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Adaptation and Integration through Policy Re-categorization

TRYGVE UGLAND[1] *Social Scientist, Norwegian Institute for Alcohol and Drug Research*

ABSTRACT

This comparative study analyses how the state alcohol monopoly systems in Finland, Norway and Sweden were affected by interaction with the European Union (EU). Pressures from the EU, as well as the contrasting domestic responses in this process, are viewed in relation to how these institutions were integrated in terms of consistency, interdependence and structural connectedness. The article goes beyond the frequent observation that external scrutiny and pressures challenge national policy coherence to show that domestic public policies also may emerge more coherent and integrated. It is suggested that the relationship between the way public policies are integrated, categorized and re-categorized provides important insights towards our understanding of the dynamics of public policy.

External scrutiny and pressures from the European Union (EU) may challenge the coherence of domestic public policies, reflecting disintegration of political structures at the member state level in connection with processes of European integration (Jachtenfuchs, 1997). However, policy disintegration is not the only possible outcome. Domestic public policies may also emerge more integrated, as established incoherences become reduced or eliminated. This article illustrates that the outcomes of external adaptation pressures to a large extent will depend on how public policies are internally integrated.

In relation with the EU, the Finnish, Norwegian and Swedish state alcohol monopoly systems were put under pressure. These institutions are justified with reference to health and social policy considerations, and they have formed the core elements of Nordic alcohol control policies since the first half of the twentieth century.[2] At the EU-level, market building has been identified as the principal project. Alcoholic beverages are treated as ordinary commercial products, and common alcohol control measures have not been institutionalised. In this con-

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text, the European Commission referred to the Nordic alcohol monopolies as state monopolies of a commercial character, and concluded that they had to be abolished. This implied that the Nordic alcohol monopoly systems had become re-categorized from instruments of health and social policy, to instruments of competition policy.

Policy re-categorization refers to processes in which parts of domestic public policies become redefined and reframed. There are numerous examples in the EU literature that illustrate how parts of domestic policies have become re-categorized in relation to competition policy and the internal market. The EU policy agenda is quite permeable to alternative definitions of policy issues (Radaelli, 1999), and there is hardly any field of public policy for which it will not be possible to demonstrate a plausible connection to the guarantee of free movement of goods, persons, services, and capital (Scharpf, 1994).

Leibfried and Pierson (1995; 1996, 186) have identified a considerable degree of market infusion in the realm of domestic social policies. They claim that the EU has invaded the domain of social policy in a way that makes the tidy separation between 'market issues' and 'social issues' unsustainable. However, the re-categorization of the Nordic state alcohol monopoly systems can be interpreted differently. On the one hand, it can be portrayed as a story about how a health and social issue became turned into a market issue by meeting with the EU. On the other hand, a closer look at how these institutions were organised makes this dichotomised way of thinking seems unsatisfactory. The activities of the Nordic state alcohol monopolies were marked by complexity, and the separation between 'market issues' and 'health and social issues' was not tidy as could be expected.

The present article analyses the policy re-categorization of the Nordic state alcohol monopoly systems in view of how these institutions were integrated around the health and social policy objectives they were intended to promote and protect. It is argued that the different responses from Finland, Norway and Sweden in this process reflected different patterns of policy integration.[3]

The plan of the article is as follows: Section two presents a framework for how the notion of policy integration can be conceptualised and analysed. Further, the implications of different patterns of policy integration are discussed. Section three explores in more detail how the Nordic state alcohol monopoly systems were integrated at the domestic level, as well as how they became re-categorised in the meeting with the EU. Section four analyses how the three countries responded to the demands for adjustment. Finally, section five concludes, and elaborates upon in which ways this particular analytical framework can contribute to further understanding of what makes

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some policies and policy components more robust and stable than others when confronted with external adaptation pressures.

1. Public Policies Viewed as More or Less Integrated

A high degree of inter-relatedness in public policy is well recognised (Drey, 1999; Wildavski, 1979), and public policies can be viewed as more or less integrated. Here, policy integration will be conceptualised and analysed with reference to March's (1999) three primary criteria for system integration: consistency, interdependence, and structural connectedness.

Policy consistency deals with the coupling of the normative and behavioural structures associated with a specific policy area. The question here is whether the various policy activities are coherent from the point of view of some common objective. Policy interdependence refers to the causal relationships, and the question is whether the various policy components are inter-linked, as well as whether they can be regarded as causally linked with the official objectives. Structural connectedness is based on the idea that policy is made within a context of a network of actors and institutions. To what degree, and in which manner these are related in terms of responsibility and authority structures are here relevant questions.

