

**Streamlining Society: Norway, Modern Biopolitics,  
Governmentality and the Regulation of Alcohol Consumption,  
1916-1939**

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## **Abstract**

The main focus on this thesis is how the streamlining of society went hand in hand with the alcohol policy in Norway during the interwar period. The framework for this thesis has been a mixture of cultural history and the Foucauldian theory of Governmentality and Biopolitics. The context for this thesis is that Norway had experimented with a partial-Prohibition which outlawed fortified wine and distilled spirits between 1916 and 1927. Excessive use of alcohol was raised as a socio-political and medical question which continued into post-prohibition throughout the interwar period. The Wine Monopoly and medical experts became the two key instruments used by the Government in efforts to streamline the alcohol consumption. It became two powerful institutions that helped shape and stabilise the social order in a rapidly developing nation, influenced by social anxieties caused by distilled spirits, alongside the streamlining process which gave the Government power to regulate the human body through a social construction of *alcoholism*.

## **Foreword**

Big thank you to my supervisor Patrick Bernhard for your patience and guidance throughout my thesis, as well as your good sense of humor and support. I also want to thank my family, peers and friends for their support, and especially thank you to Katarina, Teodor and Markus for proof reading over and over again. Lastly, thank you to *Vinmonopolet* for providing me with liquid courage throughout the pandemic.

## Introduction

The Head of Communications from *Vinmonopolet A/S*, (henceforth referenced as Wine Monopoly), Jens Nordahl stated in an article on the The reflective success of the Wine Monopoly and the social development in Norway: “*Champagne sales through 90 years provides a snapshot of social development in a modern Norway in change.*”<sup>1</sup> It is safe to say that the objective of the Wine Monopoly has never been to solely increase the consumption of champagne, and certainly has not been the threshold of success for the Wine Monopoly. The Wine Monopoly was the key instrument of the Government desire to streamline the alcohol consumption, sale and distribution. It became a powerful institution that helped shape and stabilise the social order in a rapidly developing nation. Originally the Wine Monopoly was a reaction to a restructuring of import of wine from Europe in the 1920s, but it evolved into a broader monopoly because of a political desire to curtail the excessive use of distilled spirits. The by-product of Governmentality process that no longer sought to govern through force but by reordering of societies who found their pretense in alcohol

This thesis will deal with Prohibitions in Norway that were enacted between 1916 to 1927, and the post-Prohibition period up to the latter part of the 1930s. What will be emphasised is the period of the establishment of the Wine Monopoly in 1922 and its after-effect. Moreover, the legislative effort made in the 1930s resulted in the passing of the Sobriety Act, a law that sought to forcefully treat excessive drinkers through institutionalisation. The Wine Monopoly and the Sobriety Act were the two most instrumental measures of streamlining the alcohol policy in Norway and should be regarded as a turning point in Norwegian Alcohol Policy. Because restricting distribution and sale through the Wine Monopoly, in combination with enacting laws against those who broke norms surrounding what was perceived as accepted levels of consumption. Thus, the research question I have chosen is; *How did the Interwar years put precedence on a streamlined Alcohol Policy in Norway.*

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<https://www.aftenposten.no/meninger/kronikk/i/GG2e84/jeg-har-sett-paa-vinmonopolets-salgstall-fra-1931-til-i-dag-de-fortell> Downloaded, 08.09.2020.

## Method and Theory

The modern nation-states in the western world developed a relationship with scientific institutions that gave Governments power of definitions later used in their social policies. For instance, was the field of medicine and psychiatry important when new terms originated such as alcoholism, when targeting what society viewed as “drunkenness” as something pathological. It gave nation-state a tool of anchoring their socio-political strategies through the knowledge and research of their populations. The theoretical framework of Michel Foucault, more specifically his ideas surrounding *Biopower* and *Biopolitics* explains this development in modern nation-states. Biopower is the mechanism that allows man's fundamental “biological features” to be studied and quantified. The human body itself became the subject of “political strategies” Foucault called this Biopolitics, which is conditioned on the results of what is studied and quantified, for instance an individual's usage of alcohol. Foucault's two concepts are interpretations of how modern nation-states govern as opposed to pre-modern ones. A modern nation-state governs through what Foucault calls *Governmentality*, a combination of the words “government” and “rationality”.<sup>2</sup> “*Governmentality refers to processes where individuals and populations are governed through rationalisation of exercising power whereby dominant discourses are internalised.*”<sup>3</sup> The self-perceived rationality of the Government of modern nation-states is contingent on willingness from the governed. Thus, the population became subjected to various biopolitical strategies and institutions that applied biopower willingly. Such as the fields of medical professions and the psychiatric order which were institutions powered by their encompassed rationality brought about by the modern sciences.<sup>4</sup> Examples of Biopolitics were according to Foucault “*education of children, assistance to the poor, and the institutions of workers' tutelage(...)*”<sup>5</sup>

The streamlining of society created a demand for knowledge which developed a reciprocal relationship between the doctors and psychiatrists and the nation-state. This development will be a common thread through this thesis; the medicalisation of excessive alcohol, namely

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<sup>2</sup> Foucault, *Security, Territory, Population*, 116.

<sup>3</sup> Johansen, et al. *Governance of substance use as a by-product of policing in Norway*, 242.

<sup>4</sup> Foucault, *Security, Territory, Population*, 116-117.

<sup>5</sup> Foucault, *Security, Territory, Population*, 117.

*alcoholism* depends on society as a whole accepting it as a certainty. Medicalisations is the process where biological conditions amongst humans become defined and treated as medical conditions, and thus they become the subject of medical studies, diagnosis, prevention or treatment. This led to the western governments of the early 20th century using these definitions as powerful tools to promote rationality and progress through an education of society from the top-down. The Wine Monopoly for example, had a need for experts. The board members of the Wine Monopoly had knowledge of wine which reflected the bourgeois attitudes and influenced the institution's image outward. Thus, as an educator their perceived “moderate and correct” way to consume alcohol became the norm.

This thesis values transnationalism in historical writing, here the article “Defining Transnationalism” by Patricia Clavin will serve as a reference point. In which Clavin illustrates that transnational communities operate figuratively the same way as honeycombs. “*Honeycombs is a structure which sustains and gives shapes to the identities of nation-states, institutions, and particular social and geographic spaces.*”<sup>6</sup> The hollowed-out spaces in a honeycomb are meant to represent changing institutions, individuals, and ideas happening inside a nation-state at any given time. As the nation-state is always susceptible to opening new spaces in the honeycomb based on external influence. Consequently, giving attention to the connections and transfers across borders.<sup>7</sup> Following this the thesis will underscore the “Prohibition” as a transnational phenomenon that took place in most of the North-Western societies simultaneously. Even though I am restricted in my scope by strictly being concerned with Norway the transnational aspect of Prohibitionist culture will be reflected.

My main sources for this thesis will be a combination of Norwegian literature on the Prohibition, Temperance Movement, and history on the Interwar period in general. In combination with Anglophone and Nordic literature to give nuance and context to what I argue must be considered as a transnational topic.

Fuglum, Per. *Brennevinsforbudet i Norge*. Trondheim: Tapir forlag, 1995.

This book is Fuglum's most thorough contribution to his almost three decade long historical work on sobriety and Prohibition in Norway. A major theme throughout the book is

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<sup>6</sup> Clavin, *Defining Transnationalism*, 438-439.

<sup>7</sup> Clavin, *Defining Transnationalism*.

how come the Prohibition era manifested differently on the Scandinavian Peninsula than the United States? Norway only experienced a partial ban on harder spirits and wines, whereas the Swedish populace voted against Prohibition, in contrast to Finland where a total Prohibition won through. Furthermore, why did Prohibition manifest during the First World War first as a temporary ban, and as a result paved the way for the referendum of 1919? Further, Fuglum gives context to what has been deemed as a “inevitability” and an “unfortunate fate” in 1926, as Prohibition was repealed by another referendum. Fuglum relies on national statistics, and an analysis of Norwegian bi-and multilateral relations based on material from the National Assembly and the Ministry of Foreign Affairs.<sup>8</sup>

Schrumpf, Ellen. «*Berus Eder!*» *Norske drikkekulturer I de siste 200 år*. Oslo: Unipax, 2003.

Ellen Schrumpf is a Professor at the University of South-Eastern Norway as well as a Professor II at the Norwegian Center for Childhood Research. Contrary to Fuglum's focus on the rise and fall of the temperance movement. Schrumpf puts alcohol and temperance into a cultural historical context. A context where alcohol was increasingly either experienced as a medical or social problem decided by cultural norms. In that regard, Schrumpf also brings focus to the positive sides of alcohol by giving agency to individuals acting out said cultural norms. She gives substantial room to analyse the “modern breakthrough” in Norway, where ideas such as humanism and modern progressiveness became more prevalent. This development also prompted a more distinct separation of labour and leisure time. Deviant individuals were to be purged from the ongoing civilising mission towards the “rational human” championed by the bourgeoisie, who pursued to educate and civilise the labour class. Simultaneously, a religious renewal gained traction that emphasised diligence, enterprise and frugality.<sup>9</sup>

Hamran, Olav. «Det egentlige drikkeonde – måtehold i etterforbudstiden». *Medisinsk Tidsskrift* 125 nr. 24 (2005): 3482-5.

Olav Hamran is head of ethnography, numismatics, classical archeology and

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<sup>8</sup> Fuglum, *Brennevinsforbudet i Norge*, Preface.

<sup>9</sup> Schrumpf, *Berus eder!* 11. Modern is defined on the premises of the philosopher Zygmunt Bauman, in his book *Liquid Modernity*. Bauman understands modernity as a period of ordinance, where the dismantling of the traditional and inherited order paved way for new ideas



university science at the University of Oslo. He wrote his PhD on the subject of the Norwegian alcohol policy during the interwar years. Further he co-wrote *Fiin Gammel: Vinmonopolet 75 år* alongside Christine Myrvang, a book to commemorate The Wine Monopoly's seventy-fifth anniversary. However, the essay «*Det egentlige drikkeonde – måtehold i etterforbudstiden*» questions the premise for what ought to be *really* acknowledged as the evils brought about by alcohol. Before and during the Prohibition moralisation and condemnation of alcohol was the main goal of the temperance movement and its political allies. The discourse changed post Prohibition as a new instrumental and medical interpretation launched the dichotomy of use and misuse of alcohol.<sup>10</sup> To support his position Hamran presents a case study on Ørje, a Health Resort for Alcoholics that operated in the 1930s. Ørje which was intended as a “sanatorium” but became more so a workhouse intended to punish the “feeble minded”.<sup>11</sup> Here Hamran's background in medical history gives a long-overdue contribution to cultural history. Because he questions the morality behind the medicalisation of excessive consumption of alcohol, and contextualises its effects on society.

## Synopsis

The first chapter, “*The Great War on Alcohol*”, will give a brief background to the national and international context of the Prohibition. This thesis views prohibition as a transnational topic that was grounded in a common normative perspective due to a protestant scepticism of distilled spirits and the promotion of moderate consumption of alcohol. Further, the chapter seeks to contextualise the various attitudes of alcohol that flourished during the Prohibition, with a particular focus on the Labour Movement.

The second chapter, “*The Medicalisation of Alcohol Consumption*” will illustrate how the political vacuum left after the end of Prohibition 1927 was filled politically. Up to the legislation of the Sobriety Act Norway went from experiencing a problem with alcohol towards the construction of *alcoholism* in 1932 with the passing of the Sobriety Act. Scholars have contextualised the medical construction of alcoholism and have tied it to the process of medicalisation, meaning human conditions and problems will be defined and treated as medical conditions. Due to the juxtaposition alcoholism found itself between immoral

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<sup>10</sup> Hamran, *Det egentlige drikkeonde*, 3482.

<sup>11</sup> Hamran, *Det egentlige drikkeonde*, 3482.

behaviour and a disease. This chapter will be where the Foucaultian perspective of Biopolitics will be used primarily as an analytical lens. That is to understand the trajectory of modern nation-states efforts to improve its population well-being by politicisation of their health and life.

The third chapter, “*Targeting the Male Drinker: The Class and Gender Dimension of Alcohol Politics*” is concerned with a more cultural historical assessment on how the alcohol policy was influenced by the class and gender roles of contemporary interwar society. The interwar year saw an increase in control of the human body through progressive policies that sought to elevate the population. New values gained traction through top-down measures concerned with social hygiene, social control of leisure time and improvements in housing standards, society embraced a blind belief in science and welcomed it into their everyday lives. The chapter will focus extensively on an exhibition located in the working-class district of Oslo,<sup>12</sup> *The East End Exhibition*, which combined the promotion of a sober life with housing standards.

The last chapter, “*Streamlining the Alcohol Consumption*” is about how the larger trajectories of Governmentality and Biopolitics entered the discourse on alcohol policy in Norway during the interwar period. The medical construction of alcoholism has been a divisive topic historically as the medical expertise was ambiguous in their interpretation of excessive drinking categorised as disease. This chapter will highlight the importance of also understanding the social construct of alcoholism which allowed the state to apply political power to promote a moderate level of alcohol consumption in society. Because of their reciprocal relationship with the medical experts who elevated the rationale of the Nation-state, through expert opinion the political strategies such as social hygiene was justified. Following this the Government used the Wine Monopoly as the key instrument to redirect the consumption habits of Norwegians during the Prohibition and beyond.

