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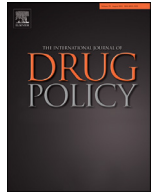
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Research Paper

The importance of PEOPLE who use drugs within drug policy reform debates: Findings from the UK Drug Policy Voices online survey



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ABSTRACT

Background: Drug Policy Voices is a UK-based project designed to integrate the voices and experiences of people who use drugs (PWUD) into debates about drug policy reform. An online survey was conducted in 2020 to understand opinions connected to drug use and drug policy. We used a blended values approach combining Moral Foundations Theory (Haidt and Joseph, 2004; Haidt and Graham, 2007) and MacCoun and Reuter's (2001) four philosophical positions that underpin the drug policy. This paper asks, what values do people who use drugs hold surrounding drug use and drug policy, and what factors predict these values?

Methods: We used online-purposive sampling and achieved 1217 survey responses, which captured sociodemographic characteristics, patterns of drug use, sourcing and supply of drugs used within the last 12 months, experiences of criminal justice sanctions in connection to drugs, and experiences of alcohol or other drug treatment. In addition, we devised 37 attitudinal questions about drug use and drug policy, which included both progressive and prohibitionist value positions.

Results: The exploratory factor analysis revealed a six-factor solution that identified important value positions for this respondent group, which are *personal autonomy*, *paternalism 1*; *paternalism 2*; *legal injustice 1*; *legal injustice 2*; and *neoliberal governance*. Age, gender, religious beliefs, political views, identifying as a recreational drug taker, using drugs recently, and having experience of working or studying in the substance use/drug policy field are predictors of these value positions.

Conclusion: The Drug Policy Voices survey has identified collective values and ideology connected to lived experience that illustrate a clear goal conflict with prohibitionist ideology. PWUD have valuable contributions to make to the policy reform debate, but we must acknowledge that opinions are not formed through drug-related experiences alone. The findings of this research highlight the importance of emphasising *the person* who uses drugs within participatory approaches.

Introduction

Public participation is a crucial consideration within the drug policy field. Global changes in drug policy mark a shift from strict prohibition to both health-based and human rights-based approaches that reduce or eradicate the criminalisation that surrounds the personal use of drugs. To increase policy legitimacy and outcomes, it is widely acknowledged that people who use drugs (PWUD) should be involved in debates, processes, and future policy formation (Askew & Bone, 2019; Cheng et al., 2021; Greer & Ritter, 2019; 2020; Hughes et al., 2018; Lancaster et al., 2018, 2014; Levy, 2018; Monaghan et al., 2018; Osborne & Fogel, 2017; Roberts, 2014). “Without engaging the affected community in decisions

that affect their lives, governments, academics, and advocates alike risk promoting drug policy reform that is not relevant or meaningful to PWUD themselves” (Greer & Ritter, 2019:45).

‘Drug Policy Voices’ is a UK-based research project funded by the Economic and Social Research Council (ref: ES/R007225/1). It aims to integrate the voices and experiences of PWUD into debates about drug policy reform. The first stage of the research design was to conduct a survey to understand attitudes towards drug use and drug policy. The key challenge here was to construct a set of attitudinal questions to encompass perspectives on drug use and drug policy in general, rather than having one specific focus. Other surveys of public attitudes have focused on particular policy issues, such as sup-

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port for drug consumption rooms and/or heroin-assisted treatment (Firestone Cruz et al., 2007; Sumnall et al., 2020), support for the death penalty in Asia (Girelli, 2021), perceptions of harm (YouGov, 2021) or are focused around opinions on specific drugs, primarily cannabis (see Denham, 2019 and Conservative Group for Drug Policy Reform (CGDPR, 2019), which has been subject to the most global policy change in the last decade.

The mechanisms of participation are complex for several reasons. The phrase ‘people who use drugs’ (PWUD) has become the dominant term of reference within activism and academia. It humanises those who consume drugs, putting the person before the behaviour (Global Commission on Drugs, 2017). However, this is a broad term with subjective meaning, often used to refer to specific groups, for example, those who have dependencies (McKnight & Des Jarlais, 2018) or those engaged in treatment (Lennox et al., 2021). The parameters relating to drug type(s), frequency, and recency of use need to be defined to ensure there is a shared understanding of who can and should contribute. How we define ‘drug use experience’ is also of significance. Those who continue to use drugs are often omitted from debate within a prohibitionist regime, as they are viewed ‘as yet’ to overcome their drug use, as Madden et al. (2021) found within a UN context. Furthermore, some people may find participation difficult due to the challenging circumstances of dependency (Bartoszko, 2021), which marginalises those who are the most affected by drug policies (Lancaster et al., 2014; Monaghan et al., 2018; Ritter, 2022). Therefore, it is essential to carefully define inclusion and exclusion criteria for participation whilst acknowledging the groups not represented within these processes and debates.

PWUD do not form a homogenous group with similar beliefs and values (Bartoszko, 2021). Bone et al. (2022) found ideological differences between the participating cannabis social clubs and a prevailing tension between commercial interests and human rights concerns. In addition, the varied motivations for and experiences of drug use results in disparate views, which can be challenging to synthesise (Askew & Bone, 2019; Greer & Ritter, 2019; 2020; Lancaster et al., 2014). Drug use experience does not necessarily equate to political engagement within drug policy reform debates, but people do have essential contributions to make based on their experiences (Askew & Bone, 2019; Leonard & Windle, 2020). Therefore, the question is not whether we should engage but how engagement can account for differences in experience and perspective whilst maintaining authenticity.

