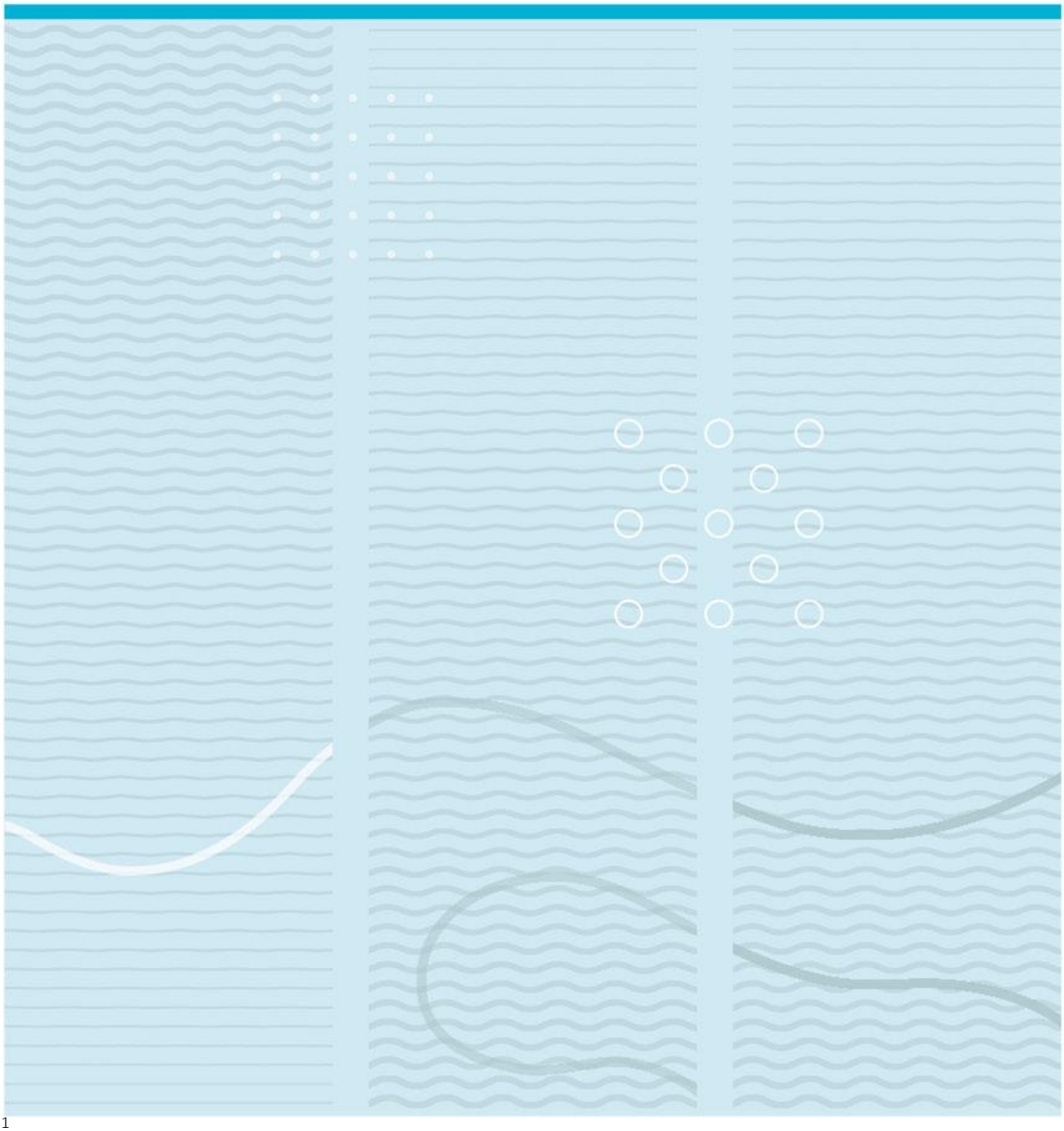
University of South-Eastern Norway
Faculty of Health and social science
Words:2496
Master's Thesis
Study programme: MSH-OPP4400-1 21H
Autumn 2021

105349

LAR- Rehabilitation or stagnation?

Comprehensive summary



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This thesis is worth 45 study points

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Summary

The drug policy in Norway is complex, as all over the world. There is so many factors involved. Determinants, cultural and society aspects, municipalities, politicians, policy- making, environment, and at least individual humans.
This article has investigated the drug policy in Norway with an WPR approach, in the period from 2000-2020.
National policies have been analysed with a critical post- structural perspective.
The outcome in this study is that there is a research gap in the Norwegian policy, as far the author knows, there is not research or studies utilized the WPR approach. The study analyses and discuss the stigma, language and articulation of the (problems) patients in LAR, the study search in the describing of the patients in LAR, the justification of how the legitimized interventions method has become the major rehabilitation for persons with a substance use disorder.

1 Introduction

In the last two decades, policy and society assume to be transforming rapidly while the opioid epidemic topic is a global increasing issue. According to the WHO there were an estimate 27 million people who was harmed from opioid use disorder in 2016 (Organization 2018). Most of the persons with the diagnose substance use disorder, used illicitly cultivated and manufactured heroin. The new trend also shows an increasing dependency of prescription opioids too. This confirms an explosive and increasing trend of opioid dependency worldwide, which is a global problem all over the world, including Norway (Organization 2018). Millions of people are affected and harmed by the epidemic and increasing dependency of opioids (Health, Abuse et al. 2009).In Norway, as the rest of the world, the subsequent harmful effects to individual and the society is a national political and societal concern (Hansen, Tofteng et al. 2018).Thus, this concern is also represented and highlighted in the guidelines from WHO (Health, Abuse et al. 2009). Health promotion is implemented in the Norwegian policy of the interventions of drug assisted rehabilitation. The drug assisted rehabilitation is abbreviated to LAR(Helsedirektoratet 2018).The implementation of health promotion assumes to be the key effort in development of drug policy's, but at the same time factors such as, reducing harm and crime, prevent infections of HIV and cost efficiency is highly priorities(Lobmaier, Skeie et al. 2020). The approach in the policy is clear, the main goal for the rehabilitation program LAR is to enable persons with a substance use disorder to achieve good health and experience empowerment. The focus areas in the report from the SERAF report is number of overdoses, reducing harm and crime and decreasing infections. So, the policy has a dual goal, but the surveys and studies finding shows that there is a lack of focus on the mental health. It can in many ways, assume that health promotion is in the shadow of the priorities.

to be the shadow. This study discuss and analysis the major policy document with a post-constructivism analyse approach " What's the problem represented to be" (WPR) (Bacchi 2009). The analysis has used the first 3 questions of the approach, and is presented with examples in the main analyse. Shortly explained are the 3 first questions explained: 1.) How is the target group presented in the guides? 2) How and with what concrete arguments is LAR legitimized in the guidelines? 3) How is LAR produced as an intervention? It seems that these important factors depend on the policy and guidelines that are grounded with a health promotion perspective (Helsedirektoratet 2018).

