Lady Frankau.

Bejerot (in Bejerot & Hartelius, 1984, pp. 57 f.), quoting Lindesmith's old associate O'Donnell, pointed out that Lindesmith until the breakthrough of his ideas in the 1960s had had very little clinical experience with drug addicts. The number was estimated to be around 50 cases, almost all of them of the medical (iatrogenic or therapeutic) type. Lindesmith thus based his analysis of the drug problem on a highly skewed selection of drug abusers, mostly irrelevant to the debate in those days.

Nevertheless, Lindesmith (1965; 1967, pp. 278 f.) in his proposal for a heroin prescription programme clearly stated that there existed a residue group of “hopelessly degraded and demoralized criminal addicts unwilling to give up their illicit way of life, users

not interested in quitting and other hard-core types. For these, civil or criminal commitment would be appropriate..." Lindesmith also predicted that even with his prescription system, "there would be a residual traffic catering to this remaining group of derelict and recalcitrant types which would be an appropriate object of police attention."

Due to his limited clinical experience, Lindesmith did not understand that his group of "hopelessly degraded and demoralized addicts" constituted the major problem of the modern drug epidemics.

Bejerot remarked that Lindesmith had performed an erroneous analysis of the drug problem. Bejerot pointed out that the British could afford to have a rather permissive regimen for controlling drugs, as they had not experienced any drug epidemic. The British control system was to change in the late 1960s with a stricter control of medically prescribed drugs. On the other hand, the Americans had suffered a long period of drug abuse (epidemic i.v. heroin abuse was reported from New York already in 1914) and had been forced to sharpen their drug control step by step. The efforts had been so successful that the epidemic had been eliminated before the Second World War. Only the legal framework and its punishment guidelines remained. Bejerot also pointed out that Lindesmith did not understand the nature of a drug epidemic, nor that the drug habits were spread in the honeymoon period of drug taking and without any profit motive.

The Swedish campaign for legal prescription of drugs in 1965 started independently of Lindesmith's writings, and he was referred to in the Swedish debate only after a while. In addition to Lindesmith's misunderstanding of the dynamics of drug epidemics, the Swedish proponents of the legal prescription experiment also made the fundamental pharmacological mistake of equating C.N.S. stimulants, such as amphetamine or phenmetrazine, with opiates, such as morphine. C.N.S. stimulants have a completely different series of effects and cannot be given in "maintenance programmes" without causing severe mental and physical health hazards to the patients.

In his political criticism of drug liberalism, Bejerot (1988) clearly stated that the future of the welfare state was at stake in the fight for drug control: "The fight against the drug epidemics will probably be decisive for the survival of the modern legal and welfare states. A continuation towards a more widely spread abuse of drugs will inevitably lead to social decay and chaos." In 1969 he estimated that one single i.v. drug abuser would cost society approx. 2 000 000 SEK (at that time approx. 400 000 USD) in a life time for production losses, treatment costs, crime etc. (Bejerot, 1969, p. 77). Compensated for inflation, today this amounts to approx. 15 000 000 SEK (approx. 2 100 000 USD).

5. Bejerot's epidemiological programme

Based on his analysis of the modern drug epidemics, Bejerot developed a comprehensive programme for preventing, detecting, monitoring and stopping drug abuse in the general population.

Already in 1965, the first year of the media "discovery" of the "drug problem" in Sweden, he outlined a series of measures to deal with the drug epidemic as a modern day plague. He advocated compulsory treatment of drug addicts to stop the spread of the drug habits. Here, he made a clear analogy with the compulsory treatment of syphilitic patients. In a book published in 1968 he outlined a five-step programme to stop the drug epidemics. The programme was based on epidemiological principles, which he had studied while a WHO scholar at the London School of Hygiene in 1963.

