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Deconstructing prohibitionist ideology: A sociocognitive approach to understand opinions on UK drug policy and the law

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Abstract

Background

There is increasing support to include people who use drugs (PWUD) into debates about drug policy reform in order to improve policy legitimacy and outcomes. The aim of this paper is thus to critically analyse the perspectives of PWUD on UK drug policy and the law. This is the first empirical study to apply the four philosophical positions that underpin drug policy debates: Millian liberalism, legal moralism, strict libertarianism and paternalism (MacCoun and Reuter, 2001) to understand opinions and ideology.

Methods

Forty interviews were conducted with PWUD about the meaning of and motivation for their substance consumption and about their opinions on drug policy and the law. The responses were analysed using the sociocognitive approach pioneered by van Dijk 2014; 2015 from the field of critical discourse studies. The analysis involved connecting personal experiences, knowledge and opinions to broader values, attitudes and ideology, specifically the analysis focused upon the extent to which participants challenged or supported prohibitionist ideology.

Results

The opinions of those PWUD studied were diverse and complex. There was some support for prohibition, but overwhelmingly there was resistance and challenge to it. We theorise the challenge to prohibitionist ideology on a continuum from anti-prohibition to pro-reform. Key themes from the analysis included: knowledge gaps regarding terminology; uncertainty about and lack of consideration of policy and reform; political dissonance; apprehension about public attitudes and behaviours; reform rooted in social welfare and human rights ideology; and apathy through counter-culture.

Conclusion

The findings demonstrate a lack of clarity amongst some PWUD regarding drug policy and reform. Educational initiatives outlining the different reform approaches would therefore provide PWUD with invaluable knowledge and help facilitate their engagement into reform debates. Despite a lack of clarity and consistency within opinions, participants were united in their discussion of human rights, health, economics and education; therefore these topics could help frame future approaches that seek to include PWUD into debates about drug policy.

Keywords

Critical discourse studies, Sociocognitive approach, Policy opinion, Reform debates, People who use drugs

Introduction

Though political debates on drug policy have never abated, recent radical shifts in national drug policies suggest we are on the precipice of policy changes on a global scale. Whilst countries, such as Uruguay, Canada and some states within the USA, have relaxed their stance on cannabis policies, others, such as the Philippines, operate within increasingly strict prohibitionist regimes. In the UK, debate continues about the potential merits and implementation of drug consumption rooms; a debate that has become evermore pertinent since Scotland recorded the highest number of drug related deaths per capita amongst European Union countries (National Records of Scotland, 2019). Furthermore, November 2018 saw the UK move cannabis-based products for medicinal use to a less restrictive schedule under Misuse of Drugs Regulations (2001) and Parliament's Health and Social Care Committee (2019) has produced a report on medical cannabis which is awaiting a governmental response at the time of writing. Despite these national policy developments the public, especially those with lived experience of use, have been consistently left out of drug policy debates. Many have argued that people who use drugs should indeed be integrated within these debates to increase policy legitimacy and outcomes (Osborne & Fogel, 2017; Levy, 2018; Ritter, Lancaster, & Diprose, 2018; Lancaster, Sutherland, & Ritter, 2014; Hughes, Wiessing, Des Jarlais, & Griffiths, 2018; Greer & Ritter, 2019; Monaghan, Wincup, & Wicker, 2018). Emerging findings from research with people who use drugs (PWUD) on their views on drug policy and the law reports the diversity of opinions and a lack of clarity around terminology (Greer & Ritter, 2019; Lancaster, Ritter, & Stafford, 2013; Lancaster et al., 2014; Lancaster, Treloar, & Ritter, 2017; Ritter, 2015; Ritter et al., 2018). Previous research studying the views of PWUD on policy and the law have focused on cannabis (Global Drug Survey, 2018; Mansson, 2014; Palamar, 2014; Osborne & Fogel, 2017) those accessing treatment services (Greer & Ritter, 2019) or injecting drug users and MDMA users (Lancaster et al., 2014). This paper integrates new perspectives as the opinions derive from those who consume a range of substances, such as ayahuasca and other psychedelics, stimulants for work and study, such as modafinil, Adderall and cocaine, and the use of illicit substances to help combat mental and physical health complaints, such as cannabis and benzodiazapines. Our paper is also unique as it is framed by critical discourse studies and uses the sociocognitive approach (van Dijk, 2014, 2015) to interpret opinions and knowledge on drug policy and the law by people who use drugs (PWUD), specifically how these opinions are connected to broader social beliefs and ideology. The sociocognitive approach provides a purposeful investigation into the discursive complexity of these opinions, namely where the controversies and contradictions lie. Understanding the controversies within divergent opinions can help engage the public in a way that is relevant to their discursive repertoires and better inform the policy-design process.