During the course of this study, the research questions have been formed by using this WPR approach. The following research questions have been performed: How is the target group of persons with substance use disorder described in the LAR policy documents from the period

between 2000-2020? What types of arguments are presented to justify the use of LAR and adjacent tools for interventions towards drug user in Norway throughout the period 2000-2020? How do LAR policy papers present technically and methodically present LAR and how this intervention will remedy or change the target group's problems for the better?
By utilize this approach the study has been investigated the major Norwegian drug policy, guidelines, laws, reports and relevant studies. The journal that was the most suitable for this study, was "Elsevier - International Journal of Drug Policy".

1.1 The framework of documents and research

The documents that have been used in this study is the major drug policies in the period of 2000-2020. This period addresses the language, terms and the stigma in the policy of 2 decades. According to the development in the document, the paradigm changes in 2004, when the patients in LAR was enforced the same rights, as patients in general, the assumptions was that the policy were taking another direction(Helsedepartementet 2004). Patients in LAR were enrolled in the TSB, and the health care system was implemented with health promotion important factors, such as: quality of life, empowerment, equity, individual plan (IP) with progress and individual progress of the rehabilitation.
This study has studied, research global and in Norway. And investigated in the Norwegian policy, how the policy implements health promotion and how the language in the policy is articulated. The policy and laws in Norway, are still in the year 2020 using language and denotes persons with a substance use disorders with words filed with stigma. A top down govern language are used, and this study has been given many examples and found Foucault inspired(Johansen, Vandenbroeck et al. 2021).
The complexity in the health care system and often in the in the psychiatric field, persons with a substance use disorder are meeting challenges to get the necessary treatment or rehabilitation. The Danish welfare sociologic analysis of the welfare system in Denmark, inspired with the WPR approach are discussing the language and stigma of the psychiatric policy in Denmark(Oute and Johansen 2021). In many ways, there is many similarities in these two policies and fields. The reform in Demark had a lot of promises and health promotion implementation, but it seems that the priority is to stabilise the "problems". The policy of LAR has also implemented health promotion, but in this investigation of this study, LAR is lacking in health promotion. The report from ProLAR, shows that there is only 20 % of persons in LAR that has an IP(Bjørnestad, Vestergaard et

al.). This is also confirm in the SERAF report 2020, and the reason was due either to the patient not wanting, or to the lack of resources at the rehabilitation site(Lobmaier, Skeie et al. 2020).

1.2 The facilitated terms and concepts

Drug addicts and drug addiction is defined as a term with stigma for people with a substance use disorder. Drug user is denoted with stigma, (Botticelli 2017).In Washington DC, the department of National drug control policy, American Psychology association(APA,)the office of national drug control policy, replaced the term to persons with a substance use disorder. The document is defying the term drug users as people with a substance use disorders. The Norwegian drug policy and guidelines are also referring to this definition (Helsedirektoratet 2012).
The rehabilitation for people with a substance use disorder is often denoted as drug rehabilitation. This field is broad, and the term drug rehabilitation is a common understanding from a society perspective, with also a underlying stigma. LAR patients meets lack of knowledge and competence in many different actor and health services. The article from the emergency room, of the nurses treating patients in LAR in acute pain, confirms that LAR patients are experiences unknowledge and stigma(Leonardsen, Kaurin et al. 2021). The Norwegian welfare system has implemented rehabilitation of substance use rehabilitation, like all other matter of health care. The structure of the welfare system is built from laws and policies with patients' rights and rehabilitation rights. TSB is the specialized field for rehabilitation of substance use disorder, with policies, guidelines and specific laws as a backdrop for the discipline and practice in TSB(Helsedepartementet 2004). The LAR law has specific regulations and qualifications for the persons and this rehabilitation(2009). Reducing damage harms of substance use and prevent death causes of overdoses is the purpose of this law. The law has also strict and clear terms for substitute rehabilitation, and it can seem like persons in this program can experience to be monitored, loose empowerment, incapacitate and it is depending on the municipality system. This can also have an impact of social-economic differences because there are private actors in the health care services in Norway, included in the rehabilitation of substance use disorder. Patients right such as free choice of rehabilitation place, empowerment, insight, participation, individual rehabilitation, follow-up and rehabilitation package rehabilitation are important factors for the target group in LAR. At the moment LAR is under discussion and a new drug reform is proposed. Stigma, individual rehabilitation, personal development is highlighted and up for discussion and progress.

2 Account of methods used-further account of methodological and analytical limitations (including discussion of validity and reliability

The included document in this study is the drug reform from 2004, patient rights and the changes into the Special Health Services Act, regulations on drug-assisted rehabilitation, law on drug-assisted rehabilitation, national guidelines for drug-assisted rehabilitation in opioid addiction and published public relevant papers from organizations. The chosen timeline for the documents is the period from 2000-2020.

It has been seeking in meaning in within the policy, not in the head of the different involved actors. The first question in the WPR approach is:

1) How is the target group presented in the policy, so how was the patient (problem) represented in the policy? The patients are represented as problems, in a articulated language with stigmatization. Terms used in the policies are users, chaotic multi- users, ill, seriously ill, trouble, disable and infected(Skeie 2014). All these terms are shown in the document from the period 2000-2020. The top-down hierarchy, Foucault inspired seems to exist as the rehabilitation has a strict and rigid policy. Patients confirming this in ProLAR survey(Bjørnestad, Vestergaard et al.).