The main points of Bejerot's programme were:

1. *attacking the agents*, i.e. the drugs, which were to be eliminated as much as possible, or at least substituted by less dangerous varieties;

2. *controlling the routes* for spreading the drugs, i.e. blocking illegal production, import or sale of drugs, and adequate controls of legal distribution of drugs;

3. *preventing the spread* of drug abuse, especially among the primary risk groups, e.g. by "immunization" through education and attitude change;

4. *treating* the already afflicted, if necessary by compulsive treatment;

5. *isolating* the highly contagious addicts in treatment centres in order to stop them from spreading their drug habits. In his book *Addiction and Society* (1970, pp. 279 ff.) he amalgamated nos. 4 and 5 into one measure called "isolation and long-term care of the highly contagious cases".

Over the years Bejerot developed his programme to become more and more politically specific. He advocated both compulsory treatment for drug abusers and criminalization of non-medical drug use ("drug abuse"). These measures were finally adopted by

the Swedish Riksdag (Parliament), in 1981 and 1988 respectively, but not with the specific designs advocated by Bejerot. In 1984 Bejerot and I published a 25-item programme (Bejerot & Hartelius, 1984, pp. 156 ff.). Some of the measures advocated by us were the criminalization of illegal consumption (non-medical use) of illegal drugs (controlled substances), the enactment of new treatment legislation for adult drug abusers (with extended criteria for compulsory treatment) and the creation of a national register listing all drug abusers.

Bejerot always regarded the central issue to be the preventing and stopping of non-medical consumption of drugs by the individual. First, he considered it to be a norm-breaking behaviour, often running parallel to other norm-breaking behaviours, such as criminality. Second, he stressed the decisive role played by the individual drug abusers in recruiting new drug abusers because of their propensity to spread their drug habits in long chains of intimate contacts. Third, he perceived the demand for drugs (maintained by the dependence in the brain of the drug abuser) as the dynamic engine that moves the illegal drug market. As he had been able to follow the spread of the Swedish drug epidemic from its earliest stages, long before any criminal organizations took over the supply of drugs, Bejerot came to regard the drugs syndicates as secondary phenomena sustaining and expanding an illegal market only after the epidemic had spread widely. Finally, he saw the possibility of stopping large-scale drug abuse by epidemiological strategies. He stressed the importance of general prevention, indicating that both the People's Republic of China and Japan in the 1950s had been able to eradicate wide-spread drug abuse through consistent action against drug abusers. He also noted that it had been necessary for the Japanese to intervene against only about ten per cent of the drug abusers to stop the epidemic.

In one of his last public appearances (at the Parents' Resource Institute for Drug Education (PRIDE) World Conference, 1988), Bejerot gave the following ultimate criterion for testing the usefulness of any drug control measure:

“The decisive factor for success is to eliminate the possibilities for the drug abuser to continue his drug abuse behaviour with few or no consequences. The purposefulness of any measure against drug abuse can be judged by finding out if it influences the drug-taking behaviour among the individual drug abusers and the recruiting of drug abusers in the area. If the measure has this effect, it may be effective; if it does not, it is probably of little practical value.”

6. Bejerot's role in shaping public opinion

Bejerot rapidly established himself as a triangulation point in the Swedish drug debate, for a long time being the only person publicly criticizing the legal prescription project and the permissiveness – even indecisiveness – of public drug policy. For many years he served as the primary hate object of the drug liberals. One of his adversaries even published an article criticizing his growing influence and gave it the title “Stoppa Bejerötan!” [approx. “Stop the Bejerot” as in “rot” = “decay”]. In 1977, a number of his adversaries banded together to publish a book, *Konsten att bekämpa människor* [approx. “The Art of Fighting Humans”; Swedish] with various forms of criticism and attacks on his thinking and “image of man”. (His response to that was: “Practical to have them all in a single place.”) For close to 15 years he experienced difficulties in getting published on the main op-ed pages of Swedish newspapers. After 1980 he had ready access to the media, even to such an extent that a critic in 1984 complained that Bejerot had connected his personal computer directly to the type-setting offices of the leading Stockholm newspapers.