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<sup>12</sup> The correct name is Kristiania, Oslo became the city's official name with effect from 1 January 1925. I will reference it as Oslo throughout this thesis to avoid confusion.

## The *Great War on Alcohol*

The background of the establishment of the Wine Monopoly was due to the question of Prohibition of alcohol. It was a dominant and divisive question in the political life of Norway in the immediate Interwar years. Alongside the economic hardships it was the cause for three governments having to resign. In 1919 an advisory referendum had secured a majority for continuing the provisional prohibition enacted during the First World War that banned the sale of fortified wine and distilled spirits. The Liberal Party, *Venstre*, were the brainchild of the partial Prohibition, and the Conservative, *Høyre*, was the main adversary. Already in 1923 the ban on fortified wine was excluded from the Prohibition, due to economic pressure from Spain, Portugal and Spain. They were sceptical to the Norwegian trade policy following Prohibition, and followed with a boycott of Norwegian fish at the expense of their loss in earnings for their fortified wines and liquors. The newly established Wine Monopoly, 1922, took over all import, distributions and sale of the again welcomed fortified wines back to the Norwegian market. In 1926 another advisory referendum was hosted and this time the nation voted against prohibition. The large scepticism to the Prohibition was due to various reasons, the mentioned foreign economic pressure, weak minority governments, and a general lack of respect for the Prohibition Laws. Illegal production of moonshine has become an infamous token of the Prohibition era, in combination with smuggling. Doctors and veterinarians also provided prescriptions of alcohol which undermined the government and temperance movement's pursuit of a sober nation.<sup>13</sup>

A synchronous War on Alcohol was launched in the name of progression amongst protestant nations of the Northern Hemisphere at the end and immediate subsequent year of the First World War. Various nations experimented with various social and political strategies, but the universal idea was the program of top-down direct or indirect control of each nation's alcohol consumption. The most known one was the Prohibition policy seen in the United States that outlawed trade, transport and production of alcohol from 1920-1933. Further, the Norwegian partial Prohibition of fortified wine and distilled spirits from 1916 to 1923 and 1927, respectively. Meanwhile, examples of a more indirect approach were seen in Britain. The British government established the Central Control Board (CCB) in 1915. This institution was

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<sup>13</sup> Stugu, *Norsk Historie; etter 1905*, 81-82.

in charge of administering a project tasked with improving the population of the city of Carlisle's consumption habits. The essence of *improving* the consumptive habits of a Carlisle was driven by fear of a lack of productivity amongst the labour class because of alcohol consumption. In practice, was the strategy of CCB's various measures to improve the public houses such as an experiment where they combined a beer-hall, a cinema and a bowling green in one facility.<sup>14</sup>

Prohibitionist rhetoric and action took on many different forms as seen with the three examples above. This thesis of Lisa McGirr's *The War on Alcohol; Prohibition and the rise of the American State*. Which is an ambitious venture of telling a more consequential story through the lens of social class, ethnicity, race, gender and religious grouping and how they contributed and were affected by the Eighteenth Amendment(Prohibition). The broader historical development of the state's moral suasion to stabilise the social order as a phenomenon. The national centred historiography has ignored commonalities in government strategy and reasoning. The effort to stabilise the social order amongst politicians who faced moral anxiety due to industrial capitalism, a growing proletariat and the urbanisation of the Nation-states underpin a transnational understanding of a similar process in the west.<sup>15</sup> This thesis is not comprehensive enough to explain all of these transnational phenomena and trends, but this first chapter will delve into social layers in Norway's relationship with alcohol and Prohibition. The prohibitionist rhetoric manifested social anxieties due to the political situation in the international system during the First World War. Which not surprisingly was the cause of numerous legislated Prohibitionist projects in both Europe and the United States. In combination with the grassroots Temperance Movement and progressive protestants nation states sought to remove the vices of drink. The perfect storm due to the numerous governments being in a state of readiness brought about a mentality of total war. As stated by Lisa McGirr, «*After the outbreak of World War I in Europe, the clamor of efficiency, ending waste, and war preparedness made the radical reform unstoppable.*»<sup>16</sup> Consequently, fourteen governments in Europe and twenty-six “dry” American states feared the same

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<sup>14</sup> Greenaway, *The "improved" public house, 1870-1950*

<sup>15</sup> McGirr, *The War on Alcohol*, Preface

<sup>16</sup> McGirr, *The War on Alcohol*, Preface

consequences and legislated different prohibitive measures.<sup>17</sup> These nations echoed the same attitudes; *without use, no misuse*.<sup>18</sup>

## The Vices of Distilled Spirits

“Liquor dealt a deathblow to traditional drinking,” is claimed by the Cultural Historian Wolfgang Schivelbusch.<sup>19</sup> He illustrates this by pointing out that the acceleration of intoxication was intrinsic to the other process was accelerated due to industrialisation in the modern age. This intrinsic scepticism of mass produced and industrialised distilled spirits stretched itself over the Western World into the 20th century. Norway embraced the scepticism as one of numerous nation-states, as the nation welcomed a partial Prohibition of fortified wine and distilled spirits. Compared to other nations who prohibited all forms of alcohol such as Iceland in 1916, Finland temporarily in 1914 (made definite in 1919), and the United States of America in 1920.

Schivelbusch claims industrialisation created a dichotomy between the traditional beer vs. the industrial distilled spirits throughout the nineteenth century.

“Discussion on how alcoholism in the proletariat could most effectively be combated came down to two distinct positions. One, coming from the puritanical Anglo-Saxon tradition, called for total abstinence. The other considered moderate alcohol consumption - that is, beer- not only harmless but actually beneficial.”<sup>20</sup>

The dichotomy of the perceptions on distilled spirits in protestant Europe and North-America sustained itself into the *The War on Alcohol* of the early twentieth century. The invention of mass produced distilled spirits in the industrialised nations had a deep impact on the urbanisation process in the cities by the working-class. Distilled spirits became the «cure for cares» of the working-class as it was more accessible than previously due to an increase in accessibility, quality, and quantity as a result of the mass production. Moreover, due to the industrialisation the potential of raising the alcohol content to an unnaturally high level achieved the almost instant feeling of intoxication when consumed. The scepticism

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<sup>17</sup> McGirr, *The War on Alcohol*, 33.

<sup>18</sup> Fuglum, *Brennevinsforbudet i Norge*, 193

<sup>19</sup> Schivelbusch, *Tastes of Paradise*, 153.

<sup>20</sup> Schivelbusch, *Tastes of Paradise*, 164.

surrounding the rapid intoxication and the inorganic perception of distilled spirits remained common into the 20th century.<sup>21</sup>

This development reached Norway during the late nineteenth century, and society went through rapid change in terms centralisation, urbanisation and industrialisation. This was due to the primary industries fishing, agriculture and forestry being effectivised and profit-oriented which saw people move away from the countryside. Consequently, new industries were established in the nineteenth century in the urban centres of Norway, which laid the foundation for a large working-class.<sup>22</sup> The combination of a thirsty working-class and the opportunity for escapism due to distilled spirits being so accessible led to broad social anxieties. First, the lower classes were anxious because of the destruction distilled spirits had on their own communities. Secondly, the governing liberals saw progress as the remedy to fix the social anxieties, and pursued cultivation and education of the lower-classes through government institutions.<sup>23</sup>

Part of the cultivation and education of the lower classes were argued through the perception that beer and wine was more natural. Wine and beer was preferred over distilled spirits as the fermentation process was seen as more natural as opposed to the manufacturing process of distilled spirits which gave the perception that it was artificial.<sup>24</sup> In combination with the cosmopolitan bourgeois attitudes that emphasised moderate alcohol consumption when socialising. They argued alcohol consumption was a necessity of social gatherings where the finer wines were consumed in a cultural fashion. The perception carried over into the political realm as the Prime Minister between 1913-1920, Gunnar Knudsen, from the Liberal Party was the personal manifestation of the “moderationist” arguments. His supporters' recurring arguments in the public sphere was the promotion of progression, as such the excessive drinking and usage of distilled spirits amongst the lower classes seemed obstructive to the betterment of the nation. Recurring expressions by moderationists in the public discourse were arguments that played on the fear of “degradation” of individuals morals, personality, and aesthetics due to potential free-flow of distilled spirits. However, there existed some ambivalence inside the cosmopolitan circles amongst Liberals as their voter base were the

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<sup>21</sup> Schivelbusch, *Tastes of Paradise*, 152-153.

<sup>22</sup> Stugu, *Norsk Historie; etter 1905*, 76-77.

<sup>23</sup> Schivelbusch, *Tastes of Paradise*, 149.

<sup>24</sup> Fuglum, *Et onde avskaffer man!*, 192-194.

primary consumers of the banned fortified wine, Sherry, Port Wine and Madeira. This was the cause of some agitation within the moderate bourgeois social group. As well as radical temperance activists had primarily<sup>25</sup>

### Distilled Spirits: Enemy or Friend of the Labour Movement?

*"I am an abstainer from alcohol because I am a social democrat, and not the other way around." - Martin Tranmæl.<sup>26</sup>*

Martin Tranmæl was regarded as an impressive agitator and charismatic public speaker from the Norwegian Labour Party, *Det Norske Arbeiderpartiet*. These traits made him an influential character inside the Labour Movement as well as becoming one of the most prominent pro-Prohibition spokesperson inside the Labour Party leadership. He saw the pursuit of an alcoholic free society compatible with a revolutionary political platform. Like-minded individuals were not uncommon as the Temperance Movement and the Labour Movement intertwined and overlapped due to their simultaneous rise. A great deal of prominent individuals in the Labour Movement such as Oscar Nissen, Johan Scharffenberg, Kyrre Grepp, and Martin Tranemæl, Ole Olsen Lian and Einar Gerhardsen were members in both a temperance organisation as well as the Labour Party. Notably Ole Olsen Lian, chairman of LO from 1906 to 1925, and Einar Gerhardsen, later Prime Minister, both personally abstained completely from alcohol throughout their lives. Throughout the first part of 20th century political temperance and personal abstinence went hand in hand with the Labour Party leadership.<sup>27</sup> The two movements found common ground in their egalitarian principles and their opposition to the perceived decadent culture of the bourgeoisie. However, the tendency of puritanical frugality in the Temperance Movement stood in contrast to convivial attitudes of the Labour Movement. The contrast materialised itself in the tendency to accept wine and beer in the Labour Movement as necessities of social life. The Labour Party leadership became more concerned with the cosmopolitan decadence, the scepticism of the liquor trade,

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<sup>25</sup> Fuglum, *Et onde avskaffer man!*, 194.

<sup>26</sup> Horverak, *Det norske arbeiderparti og alkoholpolitikk*, 199.

<sup>27</sup> Horverak, *Det norske arbeiderparti og alkoholpolitikk*, 200.

and the social problems concerned with liquor in their own communities. This was perceived through the lens of an anti-capitalist perception and societal class struggle.<sup>28</sup>

The leadership of the Labour Party differed from the working-class in the urban centres on their support of Prohibition. Fuglum writes; «*everything indicates that the element of totalists was greater in the Labor Party's leadership and among its local shop stewards than was the case among privates members and sympathisers*».<sup>29</sup> Contrary to the opening quote on Tranmæl's dualism many workers saw their liquor as part of their social identity. Within the urban centres of Oslo the working-class voted during the advisory referendum in 1919. Statistically one in four of the working-class inhabitants in the two Labour Movement strongholds in Oslo, *Grunerløkka* and *Gamlebyen*, were pro towards the Prohibition referendum. Conclusively, this shows that three quarters of the Working Class in *Grunerløkka* and *Gamlebyen* was not willing to give up their liquor. It is important to underscore that the partial Prohibition was a question of banning fortified wine and distilled spirits. Consequently, society embraced beer and wine upholding both the public houses of the working-class and the "decadent" consumption of wine amongst the bourgeois class. Totalists who wanted a completely sober society were in the minority and made up 1 in 6 of the pro-Prohibition votes. Ellen Schrumpf for instance concludes that the Prohibition itself was composed of various social protests from various social groups.<sup>30</sup> We must also underscore the broader trajectory of Governmentality during this progressive era in Norwegian politics. The mixture of people's sovereignty and social struggle to impose on others self-perceived rationality was typical of industrial society.

There was a lot of ambivalence in the Labour Party position during the partial Prohibition as the party was made up of a fusion of individuals who categorised themselves as supporters of a full Prohibition(totalists), moderationists and personal abstainers, as well as those wanting to liberalise the alcohol policy. The official party policy remained in support of the partial Prohibition even though partisanship and fragmentation affected the election campaign.<sup>31</sup> Moreover, during the campaign of the Parliamentary Election of 1924 the Labour Party was almost isolated as being only one of two supporters of Prohibition. Since the ban on

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<sup>28</sup> Fuglum, *Et onde avskaffer man!*, 108-110.

<sup>29</sup> Fuglum, *Et onde avskaffer man!*, 119

<sup>30</sup> Schrumpf, *Berus Eder!*, 161-163.