2) How and with what concrete arguments is LAR legitimized in the policy? In this question the result of the analysis shows that this is well argued, debated and researched that the decreasing number of overdoses and infections, reduced crime and harm?

3) How is LAR presented as an intervention and justified as a legitimate method? LAR is represented as the most successfully rehabilitation of substance use disorder. LAR is described with a positive focus, pointing at the cost-efficiency, lower number of overdoses, reduced harm and crime. The author has been critically interrogated the unexamined ways of thinking, inspired by Foucault.

3 Summary presentation of the study results

The result of this study is that there is a lack in the Norwegian drug policy. There is not, what the author is aware of, conducted a study, which has analysed the language, the stigma, from a health-promoting perspective in Norway. All the studies the author found, was focusing on big data. Number of overdoses, statistics of reduced harm, damage and crime. This variables is a common knowledge, well debated and a discussed policy topic(Lobmaier, Skeie et al. 2020).
The research gap is that there is a lack of research and studies with an WPR approach, of the drug policy in Norway. The policy, laws and guidelines in National level have implemented health promotion(Helsedirektoratet 2018). Unfortunately, the important variables; quality of life, the language in policy, empowerment, the justifications of the rehabilitation method, the legitimizing of the LAR rehabilitation, accrues not to be a priority in the debate, discussion or research, in the field of the policy of substance use rehabilitation. The reports, studies and surveys confirm that it is a lack of health promotion in practice. Around 1000 of 6000 patients in 2014 who was experiencing quality of life, permanent housing, working, social network and activities(Bjørnestad, Vestergaard et al.).

4 Discussion

The study includes and investigates the language of the politics, how the patient group is discussed, perceived and described with a post-structural inspired perspective. Even tough, the policy is crystal-clear. The LAR policy and law has implemented health promotion(Helsedepartementet 2004). The goal is dual, health promotion in the one hand and reducing overdoses under strict, monitored with a rigid strategy in the other hand. The intention of the LAR rehabilitation was to reduce the infections in the 1960-1970, it was a pilot project, with a strict enrollment(Authority 2019). The result was positive, and the number of infections decreased, but at the same time the enrollment in LAR increased. The project turned to be a national rehabilitation, and the enrollment have now been legitimized and justified that the accountable doctor or LAR actor can, under special circumstances, enroll young people with multi-substance use. The law has no age limit, or a time limit. It can in practice be a lifelong medical rehabilitation. So, in the worst case, it could mean that young people, are enrolled in LAR, for lifetime. This is under a govern monitoring, often loneliness, no empowerment and no individual follow-up (IP). This is justified in the policy by the fact that the overdoses have decreased, there are lower social costs, less crime and damage.
At the same time, it can be discussed whether the young patient receives good individual treatment. A follow-up plan and downsizing plan, then LAR can be a health-promoting rehabilitation.
During the study, it was necessary to include studies with Foucault inspiration, as most documents contain the stigma and treatment method of the patient group in LAR can be perceived as a rigid, narrow, monitored system, reminiscent of a prison system. This study empirically, the analysis focuses on laws, framework agreements, reports and reforms, published by national public authorities involved in LAR, drug rehabilitation in the period 2000-2020. The article from the nurse's trade magazine from the emergency room is one good example, because it is one of many instances LAR patients meets stigma and it's a lack of competence, this is one of many disciplines the patients in LAR is connected to in the welfare system. The study of comparing the alcohol law in the 19 centuries, to the Portugal model is a good example of the paradigm change(Johansen, Vandenbroeck et al. 2021). On the one hand, strict policy and laws, with fees and sanctions are effective, but in the other hand empowerment, equity and quality of life is also factor for success in enforcement of policies.
The study contains political contributions from interest groups, studies conducted in institutions where LAR patients are involved, the drug reform that came into force in 2004, which is now being debated, for possible a paradigm change for the drug policy in general. This new drug reform was

not approved in the spring of 2021 in the government. SERAF works on behalf of the health authorities and is responsible for preparing a report every year. The debate of the paradigm change is well argued in the government, but there is a enormous turn in the health and justice sector, that needs to be considered. In the new drug reform, the focus areas are health promotion and specially stigma, of young persons. But if the paradigm change will be a reality, will the language and articulation in the policy change? The drug reform from 2004 gave the patients in LAR new patients right, but still today, the policy is filed with stigma. In the policy patients in LAR are denoted with negative articulations and language. The policy denotes patients in LAR as them, a group outside the rest of the society. Is it time for a paradigm change in the drug policy? Will the health care sector have all the capacity, when the justice sector is turning over to the healthcare sector?

The policy, debate and discussion are complex. But the policy needs to be investigated and it is time for a change of the articulation and language.

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LAR- Rehabilitation or stagnation?

Key words: quality of life, empowerment, opioid dependency, LAR, intervention, health promotion, drug policy

Stikkord: livskvalitet, empowerment, opioidavhengighet, LAR, intervensjon, helsefremming, ruspolitikk

Summary

Opioid dependency is a global problem, there is an increasing trend of opioid dependency in Norway as well. This study has invented Norwegian drug policy, with an inspired "What's the problem represented to be? (WPR) approach - a post structural analysis. The timeline in the analyse documents is the period from 2000-2020. The research gap in this study is that, by far the know any research or studies with the WPR approach, it seems to be a lack of research and studies in this is area. This study discusses and analyses the language, articles, and stigma of Norwegian politics, using the WPR approach.

Summary

Opioidavhengighet er et globalt problem, vi ser stadig en økende trend av opioidavhengighet i Norge også. Denne studien har forsket i norsk narkotikapolitikk, med inspirasjon av "What's the problem represented to be? (WPR)-tilnærming - en poststrukturell analyse metode. Tidslinjen i de analyserte dokumentene er perioden fra 2000-2020. Forskningsgapet i denne studien, det forfatteren har kjennskap til, er at det ikke er utført studier i Norge med WPR-tilnærmingen, det ser det ut til å være forskning hull i dette området. Denne studien diskuterer og analyserer språket, artikulasjonen og stigmaet til norsk rus politikk, ved å benytte WPR-tilnærmingen.