The task will here be to examine whether the Nordic state alcohol monopoly systems were coherent, causally related, and structurally coordinated around the health and social policy objectives underlying these institutions. However, what difference does it make whether domestic public policies are loosely or tightly integrated? The relationship between the way public policies are integrated and categorized is here central.

Public policies are most often categorized in relation to the basic objectives they are intended to promote and protect. However, the chances of finding a perfect match between the way policies are integrated and categorized are slim, and they can become subject to different categorizations by different actors. Since the policy category assigned will influence the understanding of what constitute legitimate arguments and actions, public policies can be categorized or defined strategically in order to pursue a certain kind of policy option (Rochefort and Cobb 1994). In terms of policy definition, 'there is no objective description of a situation' (Stone, 1988, 106). Policy re-categorization in the meeting with the EU may therefore reflect differences in interests and/or ideological positions, and it can be a source of controversy and conflict.

However, the conflict level is assumed to vary, and some policy

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re-categorizations are likely to be perceived as more problematic at the domestic level than others. More specifically, based on analyses of how public policies are integrated around the basic objectives they are intended to promote and protect, some categorizations can be regarded as more appropriate than others from an ethical and cognitive point of view. The importance of interest and strategic calculations are here downplayed, and the notion of 'appropriateness' refers to an identity driven match of action to a given situation (March and Olsen, 1989; 1995; 1996). The main hypothesis in this article is that re-categorization of tightly integrated policies will evoke more domestic resistance than cases where more loosely integrated policies become redefined or reframed in the meeting with the EU.

Policy is purposive (Heclo, 1972), and tightly integrated public policies are here assumed to be more legitimate, and easier to justify than more loosely integrated. A similar argument has been made by Hall (1993). Based on his study of economic policy making in Britain, he suggests that policymakers are likely to be in a stronger position to resist pressure from societal interests when they are armed with a coherent policy paradigm. Conversely, 'when such a paradigm is absent or disintegrating, policymakers may be much more vulnerable to outside pressure' (Hall, 1993, 290–291).

Knill (1998) argues along the same lines in his discussion of national adaptations to European policies. He claims that effective implementation is most likely when the adaptations required can be achieved by changes *within* the core of national administrative institutions, rather than *of* the core. However, Knill does not provide a framework for how to define what constitutes the core of national administrative institutions. In this context, viewing institutions and policies as more or less consistent, interdependent and structurally connected may prove fruitful.

2. *Policy Integration and Categorization: The Case of the Nordic State Alcohol Monopoly Systems*

Nordic alcohol control policies have been portrayed as unique in a European context, reflecting distinctive cultural traditions and historical experiences (Kurzer, 2001; Ugland, 2002). The drinking culture in Finland, Norway and Sweden has been summed up as the Nordic trauma of 'drinking least, but boozing the worst' (Johansson, 2000, 29). In these countries, alcohol has been used as a drug for intoxication, and moderate drinking in connection with meals has not been common. Historically, alcohol has symbolized moral degradation, poverty and social disorder, while temperance has been considered a key to a better

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life, a sign of high social morality and general welfare in the Nordic countries (Mäkelä and Tigerstedt, 1993, 193). The emergence of restrictive alcohol control policies is rooted in the nation-building projects, and they are associated with important social forces such as the labour movement, various Low Church groups, and a strong and independent temperance movement.

Since the early twentieth century, alcohol control policy has been regarded as an independent area of public policy in Finland (*alkoholipolitiikka*), Norway (*alkoholpolitikk*), and Sweden (*alkoholpolitik*) (Tigerstedt, 2001). The pith and substance of these policies is that alcoholic beverages are not like any other commodities, and must therefore be subjected to a distinct set of commercial principles. Based on a common set of values, a wide range of preventive strategies have been adopted in attempts to achieve the main objective of reducing the prevalence of both acute and chronic alcohol related harm in society. By the 1980s, the most important were: state monopoly control over import, export, production, wholesale and retail sale of alcoholic beverages; high levels of taxation; complete or partial bans on advertising; age-limits on purchasing and selling; restrictions on selling hours; strict rules governing licensing permits for restaurants; and general health information about the harmful effects of alcoholic beverages.