<sup>31</sup> Fuglum, *Et onde avskaffer man!*, 226.



consumption of fortified wine was removed from the Prohibition the year prior, and the distribution and sale of it was now under the jurisdiction of The Wine Monopoly, distilled spirits remained the only alcoholic substance outlawed. The Labour party and the independent political breakout group of the Liberal Party, *Det Radikale Folkeparti*, remained the only outspoken supporter of Prohibition. On the other side, the Liberal Party *Venstre*, had turned on their original brainchild and longer supported their own creation. They were supported by two Conservative parties, *Høyre* and *Frisinnede Venstre* who campaigned on repealing the Prohibition in its entirety without a referendum. However, the economic concerns and the rise of the Labor Movement came to dominate the 1924 election, and the weakened Prohibition remained untouched.<sup>32</sup>

The Labour Party further entrenched their political positions during their annual national convention in 1925. In preparation of the upcoming Parliamentary Election in 1927 the convention was debating the following passage that was due for a vote, «The battle against the “evils of alcohol” must ultimately result in a total ban.» The inclusion of this passage had been up for debate since 1912, and in 1925 a narrow victory was secured for the pro-Prohibition side, 84 delegates to 75. The women in the party had tipped the weighing scale as eighteen of a total of nineteen female representatives were present in favour of the passage. This is thoroughly emphasised by Fuglum, but he simultaneously attributes the victory to Tranmæl himself as he was an individual larger than the collective. Without a resolution prior to the Labour Party convention by the Women’s Conference, there would have been no internal totalists victory. Moreover, women as a social group is fundamental to a consequential and inclusive story of alcohol perceptions. Part of the resolution put forth at the Labour Party’s Women’s Conference went as follows. «*Alcohol is a poison that weakens and binds the working class on the way to the goal*».<sup>33</sup> The perception of the poisonous alcohol represented a more puritanical perception of alcohol, and comparatively closer to the perceptions of the Temperance Movement. Portraying the Women's Conferences as a just the alliance partner to Tranmæl and his supporters can not discard autonomy of a social class,

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<sup>32</sup> Fuglum, *Et onde avskaffer man!*, 377.

<sup>33</sup> Fuglum, *Et onde avskaffer man!*, 381.

gender, and individual convictions. Missing from Fuglum's generally thorough work is an argument and reasoning for the individual focus he chooses.<sup>34</sup>

The approved party passage included a clause where the Labour Party on the municipality level would be obliged to reduce the pouring- and sales licences for wine and beer. This was immediately undermined as representatives of the Labour Party on the municipality-level in Oslo distributed more licenses to sell beer and wine for public houses than prior. This was a direct contradiction to the party's adopted policy on the national level.<sup>35</sup> On the other side, this had been a common practice as the wine cooperative stores existed alongside the Wine Monopoly, which was established in 1922. The same year, Oslo had granted 453 licences to wine cooperative stores and public houses. In practice every salesperson who applied for a licence was granted one.<sup>36</sup> The ambivalence illustrates that the attitudes of leadership in the Labour Party nationally was not strictly representative of the working-class culture and attitudes towards alcohol. Moreover, this support as an example of bi-partisanhip across social and political lines where the bourgeoisie moderationists and working-class had a shared scepticism towards distilled spirits, but welcomed beer and wine even if the social classes had their political strifes and reluctance to concede their positions.

The undesired effects due to Prohibition is an example of negative injunction at discord with the mandate of Governance. Following this, the Prohibition side-effect caused individuals to drink illegally in more shameful manners than before, also illegal activities became widespread primarily smuggling and illegally brewed and distributed moonshine. The state even undermined themselves during the early provisional bans during the First World War, as liquor was used as medicine to combat the Spanish flu. It was even prescribed as medicine at the pharmacist office over the counter well into the 1920s. Ellen Schrumpf provides a primary account of the system in practice. A construction worker in Notodden in the early 1920s narrates his experience: *«we also went to the doctor and bought both the 10 and 20 certificates simultaneously. The doctors or the office lady only asked how many we were to have, as the prescriptions had been written out in advance and were laying in large stacks inside the office.»*<sup>37</sup> The societal development culminated in 1923 as it was a record year for

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<sup>34</sup> Fuglum, *Et onde avskaffer man!*, 379-382.

<sup>35</sup> Fuglum, *Et onde avskaffer man!*, 384.

<sup>36</sup> Horverak, *Det norske arbeiderparti og alkoholpolitikk*, 201.

<sup>37</sup> Schrumpf, *Berus Eder!*, 168.

doctors who handed out a total of 2,1 million prescriptions for wine, fortified wine and liquor. Moreover, 1923 marked the year when was the peak for the customs service as they confiscated 203 000 litres of liquor.<sup>38</sup> This practice came under scrutiny and a hearing in the National Assembly was set up to investigate postensial subversion of the Prohibition. Furthermore, Members of Parliament from the Conservative party claimed the Prohibition itself was to blame, and often gave a tacit acceptance to smuggling and illegal production of alcohol to undermine the Prohibition. The Conservative Party was critiqued for their inconsistency and blind eye to lawlessness and smuggling from the Labour Party.<sup>39</sup> The prohibition was unquestionably undermined, as it was discovered conflicts of interest, such as the pharmacists who had acquired stocks in distilleries and had due to this handed out prescriptions quite liberally.<sup>40</sup>

Conclusively, distilled spirits had a rather ambiguous position in society during Prohibition. It was treated as a medicine and as a quasi-merchandise by some opportunistic medical professionals. Temperance organisations viewed it as a poison, and some combined their teetotalism convictions with sympathy for the socialist agenda which viewed alcohol through the lens of class oppression. These are examples of attitudes and perceptions surrounding alcohol in a politically disunited climate and not a representation of all social classes. I have highlighted these attitudes towards alcohol to illustrate in the coming chapters that the societal perception of alcohol evolved into a more instrumental and pragmatic understanding. Alcohol itself became less dangerously perceived as the social anxieties were redirected towards the consumer instead. Most importantly, did society turn on the excessive consumers that were perceived to not contribute to society. The questions then became how to define an excessive drinker or alcoholic addict. Through the power of definition medically and socially the construct of *alcoholism* became the foundation for the Government to enact their measures of streamlining society away from alcohol addiction towards moderate levels of consumption.

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<sup>38</sup> Fuglum, *Et onde avskaffer man!*, 356-357.

<sup>39</sup> Fuglum, *Et onde avskaffer man!*, 359.

<sup>40</sup> Fuglum, *Brennevinsforbudet I Norge*, 421.

## The Medicalisation of Alcohol Consumption

There was a vacuum of both policy and norms to be filled after the partial Prohibition. In 1927, Norwegians had in a consultative referendum on the continuation of the Prohibition voted against the Prohibition of distilled spirits. The political void was filled by the Department of Social Affairs and their establishment of a Committee on Sobriety that was given a mandate to reshape the alcohol policy. This will be covered in the first subchapter outlining the attitudes of the committee tasked with the structuring of the immediate alcohol policy in Norway post-Prohibition. The second subchapter will illustrate a transnational example as the Committee on Sobriety based much of their empirical evidence on the Swedish experiences of treating alcoholics, because Sweden had already legislated the Swedish Alcohol Act of 1913 which allowed the state to forcefully admit alcoholics into treatment facilities.<sup>41</sup> The resolution introduced by the Department of Social Affairs that will be discussed in the third subchapter leaned heavily on the Swedish experience, as the Norwegian Sobriety Act discussed the potential coercion of addicts into treatment institutions.<sup>42</sup> Moreover, before legislation the act went through several changes was made before becoming the The Sobriety Act was passed in the National Assembly on February the 26th, 1932. This was in my opinion a turning point where Norway went from experiencing a problem with alcohol towards a social construction of alcoholism.

Scholars have contextualised the law's effect on social issues in the 1930s in conjunction with the term medicalisation. Medicalisation is the process by which human conditions and problems come to be defined and treated as medical conditions, thus becoming the subject of medical study, diagnosis, prevention, or treatment. The turning point of Norwegian alcohol policy worked in tandem with the medicalisation of excessive drinking. In other words, excessive drinking evolved into what is known today as the pathological diagnosis of alcoholism. In combination there is a social dimension where a moderate consumption of alcohol was promoted and excessive drinking frowned upon. This can be seen in the Resolution on Sobriety where the alcoholics are referenced to as “deviant” or “abnormal” due to the Committee of Sobriety representing the bourgeois attitudes. The “deviant” individuals

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<sup>41</sup> Johansen, et al. *Governance of substance use as a by-product of policing in Norway*, 247.

<sup>42</sup> Prop, 9178 EDR, (1926), 20.

were first and foremost male drinkers of the working class that did not subscribe to the virtues of moderate consumption promoted by the committee. The medicalisation process and social norms surrounding the legislations of laws in post-Prohibition Norway have created a divide amongst scholars highlighting the medicalisation process and others highlighting the class dimensions and normative development.<sup>43</sup>

Ellen Schrumpf concludes that the perception of alcohol use went from first being perceived in the late-1800s as *sinful*, then it became *harmful* due to medical breakthroughs in the 1930s, then at last *shameful* after the Second World War.<sup>44</sup> In terms of methodology Schrumpf has garnered some criticism for this as her conclusion not corresponding with her headings in “*Berus Eder!*”. Olav Hamran critiques her for creating an unnecessary ambivalence. “*In e. g. Schrumpf’s study (ch. 8) the headings and conclusions explicitly state that a change took place in the 1930s, but other parts of the text rather give an impression of continuity and of no political re-adjusting or change at all*”.<sup>45</sup> Part of the ambivalence stems from Schurmpf’s discussion of the disease concept of alcohol abuse as a distinct change in the 1930s, “*but at the same time, everything seemingly remained the same*”.<sup>46</sup> Hamran provides an alternative which goes as follows, «*The first was fought by regulations on availability and Prohibition, the second by stigmatisation, medication and the treatment of excessive drinkers.*»<sup>47</sup> The two scholars both highlight the social stigma but Hamrans’ account seems more accurate as he connects the stigma to the treatment of alcohol addicts. The streamlining of one alcohol policy meant that the medicalisation of alcoholics also intertwined with the social conditions of the interwar period. Contemporaries contained biases and perceptions increasingly so of being rational, scientific and in control of nature. Subsequently, a stricter social policy is by definition trying to control human features and biology, often through rationality provided by experts such as doctors and psychiatrists. Conclusively, the War on Alcohol was redirected from targeting alcohol itself towards individual alcohol abusers through Biopolitics.

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<sup>43</sup> Hamran, *You Take a Sick Man and Put Him in Hospital*, 76-77.

<sup>44</sup> Schrumpf, *Berus Eder!*, 271.

<sup>45</sup> Hamran, *You Take a Sick Man and Put Him in Hospital*, 75.

<sup>46</sup> Hamran, *You Take a Sick Man and Put Him in Hospital*, 75.

<sup>47</sup> Hamran, *You Take a Sick Man and Put Him in Hospital*, 77.

## Committee of Sobriety

In June 1926 the Department of Social Affairs set up a Committee on Sobriety under the leadership of Chairman John Norem from the Conservative Party. They were tasked with preparing a resolution on sobriety and the treatment of excessive drinkers for the National Assembly. With the demise of the Prohibition a new alcohol policy was to be enacted. The resolution was an integral part towards a more instrumental view of alcohol that would replace the prohibitive strategy in Norwegian alcohol policies. They saw that the prohibitive policies were inefficient and pursued to change their focus towards the individual misuse of alcohol. The members of the Committee stood in strong contrast to the rest of the population, Chief of the Police Søhr, the Temperance activists Johan Hvidsten, Woman suffragists and inspector of factories Betty Kjeldberg, the farmer and teacher H.L Skurdal, Agency Manager from the Department of Social Affairs J.A Welhaven, and the only Doctor of Medicine Andreas Tanberg.<sup>48</sup> Notably the lack of representation from the Labour Movement or the Labour Party made it apparently clear that this committee had political motives to restructure social control into the hands of the societal elites.

The committee aimed to target excessive alcohol consumption, which in practice meant restricting the lower-class male access to their perception of misuse of excessive use of alcohol. The committee saw it as their duty to elevate the addicted individuals as they categorically viewed it as the main reason for undesirable fates such as unhappy family relations, reduced working capacity, poverty, illness, neglect of children and increase in crime.<sup>49</sup> The Committee writes:

*his[the addict] sense of ethics shrinks rapidly. He is less and less ashamed, and his sense of commitment to his family and the society to which he belongs becomes weaker and weaker. He becomes more and more a cynical and a brutal egoist, and the ruin of the family causes him after some time no remorse.*<sup>50</sup>

The committee reflected a common belief in the western bourgeoisie circles at the time that the damages caused by an individual's addiction affected society at large. As mentioned in the

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<sup>48</sup> Schrumpf, *Berus Eder!*, 172-173.

<sup>49</sup> Prop, 9178 EDR, (1926), 4.

<sup>50</sup> Prop, 9178 EDR, (1926), 8,

previous chapter the distilled spirits were widespread amongst the working-class, and stood in opposition to the bourgeoisie virtues, which either promoted non-alcoholic stimulants such as coffee, or traditional alcoholic beverages such as wine.<sup>51</sup> Beer had a strong foothold amongst the working-class because it had the redeeming quality of being traditional compared to distilled spirits. The pendulum swung from a “puritanical” interpretation of protestant drinking traditions towards moderation. Progressive politicians saw the negative consequences of outright Prohibition and settled for moderation on their terms. The idea of moderate alcohol consumption became increasingly influential on the contemporary discourse on alcohol consumption post-Prohibition, but who was to define what a moderate level was? Also, what was to be done to those that broke with the established “moderate” use of alcohol?