1. Introduction

This Bacchi-informed (2009) 'What is the problem represented to be' (WPR) analysis considers how medically assisted rehabilitation is presented as a meaningful and useful tool to remedy or fix persons with a substance use disorder (problems) in Norwegian drug policy in the last two decades. In Norwegian the term medically, assisted rehabilitation is defined by the Norwegian government as 'Legemiddel Assistert Rehabilitering' (LAR) (Helsedirek- toratet 2018).

LAR is considered a form of rehabilitation for people with substance use disorders that is based on opioid-containing drugs (substitution rehabilitation) of opioid addition (addictions on heroin, morphine, etc.). The rehabilitation LAR is one of many different rehabilitation methods of substitution use in Norway, but LAR is the major public rehabilitation in Norway and the number of the persons in LAR is increasing every year. Thus, LAR is considered the key to health promotion in the rehabilitation in Norwegian drug policy as well as in public rehabilitation programs for persons with a substance use disorders (Helsedirektoratet 2018). A LAR project was piloted in in the late 1960 and early 1970 for persons with high risks of overdoses and prevent death, infect HIV and reduce crime. LAR has been implemented in the policies and guidelines in Norway over the approximately 25 years and it was implemented on a national level from 1998, and it can be seen as a result of the project Methadone rehabilitation of HIV-positive drug addicts with advanced immunodeficiency and the Methadone project in Oslo in the 1960s and 1970s (Norge 2010).

From 2002, LAR was however not the sole form of intervention as buprenorphine was also used nationally, and LAR was no longer remained as a pilot project, but one of several forms of substance use rehabilitations in Norway. Although they all tend to assume to reduce harms, declining HIV and liver infections, less violence and lower numbers of crime. Yet, the group of substance users who are commonly considered the target of LAR interventions is known to experience complex challenges in terms of often having many different unmet needs and require services and interventions from employment-, mental health- and drug treatment services at the same time (Authority 2019). It is also well-known that persons with a substance use disorder often feel powerless and disenfranchised and that those experiences are linked with requiring services from several and often uncoordinated welfare services at the same time (Ness, Borg et al. 2014). However, studies also suggest that users with co- occurring mental health and drug problems experience that their health can promoted and that their rehabilitation is facilitated by both personal motivation, medical treatment (such as substitution treatment), relational support and well-timed and integrated services.

Hence, the gap between the current knowledge about the experiences and users and the past predictions of the positive effects of LAR poses several questions. It raises questions about how LAR can improve or minimize the quality of life, and how LAR might facilitate or inhibit a sense of empowerment for people with a substance use disorders in the rehabilitation? Additionally, recent reports from a Norwegian user organization have highlighted the significance of this knowledge gap by pointing out that stigmatizing understandings of persons with substances use disorder have been pivotal in past political forecasts as well as recent debates pertaining to the long-awaited and up-coming drug reform in Norway (RIO 2020).

In this paper, the research issue is that the Norwegian drug policy LAR has been introduced, implemented and maintained as the major form of rehabilitation to persons with substance use disorders because it is forecasted to improve cost-efficiency, reduce harm and crime, and prevent overdose caused death (ODs) but without considering how it promotes health and facilitates recovery, wellbeing and empowerment. Recent developments and de- bates of the up-coming drug reform in Norway call for a more in-depth consideration of how the major Norwegian drug policy of the rehabilitation LAR has developed in the period from 2000-2020. This paper contributes by elucidating this apparent knowledge gap by systemically investigating the current political outlook on opioid using persons with a substance use disorders, how they should be dealt with, and how LAR policies are actually legitimized in Norwegian policies in the last two decades.

2. Background

The timeline from the period 2000-2020, LAR shows an increasing trend in all the studies and reports. From a health promotion perspective in these studies and reports, the findings there is a lack of quality of life, individual treatment and empowerment (Bjørnestad, Vester- gaard et al.) Below the author will introduce the scope of research pertaining to the research issue with a view to demonstrate how this paper resembles and contributes to covering the knowledge gap.

2.1. Reports and evaluations

Since the pilot project in 1960-1970, there have been conducted status reports of LAR on an assignment of the health government in Norway. The first two year of the project, the Directorate of Health was conducting the reports, the next period it was the Centre for addiction Research, SKRs. In 2006, SERAF took over this assignment and are today responsible of conducting the

status reports every year. The status reports document for each patient who is included in or has been in LAR in the reporting year, information divided into 3 categories: 1) Current situation in the rehabilitation, 2) the patient's function and rehabilitation situation last 4 weeks, and 3) the patient's situation last year (fakultet 02.10.2014). In the latest report from SERAF the numbers of patients have increased (Lob- maier, Skeie et al. 2020). In 2012, the number of patients stagnated, while further it has increased and the last period in 2020, the graph shows the highest number of patients in the LAR rehabilitation ever. The report contains an overview with a graph with number of patients in LAR from the period 1998-2020. The inclusion in the graph is patients in LAR rehabilitation, the patients that starts the rehabilitation and the patients that ends the rehabilitation, these inclusions form the basis for the estimate, capacity and circulation national and in the individual LAR interventions. The numbers are separated in different graphic areas in Norway, and the data is collected from the involved institutions and health register. The area with the major weight of patients with persons in rehabilitation is in the east area. The graph draws also a line of patients national. The report shows that the individual plan, IP for the rehabilitation progress that is implemented in the guidelines and policy of LAR, have a descending trend. The report seems to have lack of information, and the numbers general in the LAR rehabilitation in Norway shows that around 80 % do not have an individual plan for the rehabilitation. The report informs that this lack can causes because the patient does not want an individual plan, or that there is a lack of initiative in the area of the rehabilitation LAR (Lobmaier, Skeie et al. 2020). The lack of initiative can assume that the cost-efficiency of the individual municipality don't priorities the individual rehabilitation.

2.2. Qualitative studies of patients from LAR

The national federation proLAR is a national organisation, of and for LAR patients. In 2014 a survey was conducted by proLAR, based on a Swedish study from 2012(Bjørnestad, Vestergaard et al.). This survey was focusing on quality of life, mental and physical health and empowerment. This survey was conducted by a group of voluntaries and one professional were invited to the group, to guide the production of the questionary. This study was a national project, and all different actors such as health care sector, LAR doctors all the involved disciplines was invited to bring and convey the questionary to all the LAR patients national. It was around 6000 persons in LAR in 2014, but the group reached only 1032 LAR patients. According to the researcher group the challenge was to reach the patients, because some patients do not have mail access, temporary housing, homeless or they

are moving often. The patients who answered the questionary is assumed as well functioned patients with permanent residence and some also was in education or work. The red tread in the survey is that many of the patients are experiencing monitoring, loneliness and exclusion of the society, and that the individual rehabilitation is lacking and that the patients are experiencing stigmatization from the welfare system and society. This survey is one of not many studies with the focus of this variables. The majority of the studies contain number of reducing harm and crime, infections and overdoses.