Values-led research

To address the issues of synthesis, complex opinions, and varying levels of knowledge, the Drug Policy Voices survey uses a blended values approach that is informed by Moral Foundations Theory – MFT hereafter (Graham et al., 2011, 2013; Haidt & Graham, 2007; Haidt & Joseph, 2004) and the four political positions that underpin drug policy (MacCoun & Reuter, 2001). Several drug policy scholars engage with values-led research or normative scholarship (Stevens, 2018; Zampini, 2018; Stevens and Zampini, 2018; Stevens, 2018). Normative thinking allows us to question how people should live in relation to others (moral) and the relationship between the state and the individual (political). No policy is value-neutral, as Ritter (2022:10) highlights – ‘all drug policies are associated with ethical reasoning and represent a value position.’ Furthermore, understanding how values underpin policy helps illuminate the dominant power structures and the moral basis of these perspectives (Stevens and Zampini, 2018). ‘Recognising the fundamental role that values play in drug policy creates the opportunity to explore how values may be used to facilitate policy change.’ (Ritter, 2022:116).

MFT was developed by psychologists (Haidt & Graham, 2007; Haidt & Joseph, 2004) and aims to explain the origins of human moral reasoning based on six core modular foundations: Care/Harm, Fairness/Cheating, Loyalty/Betrayal, Authority/Subversion, Sanc-

tity/Degradation, and Liberty/Oppression. Drug policy is inherently moralistic, and all foundations can be linked to the drug policy debate to some extent, where prevailing arguments surrounding health, harm reduction, rights, and justice are critical concerns for activists, academics, and policymakers. MFT helps us understand how our values and morals are attached to groups and collectives, primarily associated with politics and religion (Haidt, 2012). Stevens and Zampini (2019) highlight how the continued stronghold of criminalisation within UK drug policy is connected to conservative politics and the religious right. MFT’s authoritarian foundation (drug users need to be controlled) and the sanctity foundation (drug use is morally wrong) form prohibitionist ideology with abstinence and recovery at its core. This is further supported by a recent empirical drug policy study applying MFT, which found that those who scored highly on the Sanctity/Degradation foundation (typically associated with conservative values) held negative attitudes towards needle exchange programs. In contrast, those who scored highly on the Care/Harm foundation had positive attitudes toward needle exchange programs (Christie et al., 2019). MFT embraces both moral and political philosophy as it provides a way to understand the moralities and values of PWUD and connects these to religious and political ideologies.

Whilst MFT helps us understand the building blocks for how attitudes and values are formed and embraces variations in moral reasoning on both an individual, group, and a societal basis, MacCoun and Reuter’s (2001) four philosophical positions (legal moralism, strict libertarianism, Millian liberalism, and legal paternalism) underpin the drug policy debate and focus on the relationship between the state and the individual. Applying these philosophical positions, Askew and Bone (2019) found resistance to the current system of prohibition when studying the narratives of forty PWUD; these opinions ranged from anti-prohibition to pro-reform. The perspectives of this participant group aligned with Millian liberalism and soft paternalism; people should be free to use drugs so long as it does not harm others, and harm reduction and safer use should form the basis of policy and education messages. There was also alignment with strict libertarianism from plant medicine communities and a rejection of authoritarianism, which is the view that government has the right to direct individual behaviour. There is some evidence in the literature that PWUD support hard paternalism (drugs should be banned because they are harmful) for specific drugs, such as crystal methamphetamine and heroin (Lancaster et al., 2014), which highlights the need for drug-specific debates. Further research is required to understand the interplay between values, lived experience, and drug policy perspectives. The aim of this paper is to use a blended values approach to understand the contribution of PWUD to the drug policy debate. As such, this paper asks: What values do people who use drugs hold surrounding drug use and drug policy, and what factors predict these values?

Methods

Survey and recruitment

The survey was conducted using the Qualtrics online survey platform; we used online purposive sampling, an approach increasingly used to target drug-using populations where the researchers have situated knowledge and access. This approach does not provide generalisable results but allows low-cost access to groups of hidden and stigmatised populations (Barratt, Ferris, and Lenton, 2015). Participants were actively recruited by targeting social media, professional and personal networks, critical figures within the drug policy and criminal justice reform movement, as well as drug policy charities/organisations, treatment and support centres, festivals, musicians, DJs, authors, and interest groups (such as cannabis social clubs and psychedelic societies). We also posted on drug forums and Facebook groups and Instagram. Twitter was the primary platform for our social media campaign, and we had strong support for the survey, which was shared many times. This support rep-

resents ‘ecologies of participation,’ “i.e., the relational dynamics of diverse interrelating collective practices and spaces of participation which intermingle and are co-produced with(in) wider systems and political cultures” (Chilvers et al., 2018:202), as the shares, likes and survey completions indicate public interest and support for drug policy reform debate.

To be eligible, participants needed to be at least 18 years old, be a UK resident and/or citizen, and have taken a drug covered by the Psychoactive Substances Act (1971); Legislation or the Legislation. A fake drug (“Nalpiridine”) was included as an option to the question, “Which drugs have you used and how recently?” as a data quality check to increase confidence in participant responses. 1862 people clicked the link to the survey, out of whom 1340 (72.1%) were deemed eligible, passed the data quality check, and completed the survey.

Measures

The primary measure of the survey was participants’ values surrounding drug policy, which were assessed by their responses to 37 attitudinal items. Participants indicated their agreement on a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree). We included questions and statements related to progressive and prohibitive policies (see Appendix A).

Other survey items captured sociodemographic characteristics, patterns of drug use (never, in their lifetime, in the past 12 months, past month, past week), sourcing and supply of drugs used within the last 12 months, experiences of criminal justice sanctions in connection to drugs, and experiences of alcohol or other drug treatment. Sociodemographic questions included age, gender, ethnicity, parental status, country of residence (England, Wales, Scotland, or Northern Ireland), employment status, and experience working or studying in drug use/and or the drug policy field (yes vs no). Religious and political affiliations were assessed by multiple-choice, with an additional option to select another answer. Participants were also asked how many times they had been searched under suspicion of drug-related offence (never, 1–5 times, 6–10 times, or over 10 times), whether they had ever received a criminal sanction related to drugs, and to state their most severe drugs charge (discharge, fine, suspended sentence order, community order, or imprisonment).