One of the first tasks for Bejerot as a public opinion shaper was to split the false connection between drug liberalism and political radicalism. Here, together with i.a. Jan Myrdal (a leading intellectual of the Swedish Left, also the son of the Swedish Nobel Laureates Gunnar and Alva Myrdal) and several other people, he succeeded in getting the Swedish Left to abstain from drugs – and almost from drug liberalism. For Bejerot there could be nothing revolutionary in demanding “cannabis for the people” when Marx had spoken of the politically sedating effects of “opium of the people” (i.e. religion) and when Bejerot's own clinical experience made it clear that drug abusers had very little interest or energy for social or political activities and tended to parasitize upon the working classes. This outcome can still be traced in the Swedish debate, as both the Swedish Left Party (V; formerly VPK and earlier SKP) and the Swedish

Green Party (MP) have taken a position against the legalization of drugs and in the European Parliament often have confronted their allied parties on this issue.

Bejerot's most important method of influencing the public opinion was to polarize the issues and to make the position of his opponents untenable. He would ask the Government "Shall it be permitted to consume illegal drugs or not?". This forced the Government inch by inch to give up its resistance to criminalizing the non-medical use of drugs. Bejerot always acted very forcefully in debates. He remembered and often quoted the nonsense people had uttered years before. In panel discussions he always went for the jugular, e.g. telling his opponents that they did not understand the medical or psychiatric problems associated with drug abuse. His adversaries often used the method of quoting him out of context, which forced him to be most precise in his writing to avoid any possible misunderstanding or misquotation. In private, he was, however, a very gentle person. And in his contacts with patients he was most attentive and caring.

Having been a leading actor in the Swedish drug debate for two decades, starting as an outcast boycotted by the media, Bejerot finally became one of the leading shapers of opinion in Sweden and turned both public opinion and Government policy around. In 1982 the Swedish magazine *Den svenska marknaden* ["The Swedish Market"] listed him as the second most important individual opinion shaper in Sweden.

In an overview in 1984 Bejerot listed the "Six fundamental misunderstandings of the drug debate", such as the pitfalls of legal prescription of drugs. The mistakes have to a large extent been cleared up in Sweden, mostly due to Bejerot's efforts, but they are still prevalent in many countries.

Bejerot did, however, change his mind on two issues. Early on, he described drug dependence (addiction) as a disease. As he saw the serious consequences of the disease concept when utilised in the field of drug dependencies (such as it being impossible to fire alcoholics from work in Sweden, as alcoholism was and still is being regarded as a disease and people with diseases could not and

still cannot be fired under the Swedish Employment Security Act; [Lagen om anställningsskydd, LAS]), he started criticising the wide application of the concept. Later he wrote a critical article of the serious consequences of the disease concept when applied to drug dependencies. Also, he adopted a more tolerant attitude towards large scale methadone maintenance programmes in the mid-1980s in view of the then rapid spread of HIV-infection among i.v. opiate abusers. He also changed some of his terminology. Early on, he talked mainly about addiction [Swedish: "narkomani"] even "toxicomania" [Swedish: "toxikomani"], but later he adopted the WHO terminology of "drug dependence" [Swedish: "drogberoende"].

Finally, it is important to emphasize that even if Bejerot demanded strong intervention against the individual drug abusers, he always defended the constitutional rights of people. He fiercely criticized the proposals to introduce American methods such as crime provocation and crown witnesses in drug enforcement, which are alien to the Swedish legal tradition. He also criticized the merger of municipalities and cities into larger units, as the reform widened the gap between voters and elected officials and replaced many elected people with large numbers of bureaucrats.

7. Bejerot's legacy

Through hundreds of seminars and lectures all over Sweden and the publication of more than half a dozen books on drugs and drug policy, Bejerot reached out to thousands of participants and readers. Many of them adopted his analysis of drug problems as their theoretical foundation and his programme as the roadmap to a drug-free society. His legacy in the drug field is still alive among a large number of former associates and followers.