2.3. Randomized controlled trials

In a systematic review published in 2020, conducted by FHI, National Institute of Public Health in Norway, the purpose was to update the knowledge base for the effect of LAR com- pared to non-medical rehabilitation (S, M et al.). There were no recent, relevant systematic reviews or randomized controlled trials, RCT in this field. Inclusion criteria in this review was that the patients should be diagnosed with opioid dependence. The outcomes should be retention, opioid use, mortality, quality of life and / or side effects / adverse events. The timeline in the search was from 2014 or later. This systematic review found no new relevant systematic reviews or randomized controlled trials. This shows that there is a lack of research in the LAR rehabilitation field, in general.

2.4. Foucault studies

The global discussion about punishing or help in the public sectors, is also a topic that is significant for the LAR policy. A good example is the study that comparing the alcohol and drug policy of two different centuries (Johansen, Vandenbroeck et al. 2021). The study draws on archaeological, Foucauldian and genealogical approach in order to under- stand and compare governance logics of the 19th century of the Norwegian sobriety boards, and 21st century of the Portuguese commissions. This article problematizes contemporary drug policy reform discussions that point to the "Portuguese model", which aims to stop punishing and start helping drug-dependent, people, who are problematized. This approach can also be compared with the policy of LAR. With a Foucault perspective of the policy of LAR, according to studies and reports, patients in LAR are experiencing monitoring, un-empowerment and a lack of individual rehabilitation. The patients that responded the surveys from proLAR are clearly conveying that the LAR policy are govern with monitoring, incapacitation, loneliness, excluded from the society such as work, social activities,

studies, and social network. The LAR policy is governed with a top-down perspective, even though the LAR policy and laws have implemented that this should be a health promotion, individual and empowered rehabilitation. A Foucault inspired study have used Bacchi's (Bacchi 2009) "What the problem represented to be" (WPR) approach to policy analysis in the drug and mental health field. This study is a welfare sociologic analysis of the psychiatric welfare policy in Denmark (Oute and Johansen 2021). This is a relevant study, because it is discussing the stigma, language in the policy, problematization of the subjects, with a critical approach of the policy by using the WPR approach to analyse the Danish psychiatric policy. Different monitoring and analyse methods are today used. In Australia a wastewater drug monitoring program are used, the government can with this method measure the geographic use of drugs in the urine content of the water drain (Lancaster, Ritter et al. 2019). This method, in no way embraces empowerment or consent, and it can be seen as a govern method using monitoring among a group of people in geographical areas where socio-economically low status and drugs are ingested is assumed. The justifications of this method in this case are cost-effective societal saving.

2.5. Qualitative study by professional's experiences with LAR

The complexity in LAR includes many different institutes and actors. The competence and knowledge seem to be a lack in different public fields. The emergency room is one example of many public actors who are involved daily with patients in LAR. A study with the experience from nurses is confirming that there is a lack of knowledge and competence. The nurses in the emergency rooms are insecure of the pain treatment of LAR patients (Leonardsen, Kaurin et al. 2021). The preconception in this study was that nurses in the emergency department had a negative attitude towards pain treatment for patients in LAR. At the same time, the nurses had a deficient of knowledge about how patients in LAR should optimally be treated in acute pain. This study underlines the lack of knowledge and competence in the welfare system and the complexity of the rehabilitation for patients in LAR. Patients in LAR are in the emergency room like everyone, as many other public instance LAR patients are stigmatized and referred to as a problematized group.

3. Knowledge gap

Several quantitative or survey studies have measured rates, and links between LAR and overdoses, its effects of harm reduction and crime-rates. Foucault-inspired research and qualitative

studies on political outlooks on persons with a substance use disorder and professionals experience of providing research, have presented important insights into different aspect of medically assisted rehabilitation.

Bacchi's (2009) approach has previously been applied on policy analysis, both within alcohol and drug studies (Lancaster, Ritter et al. 2019, Bjerge, Christensen et al. 2020, Duke 2020, Houborg, Bjerge et al. 2020) and in critical mental health research (Bacchi 2009, McPherson and Oute 2020, Oute and Johansen 2021). As far as the author knows, no previous Norwegian study has investigated the representations of how LAR interventions either alone or in combination with other interventions align with certain views of drug users in Norway and how the interventions are justified. In looking to better understand background and policy context leading up to the up-coming reform of Norwegian drug policy pertaining to LAR interventions, this paper used Bacchi's WPR approach to further our current knowledge the political developments in this field in the last two decades.

4. WPR: Analytical perspective

What's the problem represented to be (WPR) approach is a social constructionist and welfare sociological approach to analysing policy (Bacchi, 2009). This Foucault-inspired approach is used in bureaucratic research and in disciplines such as political science, medical sociology, public health and welfare anthropology. This approach is particularly useful to elucidate how welfare-political problem representations (i.e., how things are understood and communicated), solutions, methods and justifications are articulated in policy. A policy can, in this case, be seen as a proposed method, tactic or strategy that not only reflects a certain outlook on how social order in the society should be regulated, but policies also attempt to depict particular understandings of relations between the state and the individual. A general understanding of a policy's target group, the subject, will at the same time reduce the complexity of the issue and make the case for a general recommending for how and why the target group's problems should be dealt with in particular ways (in this case LAR). This is not only done by presenting the problems the policy's subject in certain ways, but it also justifies its recommendations for practice, preferred tools and interventions by referring to for example statistics, research or policy. In following Bacchi's outline (2009), the WPR approach takes the point of view that welfare policies have an intern logic and makes claims about the existence of a clear-cut existing problem in the field while also making promises to remedy or entirely resolve the

problems, it claims to address. Resembling discourse analysis, the analytical object in WPR analyses is how a given policy represent a coherent welfare-rational or logic is articulated. Such analysis focuses on how the welfare rationale is constituted by, at least, three elements: 1) A portrayal of a problematic political subject (i.e., target group), 2) certain arguments that legitimize/justify the need for intervention towards the problematic subject, and 3) presentations of ways and interventions that promise to fix the problematic subject. This paper will use this approach to analyse how the political rationale of the Norwegian LAR policy is presented and how it justifies the need to introduce LAR as the best method or most suitable approach to fixing problems for persons with a substance use disorders in Norway.

