

The architectural patchwork of the welfare state

The Nordic welfare state has witnessed major internal and external transformations in recent decades. Traditionally, the Nordic countries have maintained a high level of state spending on health, social security and social protection systems, whereas high rates of income tax have meant that households have on average had less disposable income than households in other welfare state models. The Nordic system has thus featured institutionalized elements of solidarity, social equality and commitments to inclusion of all. Recently this welfare system has had to show increased flexibility in response to increasing pressures on efficiency, shifting boundaries between the state and the market, globalization, ageing populations and a multicultural society. How, then, have the values underlying the typical Nordic welfare structure been negotiated in times of mounting pressure and adjustment? The main objective of this book is to contribute to the discussion on health and welfare as public policy tasks in times of transition. The book discusses the various trends impacting the tools and strategies applied by the Nordic countries in their efforts to regulate harmful and unhealthy behaviours and uphold public health at the population level. The main focus is on recent history and developments over the past 20 years.

The book contains thirteen cases, descriptions and analyses of policy developments in the fields of lifestyle, public health and welfare, covering a whole host of policy areas: alcohol, tobacco, nutrition, illicit drugs, gambling and pharmaceuticals. The thirteen chapters are grouped together into four parts. Part one depicts developments of larger trends over time (tobacco, nutrition and gambling), part two describes changes in governing bodies and structures (pharmaceuticals), part three looks at how policy affects praxis (alcohol, substance misuse), and part four presents cases in which borders between the accepted and the radical are negotiated (illicit drugs, alcohol). The field of public health and welfare is a particularly interesting case for study because its pursuit of public good has

typically enjoyed high legitimacy. Therefore any efforts to adjust and redevelop existing systems for the regulation of public health and welfare are liable to meet resistance and criticism.

Although our purpose is not to incite a moral panic over the dismantling of the Nordic welfare state, this project was certainly motivated by some deep-seated concerns. These concerns had to do not only with the changing welfare structures in the policy areas under study, but they also reflected ambitions to understand, conceptualize and theorize the different rationales of those policy areas and how they have changed over time. For instance, how can heavy restrictions be imposed in the smoking policy field at the same time as pharmaceuticals policy structures have had to combat market liberal influences originating from the EU? What is the main difference between the development in the different questions, and which views on the problems are reflected and channelled through the policy lines chosen in different times?

Policy traits in different areas

A typical linear narrative of the developments in almost any given social and public health policy field could be as follows: first the emergence of a question is identified, after which an institutionalization of the policy area is manifested in view of different stakeholders and forces, after which new challenges in contemporary times are identified as putting strains on the governance system. The last phase is often referred to as a 'new' de-institutionalization. Two policy areas that clearly demonstrate the interwoven relationship between welfare economies in this process – that is the ways in which the questions are justified and legitimized – on the one hand, and the developments in restrictions, on the other, are the tobacco and the food policy area. These two areas are described in part one of the book, showing trends in how the perceptions of commodities have changed over time and how the border between state intervention and individual freedom has shifted. In his contribution that describes the regulation of smoking and smokers in Norway, Gunnar Sæbø cites an MP who asks: *'How far can and ought a society that wishes to be liberal go in its efforts to actively influence people's ways of life and consumption habits?'* In this particular policy area, the answer may be formulated as 'very far'. For many reasons the introduction of new smoking restrictions has so far prompted only limited resistance.

Like Jenny Cisneros Örnberg and Tove Sohlberg, who in chapter three offer an account of corresponding developments in Sweden, Sæbø identifies a set of circumstances that may well explain this lack of resistance, i.e. the strong scientific evidence of the harm caused by smoking both to smokers themselves and their immediate environment, and, in the Norwegian case, perhaps a rather slow response by the tobacco industry. The decision to start off this book with the tobacco question was not a difficult one to make, as the identification of threats,

risks, reduction of harm and use had gone rather quickly and directly from identification to formulation and implementation – a policy development rather unique in contemporary times.

Nutrition policy, by contrast, has fluctuated quite widely over time between different trends and different goals. Unni Kjærnes and Gun Roos show in chapter two that historically, the state has pursued the goal of public health enlightenment in the same way as in the tobacco policy area, but since nutrition concerns a behaviour that is common to all humankind, the messages have varied over time from basic information (and an adjustment to new knowledge within this enlightenment mandate) to more market-driven solutions. Producers of foods, in contrast to tobacco producers, are seen as providers of essential nourishment, and not automatically perceived to represent harmful products. In addition, foods considered unhealthy and bad for you (e.g. those containing fat, sugar, carbohydrates, etc.) have differed over time, thus widening the stakeholder spectrum.

