

# **Controlling Psychotropic Drugs**

**The Nordic Experience**

**Edited by Kettil Bruun**

# Controlling Psychotropic Drugs The Nordic Experience

Edited by Kjetil Bruun

Translated from the Swedish and additional editing  
by Lynn Pan



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## CONTROLLING PSYCHOTROPIC DRUGS

## FOREWORD

"We urge" say the authors in their concluding chapter "the opening of a public debate on medicines policy". There could not in fact be a better opening to that necessary debate than this scrupulously researched and carefully argued book. There can be no doubt that the problems on which these chapters focus are of great and growing importance throughout the world, and this both to developing countries and to industrialised nations. We cannot afford to leave our medicines to the unfettered play of entrepreneurial market forces as if drugs were the equivalent of any other consumer goods cried in the market-place. And if we agree that there have to be controls, then it becomes vital to understand how those controls actually work, in whose interests they really operate, the extent to which they achieve their purpose and the ways in which the intentions of the control apparatus are in actuality frustrated. It is to a dispassionate examination of those and many similar questions that this book promises so singularly to contribute.

This is not though a book which flaunts a great apparatus of theory, but in terms of an important tradition of much Scandinavian social science enquiry - a style of research where Kjetil Bruun has in previously published studies shown himself to be a master - it deals largely in plain and carefully gathered facts. In a potentially contentious field rhetoric and polemic are eschewed, and there is indeed much evidence in these pages of a sympathetic understanding of the positions and predicaments of the many social actors in this play. The doctors who prescribe (and over-prescribe) these drugs are not scape-goated, and neither are the manufacturers cast as villains. The book acknowledges that we need modern medicines and that the benefits that have accrued

from the pharmaceutical revolution are vast.

The importance of this book can then be further perceived as lying under a number of other headings. It is important because it does indeed succeed in delineating the totality of a policy: it does not rest at describing the bits and disjointed pieces of social action, or the separate roles of individual agencies, institutions and interests, but insists that formal and informal control policy can only be understood as the interactions and tensions between all these elements and factions. The play is greater than any one actor's lines, though in the process of trying to construct an understanding of the whole play the book certainly tells us very important things about individual protagonists - the pharmaceutical industry for instance, the medical profession, or the government bureaucracies. If these chapters are important as an opening to a debate on medicines policy, this text is also of very general interest as an exemplar of how a policy study may be conducted whatever the arena. It is a book of scholarly interest, but also one which dares to make very practical policy recommendations.

And finally the importance of this publication lies in its quality of challenge. If the Nordic countries can present this substantial analysis of the situation in their own four nations, can we for our own countries produce analyses of similar thoroughness? This book is no sort of tranquillizer.

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## PREFACE

This book is the outcome of a Nordic research project begun in 1978. It was conceived even earlier, as appendices 1 and 2 explain. It would have been very hard even to begin this kind of work except on the basis of assistance given us by those we thank in appendix 1, and of the data which (as appendix 2 describes) we had such difficulty in obtaining.

The original Swedish study was published in March, 1982. Subsequently, the main sponsors of the study arranged a seminar to discuss the book and a number of reviews followed. The reactions of readers were quite mixed, ranging from enthusiasm to censure. If one sorted out the judgements one could see that on the whole, social scientists responded more favourably than other reviewers. The Nordic medical/pharmaceutical bureaucracy, on the other hand, seemed not to think well of it. What concerns us more is that the publication failed to engender any open discussion of the concrete research findings reported and their implications for public policies. This seems odd to us, given the generally advanced standards of Nordic pharmaceutical control. Clearly we are seen to be "outsiders" intruding upon an area where social scientists have never been welcomed. And it would appear that we could not assume an interest on the part of the Nordic administrators in what we did although it is something they themselves have repeatedly advocated, along with their representation of the merits of their systems to the outside world: the evaluation of control policies as they work out in practice. In fact, such evaluation has not been undertaken in the Nordic countries. The present study is a step towards it - a step in theory welcomed, but in practice shunned.

We have responded to criticism of a number of points in the Swedish edition by revising the English

version where appropriate. In other more important respects, this version is not a straight translation. Lynn Pan, who undertook the editing of the English edition, condensed and clarified many of the points in the original text, and the authors would like to express their appreciation of this. We would also like to thank the Finnish Foundation for Alcohol Studies for making it possible, through a grant, for Lynn Pan to work in Finland. The staff of the Social Research Institute of Alcohol Studies have been extremely generous with their assistance. Tuula Muhonen most competently took on the responsibility of coordinating the work of many others in the preparation of the manuscript for the press. We sincerely thank her and her colleagues. We also gratefully acknowledge the editorial comments made by Andrew Herxheimer and Davindar Mohan on an earlier draft of the book.

Finally, a bibliographical note. In many of the tables we refer to Nordic official statistics and reports by various authorities. These are all spelt out in the Swedish edition. Similarly, the medical indexes, price catalogues and legal texts used in the work are not listed in the references but may be found in the Swedish edition if anyone should wish to consult them.

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**PART ONE**

**BACKGROUND**

PART ONE

BACKGROUND



## INTRODUCTION

The turn of the century saw the appearance of a new medicine - heroin - on the drug market. Recommended as a pain-killer and for use in the treatment of morphine addiction, the prevailing narcotic habit of the time, heroin was not thought to be dependence-producing. Today, precisely because of its high dependence potential, heroin is hardly ever used medically.

Another medicine that was to have a profound effect on the growing appreciation of drug dangers was amphetamine and related substances. As these drugs stimulate the central nervous system they were widely used to counteract narcolepsy, an extreme form of sleepiness. They were also used to treat obesity, Parkinson's disease, poisonings and a range of other conditions (Goodman & Gilman 1955, 496). But their widening popularity brought problems in its train - problems springing not only from the side effects of the drug itself but from its employment in ways not initially foreseen. Such use, conventionally termed "non-medical", created acute problems in Japan after the Second World War and subsequently in a number of Western societies, where it became particularly popular among the young. In pursuit of its euphoriant effects, these youths administer the drug to themselves by, among other means, injecting it intravenously. Though amphetamines have largely dropped out of medical usage their therapeutic value is by no means entirely repudiated. In the US, for example, hyperactive children are still treated with the drug. And a circular issued in the summer of 1980 by the Danish National Board of Health contains a statement to the effect that hyperactivity in children is a reasonable indication for amphetamines.

Awareness today of the hazards of drug therapy has the benefit of hindsight. In 1957, when the hypnotic thalidomide came on the market, there was