5. Aim and research questions

The aim of this paper is twofold. First, it analyses how the representations of the political development in policies pertaining to LAR in Norwegian drug policy throughout the last two decades. Second, it discusses how this overarching policy addresses health promotion and rehabilitation, stigma, social costs, quality of life and empowerment of persons with a substance use disorder. To arrive at these objectives, the following research questions have been developed:

How is the target group of persons with substance use disorder described in the LAR policy documents from the period between 2000-2020?

What types of arguments are presented to justify the use of LAR and adjacent tools for interventions towards drug user in Norway throughout the period 2000-2020?

How do LAR policy papers present technically and methodically present LAR and how this intervention will remedy or change the target group's problems for the better?

6. Methods

In following the research issue, this WPR study is focusing on gathering Norwegian drug policies of LAR. It will be seen as the empirical material of the analysis of the political development of LAR interventions in Norway between the period from 2000 to 2020. In this study, the included policies consist of current legislation and policy papers that can be used to study how the policy maintains the patient group LAR's physical and mental health.

6.1. Inclusion criteria

The criteria for the selection of policy texts were: National policy with a timeline from 2000-2020, publishers, laws, legislation and guides. The included documents in this study are the drug reform from 2004, patient rights and the changes into the special health ser- vices, acts, regulations on drug-assisted rehabilitation, law on drug-assisted rehabilitation, national guidelines for drug-assisted rehabilitation in opioid addiction. The key words in these documents are quality of life, individual plan/ progression, empowerment and social status.

Table 1: 1. Presentation of problem 2. The guidelines' descriptions

3. The way of communicating and how LAR is a legitimate intervention

Title	**Sender**	**Year**
1.Presentation of problem		
LAR i rusreformenes tid	Senter for rus- og avhengighetsforskning (SERAF)	2018
Unge med blandingsmisbruk. Hvem bør få tilbud gjennom LAR og hvorledes bør vi behandle dem?	10. Nasjonale LAR-konferanse	2014
Najonal årlig status rapport for LAR	Det medisinske fakultet for rusforskning	2014
Rusreformen- pasientrettigheter og endringer i spesialhelsetjenesten	Helsedepartementet	2004

Lov om spesialisthelsetjenesten m.m. (spesialisthelsetjenesteloven)	Lovdata	2001 (revised)
Rusreformen – pasientrettigheter og endringer i spesialhelse-tjenesteloven	DET KONGLIGE HELSEPARLAMENT	2004
Nasjonale retningslinjer for legemiddelassistert rehabilitering ved opioidavhengighet	Helsedirektoratet	2010
2.The guidelines' descriptions		
LAR 20 år- Hva er status?	ROP	2018
Legemiddelassistert Rehabilitering (LAR)	Helsedirektoratet	2018
3. The way of communicating and how LAR is a legitimate intervention		
Endringer i helse- og omsorgtjenesteloven og straffeloven m.m (rusreform- opphevelse av straffansvar m.m.?	STORTINGET	Innst. 612 L (2020-2021), Lovvedtak 148 (2020-2021)
Effekter av legemiddelassistert rehabilitering sammenlignet med ikke-medikamentell behandling av opioidavhengighet: En systematisk oversikt	Folkehelse instituttet	2020
Forskrift om legemiddelassistert rehabilitering (LAR-forskriften)	Lovdata	2009

6.2. Exclusion criteria

The criteria's that have been excluded is the municipal policies, professional, guidelines published by professional associations and networks and NGOs. The exclusion in this study is big data with number of deaths, crime and overdoses. The author's aim was to investigate the policy with a health promotion perspective, not to investigate big data contained criteria such as preventing overdoses and infection, reduce harm and crime. This exclusion is grounded because this is common knowledge of the LAR policy, and well documented and debated. Therefor the author has chosen to exclude big data with the mentioned variables above, instead the author aims to analyse the language, stigma in the Norwegian drug policy, specific LAR with a health promotion and public health perspective.

6.3. Coding strategy

The coding was carried out through sorting of national policy documents that specifically concern the rehabilitation of LAR. The author has coded the data and sorted the data into 3 parts, focusing on these areas: 1. Presentation of problem 2. The guidelines' descriptions
3. The way of communicating and how LAR is a legitimate intervention. The data were placed in the transparent table above.

7. Analysis

In following Bacchi's approach (2009) and to consider the research questions, the analysis of the LAR policy's target group, its ways of justifying the policy and its preferred tool for interventions are displayed in that order. This method is demonstrating the value of rethinking policy development, through a post structural lens and showing a different way of thinking of commonly accepted categories and governing practices. The analyse has used the 3 first question in the WPR method.

7.1. The representation of the target group in LAR policy

" What's the problem represented to be in the (LAR) policy?"

In this study the problem is substance use disorder, patients in LAR who have a depen- dency of

morphine or other opioids. This first step analyses the identifying of the problem. The patients are represented as ill, sick, chaotic, users, addicts troubled, problem group. A good example is in the latest SERAF report, in one of the graphs, patients in LAR are de- scribed: “To a greater extent as the most seriously ill retained in LAR treatment” (Lobmaier, Skeie et al. 2020). Patient in LAR are referred with the term them, the patient group are excluded from the society and stigmatised in an own group, outside of the society. Pa- tients are also referred as dual problems, often in the psychiatric field. In the same report where patients’ mental health was measured, patient was denoted as patients with disabling anxiety. Further example of stigma and problematizing of the subject is: “It should also be emphasized that the majority of those with persistent substance abuse problems as a general rule have orderly living conditions and cooperation with NAV on financial matters, not infrequently disability benefits” (Lobmaier, Skeie et al. 2020). These examples are con- tributing of how the policy firms and legitimate the stigma of patients in LAR. The picture the policy is framing, is using a language filled with stigma and judges the patient group.