We apply the four philosophical opinions underpinning the drug policy debate, developed by MacCoun and Reuter (2001). These philosophical positions are categorised into two perspectives, consequentialist and deontological. A consequentialist perspective is concerned with the outcomes of policy decisions and includes the positions, legal paternalism and Millian liberalism. Legal moralism and strict libertarianism derive from a deontological perspective, where certain moral judgments hold regardless of any empirical effects. Bone (In press) has amalgamated these positions and perspectives with drug policy options (see Table 1), which we illuminate in more detail in this paper. These positions have been theorised but have yet to be applied to empirical research in the field. As drug policy discussions involve complex and contradictory debate, applying these positions provides a unique way to understand underlying ideology and attitudes.

Table 1. Amalgamating MacCoun and Reuter's philosophical positions with Transform Drug Policy Foundation's policy options.

Philosophical position	Perspective	Policy options
Legal Moralism	Deontological	Prohibition
Strict Libertarianism	Deontological	Unregulated legal market
Millian Liberalism	Consequentialist	Legal regulation/Decriminalisation
Legal Paternalism (soft and hard)	Consequentialist	Harm Reduction/Prohibition

This table is from Bone, (In press) *Human Rights and Drug Control: A New Perspective*. Routledge.

The consequentialist perspective comprises philosophical positions that focus on the outcomes of behaviour. The legal paternalism position includes both soft and hard approaches. Hard paternalism underpins the UK's Misuse of Drugs Act, 1971, which was enacted to control and restrict where necessary 'dangerous and otherwise harmful drugs' (see the Long Title, Misuse of Drugs Act, 1971). The dominant discourses of 'danger' and 'harm' are utilised here, to justify the criminalisation of some drugs. Soft paternalism is also concerned with reducing harm to oneself and others and it is evident within drug policy reform approaches. For example, Portugal decriminalised the use of all substances in 2001 in order to reduce the health harms and stigma associated with substance consumption (Hughes & Stevens, 2010, 2012).

Millian liberalism is also a consequentialist position, Liberals consider that individuals should be free from state interference to consume substances as long as this conduct does not cause harm to others. The Millian liberalism position is relevant to global changes in drug policy that recognise the rights of people to use drugs. For example, decriminalisation policies are becoming more ubiquitous, especially in regard to cannabis (Eastwood, Fox, & Rosmarin, 2016). Regulatory systems for medicinal cannabis have also become increasingly widespread (Aguilar, Gutiérrez, Sánchez, & Nougier, 2018) and at the time of writing Canada, Uruguay, ten US states and the District of Colombia have created legal regulatory systems for recreational use. The UK government has recently rescheduled cannabis to recognise its medical efficacy, despite decades of perpetuating the prohibitionist stance that this plant has no medical use and a high potential for abuse (Bone & Seddon, 2015). Interestingly, similar arguments are now being made about psychedelic drugs, as scientists are re-discovering the therapeutic potential of these controlled substances, which include MDMA, LSD, psilocybin, ibogaine and ayahuasca (Sessa, 2017). Human rights ideology is therefore increasingly relevant to drug policy reform debates.

Moving onto deontological perspectives, the legal moralism position criminalises conduct that it is widely believed to be immoral; this position is also evident within prohibition. In 2016, the UK government enacted the Psychoactive Substances Act (PSA) in response to the 'threat' of new psychoactive substances (NPS). The PSA imposes a blanket ban on any non-exempted psychoactive substance (Psychoactive Substances Act, 2016) and the discourse of 'harm' is absent throughout this legislative text. This extension of state power combined with the lack of any reference to 'harm' arguably highlights the legal moralism position, since the only legal justification left for criminalisation is the view that NPS use is morally wrong. Two dominant metaphors inform the prohibitionist regime: 'drugs as malevolent agents' and 'drugs as pathogens'; people who use drugs

are bad, sick or both and as such certain substances are rejected within Western societies (Tupper, 2012: 146).

The other deontological perspective is strict libertarianism, which recognises the rights of individuals, and morally opposes state intervention into consumption and behaviours. Those that align with strict libertarianism advocate for an unregulated legal market on the premise that the government does not have the right to meddle in our private affairs. The 'moral essence' of anti-prohibitionists is to eliminate the legal distinction between the rights and duties of those who use legal and non-legal drugs (Szasz, 1992: 110). This position is viewed as ideological rather than practical as most would believe that the law should not tolerate acts which cause direct harm to others (MacCoun & Reuter, 2001) and legal drugs, such as alcohol and tobacco are subject to some level of state/corporate regulation, such as licensing and age restrictions (Courtwright, 2001).

These philosophical underpinnings and perspectives should not be treated as mutually exclusive, for example prohibition is relevant to both hard paternalism and legal moralism (MacCoun & Reuter, 2001; Bone, In press). In this paper, we critically analyse the discourses of PWUD to examine their philosophical positions and knowledge of drug policies, laws and reform. The sociocognitive approach used for the analysis (described within the next section) illuminates these distinctions and connects them to opinion, ideology and social beliefs, specifically to understand the extent that participants support or internalise prohibitionist ideology, and how they challenge or reject it.