Statistical analysis

Analyses were restricted to respondents who completed all 37 drug policy value items ($N = 1217$, 90.8%). An exploratory factor analysis (EFA) was performed on the drug policy values items to identify conceptually meaningful and reliable factors. The suitability of the data for EFA was established using both Bartlett’s test of sphericity and Kaiser-Meyer-Olkin’s measure of sampling adequacy for factor analysis (KMO). As the number of factors was not known *a priori*, a potentially optimum number of factors was estimated using Monte Carlo parallel analysis and Velicer’s minimum average partial (MAP) test (Horn, 1965; Zwick & Velicer, 1986). Principal axis factoring was used as an extraction method with oblique (oblimin) rotation. Oblique rotation was selected as there was no specific reason to assume factors related to drug policy values would be independent of each other. A factor loading cut-off value of 0.3 was used to determine which items to retain in the final solution. When items loaded onto more than one factor, the item was allocated to the factor it loaded on strongest. Goodness of model fit was evaluated by the root mean square error of approximation (RMSEA) and Tucker-Lewis Index (TLI).

Bartlett scores were generated for each factor as they represent unbiased estimates of the true factor scores and, unlike summed score methods, consider differences in factor loadings amongst observed items (Hershberger, 2005). Multivariate linear regression was then conducted between these factor scores and key covariates to determine which characteristics and experiences influence drug policy values. Multivariate outliers were detected using Cook’s distance with a cut-off value of 1.0.

Table 1
Sociodemographic characteristics and criminal justice experiences ($N = 1217$).

Variable	<i>n</i>	%
Gender		
Female	501	41.2
Male	692	56.9
Other	24	2.0
Age, mean \pm SD, years	36.0 \pm 11.4	
Ethnicity		
Majority	1157	95.1
Minority	60	4.9
Religion		
Atheist	579	47.6
Agnostic	168	13.8
Christian	126	10.4
Spiritual not religious	256	21.0
Other	88	7.2
Politics		
None	196	16.1
Conservative	107	8.8
Liberal	358	29.4
Socialist	480	39.4
Other	76	6.2
Number of times searched by police		
Never	822	67.5
1–5 times	328	27.0
6–10 times	34	2.8
10+ times	33	2.7
Sanction related to drugs		
None	1001	82.3
Fine	168	13.8
Discharge	12	0.9
Community order	4	0.3
Custodial sentence	32	2.6

SD, Standard deviation.

All observations were found to have Cook’s distance values ranging below 0.5, indicating the absence of strongly influential outliers. For the regression analysis, participant illicit drug use was defined as recent use (any drug use in the previous month) or non-recent use (any drug use over one month ago). Significance was set at $p \leq 0.05$. Due to the presence of heteroskedasticity, robust standard errors (SE) were calculated. All analyses were performed in R v.4.0.4.

Results

Description of the sample

The final sample included 1217 respondents after excluding 123 people who did not complete all drug policy value items. Wilcoxon tests and chi-squared analyses comparing participants who did not complete these questions showed participants who completed them were younger (36.0 ± 11.4 vs. 38.3 ± 12.4 , $p < .001$) and were more likely to hold socialist political views (47.1% vs. 39.4%, $p = .008$). The characteristics of the final sample are shown in Table 1. The mean age of participants was 36.0 ± 11.4 years (skewness = 0.58), with the majority being male (56.9%), white (95.1%), and residing in England (83.6%). Ethnic minorities included mixed (3.0%), Asian (1.0%), and Black (0.4%). Most of the sample were in employment (75.2%) or were students (14.5%), and 22.4% had worked or studied within the drug use/and or drug policy field. One-third of participants reported some contact with the police, and 17.7% had received a drug-related criminal sentence.

All respondents reported using at least one illicit drug within their lifetime, and 87.5% reported use in the last 12 months. In the week before completing the survey, 52.4% said they had used an illicit drug, with cannabis, cocaine, and ketamine use being the most common in the past week (Table 2). Respondents were most likely to have used cannabis in their lifetime (98.1%), followed by ecstasy (85.7%) and cocaine (85.6). In contrast, heroin (9.9%), anabolic steroids (3.0%), and

Table 2
Survey respondent's history of use according to drug type (N = 1217).

Drug	Never	Lifetime	Past 12 Months	Past month	Past week	Missing
Alcohol	4 (0.3)	112 (9.2)	100 (8.2)	181 (14.9)	814 (66.9)	6 (0.5)
Anabolic steroids	1138 (93.5)	29 (2.4)	4 (0.3)	1 (0.1)	3 (0.2)	42 (3.5)
Cannabis	16 (1.3)	344 (28.3)	222 (18.2)	150 (12.3)	478 (39.3)	7 (0.6)
Cocaine	156 (12.8)	343 (28.2)	312 (25.6)	221 (18.2)	166 (13.6)	19 (1.6)
Ecstasy	159 (13.1)	417 (34.3)	363 (29.8)	194 (15.9)	69 (5.7)	15 (1.2)
Heroin	1065 (87.5)	104 (8.5)	5 (0.4)	5 (0.4)	7 (0.6)	31 (2.5)
Ketamine	426 (35.0)	345 (28.3)	205 (16.8)	130 (10.7)	86 (7.1)	25 (2.1)
LSD/Acid	459 (37.7)	514 (42.2)	180 (14.8)	30 (2.5)	9 (0.7)	25 (2.1)
Magic Mushrooms	395 (32.5)	494 (40.6)	231 (19.0)	49 (4.0)	25 (2.1)	23 (1.9)
Speed	330 (27.1)	688 (56.5)	122 (10.0)	33 (2.7)	17 (1.4)	27 (2.2)
Spice	1037 (85.2)	136 (11.2)	3 (0.2)	0	0	41 (3.4)
Tobacco	60 (4.9)	386 (31.7)	134 (11.0)	121 (9.9)	501 (41.2)	15 (1.2)

Data expressed as n (%) per row.

Table 3
Six factors produced by Principal Axis Factoring extraction with oblimin rotation on 28 drug policy value items.