LAR patients are presented as a problem group. In the latest report from SERAF 2020 already in the first paragraph persons with a substance use disorder are described as, most seriously ill and heavy addicts. From the national LAR conference, young patients in LAR are one of the topics. Young patients in LAR with at multi substance use disorder are denoted as the category young "chaotic" drug addicts (Skeie 2014). In the drug reform published in 2004, persons with a substance use disorder are denoted with the term drug users or users (Helsedepartementet 2004). All these terms are examples of how the target group is represented in the policy, the law and the guidelines. The term drug user is broad, and it puts the target group in a huge box, with stigma. Every individual has a personal health and should be able to identify itself with the right and personally identity. These concepts are tributing stigma with power from the government. Another example of the representation in the LAR policy is from the latest status report from SERAF, terms such as; seriously ill persons, most common opioid-addicts is used several times (fakultet 02.10.2014). The representation of the problem in the policies are referring to a group of people who are claimed to be potentially rapidly growing, with a backdrop of the opioid epidemic has a global increasing trend. An example that there is an increasing trend, confirmed in the survey from SERAF 2020, shows as before a slow but steady increase in the number of treatments, now with 8099 patients which is in LAR by the end of 2020. This example shows that Norway, as all over the world are dealing with an opioid increasing trend of opioids, while policy and legislation focus on the fact that the overdose rate has dropped significantly. This confirms the findings of this study that the focus area in politics

deals with the death rate and overdoses. It may seem as a result of this investment that the trend of the growth of opioid use is increasing. The group is presented as a burden on the overall welfare system and health care services. While the risk of dissatisfaction and illness is seen as a potential burden in national level, also for the person at the individual level, the possible burdens for the state and society consist of the risk subject's potential unemployment, harm and crime, use of various welfare benefits such as social assistance or hospitalizations as a result of overdoses, and the need for long-term treatment measures.

7.2. Policy justification of LAR interventions

The goal in the second question is several, the first goal is to consider the underlying assumptions for patients in LAR. Some of the assumptions of the patients in LAR is that the health in general is poor mental and physical, infect of HIV, society-cost, the social-economic status is low, the life expectancy is expected to middle-age, there is often crime and harm involved and that the patient is enrolled in various and different public services. According to the SERAF report 2020, it is a good example of the justification of LAR rehabilitation as a method. In a comprehensive assessment of overdose mortality, there is a solid basis - both on the basis of international and Norwegian studies, to determine that overdose mortality is greatly reduced during LAR treatment compared to similar populations that are not in LAR treatment. There is also reason to assume that LAR reduces the total the number of fatal overdoses. The problem of overdose deaths in LAR and LAR drugs as a cause death outside LAR are discussed in more detail in the Status Report for 2019. This example also indicates that the argument for LAR rehabilitation is seen in connection with the fact that the use of drugs has typically decreased significantly and both the individual and society have real gained. The justifications of LAR interventions are clear. The main reason for the rehabilitation for persons with a substance use disorder is to reduce harm and crime, prevent overdoses and prevent infection increase for HIV and poor health. The LAR law embraces also mental health, empowerment and quality of life. Individual rehabilitation and follow up in order to the rehabilitation is also implemented in the laws, guideline and policy. The mental health seems to be downgraded and are used as justification for the priority in the policy. Mainly physical health is prioritized as, reducing overdoses, crime, HIV infection and other physical health challenges. In the national inform web page, the health directorate concludes that LAR is an intervention remaining empowerment and progress, at the same time LAR is a strict and monitored rehabilitation, it can in many ways remind us about the prison hierarchy described from a Foucault perspective

(Helsedirektoratet 2018). The law intends to protect the health of persons with a substitution disorder, and as a rule be not the first treatment alternative chosen in the treatment of opioid addiction, unless it is considered by the professional assessment to be the most suitable and justifiable treatment alternative. A concrete assessment of measures other than drug-assisted rehabilitation must always be made. This can in practice justificative that there are no age limitations of the medicament treatment in LAR, and it can also for many persons a be a long-life rehabilitation. There is well documented and argued discussions that there are not many young persons in LAR, but the law opens up for young people as well under certain conditions. This justification may be with an underline from a question of cost efficiency. The medical rehabilitation is a low-cost rehabilitation comparing to cross-sectoral rehabilitation with an individual progress and individual plan. The director of health addresses this point, that methadone is a cost efficiency rehabilitation (Helsedirektoratet 2018). Therefore in practice, young persons with an opioid dependence can be enrolled in LAR, at a young age for a lifetime rehabilitation. Instead of a health promotion rehabilitation contained necessary individual progress, with the main goal to achieve recovery and live an un-monitored, medicament free life.

7.3. Presentations of LAR interventions and adjacent tools

In this third question of the analyse the goal is to examine how a specific problem representation has come to be. So, how is the specific LAR policy come about? The author has done challenged search for origins and suggestions of some easily traceable evolution of the LAR policy. In this step, the goal is also to bring light of the plethora of the possible alternative developments. This can be a way to disturb any assumptions that was is reflected and has to be done. This step also contains a form of Foucauldian genealogy. The author has been collecting and mapping of practice that produced identified problem representations. LAR is the main rehabilitation for persons with a substance use disorder. In the pilot project the rehabilitation intervention was only for a very small target group with the main goal to prevent infections of HIV. In 3 decades, the rehabilitation method has increased and today it's the major rehabilitation for persons with a substance use disorder. In the LAR regulations 2010, the general rule highlights that LAR should not be the first treatment option for substance use disorder, and that it should be a criterion on that the patients have an opioid depended (2009). At the same time the law is opening for and justifies that under some circumstances, the treater, often doctors can enrol patients in the LAR rehabilitation. Age and length of opioid dependents must be considered. A good example from the

legislation of LAR, is that the main goal with substance rehabilitation is that the patient should experience quality of life and empowerment, at the same time the law underlines that the aim is to reduce harm and damage, and overdoses. In the reports, guidelines and policy LAR is represented as the rehabilitation with the best outcome. According to the investigated public documents mentioned above, LAR is the solution of rehabilitation for persons with a substance use disorder. The direction and focus areas are according to the Norwegian authority's medicament rehabilitation. It is represented with the decreasing number and statistic of overdoses, infections and reducing harm and crime.