Methodology

Data collection

The first author conducted forty interviews in 2016 and 2017 as part of a British Academy funded project (SG151054). This qualitative research explored the meaning of and motivation for illicit substance consumption that could not be easily classified as either recreational or problematic, which included the use of ayahuasca and other plant based medicines for spiritual or therapeutic purposes; study drug use/cognitive enhancement for work and education; and illicit substance use to deal with physical or mental health problems, for example non-prescription use of alprazolam and diazepam. The forty interviews were conducted in an informal setting, such as the participants' home, a café or a bar. The interviews were recorded, transcribed verbatim and anonymised; all participants were assigned pseudonyms to protect their identity. For ethical considerations relating to sensitive data regarding illicit behaviours, the recordings were deleted once the transcription had taken place. The line of questioning was directed towards substance use, primarily the narration of experiences (storytelling) to allow for a rich description of personal experiences. Questions were also asked regarding informal and formal sanctions (i.e. if the participant been stopped and searched by police or by security staff in public spaces, such as clubs or festivals), how substances were sourced and accessed, as well as how knowledge and information regarding use was acquired, for example through interpersonal networks, the Internet, books and forums. The final interview question posed asked participants about their views on drug policy and the law, specifically whether the participant had opinions on the current system of prohibition or whether they supported reform. There was notable variety within the answers provided and therefore this topic was deemed a significant area for interpretation and analysis.

Sample

The ages of participants ranged from 21 and 62, with a median age of 35, 75% are White British (others were Australian, Italian, South American), twenty-three male and seventeen female. The substances consumed included alcohol, cannabis, ketamine, MDMA, psychedelics (including

ayahuasca and DMT), stimulants (including Adderall, Modafinil, Ritalin, as well as cocaine), various nootropics and benzodiazepines. The recruitment strategy was directed through the first author's social media accounts (facebook and twitter), contacting personal and professional affiliates and engaging with communities and groups. We acknowledge that these views represent those who have not been previously sanctioned within the criminal justice system or engaged in treatment. Only one participant had a conviction (a caution) for drug possession. Accordingly, although the participant group had some variance in terms of their substance consumption habits, they were not demographically diverse and reflected a largely white British population.

The sociocognitive approach

Critical discourse studies (the reformation of critical discourse analysis as a perspective rather than a form of analysis) underpinned the methodology. The sociocognitive approach (SCA) pioneered by van Dijk (2014); (2015) was used to analyse the interviews. The SCA is suitable for studying discourse with socio-political significance and it is therefore usefully applied to opinions on drug policy and the law. The SCA examines discourse, cognition and society, paying attention to how knowledge is acquired, distributed and reproduced. van Dijk (2014) highlights how mental models, i.e. our personal knowledge (experiences and opinions) are reproduced through shared social knowledge (ideologies, attitudes, prejudices) and vice versa. This approach accounts for the variance within discourse based on the experiences and interactions of individuals, whilst acknowledging that these will be framed more broadly by socially reproduced and shared beliefs within epistemic communities and groups.

The acquisition of knowledge

The SCA recognises that prior knowledge about a topic (in this case drug policy and reform alternatives) will vary and affect the discourses produced (van Dijk, 2014). Participants were asked about where their information about substances derived from. Just over half (twenty-two) of the forty participants acquired knowledge about substances from the Internet, including forums and books. The remaining participants acquired substance use related knowledge via their intrapersonal experiences and interpersonal networks. The participants' comprised of a convenience sample recruited through the first authors' personal and professional networks. Accordingly, nineteen of those interviewed had specialist knowledge acquired from having studied or worked within the field of substance use and drug policy, or had been part of communities and groups connected to illicit substances, such as communities working with plant-based medicines. van Dijk (2014) highlights the existence of epistemic groups, where individuals have expert knowledge and the ability to speak broadly about a topic, for example to make both local and global inferences. In addition, those with expert knowledge are likely to produce assured discourse, with participants having better recall and detail. van Dijk (2015) refers to symbolic power, which is connected to the status, knowledge and access to public discourse (i.e. news media and messages conveyed to the public within policy and institutions). Those with specialised knowledge about drug policy have elevated symbolic power. The analysis encapsulated the varying levels of symbolic power and how this connected to the persuasiveness of arguments and the production of discourse.

Analysis

The first author conducted and coded the interviews in NVivo, 10 and then created a table of information in order to begin the process of analysis, specifically to identify the ideology and attitudes presented in the interviews and to provide the second author (who had not conducted the interviews) with succinct details of the participants, their substance use, their attitudes and ideology.