The Committee on Sobriety became the first institution in extension of the Department of Social in Norway privileged with the power over the definition upon what ought to be moderate. The need to punish the "deviant" male drinker was mixed with the desire to cure the addict, in other words, the pathological and the social conditions intertwined extensively throughout the resolution. This can be seen in the main task of the committee who sought to expand on the state-run program of running facilities meant to cure excessive drinkers. Three facilities of this nature had already been in existence and managed by private institutions. The private institution was a service to the voluntary addict and provided a total of 60 treatment spots anno 1926. Confined to three private facilities evenly distributed with 20 spots each at the following facilities: Woman's Christian Temperance (Det Hvite Bånd), *Blå Kors*, and a private institution called *Framnes* at Voss.<sup>52</sup> Generally these organisations were based on the older puritanical protestantism with a based in the idea of an alcohol and drug-free society through an emphasis on compassion, love of kin, and charitability.<sup>53</sup> Conclusively, the private institutions reflected the values of the Temperance Movement desire of a sober utopia, although this was a diminishing attitude broadly speaking at the end of Prohibition.

The Government was already underway in their replication of the structure in the private curing facilities. The resolution of the Committee on Sobriety claims that the state had the

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<sup>51</sup> Schivelbusch, *Tastes of Paradise*, 152-153.

<sup>52</sup> Prop, 9178 EDR, (1926), 17.

<sup>53</sup> Prop, 9178 EDR, (1926), 17.

capacity of 120 patients simultaneously at the institutions Ørje and Hovelsåsen. In combination with these were working-houses under construction which was meant for convicts of drunken offenders. The Government's strategy was already underway before Prohibition ended as they had bought Ørje curing facility from The Norwegian Medical Association(NMA) in 1910. In exchange the organisation of Ørje was structured so that the Alcohol Committee of the NMA was represented and hired to the boards as medical experts. Furthermore, the relationship with the Temperance Movement was strengthened by hiring staff from the various temperance organisations and the Lutheran Inner Mission. As a result secured the Government goodwill from the Temperance Movement while simultaneously controlling the discourse and strategy onwards.<sup>54</sup> The intertwining of politics and medical expertise was part of the governmentality. The example illustrates the origin of the Government's gradual transferral of power to medical professionals in regards to treatment of alcohol addicts. Hence, medical professionals gained a “soft power” as a self-governing institution as part of the state apparatus. I emphasise “soft” as the transfer of power was not unconditional as a pure technocratic power structure. Following the theory of Governmentality it was reliant on the willing participation of the governed. Thus, the medicalisation process of alcohol meant that the state could enact socio-political measures with the foundation of expert opinion internalised.<sup>55</sup>

The willingness of the governed conflict however with the attitudes towards the alcoholics as institutionalised addicts, as they were perceived to be enslaved individuals without free-will due to alcoholism. In the view of the Committee on Sobriety institutionalisation and coercion of all alcoholics was not preventive enough as some addicts were unable to be cured. The workhouses mentioned previously were the primary destination as most was simply punished by the penal system and sent to either prison or the workhouses. They looked to Sweden for inspiration where coercion had been used in the institutionalisation of alcoholics since 1916.<sup>56</sup> The Committee's impression of their own policies was that it was less refined than the progressive social policies in Sweden. The words used in the resolution was *rational care*, which Sweden allegedly encompassed in their treatment of alcoholics. Thus, this was to be replicated and put into action in Norway as well. The resolution proposed to copy the

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<sup>54</sup> Prop, 9178 EDR, (1926), 15.

<sup>55</sup> Skålevåg, *Sykdommens historisitet*, 308.

<sup>56</sup> Prop, 9178 EDR, (1926), 18-20.



organisation of Sweden; where elected local boards of laymen in each municipality would decide how to best treat the addict. Each respective municipality appointed their board to act as an administrator. These boards were difficult to implement in Norway as administrative units did not have in their jurisdiction to be coercive. Because coercive action was a judicial question and as such forced admission of alcoholics was a question of individual liberty.

The strategy and organisation enacted by the Norwegian Government was heavily dependent on the experiences from Sweden, but direct replication was next to impossible. The committee had in mind that the local Sobriety Boards were to act in a similar fashion to the Swedish ones. The Sobriety Boards were First and foremost meant as preventive measures combating alcoholism by encouragement and support. Secondly, if necessary they would have the power to forcefully admit an addict to a curing institution for up to 2 years. Examples of the various former measures was getting the addict back to work, create a new and healthier environment, redistribute the financial responsibilities to a potential wife, or persuade the addict to admit himself/herself to a curing facility. Forced admission was a last resort and had to be weighed against the rights of personal liberties.<sup>57</sup>

The Committee on Sobriety proposed that to get around the juridical aspects that stood in the way of forced institutionalisation the court could apply a set of laws, the Incapacitation Law and the Vagabond Law 1907. The Incapacitation Law or, *Umyndiggjørelsesloven*, was a law from 1898 that allowed the incapacitation of a legal individual, it was worded as follows,

“when, due to feeble-mindedness or mental illness or because they have decayed to drunkenness or destructive use of morphine or other intoxicants or narcotics, they lack the ability to take care of themselves or their property, or (...) when they by drink, gambling or extravagance, or by otherwise reckless conduct, or wastefulness of property, so that cramped living conditions arises for them or their family, or must be foreseen, if they are not put under guardianship”<sup>58</sup>

The Incapacitation Law reflected the interwar society's attitudes and perception of mental health and destructive behaviour due to being intoxicated with drugic measures. The Committee on Sobriety juxtaposition of relying on late 19th century discriminatory laws,

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<sup>57</sup> Prop, 9178 EDR, (1926), 35.

<sup>58</sup> Lov 1898-11-28 om Umyndiggjørelse.(Umyndiggjørelsesloven)  
<https://lovdata.no/dokument/NLO/lov/1898-11-28>,

mixed with a sense of care and desire of treating addicts is quite unique. Proving a person being of, “*feeble mindedness*”, “*insanity*” or “*drunkenness*”, meant that the boards could bypass the personal liberties of an individual, and replicate the Swedish Alcohol Act of 1913.<sup>59</sup> Consequently, this illustrates the committee’s attitude towards alcoholics to be of a multifaceted perception, as criminal, patient, “deviant”, and burdensome for society simultaneously.

The historian Olav Hamran points out circular arguments used in favour of a more effective process of potentially forcing addicts to institutionalisation.

“Rather, the law [Umyndiggjørelsesloven] allowed for alcohol abuse, or more precisely, alcohol addicts, to be defined as ill, in order to be made incapacitated so that it became easier for the sobriety boards to implement compulsory treatment, which would make other alcohol addicts get their act together so institutional treatment did not become necessary.”<sup>60</sup>

The latter Vagabond Law had been central to the Norwegian experience the past twenty years prior to the Sobriety Act. It was aimed at targeting what the state perceived as deviant behaviour from the norm, such as so-called “vagabonds” and “drunkards” without permanent residence. The boards were to base their decision on if the individual addict showed potential of being cured, which would be the definite factor of being sent to either the workhouse or the treatment facility. They were to base this upon the individual being an so-called “outspoken psychopath”, “habitual criminal offenders”, or “*a professional vagabond*”, if they were to suffer by any of these pathological diagnoses the workhouse would serve them best. The committee preferred that the Vagabond Law from 1907 was used to send these “deviant” individuals to the workhouse or prison instead of to a curing facility. Martin Tranmæl criticised the practice of the Vagabond Law already in the 1924 election; “a little bit christianity, and a little bit workhouse” summarising his opinion on the governing Liberals, and Conservatives alcohol policy.<sup>61</sup> The resolutions constructed by the Committee on Sobriety were filled with the mentioned loaded terms and pathological descriptions. The topic approaches eugenical arguments from prominent members of society, but they were essentially not grounded in science nor medical expertise. Initially mentioned in the

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<sup>59</sup> Løvslund, *Det gjelder nå at kjerring og onger får fred*, 65-66.

<sup>60</sup> Hamra, *Det egentlige drikkeonde*, 3485.

<sup>61</sup> Fuglum, *Brennevinsforbudet I Norge*, 377.

introduction there was only one doctor present in the committee which blurred the line between alcoholism as a disease and a social construct.<sup>62</sup> The perception of contemporaries in Sweden and Norway were influenced by ongoing discussions on eugenics, class and hereditary diseases across borders. It is important to highlight and understand the positions of the Committee on Sobriety as they influenced from the Swedish Law which also argued in a similar fashion. Thus, the next subchapter will go into depth to show transnational exchange of ideas between Sweden and Norway.

### The Swedish “*Botten anstalt*”

This subchapter will contextualise the separation and categorisation of different patients in both Swedish and Norwegian alcohol policy, as the similarity of the neighbouring nordic nations was both influenced by eugenics and the belief in hereditary alcoholism. Swedish Alcohol Act of 1913 paved the way for the establishment of stricter institutions in the known as “*bottenanstalt*”, which were the stricter institutions for those addicts that had been forced to institutionalise due to being more “out acting” patients. The Committee on Sobriety discussed the word “*bottenanstalt*” in their resolution and found the word to be lacking an equivalent word in Norwegian. “*Bottenanstalt*” is a combination of the words “*botten*” meaning bottom with a negative connotation with reference to what part of society these patients were from, and the word “*anstalt*” simply meaning institution. The Norwegian “*bottom institution*” was to be located at Hovelsåsen as the only closed facility. It was meant to be an option for those patients that the Committee on Sobriety viewed were in need of “firmness, disciplinary action and forced labour”. The linguistic link and ideological inspiration resulted in the replication of the same categorisation of patients. In Norway patients were to be separated into the two institutions, Ørje and Hovelsåsen. First a contextualisation of the Swedish design of the “*bottenanstalt*” is required, to illustrate how a categorisation of alcoholics was considered necessary in Norway.<sup>63</sup>

The Swedish historian Glenn Svedin outlines in his chapter, “*Brottsligheten och ”sociala sumpmarker”, 1920–1930-tal*” (*Crime and ”social swamps”, 1920s-1930s*), that the unification of the forensic science, psychiatry, biology and medical perspective became

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<sup>62</sup> Prop, 9178 EDR, (1926), 42-43.

<sup>63</sup> Prop, 9178 EDR, (1926), 41.

increasingly influential in Swedish society and amongst politicians in the 1920s. The predominant belief held amongst Social-Democrats and Liberals was inspired by the sociological school that believed criminality to be hereditary. The Government spoke of so-called “social swamps,” where the “the bottom layer of society” existed which consisted of “vagabonds”, “prostitutes” and “alcoholics” which clustered into what these politicians called “social swamps”.<sup>64</sup> Svedin claims that contemporaries perceived crime and deviance from the norms in the modern industrial societies as something not linked to social or moral phenomena, but to the biological characteristics of certain individuals and groups. Following this the influence of the judicial voices were challenged by psychiatrists, doctors and racial biologists who juxtaposed the natural and social sciences. The end goal of the latter group was to discourage what they perceived as a “degradation” of the collective society. Svedin gives an ambiguous explanation to treatment of this, he claims it was increasingly more individualistic, otherwise not concerned with class but simultaneously the lower classes of society were still primarily being targeted. These eugenical arguments fluctuated between arguments based in the social sciences, the pathological definitions of the time, and a bias against the lower classes. All preliminary in the establishment of the “*botten anstalt*”, an important institution of the Swedish social policies in the 1920s and 1930s.<sup>65</sup>

Hamrans claims that at the Ørje treatment facility «*The focus shifted from substance to citizen*”, he writes further. “*However, it is not correct to call this change a medicalisation.*»<sup>66</sup> The Committee on Sobriety relied on the influence from Sweden which went through the same process of streamlining. The streamlining of society was dependent on the treatments of various forms of “deviant” behavior through institutions that prior did not have that responsibility. The penal system for instance became also concerned with treating “deviant” behaviour rather than an institution purely concerned with the punishment of misdeeds. Streamlining of society had its foundations in acceptance of nation-state establishment of institutions with power directed at the physical body such as the medicalisation process. As mentioned the unification of various fields of specialised disciplines such as forensic, psychiatry, biological and the medical perspectives influenced social policies in Sweden and Norway. In other words, Foucauldian biopower allowed the transfer of power from the

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<sup>64</sup> Svedin, *En ohyra på samhällskroppen*, 69.

<sup>65</sup> Svedin, *En ohyra på samhällskroppen*, 70-71.