Factors	Eigenvalue(% variation explained)	Items with salient factor loadings (>0.3)	Factor Loading
Factor 1: Personal autonomy	7.43 (10%)	People should be free to use drugs so long as it does not cause harm to others.	0.79
		People should be allowed to grow or produce drugs for their own personal use.	0.71
		People should be free to use drugs even if it harms themselves.	0.49
		The public should obey drug laws even if they do not agree with them.	-0.44
		It is necessary to ban drugs to maintain law and order.	-0.41
		People have a personal responsibility to control their drug use.	0.39
		Being loyal to those close to me is more important than following drug laws.	0.38
		If the government tell us that drugs are dangerous then we should listen to them.	-0.35
		Drug policy should acknowledge that people use substances for spiritual reasons.	0.34
Factor 2: Paternalism 1	2.74 (10%)	Young people should be advised against the use of <u>spice</u>	0.78
		Young people should be advised against the use of <u>tobacco</u>	0.75
		Young people should be advised against the use of <u>steroids</u>	0.69
		Young people should be advised against the use of <u>heroin</u>	0.69
		Young people should be advised against the use of <u>alcohol</u>	0.40
Factor 3: Paternalism 2	1.7 (10%)	Young people should be advised against the use of <u>ecstasy</u>	0.89
		Young people should be advised against the use of <u>magicmushrooms</u>	0.80
		Young people should be advised against the use of <u>cannabis</u>	0.74
		Young people should be advised against the use of <u>cocaine</u>	0.47
Factor 4: Legal injustice 1	0.67 (9%)	It is unjustified that alcohol is legal, and <u>heroin</u> is illegal	0.81
		It is unjustified that alcohol is legal, and <u>cocaine</u> is illegal	0.71
		It is unjustified that alcohol is legal, and <u>spice</u> is illegal	0.67
Factor 5: Legal injustice 2	0.53 (7%)	It is unjustified that alcohol is legal, and <u>cannabis</u> is illegal	0.71
		It is unjustified that alcohol is legal, and <u>magic mushrooms</u> is illegal	0.73
		It is unjustified that alcohol is legal, and <u>ecstasy</u> is illegal	0.52
Factor 6: Neoliberal governance	0.21 (7%)	People who are addicted to drugs deserve our sympathy.	-0.53
		It is unfair to the taxpayer if the government supplies heroin as a treatment option on the NHS.	0.50
		It would be undesirable to live near to a drug treatment centre.	0.46
		People who supply drugs should be shunned by their communities.	0.41
		The government should value the opinions of people who use drugs when making policy	-0.31

ayahuasca (5.8%) use was least reported. Seventy-four percent of respondents self-identified as a 'recreational drug taker,' whilst 8% of participants reported receiving treatment for drugs or alcohol.

Exploratory factor analysis

Bartlett's test of sphericity was significant ($p < 0.001$), and the KMO value was 0.9, which supports the suitability of the data for EFA. The parallel analysis indicated the extraction of seven factors while Velicer's MAP suggested five factors; both these options and a six-factor solution were explored, and the latter was determined to be the most interpretable. Of the 37 initial drug policy value items, nine items were excluded for loading below the cut-off value of 0.3. The final six-factor solution accounted for 52% of common variance and provided a reasonable model fit (TLI = 0.89, RMSEA = 0.06). Results of salient loadings (>0.3) are shown in Table 3, while all factor loadings are presented in Appendix A.

Factor 1 was labelled "personal autonomy" as its 9 items reflected attitudes that support individual liberty and personal choice surrounding the consumption and production of drugs and rejected that the government should control individual behaviour/decisions to use drugs. Factor 2 was named "paternalism (1)" as it consisted of six items related to advising young people against spice, tobacco, steroids, and alcohol. Factor 3 was named "paternalism (2)" as its four items also related to advising young people against ecstasy, magic mushrooms, cannabis, and cocaine. Factor 4 was termed "legal injustice (1)" and related to perceived injustices about heroin, cocaine, and spice. Factor 5 is named "legal injustice (2)" and related to cannabis, magic mushrooms, and ecstasy injustices. Factor 6 was named "neoliberal governance" as its six items rejected state intervention and support for PWUD. All factors demonstrated sufficient internal reliability. Cronbach's alpha estimates were 0.82, 0.82, 0.86, 0.85, 0.82, and 0.69 for factors one to six, respectively, and 'Cronbach's alpha if item deleted' showed that internal reliability would decrease were any items to be removed from the final factor solution. The Bartlett factor scoring method standardises scores to the same mean and

standard deviation; hence mean scores for all factors were 0 ± 1 . No factors were found to be highly skewed (using skewness < 1.5).

Predictors of drug policy values

Differences in participants' drug policy values were examined by comparing Bartlett factor scores to a set of demographic and drug experience independent variables using linear regression models (Table 4). Age was found to have a significant effect. Older age was associated with higher scores on *personal autonomy* and *legal injustice* (1 & 2) but lower scores on *Neoliberal governance*. Similarly, gender also showed a significant effect, with males tending to score higher on *personal autonomy* and *legal injustice* (1 & 2) compared to females.

Personal autonomy, *paternalism* (2), and *legal injustice* (2) were all significantly associated with recent drug use (within the past month). Considering oneself a 'recreational drug taker' was associated with all factors except *paternalism* (1). Being unsure whether they consider themselves a 'recreational drug user' is significantly associated with *personal autonomy*, *paternalism* (1,2), as well as *legal injustice* (2) compared to those who did not take drugs recreationally.

Religious beliefs and political views were important predictors of drug policy values. Religion is significantly associated with all factors, excluding *legal injustice* (1). Those with Christian beliefs had lower ratings on *personal autonomy* and *legal injustice* and higher ratings on *paternalism* and *neoliberal governance*. Spiritual individuals broadly showed opposing drug policy values to Christians. This is aside from *paternalism* (1), where they both score higher than atheists.

Compared to participants with no reported political views, those with socialist or liberal views score higher on *legal injustice* (1) and lower on *neoliberal governance*. In contrast, pro-conservative individuals tended to score higher on *neoliberal governance*.