The table also included whether the participant had experienced formal or informal sanctioning, which substances they had taken, where they received their information about drugs, their subject positioning within the interview (perspective of PWUD, professional identity, parental identity), the level of assurance and conviction of opinion. In addition to this, we reflected on the social representations that emerged within discourses and how they were used to support or challenge prohibitionist ideology. Social representations are key macro themes that shape attitudes, knowledge and opinions, such as health, education and economics (van Dijk, 2014). We coded the social representations in the interviews and then included these within the table to understand the key concerns of each participant. The analysis involved assessing each interview individually for context related to: substance use (to understand the personal experience), participant connection to groups and epistemic communities (to reflect on how social knowledge is acquired and reproduced), and social representations (in order to understand the values and attitudes connected to the epistemic community and groups these participants represent). The next phase analysed ideology and attitude in more detail. This was achieved by assessing whether the discourse challenged or supported prohibitionist ideology, specifically drawing on the philosophical positions and perspectives outlined by MacCoun and Reuter (2001) and Bone, In press.

Another way in which ideologies are created is through ideological polarisation, which is a discursive tool evident when examining discourse. Ideological polarisation functions to distance the self from negatively perceived behaviour to acquire and maintain power. Through ideological polarisation, a positive self-image is maintained by creating a negative image of out-groups in terms of their group identity, actions and goals, as well as their norms and values (van Dijk, 2014, 2015). This has been noted in previous research reporting that PWUD discursively disassociate from addiction and dependence (Askew, 2016; Buchanan & Young, 2000; Radcliffe & Stevens, 2008; Rodner, 2005). We analysed the instances of ideological polarisation and what they achieved for the speaker, the persuasiveness of the argument and how ideological polarisation reaffirmed and challenged broader ideology and attitudes. The five themes developed from the analysis related to the level of confidence, clarity and understanding of policy, how that connected to epistemic knowledge and whether the participants' ideological positions on drug policy were deontological (relating to legal moralism or strict libertarianism) or consequentialist (connected to legal paternalism or Millian liberalism). The authors worked together to select the interview excerpts to represent the themes.

Findings

Knowledge gaps regarding terminology

Participants who had little prior knowledge of drug policy frequently misunderstood terminology surrounding policy and opportunities for reform. There was a lack of comprehension about different reform approaches and the terms decriminalisation and legalisation were used interchangeably to refer to a general reduction in criminalisation or as an alternative to prohibition. The following excerpt from Jake's interview exemplifies how an argument can be produced with conviction, but without clear understanding of the different policy approaches:

I think they should be completely open and I think they should be legal. I think that takes away the coolness of it. I think that, well it has been proven, look at Portugal. And look at the amount of drug addicts, there are not as many drug addicts as before. And they have got access to help. They have got clean needles, it's all regulated. It's kind of like, and if anything less people are dying from it. And there is less crime. And then also, if you want to look at it in a greedy kind of government way, economically they are winning from it. You look at Amsterdam or you look at, I think it was in the states? The weed industry there is worth billions. Imagine that. If we were to legalise in the UK we

wouldn't have this problem, honestly, I know we wouldn't. I would say that at least half the population have smoked weed, or do smoke weed. So it would solve a lot of problems.

In this example, Jake used the terms 'regulation', 'medicalisation', 'legalisation' and 'decriminalisation' interchangeably. He used scientific language to strengthen his argument '*well it has been proven.*' His assertions were conveyed with conviction; he used maxims (general assertions) and presented them as '*fact*' when they were opinion. Jake is in his mid-twenties, he had smoked cannabis for twelve years and used his personal experience to frame his opinion. Rhetorical language was used (through exaggeration about the numbers of people who smoke cannabis) as a persuasive measure and he attributed a motivation to smoke cannabis with popular culture through '*coolness*'. Jake neither studied nor worked within the drug policy field and therefore had limited access to expert knowledge. Expert knowledge becomes diluted within public discourse, as news media is generic rather than specific and detailed (van Dijk, 2014). Accordingly, Jake demonstrated gaps in knowledge surrounding access to needle exchanges, something that is currently provided in the UK. In addition, he incorrectly referred to Portugal as 'regulated', when in fact drugs are decriminalised for personal possession. Overall, the discourse resists prohibitionist ideology through a consequentialist perspective. The account was presented with assurance that relaxation of drug laws would be associated with positive social change. This section demonstrates a lack of understanding about the different reform approaches and suggests further knowledge is required for people to be fully engaged within these debates. The central social representations within Jake's narrative were health – related to reducing both the number of addicts and decreasing drug related deaths – and economics in terms of creating revenue.

Uncertainty about and lack of consideration of policy and reform

A small number of the participants held few opinions on drug policy and the relevant laws. They were explicit that they had little understanding of policy and opportunities for reform and/or had not previously considered these topics. These participants had not accumulated knowledge about substances or policy outside their own experiences or those of their interpersonal networks. For example, Marissa was tentative in response to the question about policy and the law:

I am a bit ignorant to the law and how it works, I know dealers who have to be careful as you would go down for even a small bit on you, but in terms of safety, it is a dodgy old game isn't it with substances, and what's gone into the stuff, unless it is very, very controlled, it's probably best if it remains the way it is.