Gambling policy, then, is an area that is still in the process of identifying and defining itself and its focus. Johanna Järvinen-Tassopoulos describes in chapter four a rather mixed and confused scene: on the one hand Finland has in place a monopoly system, but on the other hand there are also gaming advertisements and goodwill projects into which the proceeds from gaming are invested. The gambling policy structures may reflect a basic ambivalence of legitimacy: gambling is attached to playful leisure time and fun, but there is also an important mandate for society to regulate and develop a durable system that can deal with the problems that arise from the excessive variants of the behaviour. The focus of prevention has been on measures aimed at protecting children and young people in particular against the adverse effects of gambling. Marketing, however, has highlighted the good deeds of the gambling sector to Finnish society.

One policy area discussed in the volume in which the main concern has not been to counteract harmful behaviour but rather to develop a workable system for upholding public health, is that of pharmaceutical products. Part two of the book includes two chapters that describe changes in structures concerning the distribution of pharmaceuticals, due to external pressure. The question of how to provide adequate availability through weighing in aspects of competition, distribution and control of pharmaceutical products directly concerns the most vulnerable consumer groups, i.e. the sick and the disabled. It is possible that because the question has had such evident legitimacy, and invoked anxiety in its relevance for all, the valued-based changes have become more obvious in times of transitions. However, the inherent logics of the structures may be rather unknown to individual consumers. In chapter five Jenny Cisneros Örnberg provides an overview of the stakeholders and forces involved in the demonopolization of Swedish pharmaceuticals governance. She shows how there are two sides to the shift in argumentation towards an acceptance of efficiency

and profit-making: on the one hand the structures become more insecure and difficult to grasp, whereas consumers may also gain increased room to manoeuvre, and may, in the end, achieve a higher level of customer satisfaction. When a principle is juridically embraced at EU level (as in the Hanner case that Cisneros Örnberg describes), it can rather quickly catalyse a new development. For stakeholders in the EU, the trial of cases in the EC Court of Justice can both close and open up windows of opportunities with consequences for the whole structure of the policy field.

Nina Karlsson's treatment of the same question in the Finnish context is framed in the dismantling of welfare discourse. Current pharmaceutical policy systems are EU-adapted, cost-efficiency driven and market-oriented. Karlsson gives examples of new pharmacoeconomic justifications with which pharmaceutical costs are pushed to a level that is adjusted according to public health insurance. She also highlights the role and power of the international pharmaceuticals sector in the conflicts between market policy and health policy. Both chapters on pharmaceuticals policy show that the structural shifts and transitions have taken place in ways that makes it difficult for the individual consumer to discern the underlying processes and judge the outcomes. The large scale results may be more accurately estimated once more time has passed.

The ideas in practice

The red threads running through the inquiries of the book are the internal and external pressures on the organization of welfare policies and services. As well as referring to the established trends of New Public Management (NPM), EU influences and neo-liberalist tendencies, part three of the book provides descriptions of specific professional and practical contexts on a group level, which are directly influenced by broader developments in policies and organization. The focus turns to the translation of ideas into practice.

Matilda Hellman and Morten Hulvej Rod draw attention to practical contexts and events that expose value traits in alcohol policy and prevention. Hellman shows how, through a ministerial task force, alcohol industry representatives become involved as stakeholders in a question that in Finland has traditionally been strictly state-governed through the alcohol monopoly system. The window of opportunity was opened when the beverage industry friendly Coalition Party invited the industry to a task force under the Ministry of Health and Social Affairs. Hulvej Rod, then, describes how the 'evidence movement' in alcohol policy discourse is translated into parenting advice in the context of parent meetings in Danish schools. He shows how preventive work serves to uphold a morally ambivalent status quo, rather than opening up the subject to other possible parenting and youth aspects. Both chapters thus expose the confusion caused by the fact that in practice, the same stakeholders can hold multiple value roles.

The next two chapters by Bagga Bjerger and Michael Egerer and colleagues are of special relevance from the perspective of the welfare state organization of treatment and social support for substance abusers. Bjerger shows how in the substance treatment sector, the Danish welfare reform allocated increased responsibility to users in need of help. They were forced to take on that responsibility because of the importation of private sector management techniques. Bjerger identifies strong elements of NPM in her analysis. For example, she describes how treatment has become a 'commodity' and how social workers have become entrepreneurs who have to compete for 'clients'. She goes on to describe the dilemmas that occur when policy makers operate within an NPM apparatus that does not fit in with the practical experiences of users and employees. Chapters seven, eight and nine in this section thus raise the question of 'translation': How well are we able to translate EU policy models into national (Nordic) ones – as in the case of the Finnish multistakeholder alcohol policy task group? How well are we able to translate 'evidence thinking' into different levels of policy and prevention – as in the case of Danish youth prevention work? How well are we able to translate conceptualizations and logics from management in the private sector into the public one – as in the case of Danish substance treatment?