Despite this comprehensive network of policy instruments, Nordic alcohol control policies cannot be regarded as tightly integrated. This becomes evident by taking a closer look at the state alcohol monopoly systems in terms of policy consistency, interdependence and structural connectedness.

Instrument of Health and Social Policy?

The Nordic sate alcohol monopoly systems were established in the near aftermath of the First World War (Holder et al., 1998; Ugland, 2002). Since then, they have constituted the cornerstones of the health and social policy oriented alcohol control policies in Finland, Norway and Sweden. However, these institutions did not only promote health and social policy objectives.

During the 1980s, the state alcohol monopoly systems engaged increasingly in activities that could be regarded as loosely integrated around the objective of reducing alcohol related harm in society. In some areas, commercial and economic considerations appeared to have taken precedence over the health and social policy objectives. Despite that the Nordic state alcohol monopoly systems were highly similar both in terms of activities and structures, there were here some important differences.

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The policy inconsistency seemed greatest in the Finnish and Swedish cases. During the same period as advertising of alcoholic beverages became banned in these countries due to health and social policy considerations, the state alcohol monopolies actually intensified the export of their produced alcohol on the international markets. The aggressive and highly successful international promotion of the Swedish state monopoly's *Absolut Vodka* is well known. In Sweden, the difference between the domestic and the international activities of the state alcohol monopoly system could to some degree be legitimised by the fact that the activities were separated between two separate state alcohol companies. Accordingly, the policy inconsistency was most notable in the Finnish case, mainly because the same state monopoly company was in charge of retail sales, export and production functions. In Norway the commercial aspects were less pronounced, and the inconsistency less striking.

With reference to policy interdependence, the Finnish state alcohol monopoly became during the 1980s increasingly involved in activities that were weakly or not at all linked with the health and social policy objective. Production and sale of products such as car-chemicals, enzymes, vinegar, and industrial ethyl are examples. Chemical, technical and biomedical know-how related to production of alcohol also became export articles for the Finnish monopoly during this period. In Norway and Sweden, the activities of the state alcohol monopolies were more concentrated around the core functions of import, export, production, wholesale and retail sale of alcoholic beverages.

More generally, the import, export, wholesale and production monopolies could be regarded as weakly linked with the objective of reducing alcohol related harm *as such*. In the Nordic countries, it has been argued that if one allows for private profit interests in the alcohol trade, additional pressures for liberalisation will be created, which ultimately may undermine the control potential. Despite this, the causal link between the import, export, wholesale, and production monopolies, and the objective of reducing alcohol-related harm is not immediate, nor particularly strong. It is also true that the principle of eliminating the private profit motives in the alcohol trade has not been carried through in a consequential manner. Beer, which is mainly produced domestically, has been exempted from this principle, and private profit maximisation brewery interests have been accepted. In fact, imported beer was during the 1980s subject to state monopoly control, while domestic produced beer was sold in ordinary grocery stores.

In terms of structural connectedness, the area of alcohol control policy falls under the Ministry of Health and Social Affairs in Finland, Norway and Sweden. However, authority and responsibility in relation

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to the state alcohol monopoly systems were more complex. In Sweden, the Ministry of Finance had the administrative responsibility over the import, export, wholesale, and production functions, while the retail monopoly was placed under the Ministry of Health and Social Affairs. In both Finland and Norway, the Ministry of Health and Social Affairs had the sole administrative responsibility for the state alcohol monopoly system. Due to the limited commercial profile of the alcohol monopoly, this arrangement seemed stable in Norway. However, discussions on structural and organisational changes increased in intensity in Finland during the 1980s. In this debate, it was suggested that the Ministry of Health and Social Affairs should share the administrative responsibility with other ministries. While the Ministry of Finance was envisioned to undertake a larger role in connection with the general economic supervision of the state alcohol monopoly system, the Ministry of Trade and Industry was proposed as caretaker of the business related aspects (Ugland, 2002).

In sum, the state alcohol monopolies could be regarded as loosely integrated around the health and social policy objectives they were intended to promote and protect. While the health and social policy profile related to the retail monopolies remained strong, the state monopolies on import, export, wholesales and production could be viewed as commercial and economic instruments. This description is particularly valid in the Finnish and Swedish cases, and less so in Norway, where the state alcohol monopoly was less commercially oriented.

Instruments of Competition Policy?