Discourse is vague when the speaker lacks knowledge on the topic (van Dijk, 2014), as exemplified by Marissa. Her narrative was ambiguous and inconclusive and used 'hedging', linguistic avoidance of full commitment and precision (Bloor & Bloor, 2007). She was explicit about her lack of knowledge on drug policy and the law and her opinion was directly related to her own interpersonal connections. Within the interview, Marissa distanced herself from substance use in general (including alcohol and sugar) and described a transition from regular recreational substance use associated with clubbing and festivals – then, to occasional 'blowouts' - now. At the time of the interview, she took diazepam on a weekly basis to deal with stress and anxiety, but reported making a concerted effort to be (in her words) 'clean living'. Her ambiguity about drug policy and lack of personal reflection may be connected to her detachment from substance use in general. Marissa's discourse loosely supported prohibitionist ideology on the basis of consumption safety and used the social representation of health to convey her values; she used the metaphor '*dodgy old game*', which is a colloquial British phrase denoting something is dubious and untrustworthy, i.e. an unregulated market. The ideology within Marissa's discourse aligned with the paternalist philosophy

of prohibition, which advocates certain substances should be prohibited to safeguard health and well-being. To summarise, not all participants had considered drug policy and opportunities for reform before the interview, it is important to note that being someone who consumes illicit substances does not presuppose knowledge about or inclination to be engaged in drug policy reform debates.

Antiprohibition

Overall, many participants challenged prohibition ideology, but their opinions were not straightforward. Participants outlined the complexity of formulating a strong position on drug policy reform, due to the multifaceted considerations involved in the creation of opinions and attitudes. This was related to the range of substances and their effects, the broad motivations for use and the varied impact that substances can have on individuals and communities. The sites of complexity are separated into two subthemes, firstly political dissonance and secondly, the impact that policy reform could have on public attitudes and behaviours.

Political dissonance

Several participants spoke about the dissonance between user experience, scientific evidence and government ideology. This was primarily directed towards the Conservative government at the time and was argued from a left leaning political ideology. For example, Marco used MDMA, cannabis, cocaine and mephedrone recreationally and also microdosed LSD to enhance his mood. He had worked in the field of drug policy and therefore belongs to an epistemic group with advanced knowledge and a nuanced understanding of the topic. Marco challenged prohibitionist ideology at length and advocated for legalisation based on harm reduction and human rights. In the following excerpt he spoke specifically about the Psychoactive Substances Act, which had just been introduced in the UK in 2016:

*I do think it's one of the worst pieces of legislation ever *laughs*. Misguided, instead of helping people understand the phenomenon of drug use and why weird substances appear in the market, it's totally obscuring that and persevering in this idea that it is the punitive paradigm that can save us from all these substances and just risking more and more coming into the market and causing havoc, which they are.... Plus a total disregard of evidence, even economic... Health, economy or anything. But yeah, it is a disastrous law and it's very discouraging that it had support from both the Labour and Conservative parties. I also find that very shocking and weird that the Lefts of the world are so bad with this topic. France the debate is even worse, perhaps in health interventions they are advancing more, they recently allowed for the opening of drug consumption rooms. But the change definitely isn't happening in Europe, it's happening elsewhere.*

Marco provided a persuasive argument that directly challenged prohibition by creating ideological polarisation between his beliefs and those of the government. His position advocates for understanding the reasons for use, which is in opposition to legal moralist philosophy that underpins prohibitionist ideology. The use of extreme case formations (worst and total) elevated the conviction of his argument. Policy was personified within this extract, with the use of adjectives 'obscuring and perverting', which denotes restriction and control over citizens. The belief that prohibition is protective and acts as a deterrent was also rejected; Marco argued that it is government strategy (rather than certain substances) that is dysfunctional and harmful. His opinion was created through the social representations of health and economics. Economics was singled out 'even economics', which indicates that this is a central concern of conservative politics. His political stance was left leaning, but he drew attention to a value contradiction within this political

ideology, which highlights the variation in attitudes and competing values within epistemic communities.

Marco's opinion challenged the power and control that symbolic elites (government) have over the public. His symbolic power was increased due to his expertise in the field of drug policy, which validated his convictions. This was conveyed through his global inference about other countries in mentioning drug consumption rooms in France, which indicates broad knowledge and substantiated opinion. Marco spoke about a specific and relatively new piece of legislation, which further demonstrated his expertise on the topic. Marco's discourse challenged both legal moralism and paternalism. Here we conclude that people can be theoretically opposed to prohibitionist ideology, but sceptical that reform can be achieved due to the current political climate.

Apprehension about public attitudes and behaviours

Some participants challenged prohibition ideology but expressed concern about how policy changes may affect public behaviour, specifically there was apprehension about how this may be interpreted by certain groups and communities, often directed at young people. Alfie is a DJ and music producer who had (3 months prior to the interview) stopped smoking cannabis on a daily basis due to concerns regarding his mental health and inhibition of productivity. Alfie has experimented with a range of substances throughout his lifetime connected to recreational drug scenes. He spoke in support of a regulated market for cannabis, ecstasy and cocaine for economic reasons and quality control related to harm reduction. However, he did highlight concerns about the impact this may have on the behaviour and attitude of other PWUD. At the time of the interview, he reported daily tobacco use and drinking alcohol before gigs to combat performance anxiety.