There was no significant effect on the factor values for criminal justice experiences and drug or alcohol treatment, except for participants who received a discharge notice about drugs. These participants scored lower on *neoliberal governance*.

Discussion

Personal autonomy

Rights-based arguments are central to drug policy reform activism (Bone, 2020; Seddon, 2020; Walsh, 2016; Zampini et al., 2021). The personal autonomy factor had the most significant number of questions loading onto it. It showed a positive correlation with questions that support the right to consume drugs and a negative correlation with questions that support state intervention to ban drugs and restrict individual behaviour. This demonstrates the importance of the liberty foundation from MFT and MacCoun and Reuter's (2001) Millian liberal and strict libertarian philosophical positions. This factor represents an alternative value position to the legal moralist and hard paternalist underpinnings of *Misuse of Drugs Act* (1971)). It highlights a drug policy goal conflict (Ritter, 2022), which opposes prohibition and advocates for the right to use drugs. Several variables predicted support for this Factor.

Males supported *personal autonomy* to a greater extent than the female respondents. Christie et al., (2019) found that females had a stronger affiliation with the care foundation and more favourable support for needle exchanges than males. Combined, these findings indicate differing gendered value positions surrounding drugs and drug policy that require further qualitative investigation. As expected, recent users supported *personal autonomy* to a greater extent than those with more historical use. Those who hold spiritual beliefs and 'other' political views also supported the *personal autonomy* factor to a greater extent than atheists and those with no political ideology, respectively. MFT invites us to think about the importance of group-based values; collectives of PWUD, such as: ravers, psychedelic societies, and plant

medicine communities, are connected through their shared value systems. Those using drugs for spiritual reasons experience joy, happiness, connectedness, and transformative and life-affirming benefits (Askew & Williams, 2021; Tupper, 2008, 2009; Carhart-Harris & Nutt, 2010; Hutson, 2000; Johnstaad, 2020). These studies highlight how spirituality and political beliefs can be linked to human rights values and positive drug-using experiences.

The only variable that opposed *personal autonomy* is Christianity, which demonstrates how religious beliefs underpin values surrounding individual freedom and state control. MFT supports this finding since social conservatives of the religious right¹ are considered to focus less on the primacy of the individual as "the locus of moral value" and place a greater emphasis on collective roles, duties, and obligations (Graham et al., 2011: 368).

Paternalism

Paternalism positions the community/state with the responsibility to protect its members from harm (Ritter, 2022). Hard paternalism legally prohibits drugs to protect people from drug-related harm and is a primary value position of the *Misuse of Drugs Act* (1971). In contrast, soft paternalism promotes harm reduction and safer use (Askew & Bone, 2019). The Drug Policy Voices survey asked whether young people should be advised against the use of a number of different drugs. This links to soft paternalism and both the care and authority foundations within MFT. The EFA revealed two paternalism-based factors that grouped certain drugs together. Alcohol and tobacco joined anabolic steroids, heroin, and spice in *paternalism 1* (P1). In *paternalism 2* (P2), ecstasy, magic mushrooms, cannabis, and cocaine formed another group.

The legal distinction created by the MDA (1971), where alcohol and tobacco are considered distinct from other drugs, is not evident within these factor groupings. It is noteworthy that alcohol and tobacco loaded with heroin and spice, which are Class A drugs in the UK and are commonly associated with dependency and adverse health outcomes (see Nutt et al., 2007; 2010). The UK classification system has been widely challenged (Morgan et al., 2010; Nutt et al., 2007; Nutt et al., 2010). Furthermore, PWUD articulate the harms of alcohol and tobacco (compared to other drugs) based on their lived experience (Askew, 2016; Askew & Bone, 2019; Askew & Williams, 2021; Carhart-Harris & Nutt, 2010). The findings suggest that drug policy debates should include a discussion of alcohol and tobacco alongside, rather than separate from other drugs, as Taylor, Buchanan, and Ayers (2016) have also argued.

Those with Christian views supported both P1 and P2 and therefore advocate that young people should be advised against the use of all drugs, including alcohol and tobacco. This links to Christian values surrounding purity and sanctity as Haidt (2012: 175) acknowledges that religious conservatives' view "the body as a temple, housing a soul within, rather than...as a playground to be used for fun". Those with spiritual beliefs supported P1 but rejected P2. P2 included drugs that are often linked to spirituality (Askew & Williams, 2021; Tupper, 2008, 2009; Askew & Williams, 2021; Carhart-Harris & Nutt, 2010; Hutson, 2000; Johnstaad, 2020), and this distinction is likely connected to positive spiritual experiences associated with these drugs. Respondents who defined themselves as recreational drug takers and who had used drugs recently also rejected P2, which can also be linked to their own lived experience. Notably, the survey did not have enough regular users of steroids, spice, and heroin to confidently ascertain whether recent use of these drugs impacts opinions.

Those unsure whether they are recreational drug takers rejected both P1 and P2. It is difficult to make interpretations about this group, but

¹ Although MFT was developed by US researchers, there are parallels to be drawn since the "religious right" is also known as the "Christian right" and these terms can be used interchangeably in a US context.

it could be that they identify as medical or psychedelic users and/or are people who do not feel they can be categorised. Those with liberal political beliefs did not support P2, which can be linked to the rejection of authoritarianism and their belief that the state has no right to dictate their behaviour. Rejection of P1 is associated with those who have experience working and/or studying within the policy or treatment field. Leonard and Windle (2020) also found that practitioners within the treatment field rejected criminalisation due to the collateral consequences this had on the lives and futures of PWUD. Indeed, Askew and Bone (2019) found that those with experience/knowledge of treatment provision and/or drug policy offered a broader perspective on drugs and alternative policy approaches, which was based on the knowledge they had built in addition to their own lived experiences. Perhaps ‘advising against’ is not viewed as an appropriate way to communicate messages about drugs to young people. Prohibition has been widely criticised for creating stigma and adverse outcomes for a broad range of PWUD (Askew & Salians, 2019; Greer & Ritter, 2019; Lloyd, 2010; Leonard and Windle, 2020; Monaghan et al., 2018; Radcliffe and Stevens, 2008; Ross et al., 2020). The discursive positioning of these messages requires clarification through further research and policy discussion.