In their contribution Michael Egerer, Matilda Hellman and Pekka Sulkunen focus more on the translation of views on the problems into praxis *within* the welfare state. The authors analyse the ways in which Finnish social workers conceptualize and understand alcohol problems. They show that social workers articulate relations of balancing between client autonomy and their own practical role differently depending of the severity of the alcohol problems. The analysis applies a social framing of alcohol problems that has traditionally permeated questions of alcohol problems in Finnish policy-making. When questions of dependency are introduced in the social workers' discussions, they at once introduce a more individualized and medicalized framing into the discussions.

Pushing the limits

One key issue emanating from an examination of how different levels of influences are related to one another – historical developments, scientific progress, societal transitions, perceptions of problems – concerns the decision of how much or how little to do? Where does the state mandate end, and in which types of contexts does it expand? This question, already touched upon in the citation from Sæbø's chapter in part one, is discussed further in part four of the book, through three cases: cannabis policy in Denmark, heroin treatment in Norway and the history of beer prohibition in Iceland. Moving in the border region between the accepted and the radical, these three cases show how the choice of approaches and concepts has consequences for the way a question is legitimized, framed and, consequently, governed. Kim Møller reflects upon two approaches

to cannabis control, a question that has become topical at times of increased and normalized use: is the policy goal to reduce harm or to reduce use? The different rationales have different consequences for the individual user and society at large. For Christiania, the legendary free zone of cannabis in Copenhagen, the reduction paradigm has the advantage of being rhetorically tough on crime, while the harm reduction paradigm has been shown to save the legal system's limited resources for other purposes. Cannabis control policy efficiently embodies certain dilemmas inherent in the state and its citizens and demonstrates the power of choosing policy directions and adherent discourses. In the case of (illicit) drug policies some control efforts and approaches explicitly express aims to improve or heighten social solidarity and to avoid judgement. Adherents of policies that do not do so explicitly, may claim that the end result of their traits may still give more sustainable results for society at large, and will thus support the same value basis in the long run, but through other sorts of mechanisms.

Møller shows that the aims of a policy will tell us something about its inherent basic targets and ideals, about the visions of the formulating bodies. In the chapter by Cisneros Örnberg and Sohlberg mentioned above, the authors account for the aims of the overall tobacco policies by the different Nordic countries: while Finland is striving for a tobacco-*free* society by 2040, Sweden – a country that is challenging the general EU route with its snus legislation – has been aiming for tobacco smoking *reduction* (e.g. halving the proportion of smokers in different categories by 2014).

An even more telling example of the high stakes involved in the formulation of the end goal and aims of policies is provided in the following chapter by Astrid Skretting. Discussing the potential provision of heroin treatment in Norway, Skretting shows how the overall framing of the question of heroin use has moved from a socially anchored – and sometimes a highly stigmatizing – framing towards medicalization. To envision a healthier and less harmful everyday life for heroin users and to say that heroin users have the same rights as other health care patients is effectively to suggest that they belong to this same group of vulnerable and victimized people who are in need of help. The heroin question is a descriptive case of a policy of concepts and signals that gives rise to strong emotions. Should the government really be handing out hard drugs to people, the opponents ask? The catalyst for the Norwegian discussion was an initiative by the country's former Minister of Health and Social Care. The case goes to show that such involvement by a leading political figure will give the matter sufficient weight and legitimacy at least to open it up for discussion and to look into the different options available. To have a visible front figure may be symbolically and substantively beneficial, especially in the early stages of a discussion on a policy issue.

Heroin prescription is another example of a question that is discussed against experiences from countries where trials have already been conducted. In many

ways, all the cases discussed in this book show how policy-making borrows models and concepts from other countries and regions and tries out new systems. This is indeed a vital element in Nordic comparisons: the Nordic countries have a rather long tradition of exchanging models and experiences in the field of public health and welfare issues. In particular, the chapters on tobacco and nutrition policies meritoriously describe such exchange and parallel tracks.

The final chapter by Helgi Gunnlaugson points out that the long-standing beer ban in Iceland for most of the 20th century inevitably raises questions of what kind of state authority and power structure was able to maintain this unusual legislation for such a long time. Prohibitionists argued that beer posed a threat to the health and well-being of society. Moreover, it was argued that beer was a stepping stone beverage via which young people would often graduate to hard liquor. Therefore, Parliament adopted a somewhat paternalistic role in protecting the general public from the perils of beer, serving the interests not only of the individual self, but also of society as a whole. These arguments were frequently used to support the beer ban over time. The extended ban of beer in Iceland also manifested a symbolic status conflict between a rural dominated Parliament in an increasingly urban society. Rural populations, who were clearly overrepresented in Parliament for most of the 20th century, defended the ban because they believed in the moral message conveyed by prohibition, but they also felt threatened by the rising strength of urban areas, with their global and modernized ideas of individual freedom and market ideals.