<sup>66</sup> Edman, *On the Margin*, 15.

legislative to medical professionals. The “Bottenanstalt” or the bottom institutions have to be interpreted as a manifestation of the new trajectory where institutions brought a process of streamlining society. Foucault saw power in modern society as hidden in the institutions realised by the newfound technology in disciplines which demanded specialised institutions. This network was made up of institutions that exercised power that was supported by the new influential sciences that concerned itself with the human body and mind. Following this the medical professionals and psychiatrists were important in the states pursuit to reorder society towards becoming more homogenous and disciplined.<sup>67</sup>

### The Sobriety Act of 1932

The Sobriety Act was passed by the Norwegian National Assembly on February 26th 1932, and allowed municipalities to organise Sobriety Boards to target alcoholics. These Sobriety Boards were supposed to be in-between in terms of juridical power of the organised temperance groups and the penal system. They were to provide for alcoholics as well as persuade the individual addict to seek treatment willfully, as a last resort they would convey to the court that the respective board recommended forceful institutionalisation of an addict.<sup>68</sup>

In the article «You Take a Sick Man and Put Him in Hospital» by Olav Hamran, a criticism of the simplistic characteristics historians have portrayed upon the post-Prohibition period is raised. “*While treatment before and during prohibition aimed at separating the bottle and the drinker and thereby solving the drinking problem, after prohibition the problems had to be solved in a society where alcohol was now readily available. The main aim of treatment became to transform the drinker into a good and moral citizen.*”<sup>69</sup> He presents his arguments with an analysis of Ørje treatments facility for alcoholics which he underscored went through a transformation that mirrored the societal changes of the 1930s. The emphasis is put on the treatment which intended to construct moral citizens through treatment of the addicts by the use of disciplinary punishment.<sup>70</sup>

The resolution of the Norem Committee on Sobriety was the foundation of the Sobriety Act which came into force in 1933. The law was not legislated in its intended form as the

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<sup>67</sup> Svedin, *En ohyra på samhällskroppen*, 15-16.

<sup>68</sup> Johansen, et al. *Governance of substance use as a by-product of policing in Norway*, 247.

<sup>69</sup> Edman, *On the Margins*, 15.

<sup>70</sup> Edman, *On the Margins*, 15.

politicians faced economic hardship, and the idea of local Sobriety Boards would strain municipalities fiscally. A compromise was found which meant that municipalities' themselves determined for themselves if there was a need for a sobriety board. Additionally, the idea of the forced admission of alcoholics into a curing facility was scrapped under the new law. Thus, the law gave the municipalities more economic freedom and the Sobriety Boards less control over the alcoholics. The Sobriety Boards were dependent on the willingness of the municipalities, and in practice functioned as an advisory institution opposing the alcohol addicts. The boards were to act with rational care trying to persuade the addict to change his or her ways by encouragement. At their disposal they were meant to encourage the addict to try visits to the doctor, environmental changes, a change of workplace, relocation, monitoring (for up to a year), registration in abstinence groups and control of the addict's economy. The introduction of the sobriety board was reflective upon the Norwegian alcohol policy as a transformation from prohibiting spirits and punishing lawlessness, towards a nation-state that cared, helped and encouraged.<sup>71</sup> As a last resort the board was to strongly encourage an addict to self-admit into a curing facility. However, in practice the addicts themselves were responsible to cover their voluntary stay at a curing facility because of the economic compromises between the Government and the municipalities. Consequently, only those addicts that were willing and had the funds for treatment were accepted at the curing institutions with the exception of a few state funded spots.<sup>72</sup>

This underpins a working-class bias because with the exception of a few individuals only those fiscally comfortable were admitted to a state-run curing facility, and the government broadly excluded those who wanted help curing their alcohol addiction. Also, the lack of representatives from the Labour movement in the resolution underscore an anti-working class bias, and the fact that the lower classes were the largest grouping affected by the new law amplified this. Lastly, the law was discriminatory towards individuals who qualified as *professional vagabonds* and habitual criminal offenders and those where to receive no help, and were most often sentenced to prison or the workhouse instead.<sup>73</sup> Olav Hamran supports this assessment as he has expressed that the Nation Assembly was “*an expression of*

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<sup>71</sup> Skålevåg, *Sykdommens historisitet*, 310.

<sup>72</sup> Schrupf, *Berus Eder!*, 174.

<sup>73</sup> Løvslund, *Det gjelder nå at kjerring og onger får fred*, 60.

*non-socialist, upper class attitude towards heavy drinking in society.*<sup>74</sup> The contemporary controversial Temperance activist Johan Scharffenberg writes as follows on what he perceived as a class-law.

“we then get a double set of legal provisions on the same kind of intervention on the same kind of people, (...) the consequence [will] easily be that the Vagabond Law is still used against the poor and the new law against the more affluent alcoholics, that kind of class legislation is something we should escape”<sup>75</sup>

In Hamrans opinion scholars have been too adamant in portraying the contemporary perception of excessive drinking as a phenomenon that went from being interpreted as “antisocial” behaviour which became “medical” post-Prohibition. Firstly, Hamran argues that alcohol itself was what was viewed as something bad for society because of the large quantities in existence, and not due to individual responsibility in consumption of alcohol. Secondly, he clearly states that *«Any tension between, or any movement from, a concept of deviance to a medical perception is not reflected in my material.»* Accordingly any use of the medical analysis was only a rhetorical tool used to justify and introduce the *«excessive public measures.»*<sup>76</sup>

The bourgeoisie “normal drinker” promoted moderation and temperance and was comparatively preferred over the so-called “drunkard” who were believed to have a “unhinged moral compass”. The “drunkards” were a burden for their environment and had to be removed from their family and from society. It was not society that was corrupted with alcohol it was the alcoholics that corrupted it. This was accelerated in the latter part of the 1930s especially after the Labour Party formed a Government in 1935. The Labour party again introduced the question of forced institutionalisation, which has been excluded from the Sobriety Act, but was reintroduced into the political debate in 1939. Labour party officials argued that effectiveness had to supersede the liberty of alcoholics, as trials were deemed a waste of time on addicts.<sup>77</sup> Olav Hamran highlight the circular arguments used,

“The argument ran as follows: The compulsive drinker, who didn’t adapt according to the wishes and policy of the Temperance Board, was enslaved by alcohol, thus he had no

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<sup>74</sup> Hamran, *You take a sick man and put him in Hospital*, 78.

<sup>75</sup> Løvslund, *Det gjelder nå at kjerring og onger får fred*, 81.

<sup>76</sup> Hamran, *You Take a Sick Man and Put Him in Hospital*, 76-77.

<sup>77</sup> Hamran, *You Take a Sick Man and Put Him in Hospital*, 79-80.

personal freedom to lose, and so institutionalisation was not a question of injustice or loss of liberty”.<sup>78</sup>

From the establishment in 1910 by The Norwegian Medical Association and throughout the 1920s Ørje was a Neurotic Institute. An institute that was putting an emphasis on hard work and a nutritious and healthy lifestyle as the prime means to foster the utopia of sobriety. The early 1930s was a turning point for Ørje as the treatments of patients changed substantially. Ørje gained a new role in the Government strategy which reflected a new ambitiousness. The new board emphasised hard labour as detrimental for a patient's reintegration to society. This stood in stark contrast to the former manager who viewed his role as a patriarch of a family of misguided but likable patients. The new administration deconstructed the perception of Ørje as a “fatherly” health resort and promoted it as a disciplinary institution. Thus, more disciplinary punishment was implemented to restore order and discipline, more officers were deployed, and two prison cells were implemented.<sup>79</sup>

That the disciplinary measures at Ørje would represent a broader trajectory of society elsewhere is not substantially grounded. The various breakthroughs in medicine and psychiatry resulted in an acceptance of science amongst patients and doctors that viewed the future more positively over all. Firstly, the introduction of insulin, cardiazol and later electrotherapy in treatment was due to the medical research and optimisation of obtaining a cure to alcoholism. Secondly, focus on improving the atmosphere at the treatment institutions the emphasis redirected itself towards freedom, socialising and physical activities. This was a more humanitarian approach that centered around the patient instead of disciplinary action. Subsequently, increasingly more patients were discharged in 1936-1945 compared to 1926-1935. Furthermore, the broader changes in medicine were a result of the specialisation of doctors as the economic hardships of the 1930s forced doctors to specialise to compete in a competitive labour market. Medicinal measures towards curing alcoholism was not really developing, but their experience and education made them good diagnosticians and prognosticators. This made doctors the link between societies norms and values and scientific

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<sup>78</sup> Hamran, *You Take a Sick Man and Put Him in Hospital*, 80.

<sup>79</sup> Hamran, *You Take a Sick Man and Put Him in Hospital*, 84-85.



progress.<sup>80</sup> This directly contradicts that the Ørje Treatment Facility harsh discipline and punishment was due to intrinsic values of society.

The fact that insulin and cardiazol was used to try and cure alcoholism underscore the medicalisation process as evident. Svein Atle Skålevåg is a medicalisation-friendly scholar he contextualised the Sobriety Act and the sobriety boards as manifested a “soft power” due to their potential for persuasion. Meaning that due to the reciprocal relationship between Government and medical expertise the persuasion has a more medical foundation to it. Which he claims is in accordance with the Foucauldian terminology and acting in line with the regime of the Biopower.<sup>81</sup> This corresponds with what just mentioned that the medical expertise was a link between progress and society. Which is intrinsic to the streamlining of the Norwegian society as the nation-state was in demand of medical knowledge. Furthermore, even though contemporaries operated with loaded terms outside the mainstream natural sciences trying to categorise so-called “deviant individuals” separating addicts at Ørje, Hovelsåsen or the workhouse illustrates exclusive treatment based on separation between medical treatment and the penal system. Similarly to Sweden where it was required a pathological diagnosis by a medical professional for the Government strategy to function.<sup>82</sup>

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<sup>80</sup> Ødegård, *Synd, Skam eller Sjukdom?*, 111-112

<sup>81</sup> Skålevåg, *Sykdommens historisitet*, 311.

<sup>82</sup> Skålevåg, *Sykdommens historisitet*, 312.

## Targeting the Male Drinker: The Class and Gender Dimension of Alcohol Politics

The industrial society created our modern perception of time, and the distinction between labour hours and leisure time. The fear that leisure was interpreted literally by the working class caused fears amongst the capital owning class throughout Western societies. For instance, the expression of “blue Mondays” was tied to the experiences of the American working-class getting back to work after a “wet” weekend of heavy drinking. Thus, the fear amongst the business owners was that drinking excessively on the weekend would affect productivity.<sup>83</sup> This was a highly regarded value during the interwar period in Norway also inside the nuclear family, as the family was supported economically by the male worker. The ability of a man to perform his labour diligently would be guaranteed at the expense of socialised drinking amongst the male working-class. This was due to the surrounding context where contemporaries had a perception of living in a progressive era due to the visual improvements in living standards, hygiene, health, knowledge in science and prosperity. Truth to the times the Government took a more active part in its citizens' lives as a belief in progress and human control over nature became widespread. The lower classes were understood to be the class in most dire need of education and as such socio-political measures were orchestrated.<sup>84</sup>

### The East End Exhibition

The Norwegian interwar period saw an increase in a self-perceived modernity driven by reason and technology. Especially amongst intellectuals connected to the Labour Movement that had discarded their bourgeoisie way of life that emphasised education and culture. They sought to shape the working-class way of life to elevate them into a reflection of the self-perceived modernity. This led to social political reforms such as hygiene, sexual education, diet and housing standards.<sup>85</sup> *East End Exhibition* was established in 1926 which first and foremost was concerned with housing standards in the working-class districts in Oslo. This chapter will focus on one particular exhibition, namely, *Flaskeberget (A Mound of*

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<sup>83</sup> McGirr, *The War on Alcohol*, 29.

<sup>84</sup> Schrupf. *Berus eder!* 13.

<sup>85</sup> Bing, *Østkantutstillingen*, 82.

*Bottles*), released in 1936 which ended up being shown in 50 different places across the nation.<sup>86</sup>

*Flaskeberget* published a pamphlet which illustrated the contrast between the flourishing life without - and the alleged appalling life with alcohol. On the first page where the reader was met with a picture of a large Mound, consisted of empty bottles blocking the view of a neighbourhood. Above the picture the heading says “*A mound of liquor bottles casts shadows over society.*” Further, readers are introduced to a set of cartoons with the heading that, “*Drinking customs is yet an important joint in ‘the cultural life’ in ‘the civilised societies.’*”<sup>87</sup> Followed up with a comic strip under the heading, pointing out to how society is enslaved to their traditions and jargons that corroborate the lack of progress in society.<sup>88</sup> Moreover, the overall composition of the pamphlet makes use of strong gender connotations to illustrate drinking as an obstacle to personal progress and social mobility amongst the working-class families. The pamphlet calculated a one-room apartment yearly cost to 668.- and one beer a day for a whole year to 270,10.- If you were to combine the yearly rent and the daily beer consumption the results would be 938,10.- Concluding that 938,10 a year to be approximately a bit more than the rent of a two-room apartment, implicating that alcohol was the obstacle of social mobility.<sup>89</sup>

The pamphlet stressed that the private economy of the nuclear family was asymmetrical because of the prevailing gender roles. Leaving the male contributor with power over the situation at hand with the subheading - “the strong sex.” It states that the family is dependent on the man to provide for the family economically, which contradicts the man’s self-assured right to impound the income of the family to his alcohol consumption.<sup>90</sup> Further, the political implications that due to the “*the strong sex*” superior position in the private sphere effected the political evolution negatively, “*and an unyielding one in the design of social policies - like trade - and foreign policy is controlled by men.*”<sup>91</sup> The latter part of the quote questions the morality of self-serving men positioned in Government. The context was the trading dispute with Portugal in 1923, which resulted in fortified wine being legalized for sale again.

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<sup>86</sup> Bing, *Østkantutstillingen*, 97.

<sup>87</sup> Østkantutstillingen, *Flaskeberget – en bildebok for voksne*, 8.

<sup>88</sup> Østkantutstillingen, *Flaskeberget – en bildebok for voksne*, 12-13.