The political revolutions in Europe that ended the Cold War contributed to changing the perceptions on the European integration process in Finland, Norway, and Sweden (Sæter, 1993). Combined with the dynamic developments that were taking place at the EU-level, increased and more formalised co-operation with the EU had suddenly become both more viable and appealing for each of the three Nordic countries (Laffan, 1992). This new atmosphere gave rise to two processes, and negotiations on the establishment of the European Economic Area (EEA) and on EU membership commenced in 1990 and 1993 respectively.

These two processes were to a large degree overlapping and entangled across time and issues. Both Finland and Sweden applied for EU membership before the EEA agreement had been signed, and the accession negotiations for all three countries commenced before the EEA agreement had entered into force. Further, issues that had not

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been resolved during the EEA process were raised during the accession negotiations.

Based on a common ambition to retain the established state alcohol monopoly systems, the Finnish, Norwegian and Swedish governments agreed to keep this issue off the agenda in the EEA negotiations. However, in a declaration that was attached to the EEA agreement, the Nordic countries affirmed that their state alcohol monopolies were based on important health and social policy considerations.[4] This declaration had no legal bearing, but the Nordic countries hoped it would serve a political purpose. Despite this, in the European Commission's response to the membership applications, the alcohol monopoly systems were challenged by reference to Article 31 (formerly Article 37) of the EC Treaties. Under the heading 'Competition', the Commission claimed that the alcohol monopolies had to be abolished, as they were considered to be state monopolies of a commercial character (Commission, 1992a; 1992b; 1993).[5] This implied that the state alcohol monopoly systems had become re-categorised from instruments of health and social policy, to instruments of competition policy.

Even if these opinion were delivered in response to the applications for EU membership, the Commission referred to the adjustments needed also on the basis of the obligations of the EEA Agreement.

All in all, the Finnish, Norwegian and Swedish state alcohol monopoly systems had become re-categorized from health and social policy instruments, to instruments of competition policy. In this new context, it was concluded that they had to be abolished. The EU did not separate between the health and social policy oriented retail monopolies, and the more commercially oriented import, export, wholesale and production monopolies.

3. Reconsideration and Adaptation of the State Alcohol Monopoly Systems: What Constitutes Appropriate Policy Category?

The responses from Finland, Norway and Sweden were marked by complexity, and the common Nordic approach from the EEA negotiations collapsed at an early point. In Finland, a committee had been appointed by the Ministry of Social Affairs and Health to evaluate the future of Finnish alcohol control policies from a EU perspective. Only two days after the Commission had submitted its opinion on the Finnish membership application in November 1992, this committee delivered its first recommendation (Finnish Ministry of Social Affairs and Health, 1992). According to this committee, the import, export and parts of the wholesale alcohol monopoly had to be abolished, as they were found incompatible with the EEA Agreement. Further, the committee

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regarded these monopoly functions as not very important viewed from a health and social policy perspective (Finnish Ministry of Social Affairs and Health, 1992, 8). This proposal was soon endorsed by the Finnish government.

The Norwegian and Swedish political authorities pledged that discriminatory practices had to be eliminated, but that each of the established monopoly functions would be maintained. However, after a direct invitation, the Swedish government agreed to enter into a dialogue with the European Commission in order to reach an agreement. During these discussions, the Commission claimed that the exclusive import, export, wholesale and production rights had to be abolished, while the retail monopolies under certain conditions could be maintained.[6] In December 1993, also the Swedish government accepted this partial de-monopolisation.[7]

The Norwegian government turned down a similar invitation, and upheld that each of the monopoly functions would be maintained. Despite this, after the Commission informed the upcoming president of the EFTA Surveillance Authority (ESA) about the agreement with Finland and Sweden, the Norwegian government reluctantly entered into an exchange of letters with the ESA. After a prolonged correspondence, the Norwegian government announced the partial de-monopolisation in February 1995 (Ugland, 2000).[8]

Despite the contrasting responses, the outcome of this process was the same for all three countries. The retail monopolies were maintained, while the import, export, wholesale and production monopolies became abolished. The Nordic responses seemed to reflect contrasting patterns of policy integration. More specifically, the policy re-categorization set off a process in which the state alcohol monopoly systems which had been taken as given for an extensive period of time became reconsidered in Finland, Norway and Sweden. In this process, the re-categorization could be seen as more or less appropriate from an ethical and cognitive point of view. The link between the health and social policy justification, and the actual activities of the state alcohol monopoly systems is here a key issue.