Legal injustice

“The legitimacy of policy relies on both its contestation and its acceptance by the public” (Ritter, 2022: 120). Applying Tyler’s (2006) theory of normative compliance, laws must be fair and just for legitimacy and subsequent public adherence. Respondents were asked whether it is unjustified for certain drugs to be illegal when alcohol is legal, which correlates with the fairness foundation from MFT. Alcohol is a suitable comparator as it is positively and negatively constructed from both deontological and consequentialist positions. Although legally available and widely accepted within the UK, some religions and communities forbid or discourage alcohol from a legal moralist perspective (deontological). In addition, alcohol is associated with recreation and pleasure, but also addiction, dependence, and destruction (consequentialist). Similar to the paternalism factors, the EFA revealed two drug-related groupings; *legal injustice 1* (LI1) represented the view that it is unjustified that heroin, cocaine, and spice are illegal when compared to alcohol; *legal injustice 2* (LI2) included ecstasy, magic mushrooms, and cannabis.

As age increases, so does support for both LI1 and LI2. Pearson and Shiner (2002) also found attitudes toward drugs relaxed with age. Males also supported both LI1 and LI2 to a greater extent than females, further suggesting gendered differences within drug policy reform debates. Identifying as a recreational drug taker also predicted LI1 and LI2, illustrating a collective voice based on lived experience. Support for both LI1 and LI2 demonstrates endorsement for legal injustice related to all illicit drugs compared to alcohol, rather than disparate views dependent on the drug.

Political views were an important predictor for LI1; those with liberal, socialist, and ‘other’ political views supported that it is unjustified that heroin, cocaine, and spice are illegal when alcohol is legal (compared to those declaring no political view). The drugs loaded onto LI1 are often associated with dependence and high levels of drug-related harm (Morgan et al., 2010; Nutt et al., 2007, 2010); reform activists on the left, such as Transform Drug Policy Foundation and Release, support the liberalisation of policies to protect vulnerable PWUD from further harm and stigmatisation (Stevens and Zampini, 2019). This is supported by MFT, which positions those on the left of the political spectrum as more sensitive to the fairness and care foundations than those on the right (Haidt & Graham, 2007). Furthermore, the Conservative Group for Drug Policy Reform (2019) found greater support for the liberalisation of cannabis policy from Labour and Liberal Democrat supporters than Conservative supporters.

Experience working/studying within the drug policy/treatment field also predicted support for LI1, which further demonstrates a distinct collective voice and value system that unites people with professional ex-

pertise. It is noteworthy that support for LI1 represented opinions about drugs that are not commonly used within this respondent group. This indicates advocacy on behalf of PWUD for those who may be disenfranchised from participation. In summary, support for this factor is linked to political values and expert professional knowledge about fairness within the current system and how it impacts PWUD.

Recent lived experience and religious beliefs predicted support for LI2, which includes cannabis, magic mushrooms, and cocaine. Those who have taken drugs most recently and those with spiritual beliefs supported LI2 to a greater extent than those with historical use. This indicates an endorsement of injustice associated with current behaviour. Those with Christian beliefs rejected this factor, demonstrating how mainstream religion influences values and beliefs associated with drugs and drug policy.

Neoliberal governance

The first five factors represented progressive opinions towards drugs and drug policy, which indicates that this respondent group would support changes to the current system of prohibition. However, factor 6 reflected values and beliefs related to *neoliberal governance*, which places emphasis on personal responsibility rather than state provision and community support for PWUD. Political views predicted both support and rejection of *neoliberal governance*. Unsurprisingly, this factor is supported by those with conservative political views and Christian beliefs. Those with liberal, socialist, and other political views rejected *neoliberal governance*. Stevens (2019) argues that conservative values have proliferated via the neoliberal policies of consecutive UK governments, where PWUD are framed as undeserving of support and solely responsible for addressing and overcoming drug-related issues. This conservative thinking represents a moral side-step (Stevens, 2019) based on the purity and sanctity foundations. This corroborates with general political beliefs surrounding state intervention, conservatives tend to reject state involvement in the lives of individuals and align with the loyalty, authority, and purity foundations from MFT, whereas those on the left favour greater state support and provision and align with the liberty and care foundations (Stevens & Zampini, 2019).

In addition, as age increases, so does the rejection of *neoliberal governance*, showing greater compassion for PWUD with age. This is supported by Christie et al. (2019), who also found an increase in support for needle exchanges from older participants. Those with experience in the drug treatment/drug policy field, those identified as recreational users, and those with spiritual beliefs rejected *neoliberal governance*. This indicates support for community responses and care for PWUD, connected to values surrounding compassion, sympathy, and support irrespective of personal drug experiences. *Neoliberal governance* is the only factor that is predicted by criminal justice experience; those who have received a discharge for a drug-related offence were more likely to reject this factor than those with no criminal convictions. This suggests that those who avoided a sentence value support and understanding rather than punishment; Leonard and Windle (2020) also found those with lived experience of dependence and criminal sanctions would support an increase in treatment provision and support for drug-related issues. Our findings demonstrate that support for neoliberal governance is connected to conservative ideology rather than lived experience and illuminates clear goal conflict between political viewpoints.

Limitations

Web-based surveys are increasingly used to capture data from PWUD and can produce valuable findings as long as they are not used to make estimates or generalisations about the wider drug-taking population (Barratt et al., 2017; Barratt, Ferris, and Lenton, 2015). The Drug Policy Voices survey respondent group was primarily based in England and was predominantly white. We did not achieve an ethnically representative sample of people based on UK population data and the findings cannot

Table 4
Comparison of sociodemographics, substance use, and experiences with criminal justice related to substances by drug policy values.