<sup>89</sup> Østkantutstillingen, *Flaskeberget – en bildebok for voksne*, 14.

<sup>90</sup> Østkantutstillingen, *Flaskeberget – en bildebok for voksne*, 18.

<sup>91</sup> Østkantutstillingen, *Flaskeberget – en bildebok for voksne*, 22

The pamphlet stressed the secrecy of the Government that undermined the people's sovereignty right to public control. Moreover, the pamphlet conveyed that the accord with Portugal was the cause of the 170 million Norwegian Kroner (NOK) unlawfully spent towards irresponsible drunk men, indirectly leading women and girls abandoned and un nourished.<sup>92</sup>

The cultural historian Morten Bing contextualises the various exhibitions held throughout the 1930s as a project of the societal elites and intellectuals connected to the Labour Movement driven by perceived *modern consciousness*, which embraced the infiltration of science into everyday life and human's control of nature.<sup>93</sup> One of the central figures in the *East End Exhibitions* and co-writer of the *Flaskeberget* pamphlet, was Nanna Brocha. She was a housing inspector in the eastern part of Oslo and witnessed first hand the *unmodern* standards of living there. Herself was from a bourgeois upbringing but dedicated her life to functional, simple and pretty homes for the working-class. A type of functionalism that elevated the simple and functional at the expense of the lavish and redundant furniture seen in upper-class homes.<sup>94</sup> To achieve these standards of housing the expectations of financial- and individual responsibility, like-minded intellectuals sought to reform the male working-class towards a disciplined, sober and hard-working modern citizen. The social policies of the interwar period meant dismantling of the traditional class structured by progressive politics. The relationship between private companies such as the *East End Exhibition* and political reform was fundamentally of a shared state of mind that emphasised humans rationality and control over nature.<sup>95</sup> This modern consciousness of the 1930s perceived societal problems as solvable by progressive policies and individuals' responsibilities to improve health, life and well-being.

If we compare the East End Exhibition to the resolution put forth by the Committee on Sobriety analyzed in the last chapter, there is a condemnation of the breach of gendered norms, but also evidence of more female representation in politics and society than previously. For example, the Committee on Sobriety empirical evidence throughout their resolution makes use of anecdotal evidence where the portrayals of male degradation was a result of alcohol addiction. From this they could justify the incarceration of lower class men

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<sup>92</sup> Østkantutstillingen, *Flaskeberget – en bildebok for voksne*, 23-24.

<sup>93</sup> Bing, *Østkantutstillingen*, 83.

<sup>94</sup> Bing, *Østkantutstillingen*, 84-85.

<sup>95</sup> Schrupf, *Berus Eder!*, 10-13.

and the need for indirectly controlled Sobriety boards. In Asbjørn Løvland's analysis of the Sobriety Act's background and context, he states that you get the sense that female alcoholics did not exist at all because of the almost entirely usage of male pronouns and gendered stereotypes towards men.<sup>96</sup> The one exception of representation in the resolution was that the Woman's Christian Temperance Union was to receive financial support from the government for hosting female patients that were legally incapacitated. Løvland's confusion might stem from resolution usage of the Norwegian name for Woman's Christian Temperance which bears the more gender neutral name "*Hvite Bånd*" in Norwegian, hence the unclarity.<sup>97</sup>

Understandable as a lot of women were positive to both temperance and social hygiene as they carried the burden of housing standards and the finances if the man of the house was inept because of his liquor use.<sup>98</sup> In terms of both the Committee on Sobriety and East End Exhibition female representation was present in Betsy Kjelsberg of the Committee on Sobriety. Kjelsberg was a pioneer as a female in Norwegian politics, also the first female factory inspector, and Chairwoman of the Norwegian National Women's Council. Nanna Broch was a housing inspector, social activist and co-writer of the pamphlet published by the *East End Exhibition*. In common were both representatives of progressive policies in light of pioneering women representation in social and political. On the other side, they are also representatives of a new rational national-state concerned with the well-being and lives of its citizens. The intertwining and overlapping of political movements of what historians have called progressive movements that demanded representation, also sought to control to improve and regulate certain aspects of society. The nation-states increasingly politicised human biology in pursuit of progress.

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<sup>96</sup> Løvland, *Det gjelder nå at kjerring og onger får fred*, 67.

<sup>97</sup> Løvland, *Det gjelder nå at kjerring og onger får fred*, 50-51.

<sup>98</sup> Prop, 9178 EDR, (1926), 17.

## **Streamlining the Alcohol Consumption**

What can be called the streamlining of alcohol consumption took place in a twofold process: The social construction of alcoholism gave the Government a powerful tool to regulate the human body of addicts. First, the social construct of alcoholism which borderlined the normative and pathological definitions amongst temporary medical experts in Norway. The debate in the 1930s lacked a concrete consensus on explaining how alcohol addiction manifested in each individual. For instance, some experts would highlight individual explanations while others the structural explanation. This dichotomy will be extensively illustrated in this chapter, coupled with the Governmentality process which saw nation-states extend their rational regulations through a reciprocal relationship with the medical class. Because of the Government's foundation in an elevated rationality they were in demand of medical knowledge provided by doctors and psychologists. Following this, the Norwegian Government had a foundation of knowledge they used to legitimise "improvements" to the lives of its population. An example is the social hygiene measures by the Labour Party during the latter part of the 1930s. This was due to a broader trajectory of modern Biopolitics in the western world where the well-being of the population became a larger concern for the Government.. The second chapter will illustrate how the Governmentality impacted the streamlining of alcohol consumption in Norway through the Wine Monopoly. The Wine Monopoly epitomes a Norwegian State-capitalist institution which from the outside seems particular to the Nordic way of organising society. Above all the Wine Monopoly became the key instrument to streamline the Norwegian society through a process of internalising the industry itself. This was done by incorporating the knowledge and facilities of the wine cooperative stores, the distilleries and the Wine agents. Subsequently, Wine Monopoly became a pragmatic institution where the primary objective was the education of its citizens in proper consumption through social control of Norwegian consumption habits.

### **Biopolitics, Medical Experts and the Government**

In her PhD thesis, Ingveig Nærland Ødegård outlines how Norwegian doctors (16 elected in total) viewed and defined excessive drinking/alcoholism in the Interwar period. With the subheading she asks if excessive drinking went from sinful, shameful and resulted as a pathological disease. The interwar period saw the emergence of the welfare state, which

demanded an increased capacity of doctors in Norway. As the economic situation improved around 1935, the number of doctors rose, as well as general hygiene and medical improvements in society. The period after 1935 saw a rapid transformation towards a focus on what has been defined as social hygiene in line with the Labour Party platform. The Labour Party government took more control over social issues and integrated social-hygiene into their political platform. For example, securing housing for certain groups, research on nutrition, and the will to directly improve the living standards which in time became de-politicised.<sup>99</sup> The Government took increased control of hygiene and health. The experiences from the First World War and the Spanish Flu, alongside external pressure from organisations, and the economic strains of the time called for research on nutrition, health, prevention of infectious diseases, and psychological research. For example was the injection of the vitamin B1 into alcoholics in an attempt to find a cure to alcoholism.<sup>100</sup> The summary of the historian Knut Kjeldstadli is an accurate description; “drunkenness and alcoholism were redefined from a political to a socio-political question.”<sup>101</sup> Following this, the political platform of social-hygiene aligns with the theory of Biopolitics in attempting to improve the lives of the population. Naturally the socio-political concerns become de-politicised as the willingful participation of the governed improves their lives substantially through medical improvements. Medical experts gained the power over definitions which gave them a role in society as the stretcher-bearers of the nation-states rationality and knowledge.<sup>102</sup>

Ødegård’s analytical work illustrates the different opinions of doctors explaining an individual’s alcoholism throughout the interwar period. Historically attitudes to alcohol in Norway have gradually changed, but she highlights that the interwar years were standing out, compared to the golden era of the Temperance Movement from 1890 to 1920, which put more emphasis on the cause of alcoholism due to the easy access of it in society. The interwar period transferred responsibility to the individual drinker, and the excessive use of alcohol became quantified.<sup>103</sup> The Government also took more responsibility over its citizens during the process of streamlining the alcohol policy; medical and penal institutions became responsible over the individuals who did not align with the “normal” level of consumption

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<sup>99</sup> Ødegård, *Synd, Skam eller Sjukdom?*, 8.

<sup>100</sup> Ødegård, *Synd, Skam eller Sjukdom?*, 113-114.

<sup>101</sup> Ødegård, *Synd, Skam eller Sjukdom?*, 113.

<sup>102</sup> Foucault, *Security, Territory, Population*, 367.

<sup>103</sup> Ødegård, *Synd, Skam eller Sjukdom?*, 96-97

and behaviour expected. Following the process, the Governmentality of the Nation-state was in demand of medical expertise to quantify the “abnormal” use of alcohol, which led to the social construct of alcoholism. Ødegård argues that alcoholism stood in a split between the medical and the desire to treat it medically. *“If one defines a medical problem as the notion that alcoholism was a disease in itself, the answer must be no. But if you include all the signs surrounding the use of the word disease, desire for healing and desire to find a preparation, the answer is yes.”*<sup>104</sup> The main point here is that alcohol addiction juxtaposed the immoral behaviour perceived by contemporaries, and the desire for a pathological definition needed for treatment. The statement holds true but is an ambiguous clarification, because as long as alcoholism was an object that contemporaries constructed its existence in itself is enough.

The simultaneous social mobility of the medical-class and the demand of medical knowledge in western societies strengthened the relationship between the Governments and the Medical-class. The technocratic power transfer to medical institutions which manifested knowledge saw the medical field dominate the discourse on alcoholism in western society. They discarded the previous held belief of the Temperance movement who perceived alcohol as a poison.<sup>105</sup> Alcoholism was socially conditioned but became medically interpreted because of the broad acceptance of science and rationality and society greater insight into nature. The field of medicine alongside the Government statisticians meant that all measurable variables of living conditions, prosperity, length of life could be categorised and later improved upon. Conclusively, the streamlining of alcohol consumption through regulation and medical treatment of addicts made it possible for the Government to target the outliers such as alcoholics that negatively impacted the process of progress. The reciprocal relationship between Government and medical expertise transferred social conditions previously called “deviant behaviour” to the realm of medical problems.<sup>106</sup>

Ødegård categorically places 16 doctors under two explanation models, one individual and one structural. Under the two brackets there are seven sub-brackets that contemporary doctors emphasised in the development of excessive drinking. This is to illustrate the reason for the ambiguous understanding of alcoholism as medical in the interwar period.

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<sup>104</sup> Ødegård, *Synd, Skam eller Sjukdom?*, 102.

<sup>105</sup> Ødegård, *Synd, Skam eller Sjukdom?*, 110.

<sup>106</sup> Skålevåg, *Sykdommens historisitet*, 306.



Individual Explanation	Structural Explanation
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Moral Conditions	Medical Conditions	Biological Conditions	Psychological Conditions	Social Conditions	Alcoholic Conditions	Political Conditions
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The individual explanation concerned the addict's own internal tendency, personality and biological hereditary. Meanwhile the structural one concerned itself with the external factors such as traditions, customs, living conditions and accessibility to liquor. This thesis will not go into details about the 16 doctors, but the majority of the doctors emphasised the biological condition under the individual explanation bracket. In total seven doctors emphasised the biological conditions such as Johan Scharffenberg and Ragnar Vogt who had strong affiliations to the Temperance Movement. Furthermore, five doctors emphasised the psychological condition, a medical condition was only argued by two doctors. Meanwhile one, Eyvind Dahl, emphasised the political condition under the structural explanation bracket. Some doctors combined and overlapped into the structural explanation, as a total of six doctors emphasised the social conditions. The emphasis on 'mental-hygiene' was a result of both an individual and societal explanation, as drinking was partaking in what one doctor called the 'people's disease' known as alcohol consumption. Eyvind Dahl was the only one emphasising political influence as he actively pushed for the destruction of capitalism which he viewed as the main structural cause of the flourishing of alcohol alcoholism. Consequently, the biological condition was argued as the primary reason for excessive drinking, meanwhile a minority emphasised the social condition.<sup>107</sup>

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<sup>107</sup> Ødegård, *Synd, Skam eller Sjukdom?*, 103-105.

Of the 16 doctors not one of them have overlapping affiliations to the two sub brackets, biological- and social conditions, which is a major reason for ambiguity in the Norwegian historiography on whether you can clarify a medical understanding of alcoholism.<sup>108</sup>

This structural shift towards Biopolitical action was due to four factors; *a change in medical experts perception, broader changes in the subject of medicine, institutional changes, and societal changes.*<sup>109</sup> The change went from a pessimist view where prevention and isolation were the most common measures used to cure alcoholics, towards new treatments such as insulin, electroshock, and cortisol. The psychiatrists were more optimistic about new treatments that looked to cure the former believed 'feeble-minded' of the negative effects of alcohol addiction. The introduction of mental hygienics and psychoanalysis explored new ground in the interaction between the individual and structural factors. Mental hygienics distinguished itself from the field of racial and social hygiene by more so focusing on the mental aspect of the individual. It underscored that the mind was inherited, but that the environment was an important factor in the evolution of the mind. The individual mind was not a final product that reflected heritage, which racial and social hygienists believed. The political implications were that preventive measures were possible through improving social conditions and environmental improvements. Mental health was increasingly more prevalent in society, as the very first organisation in Norway for mental health was established in 1931. Moreover, amongst radical intellectuals Sigmund Freud was an important figure in contemporary discourse. Harald Schelderup, the first psychologist in Norway published Freud's ideas in The Norwegian Medical Society for the first time in the autumn of 1932.<sup>110</sup>

The institutional changes originated in the economic hardships experienced after the Wall Street Crash of 1929. The social problems were acute, and the politicians looked to solve them with new ideas and looked abroad for inspiration. One of the solutions was new social policies that promoted professionals driven by scientific methods, which resulted in more technocratic structures in the Government apparatus. For instance, became white-collar workers became progressively more active in the problem solving process and the decision making in important societal institutions, which emphasised safety, supervision and control.