8. Discussion

The historic perspective in the policy of the LAR rehabilitation in the end of 1960, early 70s, and today's policy of LAR is interesting. Because it all started with a specific small target group for persons with a substance use disorder. This target group was denoted as the heavy users. Already in the beginning the persons with a substance use disorder dependency was denoted with stigma in the policy. Today it is the major, national rehabilitation for substance use disorder. The justification for the progressive development of the rehabilitation intervention LAR is argued in the policy. The policy has a dual goal, to prevent overdoses, infections, reduce harm and crime. At the same time the policy includes health promotion, such as quality of life, empowerment and equity. Health promotion seems to be downgraded, and the focus in practice is to use LAR as a controlled method, with underlying arguments and justification that this approach saves life's and that it is a cost-effectiveness method for the society. Politics and law justify this method, by pointing at the declining trend of overdoses and HIV infection. The reports show a lack of individual plans (IP), quality of life is poor, and the majority of the patients are lonely, thus the law and policy include all this health promotion factors. The policy assumes that persons with a substance disorder are problems, the policy objectifies the patients. The policy denotes the patients as ill, chaotic, sick drug users, and so on. In this historic perspective, the articulation in the national documents is still stigmatizing persons with a substance use disorder. In 2004 the criteria for enrolment in LAR was implemented in the drug reform and are today regulated in the national law and policy. LAR is under a specific law, and health care service (TSB) and it's practiced in different regions, counties and municipalities. LAR is today manufactured as the solution for substance use rehabilitation. People with substance use disorder are apparently put in a lifelong medical, so-called rehabilitation intervention. In practice and in truth, this seems to be a

simple and economical method of rehabilitation, without the content individual follow-up. Even though the law and policy are equal national, the practice and focus in the different areas are different. Factors such as municipal finances, competence or rehabilitation focus can affect how the legislation is handled. In practice this means that it depends on witch municipality the patients are residence. Municipalities with low estimated budget in LAR, will most likely offer a poor service to the patient. Age and opioid dependence are being considered by the responsible treater after discretion and ethical considerations. Therefore, the LAR rehabilitation can in practice be performed in very young patients, or where the patients may be needed more individual treatment, instead of medicament rehabilitation. The background literature in this study that has been used are the article Reform or stability? This article discusses and analyses the policy of the psychiatric reform in Denmark. Important factors in this article are the language in the policy and how the target group are described in the policy in Denmark. This language is also used in the Norwegian policy, the patients in LAR are stigmatized and described such as chaotic multi substance users, ill, disease, people with problems and many more negative words. The assumptions of persons with a substance use disorder are also in the policy, it is assumed that people in LAR are people with problems, and that it effects the society, health care and welfare system. Even though, in the policy it is highlighted that patients in LAR should have an individual plan with a progress and development, so it is possible to achieve quality of life and experience a mental and physical good health, included in the society by work, activities or studies. The opposite of all these factors is well documented and argued facts from the survey from proLAR. Patients in LAR is not experiencing inclusion in the society, only 20

% of the respondents are in work, and the majority do not have a job or are experiencing quality of life. Even the LAR regulation, drug reform policy is crystal-clear that patients in LAR has requirements to progress and individual rehabilitation, such as an individual plan, this is not the experience from patients in LAR. The background literature, studies and research show that there is a lack in the policy in this important factor. Patients in LAR explains that they are monitored and unempowered in a strict and regulated law and policy, thus the policy is at the same time highlighting that patient shall have an influence and an impact of their rehabilitation. This monitoring and top-down method is justified from the authorities and government that there is increasing trend of overdoses and HIV infections. Foucault sees the prison as an expression of the surveillance and discipline techniques that have developed within the army, in schools, hospitals, factories and workshops. This is compared in the study of the alcohol prohibition in our history and the "Portugal"

method. Persons are punished instead of getting help, and the strict laws and policy are controlling and monitoring the target group, also patients in LAR. The surveys confirm this theory. At the same time all these factors are justified of a backdrop of numbers of overdoses and crime is reduced in this strict policy, sanctions are used, and seems to be very effective to reduce crime and other dangers, such as drunk driving and affected drug driving. Fees are also well argued and debated as an effective way to reduce harm and crime. The analysis does not try to identify the intentions behind the LAR policy, but rather to consider the distance between the promised changes and the failure to deliver those changes. The analyse starts from stated solutions to inquire in to the implicit problematizations.

9. Methodological and empirical limitation

From an empirical point of view, the analysis focuses on specific laws, policies, guidelines and reports issued by national, public authorities, The Norwegian Directorate of Health in the period 2000-2020. The study included the policy documents from that period to provide an updated picture of the current public health sectors in LAR and partly to deepen and update the analyse s from the former Norwegian. In 2004, when the drug reform was ap- proved, the patients in LAR moved from the social services to TSB, specialist services that perform drug and addiction treatment. In this change, patients in LAR received the same health rights as everyone else in the society. Empowerment, equality, individual rehabilita- tion included progression in rehabilitation was the focus of the new reform. Nevertheless, the reform has underlying conditions in politics and laws. Persons with a substance use disorder are still a group in society with stigmatization, monotony and powerlessness in a strictly regulated medical rehabilitation. Therefore, this study has included studies from actors involved, Foucault-inspired studies, and studies with an inspired WPR approach.

10. Conclusion

This study was a quite empirical experience. The number of overdoses, infection of HIV and crime and society cost efficiency, is often discussed and under progress in the policy making, laws and regulation. The findings of this study are that the policy, guidelines, research and LAR rehabilitation is still full of a language filled with stigma and not high priority in the special health

care system, even though the law is clear that there are the same patients' rights, in all the public health care services. There is a lack in the policy, by how the policy should work in practice. There is a lack in the governmental policy document, because persons with a substance use disorder are denoted as chaotic multi users, drug users, ill persons and so on. Perhaps we can still learn some of the studies, and prior more research in the language of the policy, of the LAR rehabilitation? The systematic review from FHI, concludes that there is a lack of research in the rehabilitation LAR, maybe the time is ripe, for a shift with new social and political implications in the policy of LAR. At the moment, is, LAR- rehabilitation or a stagnation?

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