Predictors	Personal Autonomy β (SE)	Paternalism 1 β (SE)	Paternalism 2 β (SE)	Legal Injustice 1 β (SE)	Legal Injustice 2 β (SE)	Neoliberal Governance β (SE)
Age	.01*** (0.003)	.002 (0.003)	.001 (0.002)	.02*** (0.002)	.01* (0.003)	−0.01*** (0.003)
Gender Female (Ref)						
Male	.27*** (0.06)	.11 (0.07)	−0.02 (0.06)	.15* (0.06)	.21** (0.07)	.10 (0.07)
Other	.02 (0.21)	.03 (0.23)	.02 (0.21)	.36 (0.24)	.44* (0.19)	−0.54* (0.25)
Ethnicity Majority						
Minority	−0.03 (0.15)	−0.16 (0.17)	.02 (0.13)	−0.02 (0.15)	.01 (0.15)	.22 (0.17)
Religion Atheist (Ref)						
Agnostic	.06 (0.08)	.05 (0.10)	.08 (0.09)	−0.15 (0.09)	.06 (0.09)	.01 (0.10)
Christian	−0.35** (0.12)	.23* (0.10)	.35*** (0.10)	−0.13 (0.10)	−0.35** (0.13)	.43*** (0.12)
Spiritual	.29*** (0.07)	.24** (0.08)	−0.16* (0.08)	−0.03 (0.08)	.24** (0.08)	−0.19* (0.08)
Other	.22 (0.23)	.13 (0.14)	.01 (0.15)	−0.09 (0.15)	.16 (0.13)	−0.12 (0.13)
Politics None (Ref)						
Conservative	.05 (0.14)	.04 (0.12)	−0.07 (0.13)	.12 (0.13)	−0.25 (0.15)	.44** (0.16)
Liberal	.09 (0.09)	−0.04 (0.09)	−0.19* (0.09)	.30*** (0.09)	.04 (0.10)	−0.39*** (0.10)
Socialist	.09 (0.09)	−0.12 (0.09)	−0.17 (0.09)	.48*** (0.09)	.10 (0.09)	−0.64*** (0.10)
Other	.49*** (0.14)	−0.03 (0.15)	−0.17 (0.15)	.43** (0.15)	.14 (0.15)	−0.50*** (0.14)
Experience in the drug policy field No (Ref)						
Yes	.05 (0.07)	−0.40*** (0.09)	−0.005 (0.08)	.42*** (0.08)	.04 (0.09)	−0.46*** (0.08)
Recent drug use No (Ref)						
Yes	.59*** (0.07)	−0.10 (0.08)	−0.39*** (0.07)	−0.02 (0.08)	.25** (0.08)	−0.15 (0.07)
Recreational user No (Ref)						
Unsure	.57*** (0.14)	−0.43** (0.15)	−0.36** (0.14)	.20 (0.13)	.54*** (0.14)	−0.13 (0.15)
Yes	.61*** (0.10)	−0.18 (0.10)	−0.48*** (0.09)	.26** (0.09)	.58*** (0.10)	−0.26** (0.10)
Substance treatment Not received (Ref)						
Received	−0.22 (0.12)	.11 (0.13)	.23 (0.13)	.19 (0.13)	.05 (0.12)	−0.16 (0.13)
Searched by police Never (Ref)						
1–5 times	.11 (0.08)	−0.001 (0.08)	−0.06 (0.08)	.09 (0.08)	.09 (0.09)	.03 (0.08)
6–10 times	.28 (0.17)	−0.06 (0.22)	.006 (0.22)	.43 (0.22)	.14 (0.16)	−0.20 (0.22)
>10 times	.04 (0.19)	−0.32 (0.27)	.04 (0.23)	−0.04 (0.25)	−0.20 (0.25)	−0.08 (0.22)
Criminal sanctions						

(continued on next page)

Table 4 (continued)

Predictors	Personal Autonomy β (SE)	Paternalism 1 β (SE)	Paternalism 2 β (SE)	Legal Injustice 1 β (SE)	Legal Injustice 2 β (SE)	Neoliberal Governance β (SE)
None (Ref)						
Fine	.09 (0.09)	.14 (0.11)	.19 (0.10)	-0.12 (0.10)	.001 (0.11)	-0.18 (0.11)
Discharge	-0.10 (0.30)	.32 (0.24)	.009 (0.39)	.11 (0.31)	.20 (0.29)	-0.54* (0.26)
Community Order	-0.26 (0.25)	.41 (0.89)	.40 (0.86)	-0.18 (0.48)	.10 (0.59)	.32 (0.61)
Custodial Sentence	.22 (0.17)	.42 (0.22)	-0.10 (0.24)	.22 (0.23)	.21 (0.16)	.16 (0.22)

*** $p < .001$, ** $p < .01$, * $p < .05$, Ref = reference level.

be generalised either outside of the UK or with UK population data. The average age of respondents is 36, which is over the typical age of recreational drug consumers, which is highest among 16- to 19-year-olds and 20- to 24-year-olds (21.1% and 21%, respectively) (ONS, 2020).

Most respondents identified as recreational drug takers (75%), but a further (7%) were unsure. Those who are unsure formed a predictable variable for some of the factors, and therefore, it would be helpful to know how they identify and conceptualise themselves. Perhaps these respondents do not want to be labelled or are more inclined to identify themselves as psychedelic or medical users. This further supports the notion that people should self-define their use rather than be categorised.

Most respondents had not received alcohol and other drug treatment and did not have recent or regular use of heroin, spice, or crack cocaine and therefore the dataset excluded the most stigmatised and vulnerable PWUD. Although we recognise this as an explicit limitation, we want to acknowledge the advocacy on behalf of PWUD (such as heroin and spice) from those with professional experience working/studying within the substance use and policy field. This is further explained in the conclusion. In addition, we did not have significant numbers of people convicted of supply, importation, and cultivation offences and therefore have limited capacity to identify significant associations for these variables. In-depth qualitative research may be better to determine the impact of criminal justice sanctions and how this connects to values surrounding drugs and drug policy.