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<sup>108</sup> Ødegård, *Synd, Skam eller Sjukdom?*, 106-107

<sup>109</sup> Ødegård, *Synd, Skam eller Sjukdom?*, 111.

<sup>110</sup> Ødegård, *Synd, Skam eller Sjukdom?*, 114.

Various institutions in the late 1930s were established such as the care for alcoholics which have been extensively mentioned throughout this thesis, most notably Ørje and Hovelsåsen. They became the flagships in the Governmental strategy against alcoholism. Also, private foundations such as The East End Exhibition relied on social hygienic measures to improve the populations living standard social activism. Conclusively, the five-year period between 1935 and 1940 was the breakthrough for social policies in the Norwegian political landscape.

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The societal changes internalised all four structural changes that Norway went through in the 1930s. It can be narrowed down to economic situations and political reactions to the rising unemployment. In the immediate aftermath of the Wall Street crash 9 out of 10 the unemployed had applied for financial support from the state. The general feeling of despair and desperation amongst people and families were hardened and as a result individuals were generally more disciplined than before. For example, as the consumption of alcohol relinquished, arrests because of drunken behaviour dropped. The way people's lives were impacted by external economic conjunctures and crisis complicated the way medical experts perceived the reasons for consumption in society. The individual condition was questioned as the major factor for an individual to turn to alcoholism as the general decision making was structurally altered because of the impact of the economic hardships.<sup>112</sup>

A collective emergency furthered the belief that the general well-being could be improved politically. The early 1930s were a turbulent political era as no government was stable enough to handle the economic contraction. The Labour Party's electoral platform promised a relief program that aimed to stimulate the economy based on principles of planned economy. The belief was that if the state stimulated the economy by the creation of jobs in the necessary fields such as housebuilding, infrastructure, and industry the purchasing power would increase, and thus the living standard. Families used less of their income on food, and the government increased their liquidity. Thus, more of the capital could go to care and research of alcoholism alongside other social and political projects. Consequently, the

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<sup>111</sup> Ødegård, *Synd, Skam eller Sjukdom?*, 115-116.

<sup>112</sup> Ødegård, *Synd, Skam eller Sjukdom?*, 117.

political division concerning socio-political action was less constrained than prior and redistribution in some form was more broadly welcomed.<sup>113</sup>

Ødegård concludes that the interwar period perceptions of alcoholism varied due to different explanations that were prominent at the same time.<sup>114</sup> However, the one unifying factor is that alcoholism became a social construct and the power over its definition became a political tool. The simultaneous wake of social policies aligned with a larger trajectory of Governmentality and Biopolitics, where the state provided the medical experts with privilege of definition, and hence why pathologically definitions became more prominently applied to what have previously been defined as immoral behaviour. The power of definitions upon who were sick and healthy was the application of biopower in the absolute sense. The increase in the Medical experts power over definitions and exchange of ideas spread transnationally as seen with the entry of Psychiatry and Freud to Norway. This was due to a simultaneous demand in western societies for expert opinion and knowledge to elevate and ground the rationality of the Government. The acceptance of the Government's power to provide for its citizens also meant improving the well-being, health and quality of life of the nation.

### The Wine Monopoly: Wine Cooperative Stores, the Distilleries, and The Wine Agents

The Wine Monopoly was declared the winner of the annual Norwegian Customer Barometer (NKB) by the Norwegian Business School (BI) in 2020. It received a total score of 85 out of 100 points in terms of customer satisfaction, whereas the runner up *OneCall* received 83,6 points. According to NKB the Wine Monopoly had been a top contender of the annual polls for the past 15 years.<sup>115</sup> At first glance the Wine Monopoly can be interpreted as somewhat of a Scandinavian peculiarity that seems to set the region apart from the rest of the western world. The nationalistic methodology that have been dominant in the contextualisation of the Wine Monopoly have emphasised the primary function of an educative institutions, that was meant to cultivate a moderate consumption habits.<sup>116</sup> The educative aspect of the Wine Monopoly has become so integrated in Norwegian attitudes that historians have tried tracing

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<sup>113</sup> Ødegård, *Synd, Skam eller Sjukdom?*, 117-118.

<sup>114</sup> Ødegård, *Synd, Skam eller Sjukdom?*, 119.

<sup>115</sup> <https://www.bi.no/forskning/norsk-kundebarometer/> Downloaded, 08.09.2020.

<sup>116</sup> Hamran and Myrvang, *Fiin Gammel*, Preface.

its origins further back than its establishment. Hamran and Myrvang trace the origins of the Wine Monopoly to the establishment of the first wine cooperative stores in Norway from 1871 in Kristiansand.<sup>117</sup> The history of the wine cooperative stores was that they evolved into a cartel-modelled business in the early 1900s, where independent stores fixed prices in unison to diminish the negative effects of cheap wine on society. During the partial bans of 1916 the wine cooperative stores lost part of their inventory as fortified wine and distilled spirits was forbidden, and later legislated after the first referendum in 1919. The two institutions existed in parallel as the dual providers of wine until 1938 when the wine cooperatives was disbanded and fully integrated into the Wine Monopoly.<sup>118</sup> Another major inspirational source was the Swedish tobacco monopoly established already in 1914. The difference was that the Norwegian Government was concerned with the question of import, meanwhile the questions of commerce rights were unsolved until the disbanding of wine cooperative stores in 1938. Moreover, the production of alcohol was left to the private sector, compared to Sweden where the production of tobacco was monopolised as well.<sup>119</sup>

If you trace the history of the idea of monopolising luxury commodities the Swedish town of Gothenburg and the so-called “Gothenburg system” is also a valid comparison. This was a system that originated in the 1860s with the object of removing profit seeking individuals from the liquor trade, and instead to promote philanthropic principles in the forefront, as the system advocated for semi-private ownership under license. The licenced commerce only received 5 per cent of the profits of the distilled spirits, whereas the municipality, county and state had the right to any additional profit superseding the 5 per cent. Swedish tradition of regulation as opposed to prohibition obstructed the competitive and profit driven motives, and instead promoted a softer community-benefitting system. This system was imported and used in numerous countries in the Nordic, as well as the English-speaking world hence the english term; ‘the Gothenburg System’. For example, a replication of the system was seen in both Bergen in 1877 and in far-flung places such as the native communities of New Zealand

<sup>120</sup> The regulation of intoxicants, primarily alcohol, became a particular Nordic phenomenon

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<sup>117</sup> Hamran and Myrvang, *Fiin Gammel*, 90.

<sup>118</sup> Hamran and Myrvang, *Fiin Gammel*, 46.

<sup>119</sup> Hamran and Myrvang, *Fiin Gammel*, 45.

<sup>120</sup> Brady, *Teaching 'Proper' Drinking?*, 36. “In Teaching ‘Proper’ Drinking?, the author brings together three fields of scholarship: socio-historical studies of alcohol, Australian Indigenous policy history and social enterprise studies. The case studies in the book offer the first detailed surveys of efforts to teach responsible

during the 20th century. It distinguished itself from other industrialised nation-states which went away from cartel business and monopolies. However, the Norwegian Wine Monopoly distinguished itself from older forms of monopolies as well as the wine cooperatives as a peculiarity. This chapter will challenge the nationalistic methodology and provide a lens of how it streamlined society perception of moderate consumption. Further, what characterises the modern nation-state is according to Foucault the “*tactics of government that allow the continual definition of what should or should not fall within the state’s domain, what is public and what private, what is and is not within the state’s competence and so on.*”<sup>121</sup> The Wine Monopoly in extension of the state continued to decide that alcohol was under the domain of the state and it has remained that way as well.

The Wine Monopoly was created in the image of the Department of Social Affairs through an *ad hoc* committee which was tasked to structure the foundation of a state monopoly that was meant to handle the import, distribution and sale of wine, primarily. By an unanimous decision on 8 of February 1922, the *ad hoc* committee decided upon the organisation of a monopoly-enterprise. It was supposed to be a private independent company stock listed, but also modelled after how a public institution was administered. The state was to guarantee its monopoly and in return the Department of Social Affairs was given substantial influence over the management.<sup>122</sup> Its first chairman was the Oslo-based businessman of the tobacco industry, Halfdan Petterøes, who became the first chairman of Vinmonopolet A/S. The strong ties to the Liberal Party and the Department of Social Affairs became apparent as Paal Berg was added to the committee, as Berg was a former Minister of Social Affairs from the Liberal Party. The cosmopolitan bourgeois attitudes of moderation were immediately manifested in the new monopoly, as no representatives from either the Labour Movement nor the Labour party were present in the committee.<sup>123</sup>

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drinking practices to Aboriginal people by installing canteens in remote communities, and of the purchase of public hotels by Indigenous groups in attempts both to control sales of alcohol and to create social enterprises by redistributing profits for the community good. Ethnographies of the hotels are examined through the analytical lens of the Swedish ‘Gothenburg’ system of municipal hotel ownership.”<https://press.anu.edu.au/publications/series/caepr/teaching-proper-drinking>

<sup>121</sup> Foucault, *Security, Territory, Population*, 109

<sup>122</sup> Lindeman, *Trekk av A/S Vinmonopolet*, 10-11.

<sup>123</sup> Lindeman, *Trekk av A/S Vinmonopolet*, 22-23.

The Wine Monopoly set out to acquire direct control of certain branches of the alcohol industry through financial backing from the state, and the creation of dependency with some branches. There were three branches that concerned the Wine Monopoly: *wine cooperative stores, the distilleries, and the wine agents*. Firstly, wine cooperative stores had gained permits all throughout the 1920s and were too numerous to shut down immediately. Furthermore, The Wine Monopoly as of 1923 had only 30 stores distributed accordingly; fifteen in Oslo, seven in Bergen, five in Trondheim, two in Drammen, and one in Drøbak. Initially the Wine Monopoly became an urban phenomenon, part of the city-centres and more trafficked areas to promote. The reason was to illustrate transparency that had an obvious class dimension to it as the Department of Social Affairs steered away from establishing stores close where workers resided, as only two stores were located in the eastern part of Oslo. Controversy followed surrounding these two stores as long lines formed outside one of them. The Sales Manager of the Wine Monopoly was quoted saying this was “*utterly unacceptable*” (...) “*and not worthy of the Wine Monopoly*” when asked about the situation in the store located at *Grünerløkka*, a working-class district in eastern Oslo.<sup>124</sup> The Wine Monopoly wanted to relieve the stores in the city centre but was unforthcoming in expanding into eastern Oslo. The store located in *Grünerløkka* was liquidated in 1926 because of its small size and the due to the long lines that usually formed outside. It was not until 1930 that the Wine Monopoly found an appropriate location in *Grønland*, but the municipality denied the application to open stores in working-class districts. The Alcohol Act of 1932 confirmed that the permitted wine cooperatives were to be disbanded in 1938. The monopolisation of the Wine Monopoly was a gradual process of taking over the physical shops, the labour and the storage facilities of the wine cooperatives. Moreover, the leadership and the employees migrated to the Wine Monopoly throughout and after the merging. Streamlining knowledge and labour was a gradual process in pursuit of a state-capitalist system. Which could function at the expense of the private-capitalist interests which could more effectively allow for social control of the working-class.<sup>125</sup>

The second industry that was to be integrated was the distilleries that had provided the pharmacies with liquor throughout the immediate years of the Prohibition. It was important

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<sup>124</sup> Hamran and Myrvang, *Fiin Gammel*, 52.