*I think some people took drugs and they experienced amazing things and they became hippies and peaceful, but now when you see young people on ketamine in K holes, or not knowing what they are doing, losing their stuff or ending up in hospital. I mean I am first in line to see that drug use is not right in this generation, I wouldn't call it a positive thing, always being around it, **its** not positive. The problem is the obsession and addiction with it, say for example of you took drugs occasionally in the same way you enjoyed a quality glass of red wine, then maybe they could take MDMA and get creative with it. If young people take cocaine and like it then they will end up taking it obsessively until they get into trouble, physically, through the police or financially, so it ruins people's lives I have to say. But I can't say I am 100% right, I might be being pessimistic about it, but from what I have seen and my experience I think that the direction of drug use is wrong...*

Alfie's opinions have been formed through working in environments where recreational substance use is common. He created an ideological polarisation by othering specific consumer groups and certain substances and reiterated that he does not believe that 'drug use is positive'. A negative depiction of ketamine and cocaine is created, associated with a lack of control; ketamine with the embodied dissociative effects during use, and cocaine with the protracted effect this has on personal health and finances. At the time of the interview, Alfie was in his early thirties, and specifically referred to 'young people' when mentioning these negative depictions. His position aligned with paternalism; his beliefs related to safeguarding health and well-being, particularly around dependence and excessive use. As with Marissa, he also distanced himself from personal use, which he acknowledged may affect his opinion. Alfie created positive associations with 'hippies', alcohol moderation and substance use to facilitate creativity. In this section, the complexity of supporting reform approaches is due to the fear of the unknown, specifically an apprehension about the impact that a relaxation of the law could have on the attitudes and behaviour of others.

Reform rooted in social welfare and human rights ideology

Several participants outlined the need for better education and information to improve public knowledge about illicit substances and to formulate a workable drug policy. Participants aligned with the soft paternalism philosophy and highlighted that education was required to reduce stigma surrounding drugs and the people who consume them, as well as to safeguard health and well-being. Human rights arguments were also utilised to challenge prohibitionist ideology. When interviewed, Louise was in her thirties and had worked within the field of drug policy; she had taken a variety of recreational drugs throughout her lifetime, primarily psychedelics and stimulants, and she had recently used modafinil for work. When speaking about changes in policy, she spoke about the positive benefits of drugs and petitioned for these to be included within policy debates,

I am a big believer that drugs are something that can be amazingly positive and affect people positively in a variety of different ways. I also think there are many arguments to actually have an open discussion about the legality of drugs....I don't see anything wrong with accepting the fact that people will use drugs regardless for a variety of purposes and therefore we should have an integrated system for those people. There should be no shame and no fear; people should also be allowed to buy things safely and be well informed about the side effects and I really don't see anything wrong with that. With these smart drugs of course there is going to be some level of danger and those dangers aren't going to be well known if there isn't an honesty to start with and a cohort of people who are actually experiencing it and then research can be done and evidence can be collected.

Louise framed her opinion within a human rights ideology; she expressed the right to informed consumption. The presentation of her argument demonstrated this may not be a widely held view. *I don't see anything wrong* suggested that others do so. *There should be no shame or fear* highlighted that people do feel/project shame and fear surrounding substance use. Louise's attitude is connected to a broad understanding of substance use within society, not just her personal experiences. In this sense she asserted that people who use drugs are not a specific group, but that substance use is multifaceted and fluid, she emphasised the word 'positive' in order to make a point about her opinion on the topic. The excerpt chimes with Millian liberalism, which respects an individual's freedom to consume drugs (as long as it does not harm others). Drawing from soft paternalism, Louise did not reject substance related harm, but asserted that harms should be managed by respecting the rights that individuals have over their bodies and providing them with the information required to fulfil this right. At the end of the extract Louise outlined the importance of an evidence-based approach, which considers a perceived knowledge gap required for policy formation, which is linked to her epistemic knowledge within the drugs policy field. In conclusion, reform was rooted within human rights ideology, which supports people making informed choices about their psychoactive substance use that maximises benefit and minimises harm.