In this perspective, the re-categorization of the Finnish import, export, wholesale and production monopolies from health and social policy instruments, to instruments of competition policy seemed to be in line with the actual development of these monopolies since the early 1980s. Gaps between the official objectives and actual practises were acknowledged at the domestic level, and the adaptation therefore became easy. Even the management of the Finnish state alcohol monopoly system supported the partial de-monopolisation. In fact, the general director referred to the import, export, wholesale and production

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monopolies as the 'foreign trade monopolies' (Koski, 1992). This illustrates that the re-categorization of these monopolies was accepted and considered to be appropriate. However, the Finnish government defended the retail monopoly, as this monopoly function was regarded as firmly linked with the objective of reducing alcohol related harm in society.

Despite opposition in the early phases in this process, also the Swedish government claimed that the partial de-monopolisation implied that, viewed from a health and social policy perspective, some more or less unimportant monopolies had been sacrificed for one very important. In fact, the Swedish Minister for European Affairs and Foreign Trade presented the outcome of the discussions with the Commission as a victory when he returned to Sweden from Brussels (Ugland, 2002).

In Norway, the re-categorization of the state alcohol monopoly systems did not seem to match with the activities of these monopolies, and the adaptation became problematic. The Norwegian government openly emphasised the contrasts between the Nordic state alcohol monopoly systems in the discussions with the ESA. The Norwegian system was portrayed as more consistent, interdependent and structurally connected around the health and social policy objectives they were intended to promote and protect. In particular, the Norwegian government claimed that the task of the state alcohol monopoly was not to make money, but to reduce alcohol related harm. 'This is why the company's turnover on the export market is considerably lower than those of the other Nordic alcohol monopolies'.[9] Further, the final outcome of this process was regarded as unsatisfactory. The Norwegian government regretted the partial de-monopolisation, but claimed that it was necessary in order to avoid being brought before the EFTA Court, which was assumed could also put the retail monopoly at risk (Ugland, 2002).

The state alcohol monopoly systems were differently integrated in Finland, Norway and Sweden. The link between the import, export, wholesale and production monopoly functions and the objective of reducing alcohol related harm was firmest in the Norwegian case, and the defence of the established monopoly system was also strongest in Norway. The retail monopolies in all three countries were firmly linked with the health and social policy objective, and this monopoly function was defended by each of the Nordic governments. Based on this, re-categorization of tightly integrated policies seems to evoke more domestic resistance than cases where more loosely integrated policies become redefined or reframed in the meeting with the EU.

Although the general attitudes towards the European integration process were different in Finland, Norway and Sweden during the early

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1990s (Bjørklund, 1994), these differences do not seem to capture the complexity of the Nordic responses in this process. In each of the three countries, initiatives were taken in order to adjust or eliminate loosely integrated policy components, while tightly integrated components were defended. Further, the actors either directly or indirectly referred to notions of consistency, interdependence and structural connectedness in the process of justifying their actions. The different responses from Finland, Norway and Sweden in this process can therefore best be understood on the basis of how the state alcohol monopoly systems were integrated around the health and social policy objectives they were intended to promote and protect.

This story further suggests that the legitimacy of public policies is affected by the way the policy activities are linked with the official objectives. This being said, a firm link does not prevent policies from being re-categorized in the meeting with the EU. Much of the disagreement between the Nordic countries and the EU in this process concerned the question of how firm this link had to be. This is a question of proportionality. On a general level, it seems like the EU requires firm links between policy activities and the objectives pursued in order to exempt a specific area of social activity from the norm of free market competition. The comprehensive state alcohol monopoly systems were in this perspective regarded as problematic. Even in Norway, where the import, export, wholesale and production monopolies were less commercially oriented, the causal link between these monopolies and the objective of reducing alcohol related harm in society was not particularly strong. This was emphasised by the EU. The link between the retail monopolies and the health and social policy objective was however acknowledged by the European Commission,[10] and this institution has also been maintained in Finland, Norway and Sweden.

4. Policy Integration and Categorization

Alcohol is treated as an ordinary agricultural or industrial product at the EU-level. In the Nordic countries, alcohol control policies are justified with reference to health and social policy considerations. Although, the policy re-categorization of the state alcohol monopoly systems can be viewed as expressions of fundamental EU interests related to the promotion of free markets, this process seemed to progress beyond these collisions and conflicting interests.