Conclusions

An exploration of the discourse on the challenges facing the Nordic welfare state exposes an image of a large and solid welfare state mountain that is gradually being eroded by evil forces, often embodied by capitalist and neo-liberal values. Historically speaking, however, one might well ask whether the Nordic welfare state really is old and constant enough to justify the description of a mountain (for an historical overview, see e.g. Christiansen et al., 2005). Indeed a more appropriate metaphor for the welfare state might be the notion of a 'välfärdsbygge', an ongoing building site for welfare construction. The structures of the building will manifest the entity, and although the frontage or shape of the corpus may change, there are still some basic pillars that must be in place in order that it can be counted as a welfare state. The cases of this book describe the unscrewing of bolts and exchanges of pieces here and there on the building site. The focus of analysis is to unravel the motives, forces and aims lying behind the changes in governance practices concerning public health and lifestyle questions linked with the regulation of consumption.

The book takes us from broader views on the historical development of some of the central health-related policy areas such as tobacco and food to a special

focus on the current tendency of framing welfare problems such as gambling and drug use towards medicalization. The cases demonstrate that in order to gain a better understanding of current lifestyle and welfare policies in the Nordic countries, it is relevant to explore all pieces of evidence including trends, path dependencies, structures, praxis, perceptions, motives, stakeholders and commodification. The inclusion of cases ranging from tobacco, food, illicit drugs and gambling through to pharmaceuticals in various Nordic countries serves to highlight important similarities and differences. Our examination here of developments over time has proved to be beneficial, not least because policy discourses and ideas are always subjected to institutional mechanisms. After a while the public representation of an issue runs the risk of being taken for granted in its present framing. Also, in times of transition there are always interested parties keen to sell new visions and ideas. In the absence of a detailed genealogy of a question, we are less likely to understand the nature of new policies and to be able to estimate their outcomes.

It might be a natural result of a certain level of abstraction of the task of identifying forces behind policies, or because certain core ideologies always concern overall basic structural arrangements, but whenever writers turn their attention to larger forces at the system level it seems that the proposed interpretations concern rather traditional ideological standpoints (Karlsson on pharmaceutical regulation, Bjerge on substance treatment). When the focus is put on 'point regulations', and when the policy analysed has a more articulated specific goal (getting people to stop smoking), the analysis tends to more actively attach actors and stakeholders to certain traits of praxis and goal orientations. In such areas the processes appear a bit more transparent and might perhaps be easier to grasp, not only for the researcher interested in the developments, but also for society at large.

In the case of gambling policy, structural goals and point regulations tend to be mixed, and developments may not be mature enough to discern the primal forces. In the policy area of alcohol and drugs, on the other hand, there is an old 'baggage' of analytical framings in which the actors and arguments are recognized. This might be beneficial for the identification of processes over time, and new actors and argumentations will perhaps be more easily identified. This seems to be the case with the Finnish alcohol industry's new policy involvement (Hellman), the Norwegian heroin treatment suggestion (Skretting) and also, to some extent, the Danish regulation of normalized cannabis use (Møller). On the other hand, it might also be an obstacle to taking a fresh view on developments, and seeing them as something else than a tussle between the same old lines of policies.

In value terms, the one outstanding common denominator that cuts across all of the cases in this book is that the policies described seem to have, in the discourse used, been geared towards an individually and situational flexible ver-

sion 2.0 of the Nordic welfare model. There have been 'real' and actual, but also perhaps zeitgeist-inflicted pressures, to create more fluent structures involving new stakeholders. While the old systems have sometimes been seen as being top-heavy and schematic, it is suggested that the new structural arrangements are (highly) measurable in terms of efficiency – a dimension immensely difficult to grasp in the public sector where objectives, outcomes and outputs of many services will be diverse and unclear. At the same time the seemingly stable existence of a welfare state based on the institutionalized pillars of solidarity, social equality and commitments to inclusion of all might be getting more insecure and fuzzy in the edges for individual citizens. This, of course, is no new claim in the theoretical governance and modernity literature. However, what this volume does clearly show is how policy developments in many different areas have concretized, responded to and lived out such trends, as well as how sensitive the 'välfärdsbygge' has been to internal and external pressure. These trends are no longer mere conjecture: the evidence of adaptations and new allocations of responsibilities point in the direction of a transformed building site. When the end product starts to resemble an architectural patchwork quilt, it is perhaps time to look back in time and to reflect on the contributions of the different rationales. It is up to the customer who has commissioned the project and to the building contractor to identify what possibilities lie ahead and to decide how to proceed with the construction work. The public policy tasks of health and welfare – traditional Nordic welfare tasks with a rather high and universal legitimacy – may be the most convenient area in which to begin the exposition.

REFERENCES

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