Apathy through counter-culture

A small number of people were apathetic about drug policy; these participants worked within communities and identified themselves as healers, guides and/or pagans. These individuals did not have conventional careers or lifestyles and rejected mainstream conformity, including rules and regulations. The term 'drug' was also challenged within the interviews when speaking about ayahuasca and iboga, which were referred to as plant medicines. This functioned to distance the self from the cultural connotations associated with 'drugs'. Jonah lived in a commune and was a healer using alternative medicines and therapies. He had a history of recreational substance use but in the last few years he transitioned to the use of plant based medicines, starting with psilocybin mushrooms and moving onto ayahuasca. Jonah's motivation for personal consumption was

connected to enlightenment and spiritual awakening. In the following extract, he described his apathy around the law:

Should the law be changed? I'm not sure, it serves a purpose on one level but I don't know. I really love when Graham Hancock talks about being sovereign over our own bodies. I'm an anarchist politically so freedom with responsibility. If I'm drinking alcohol and I fight then I'm not being responsible to my freedoms to alter my own brain chemistry, whereas if I'm drinking ayahuasca then I'm becoming the kind of person who is not having so many arguments with my girlfriend, then I think that's a really good thing to be doing. So I don't pay so much attention to the law in that sense, I almost would say it doesn't apply to me, but I can speak on behalf of a lot of people in this work, we just don't take it (the law) that seriously

In the extract, Jonah distanced himself from the law, almost referring to it as irrelevant or a joke. Jonah is a **white** male in his thirties with no first-hand experience of being criminally sanctioned. As such, his opinions and attitudes are likely shaped by this lack of intervention and surveillance. The use of the term 'we' denoted this is a shared belief belonging to a group, rather than a personal opinion. It is therefore clear that Jonah belongs to a collective whose ideology differs considerably from that of mainstream institutions, i.e. legal codes and norms. This ideology is deontological and connected to strict libertarianism, which rejects government involvement in personal consumption and behaviour. Rather than being uncertain about drug policy through lack of thought (compared with Marissa's narrative which was vague and ambiguous), this attitude involved a purposeful separation from the mainstream. The use of an analogy highlighted Jonah's political beliefs, which were governed by peace and harmony rather than the rule of law. Using a legally available substance (alcohol) emphasised that his views were not about purposefully contravening the law, but they were based upon beliefs related to freedom from antagonism. The social representation of human rights was central to the ideology and attitude of this discourse. Therefore, this section has revealed that there were some participants who rejected the personal relevance of drug policy discussions due to anarchist beliefs, on the basis that the state rules and regulations are irrelevant to the governance of their behaviour.

Discussion

Our findings illuminate a complex interplay of resistance to and support for prohibitionist ideology, rather than two distinct and opposing sides. This supports existing research that also found diverse opinions related to policy and reform (Greer & Ritter, 2019; Lancaster et al., 2013, 2014; Lancaster et al., 2017; Ritter, 2015; Ritter et al., 2018). The participants had varied personal experiences and opinions of substances, which are to an extent, connected to their attitudes towards policy. However, the participants' broader knowledge on the topic had a greater influence on their beliefs. Those who were ambivalent about drug policy had not engaged in any further information gathering or study beyond their own (or their friends) experiential knowledge and as such, they lacked understanding or interest in the topic. Participants who had researched the subject, via news media, the Internet or books were aware of different approaches but often lacked clarity on ways forward. Those who had studied or worked within the field of drugs/and or policy, for example through campaign and activist groups, were more likely to present confident and assured pro-reform arguments. In short, these participants had the discursive tools to argue for alternative models and approaches. In addition, being a PWUD does not guarantee the existence of pre-formed opinions about policy and reform. Thus, in support of the findings of Greer and Ritter (2019), education is an important resource to provide people with the appropriate knowledge to contribute to the debate if they choose to. In order to better connect the public to drug policy debates, we need to ensure people have clarity on the different reform approaches and how they can and do operate. This will

increase knowledge and aid in the formation of opinions necessary for meaningful engagement and consultation.

It should be noted this was a qualitative project and so the opinions of these PWUD are not representative of the drug taking population in the UK. The participant group comprised of forty participants who were mainly white British, in stable employment or education, with no experience of formal or informal sanctioning and/or drug treatment. They encompassed the 'silent majority' of PWUD (Salinas, 2018; Askew & Salinas, 2018). The absence of consideration or apathy surrounding personal opinion is likely connected to the discourse of privilege and the lack of surveillance/criminal sanction and/or engagement with treatment and support within this particular participant group. Accordingly, considerable work needs to be done to understand the perspectives of a range of people with alternative substance consumption experiences, further diversity in terms of age, ethnicity and socioeconomic background, as well as integrating those with experience of treatment and the criminal justice system.

The four philosophical positions developed by MacCoun and Reuter (2001) four philosophical positions (hard and soft paternalism, legal moralism, strict libertarianism and Millian liberalism), which typically underpin drug policy debates. There was some internalisation and support for prohibition from a legal moralist and paternalist position, but overwhelmingly there was resistance and challenge to it and a rejection of these two positions. Soft paternalism was evident within attitudes concerned with safeguarding health and well-being; and was found in arguments that both supported and challenged prohibitionist ideology. This indicates both deontological and consequentialist perspectives are relevant to debates about policy reform. These PWUD did not reject legal moralism and paternalism entirely, but provided nuanced perspectives on these positions, encompassed by an attitudinal continuum that ran from anti-prohibition to pro reform.