Bejerot made at least five lasting contributions to the struggle against drug abuse:

1. *A foundation of knowledge and analysis of the drug problem.* His basic ideas were widely accepted in Sweden, and it is still possible to hear his expressions, such as "drug epidemic", in the debate. This foundation also serves as a defence against superficial arguments for drug liberalism. Today, no politician in Sweden would dare to take the drug problem lightly.

2. *A comprehensive programme for controlling drug epidemics.* Many of the elements, such as compulsory treatment for drug abusers, have been adopted, though not in the form advocated by Bejerot.

3. *Survey methods and intelligence systems* to monitor changes in the drug situation. The full potential of his methods has, however, not been utilized; one reason probably being that it would paint a much darker picture of the drug situation than the official estimates.

4. *Model projects.* Bejerot also served as the mentor or source of inspiration for a number of local model projects in the prevention and treatment of drug abuse. The Hassela Therapeutic Community was founded in 1969 by Mr. K-A Westerberg, much along the lines of character-forming treatment outlined by Bejerot in his book *Narkotikafrågan och samhället* (1968; English translation: *Addiction and Society*, 1970). The Hassela movement became a major player in the prevention and treatment sector in Sweden and Europe, being involved in treatment centres and local programmes. In Upplands Väsby municipality (ca 25 km north of Stockholm), Mr. Ulric Her-

manson, who had previously been a research assistant to Bejerot, organized a comprehensive programme in the 1980s. It involved everyone from parents to social workers in a coordinated "chain of measures" to detect and stop drug abuse at the earliest possible stage. The programme became a model for other municipalities. The Österåker prison-based drug prevention programme (ca 20 km north-east of Stockholm) was started by Ms. AnnBritt Grünewald to make therapeutic use of the prison time served by drug abusers. In Sundsvall (ca 400 km north of Stockholm), Mr. Nils Gärdegård, an old comrade-in-arms of Bejerot, developed a comprehensive programme for drug-free work places in the late 1980s. The programme was subsequently adopted by the ten largest employers in the area (including the County and the City). Several successful local police actions (e.g. Arboga, 1986) were also started to implement Bejerot's programme of demand reduction. In all of these projects and many more, either the basic analysis or the direct impetus came from Bejerot's opinion shaping and lecturing all over Sweden.

5. *Fighting spirit.* Bejerot was very clear about the issues and values at stake. He inspired parents and concerned citizens to take a stand against drugs and drug liberalism, and he also stressed the reasons for optimism even during the dark hours. He served as a role model to many people interested in social welfare and reform. He understood the importance of cooperating with non-governmental organizations, and he involved himself in popular education in order to build a wide support for a restrictive drug policy. He was a natural born fighter, who enjoyed a vivid exchange of ideas, even when the exchange of arguments became heated.

8. Bejerot's significance

Professor Nils Bejerot remains the single individual who has most profoundly influenced Swedish drug control policy in the post-war period. Bejerot's analysis, public education and opinion shaping efforts still have an influence on Swedish public drug control policy and help ensure that the current drug situation in Sweden is not as bad as in many other European countries. Nevertheless, many Swedish public officials have tried to take credit for the "successes" of Swedish drug control policy when speaking internationally, although few of them did anything to support Bejerot during his lifetime.

Even if Bejerot had wide popular support, he nevertheless remained an eternal outsider in the corridors of power. A close friend once said to Bejerot that his contemporaries in public office would step by step adopt his analysis of the drug problem and his proposals for action but never accept him as a person or give him official recognition. This prophecy turned out to be accurate. Most of the changes in public Swedish drug policy in the last decades have gone in the directions set out by Bejerot, even if they have never completely followed his outlines. The United Nations' report on Swedish drug control (2007) had a special section on Bejerot's significance for the development of Swedish policy.

During his lifetime, Bejerot was never used or consulted in any official capacity by any Government or public agency to shape policy or legislation in Sweden. A Government minister was, however, present at his funeral.

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Stockholm, April 16, 2012

J.H.

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