<sup>125</sup> Hamran and Myrvang, *Fiin Gammel*, 50-51.

because of the Wine Monopoly's desire to achieve a production monopoly over distilled spirits. The largest distillation firms were *Oplandske Spiritfabrik*, *Løiten Brænderis Destillation*, *Jørgen B. Lysholm*, *H. Poulsen & Co.s Destillasjon*, *Simers & Co*, *Stange Brænderi og Destillasjon*, *Tangen Destillasjon (P.A Larsen)*.<sup>126</sup> They were all instructed by the Department of Social Affairs on December the 11th, 1922 to close their facilities and were bought out for a combined price of 3 633 000 kr with the exception of *Løiten* which in 1926 was the only remaining active distillery. They would remain a thorn in the Wine Monopoly's side for years to come. To illustrate how the Wine Monopoly wielded its economic and political power the following example will suffice. *H. Poulsen & Co.s Destillasjon* was in economic hardships which saw them seek liquidation. This created a bidding-war between Wine Monopoly and another distillery by the name of *Lysholm*. *Lysholm* outbid the Wine monopoly with 350 000 kr compared to the Wine Monopoly who bid 250 000 kr. The background for the bidding war was another conflict the Wine Monopoly was part of in the mid-1920s. It was the majority shareholder in *Lysholm* distillery and wanted it liquidated as well, but the distillery by the name of *Løiten* owned 10 percent of the stocks in *Lysholm* and voted against the decision to liquidate *Lysholm*. The reason for *Lysholm* partaking of the bidding war over *Poulsen* was because they found themselves in the situation of being a *distillery* without a distillery facility. From 1923 *Lysholm* relied on other distilleries producing their distilled spirits and were in search of a new premise to build a new distillery. The Wine Monopoly was suspecting a takeover and acted preemptively to liquidate *Lysholm* quickly so they could buy it at a low redemption price. When *Lysholm* bought out *Poulsen* the Wine Monopoly in return acquired the majority of the shares in *Lysholm* by taking over a fourth distillery, *Siemers*. Thus, The Wine Monopoly liquidated *Lysholm* which also made the *Lysholm* takeover of *Poulsen* invalid. This example illustrates the Wine Monopoly push to establish itself as the owner of the manufacturing of the national produced distilled spirits.<sup>127</sup>

Hans Halvorsen took over the post as chairman in 1926, the originally intended director of the first board of the Wine Monopoly and part of the original *ad hoc* monopoly committee as an advisor to the Chairman elect of the Wine Monopoly that withdrew.<sup>128</sup> He distinguished

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<sup>126</sup> Lindeman, *Trekk av A/S Vinmonopolet*, 37.

<sup>127</sup> Sverdrup, *Et statsmonopol blir til*, 175-177.

<sup>128</sup> Lindeman, *Trekk av A/S Vinmonopolet*, 23.



himself from the first boards as he had broad support from the conservatives. The conservatives demanded that the Wine Monopoly was to only hire professionals with expertise in wine and the Wine-industry, as previously the National Assembly had elected individuals without proper knowledge of wine to positions in the Wine Monopoly. The appointment of Halvorsen caused a conflict of interest by hiring individuals he knew from the Wine-industry. The Historian, Jacob Sverdrup claims that he cannot make the conclusion that there was any favoritism in the following process of choosing collaborative wine agents and board members. He is however willing to point out that “*conditions were right*” for suspicions of favoritism.<sup>129</sup> Speculation is valid as far as criticism goes but knowledge of wine certainly was beneficial to the process monopolisation. However, the emphasis on knowledge of alcohol underscore the divisive consumption cultures in society. Through the Wine Monopoly wine could be promoted and streamlined towards a broader population as the proper drink for a cultivated nation.

With the new board the Wine Monopoly became more efficacious and ambitious under the leadership of Hans Halvorsen. The monopoly on the production and manufacturing process of distilled spirits was to give a clear signal that the Government did not support further privatisation of the distilleries. The end of Prohibition in 1927 would however allow distilled spirits to flourish on the Norwegian markets again and opened the opportunity of private-run distilleries. *Løiten* remained the last adversarial distillery and pushed for in their view a fair financial settlement. They held leverage over the Wine Monopoly in that they would compete if such a settlement was not reached. The Wine Monopoly had political power over *Løiten* as the conservative Prime Minister, Ivar Lykke, supported the position of Hans Halvorsen and his board. Prime Minister Lykke made it clear to *Løiten* that their permit for distillation would not be renewed if prohibition ended. Consequently, the Wine Monopoly bought *Løiten* and became the sole producer of distilled spirits in Norway in 1927. The strengthened positions of the Wine Monopoly used their influence to pressure the Ministry of Finance for concessions to the Wine Monopoly which by resolution secured them the exclusive rights to import and trade distilled spirits.<sup>130</sup>

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<sup>129</sup> Sverdrup, *Et statsmonopol blir til*, 234.

<sup>130</sup> Sverdrup, *Et statsmonopol blir til*, 181-183.

The third branch of the alcohol industry was the wine agents which the Wine Monopoly tried to secure a good relationship with primarily through networking. Truls Manskow, a 49 years old owner of a Wine-agency, was hired as Purchasing Manager. He had twenty years of experience in the business and had broad contact networks in Spain, France and Germany. Alex Brodersen was also a former owner of a Wine-agency and was appointed the role of Sales Manager. Both were required to sell their businesses upon appointment.<sup>131</sup> The integration of the Wine-agents into the Wine Monopoly was due to the Government wanting the influence of the wine agents as middlemen in a transaction removed. A law was legislated that prohibited agents from taking orders of Wine from abroad if the agent was located in Norway, they only allowed expats working for companies abroad to be eligible to negotiate import orders to Norway. The Wine Monopoly argued this would streamline the process more efficiently, which was according to them obstructed by the wine agents self-interests. The Government used force to undermine the wine agents as the agents and their customers were often called into extensive questioning by the police, a burdensome experience that decreased the wine agents reputation and revenue.<sup>132</sup>

In May 1923, the Department of Foreign Affairs received a complaint from the French envoy on behalf of French wine producers. Their concern was the usage of the designated labels of 'champagne' and 'wine'. Which the French envoy argued violated the Franco-Norwegian covenant of April the 23, 1921. The covenant protected French designations such as 'Champagne' and 'Bordeaux', which were labels based upon place of origin, and the definition of 'wine' was decided by the fruit used in production. The designation of 'wine' had been used to commercialise the fruit wine in Norway but grapes were not used in the production.<sup>133</sup> The trade dispute with the wine producing countries dominated the foreign policy all throughout the prohibition, which resulted in various concessions from Norway. The major one was the legalisation of fortified wines in 1923 which was a necessity to bring Portugal to the negotiation table. Portugal had demanded that the Norwegian Government did not discriminate between wine and fortified wine, and they would not accept anything less than consistency in the treatments of all wines up to 21 per cent alcohol content. Portugal secured equal treatment for their wines Madeira and Port. The antagonism continued into the

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<sup>131</sup> Lindeman, *Trekk av A/S Vinmonopolet*, 23.

<sup>132</sup> Lindeman, *Trekk av A/S Vinmonopolet*, 58-59.

<sup>133</sup> Lindeman, *Trekk av A/S Vinmonopolet*, 34.

post-prohibition of 1927 as the wine producing nations had reluctantly accepted the Wine Monopoly, but conditioned their support on that the levels of import would continue. They were also concerned with the reduction in the private import which had been hampered by the gradual removal of the wine agents. The import of wine to Norway would either go through the Wine Monopoly or directly between producer and consumer, because the Government wanted a reduction in profit motivated trade. Conclusively, the Wine Monopoly was the end of the *laissez faire* trade of alcohol in Norway. The Norwegian Government had to maneuver a climate of conflicting interest groups and a foreign economical consideration. The arbitrary separation of certain alcoholic beverages that categorised the puritanical Protestant transnational sphere was a perception undermined by the integration of the European alcohol trade.<sup>134</sup>

The process of the Wine Monopoly becoming fully state run was also a gradual process due to internal disputes because of the consolidation process between the politically motivated board members and the private investors from the Wine-industry. The Wine Monopoly remained a half privately-owned company which resulted in various conflicting motivations. The Wine-industry were more interested in keeping their wine culture internal and used the Wine Monopoly as a guarantee for quality. Meanwhile politically motivated individuals wanted to promote wine as the primary and moderate drink toward a broader layer of society.<sup>135</sup> Throughout the 1930s the Government had gradually bought out the private investors and in June 1939 the National Assembly decided to fully buy out the last investors. Thus, 1938 marks the year that the wine cooperative stores were fully internalised into the monopoly. This was the final nail in the coffin for private economic motivations.<sup>136</sup>

The Wine Monopoly embraced an equilibrium between economic considerations, promotion of alcohol, and responsibility facing misuse of alcohol. To illustrate, the Sobriety Act of 1932 introduced the Wine Monopoly as economic providers of the anti-alcoholics measures launched by the Government, as 20 % of the profits went to the funding of Ørje and Hovelsåsen. In fact the monopolisation of alcohol gave the Government more economic means to combat the excessive drinking in society, as they budgeted 50 million kr to the

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<sup>134</sup> Sverdrup, *Et statsmonopol blir til*, 192-194.

<sup>135</sup> Hamran and Myrvang, *Fiin Gammel*, 70-71.

<sup>136</sup> Hamran and Myrvang, *Fiin Gammel*, 91

treasury due to duties and taxes in 1934-1935. The Government achieved two outcomes with one single set of actions: By funding temperance organisations the state supported measures against alcoholism and saved potential funding to treatment. They also made the Temperance Movement financially dependent on the Government as a result of the economic success of the Wine Monopoly.<sup>137</sup> The social control applied by the Wine Monopoly was in turn exercised because of the tacit acceptance that it manifest political power to improve the health and life of its citizens. For instance, in 1929 a regulation was added that gave various other institutions a duty to report to the Wine Monopoly about “misusers” of alcohol. Institutions such as the police, the Church’s service for the poor, the Guardianship Council for the legally incapacitated, and the Sobriety Boards reported the perceived “deviant” individual, so the Wine Monopoly could blacklist these individuals from buying wine and liquor again.<sup>138</sup>

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<sup>137</sup> Schrumpf, *Berus Eder!*, 184-186.

<sup>138</sup> Hamran and Myrvang, *Fiin Gammel*, 66.

## Conclusion

I have shown throughout this thesis that the perception of alcohol and alcohol consumption has differed throughout the different social layers during the partial Prohibition in Norway, 1916-1927. I have emphasised on the partial Prohibition as Norwegian embraced beer and wine, but remained sceptical towards the distilled spirits, due to an internalised puritanical protestantism that gained precedence in both North America and the Nordic nation-states.<sup>139</sup> These nation-states had similar experiences but were broken down into two positions; the call for total abstinence and a moderate alcohol consumption. Norway chose the latter and stood out comparatively with their partial Prohibition. Streamlining of society in regards to the alcohol policy meant the combination of normative consensus as well as the acceptance of social control through modern Biopolitics. In other words, the effort to stabilise the social order and face the moral anxiety, due to industrial capitalism led to a growing proletariat and the rapid urbanisation. The strategy of outlawing certain distilled spirits evolved into a Governmentality process where Governments no longer sought to govern through force, but used the pretense for social control towards consumption of alcohol. To reorder the society, there was a pretense of willingfull participation and acceptance of social control and Biopolitics. This can be seen in the progressive policies during the 1930s that sought to improve and regulate the population. It became the norms that the Governments politicised human biology in pursuit of progress, prosperity and well-being.

Streamlining of the alcohol policy happened in a twofold. Firstly, through Biopolitics, the Government gained a tool to regulate the human body, due to their reciprocal relationship with institutions with medical expertise, such as doctors and psychiatrists. Due to the juxtaposed social construct and pathological diagnosis of alcoholism, the medical study and treatment trying to cure this “disease”, elevated the influence of doctors in Norway, and they became the link between science and society. However, in terms of diagnostics, the medical experts remained at discord with each other. There was an ambivalence as to what was the cause of alcoholism, as a majority emphasised the biological conditions, meanwhile a minority underscored the social conditions. Political strategy, post-Prohibition, was reorganised by the Department of Social Affairs, who established a Committee on Sobriety

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<sup>139</sup> Schivelbusch, *Tastes of Paradise*, 164.

that was given a mandate to reshape the alcohol policy. The Committee on Sobriety gained the power over the definition upon what ought to be seen as a moderate level of consumption through the establishment of municipality Sobriety Boards. Sobriety Boards would initially be encouraging and supporting of the alcoholic, but with the intended power of forcefully sending addicts to a treatment facility. The treatment facilities separated between patients that willingly entered treatment and those unable to do so “because of their enslavement to alcohol.”<sup>140</sup> The other close facility was named “Bottenanstalt”, translated to english “*the bottom institution.*”

Secondly, the peculiarity we know as the Wine Monopoly, whose influentiaity grew to the level that the present Norwegian have such an internalised esteem for. This is due to the streamlining process that happened in the interwar period, where The Wine Monopoly became gradually an effective state-capitalist system. This internalised all the former national industries, their labour, their knowledge, facilities and expertise. Primarily through take over of three industries; the wine cooperative stores, the distilleries, and the wine agents. This meant that the Wine Monopoly could extend their social control to regulate the consumption habits directly through supply. Their pragmatism also helped reshape Norway away from the puritainical protestantism, because it had to maneuver a climate of conflicting interest groups, both interests internally and foreign economical consideration that promoted free trade externally. During the partial Prohibition up to the legalisation of fortified wine in 1923, discrimination of fortified wine was due to a puritainical perception of protestantism.<sup>141</sup>

Nationally, due to the streamlining of a moderate perception of alcohol, the Wine Monopoly could dictate where they wanted to locate their shops, as well as who to sell to. For instance, if the politicians wished to remove the availability of alcohol from the working-class, they could easily establish shops away from the proximity of the working-class’ living quarters. Other forms of social control was blacklisting an alcoholic from obtaining legal alcohol. Various other institutions had a duty to report to the Wine Monopoly if an alcoholic tried buying liquor already intoxicated. If we put this into the examples of Foucauldian theory where specialised institutions in modern society had more than one function. Following this,

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<sup>140</sup> Hamran, *You Take a Sick Man and Put Him in Hospital*, 80.

<sup>141</sup> Sverdrup, *Et statsmonopol blir til*, 192-194.

the Wine Monopoly was not strictly meant to sell wine and distilled spirits to the population. but also educate, cultivate and regulate society.





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