Anti-prohibition can be broken down into two perspectives. The first is *theoretical anti-prohibition*, where participants outlined the issues of the current system, but lacked clarity on ways to move forward, for example whether a relaxation in the law would provide positive change in relation to public attitudes and behaviours, specifically the potential for harms caused by excessive consumption. There was also cynicism directed towards the perceived unwillingness of the government to support alternative approaches. Prohibitionist ideology is therefore rejected but alternatives are not viewed as achievable or likely. The second perspective is *radical anti-prohibition* related to apathy regarding current legislation and opportunities for reform, and an alignment with strict libertarianism where state involvement in the governance of behaviour is morally rejected. This perspective challenged the power that the state has over the individual and these PWUD valued self-governance. Our paper has identified nuances within anti-prohibitionist ideology; no doubt there are further points of distinction to be unearthed within future research. We agree with Ritter et al. (2018) that focusing on the complexities helps us to develop new ways of thinking about the policy debate, in doing so we have illuminated some key ideological subtleties that require careful consideration in the policy-design process.

In our analysis of discourse using SCA, we have identified the use of ideological polarisation within the narratives. This is a discursive tool that distances the self from negatively perceived behaviour in order to acquire and maintain power (van Dijk, 2014). Ideological polarisation was used to distinguish personal beliefs from conservative politics and to resist association to dysfunctional and reckless substance consumption. Whilst the resistance of addict identities and dependent use is widely reported (Askew, 2016; Buchanan and Young, 2000; Radcliffe & Stevens, 2008; Rodner, 2005), the SCA approach allowed us to look at the function and purpose of this. Public discourse surrounding drugs is based on negative stereotyping and individual pathology, therefore it is

expected that participants may discursively defend their actions for self-preservation. Participants highlight the self-governance of behaviour, in order to legitimise the self, which supports Askew, (2016). Ideological polarisation both resisted and internalised prohibitionist ideology. On one hand it challenged the notion that certain *substances* should be prohibited by outlining the parameters of acceptable conduct. However, it did this by othering substance related *behaviours*, which reinforced rather than contradicted the power imbalances associated with decades of ideological polarisation facilitated by prohibition ideology (see McAllister, 2000). This invokes a moralistic position replicated by the social dynamics of prohibition to imbue PWUD with power and legitimacy. We suggest this is related to the internalisation of stigma through the dominant negative perceptions of illicit substances and those who consume them.

Participants who presented pro-reform perspectives were more pragmatic regarding their challenge to prohibition ideology and championed decriminalisation or state regulation, on the basis of human rights, social welfare and health, which chimes with existing discourse on policy reform debates (see Eastwood et al., 2016 for decriminalisation and Rolles, 2009 for state regulation). From the *health pro-reform* perspective, drugs remain problematised and were associated with a commitment to harm reduction. The *human rights pro-reform* perspective highlighted the value of substances and the ability for people to make informed choices regarding their consumption habits connected to Millian liberalism. This perspective also related to the strict libertarian position, which argues that the state does not have the right to interfere with personal consumption and behaviour. Future research in the field should therefore distinguish between the two ideological positions related to human rights. *Economic pro reform* was also relevant within some pro reform arguments and conveyed the belief that relaxation in the law could have a positive effect on the economy. The social representations of health, human rights, education and economics were the main areas for discussion amongst these PWUD and further representations might become evident by including a broader range of PWUD within these debates.

Conclusion: moving forward with participatory approaches

This paper contributes to a growing body of research integrating PWUD into debates about drug policy and opportunities for reform and is the first to incorporate a UK perspective. We agree with Ritter et al. (2018) that the goal of integrating multiple voices into the drug policy debate should not be concerned with reaching rational conclusions or problem solving. Honing in on the complexity of formulating opinion and highlighting conflicting viewpoints can help us bring new knowledge into policy debate and enrich thinking (Ritter et al., 2018). Our findings demonstrate the sites of attitudinal complexity related to political beliefs, health outcomes, moralism surrounding behaviour and the nuances of human rights arguments. In order to avoid a tokenistic consultation based on preconceived ideas about drug policy and reform, Ritter et al. (2018) highlight the need to create both the space and opportunity for people to participate in the production of knowledge. The SCA has demonstrated that the language used and the framing of questions is important. Asking people if they think drugs should be legalised, decriminalised or medicalised is limiting the debate. Some people within this participant group were fazed by the question asking for their opinion on UK drug policy as they lacked knowledge on the different reform approaches. We agree with Greer and Ritter (2019) that it is important to demystify terminology as knowledge provides participants with the power to contribute to debates that are relevant to their actions and behaviour. Despite the varied opinions and lack of clarity, the participants were consistent in their use of social representations; the key macro themes discussed were human rights, health, economics and education. Thus, these social representations could be used as a basis for drug policy discussions in order to facilitate inclusivity and relevance. A focus on discussing these key representations may well

allow for co-production of knowledge, rather than a mere integration of views that are directed by top-down policy discourse that excludes many people from the debate.

Declaration of Competing Interest

The authors declare no conflict of interest.

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