The objective of reducing alcohol related harm in society was regarded as legitimate from both sides, and the question then became: Could the Nordic state alcohol monopoly systems be legitimated and justified from a health and social policy perspective or not? In this con-

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text, the policy re-categorization could either result in a confirmation of the link between these institutions and the health and social policy objectives, or it could cause a refutation of this link. In the first case, the policy re-categorization activated domestic resistance and conflict. In the second, the adaptation became easier as the relationship between the way these institutions were integrated and categorized was reinterpreted.

In general, the potential for policy adaptations in connection with processes of policy re-categorization seems largest when established policies are loosely integrated around what can be said to be the basic objectives they are intended to promote and protect. Re-categorization of more tightly integrated policies can thus often be better understood in light of theories of conflict and bargaining.

This article argues that policy changes and continuities to a large extent can be attributed to variations in an actor's ethical and cognitive interpretations of the relationship between the way public policies are integrated and categorized. Agreement among different actors on what constitutes an appropriate policy category is most likely to emerge in cases where policies are tightly integrated around one objective or a set of matching objectives. Tight integration can therefore be seen as a source of policy robustness.

The links between policy integration, categorization and legitimacy can also be seen in relation to the outcomes of these processes. Re-categorization of public policies may namely have different effects depending on how they are integrated. While re-categorization of tightly integrated policies often will be associated with processes of policy disintegration, re-categorization of loosely integrated policies may instead be a source of policy integration or re-integration. Established incoherencies and inconsistencies may in this way be reduced or eliminated, which in turn may strengthen the policy legitimacy. It can be argued that the elimination of the commercially oriented import, export, wholesale and production monopolies has had an integrating effect on Nordic alcohol control policies. Due to this adaptation, these policies have become more consistent, interdependent and structurally connected around the health and social policy objectives they are intended to promote and protect.

A final point, it has here been illustrated how a focus on the ways public policies are integrated and categorized may contribute to bring the actors incolved beyond the potential collisions confronting them. Such processes may therefore give rise to processes of mutual adaptations. By 2002, Nordic alcohol control policies are less unique than they were in 1990 (Ugland, 2002). This is a result of adaptations and changes in the Nordic countries, as well as of the fact that the

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awareness of alcohol related harm has increased at the EU level over the past few years. The accession of Finland and Sweden into the EU appears important in order to understand this development.

NOTES

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2. Throughout this article, the concept "Nordic countries" refers to Finland, Norway and Sweden, which applied for full membership in the European Union in 1991 (Sweden) and 1992 (Finland and Norway). Finland and Sweden became formal members of the EU from 1995. The Norwegians rejected membership in a referendum, but is effectively attached to the EU through the European Economic Area (EEA) Agreement that became effective in 1994. Although falling under the notion of "Nordic countries", Denmark and Iceland were not included in this study. Denmark has been a member of the EU since 1973, but has a more liberal alcohol control policy tradition. Iceland did not apply for EU membership together with Finland, Norway and Sweden, but the country shares the tradition of a state oriented restrictive alcohol control policy.
3. This comparative study draws on documentary information and semi-structured interviews with key informants in Finland, Norway and Sweden, as well as with representatives from relevant EFTA (European Free Trade Association) and EU institutions.
4. This declaration reads: "Without prejudice to the obligations arising under the Agreement, Finland, Iceland, Norway and Sweden recall that their alcohol monopolies are based on important health and social policy considerations" (Agreement on the European Economic Area, signed in Porto on 2 may 1992).
5. The opinions were submitted on 31 July 1992 (Sweden), 4 November 1992 (Finland), and 24 March 1993 (Norway).
6. Letter from Commissioner H. van den Broek to the Swedish Minister for European Affairs and Foreign Trade, U. Dinkelspiel, dated 20 December 1993. It is in this letter claimed that: "... the Commission does not see any reason to proceed on its own initiative, either now or after the Swedish accession to the Union, against the maintenance of the retail monopoly".
7. Letter from the Swedish Minister for European Affairs and Foreign Trade, U. Dinkelspiel to Commissioner H. van den Broek, dated 21 December 1993.
8. Letter from the Norwegian government to the EFTA Surveillance Authority (ESA), dated 13 February 1995.
9. Letter from the Norwegian government to the ESA, dated 5 October 1994.
10. Letter from Commissioner H. van den Broek to the Swedish Minister for European Affairs and Foreign Trade, U. Dinkelspiel, dated 20 December 1993.

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TRYGVE UGLAND
Norwegian Institute for Alcohol and Drug Research
PO Box 565 Sentrum
0105 Oslo, Norway
email: trygve.ugaland@sympatico.ca

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