Our models go some way toward explaining factor scores. Still, the unobserved heterogeneity in the current sample means that there are other predictor variables not captured, and some of the variables needed further refining to explain their significance. For example, political beliefs were challenging to capture, with (16.1%) reporting no political beliefs and (6.2%) stating 'other.' The other category was based on hybrid political opinions, such as liberal socialist, centrist, or green, and therefore primarily on the left of the political spectrum. As political beliefs did affect values and attitudes, a more nuanced understanding of political ideology would be beneficial to help understand the relevance of politics to personal beliefs systems.

Finally, we do not suggest that personal autonomy, paternalism, legal injustice, and neoliberal governance represent a conclusive understanding of PWUD opinions on the drug policy debate. These were the core values that emerged from our findings based on the survey using a blended values approach. The survey findings (and limitations) will direct further qualitative research connected to the Drug Policy Voices project.

Conclusion

Normative scholarship helps to better understand the values that underpin opinions about drug use and drug policy. Rather than asking for views on current and alternative reform models, the Drug Policy Voices survey focused on understanding the fundamental building blocks of opinions about moral values (how people should live their lives), as well as views on the relationship between the state, communities and

the individual within drug policy governance. We aimed to understand how a blended values approach can help highlight the contribution of PWUD within debates on drug policy. Moral Foundations Theory invites us to understand collective values and ideologies. The Drug Policy Voices survey has identified collective values and ideology connected to lived experience. Those who identify as recreational drug takers and those with recent drug use (either within the last week or month) form a distinct group whose value systems reflect support for: personal autonomy to use drugs, rejection of paternalism around the drugs typically associated with recreational scenes (ecstasy, cannabis, magic mushrooms and to some extent, cocaine) and the illumination of the injustices of the current system, that bans the drugs they take but permits alcohol. These values reflect a fundamental goal conflict between recent recreational drug takers' beliefs and prohibitionist ideology. This provides further support for drug policy reform from those with lived experience (see Askew & Bone, 2019; Greer & Ritter, 2019, 2020; Lancaster et al., 2018).

Our findings also illuminate another distinct group. Those with experience working/studying within substance use/ drug policy fields have a collective voice connected to broader knowledge about drugs and drug policy. This group is united by their views about education and advice, as well as their perceived injustices associated with the drugs that are subject to the greatest level of stigmatisation and drug-related harm (heroin, spice, steroids, and to a lesser extent, cocaine). This supports qualitative findings which demonstrate that professional and academic advocates have vital expertise to bring to the drug policy reform debate (Askew & Bone, 2019; Leonard and Windle, 2020; Monaghan et al., 2018; Stevens, 2021; Zampini et al. 2021); it also allows the anonymous contribution from practitioners and academics who have lived experience but may be reluctant to publically disclose due to stigma and legal ramifications (Ross et al., 2020). This broadens the scope of 'experts through experience' to include those most closely connected to the issues faced within the field more generally. This expertise may have arisen through past lived experience (for example, those in recovery), working within treatment and support, working within drug policy reform, being an activist, or studying the field within educational settings. Our wording around 'working/studying within the field' was intentionally broad, which provides more credibility to this collective voice that represents compassion and understanding for a wide range of PWUD. These experts are essential advocates for people who may currently be marginalised from the debate due to the challenges of dependency (as found by Bartoszko, 2021). Our findings also highlight the need for more creative methodologies to improve participation, especially among marginalised populations (Clayson et al., 2018; Lancaster et al., 2014; Ritter, 2022).

Our blended values-led approach also highlights how values and ideology are influenced by a broader set of factors than personal drug use. A complex interplay of variables predict value positions, such as gender identity, age, and political and religious beliefs. Significantly, religious and political beliefs influence value positions surrounding perceived legal injustices within the current system and governance of PWUD. Our

findings support Stevens (2019) and Stevens and Zampini (2019) who argue that neoliberal governance is a preoccupation of conservative thinking that is not connected to lived experience or professional expertise in the field. Liberals and socialists were far more likely to oppose the neoliberal governance factor, further illuminating political goal and value conflict connected to drug policy.

People with experience (both lived and professional) have valuable contributions to make in the drug policy reform debate. Still, we must acknowledge that opinions are not formed through drug-related experiences alone. Our findings go some way to understanding why there are complex opinions surrounding drugs and drug policy identified within existing literature (see Askew & Bone, 2019; Greer & Ritter, 2019; 2020; Lancaster et al., 2014); highlighting the importance of emphasising the person who uses drugs within participatory approaches. Future research and activism seeking to integrate the views and experiences of PWUD into both policy debate and processes should consider that opinions about drugs and policy are also influenced by demographics, as well as social, political, and cultural belief systems.

Ethics approval

The authors declare that they have obtained ethics approval from an appropriately constituted ethics committee/institutional review board where the research entailed animal or human participation.

Ethical approval was obtained by Manchester Metropolitan University in November 2018 and November 2020. ETHOS application approval 1006.

Declarations of Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Appendix

Table A1
Appendix A Full factor pattern matrix.

Items	Factors					
	1	2	3	4	5	6
People should be free to use drugs so long as it does not cause harm to others.	0.79	0.00	-0.04	0.08	0.02	0.09
People should be allowed to grow or produce drugs for their own personal use.	0.71	-0.01	0.02	-0.05	0.12	-0.05
People should be free to use drugs even if it harms themselves.	0.49	-0.11	0.04	0.27	-0.11	-0.06
The public should obey drug laws even if they do not agree with them.	-0.44	-0.04	0.15	-0.03	-0.10	0.28
It is necessary to ban drugs to maintain law and order.	-0.41	0.05	0.06	-0.01	-0.14	0.28
People have a personal responsibility to control their drug use.	0.39	0.15	-0.03	-0.05	-0.11	0.34
Being loyal to those close to me is more important than following drug laws.	0.38	0.08	0.11	0.04	-0.03	-0.12
If the government tell us that drugs are dangerous then we should listen to them.	-0.35	0.01	0.12	0.05	-0.07	0.23
Drug policy should acknowledge that people use drugs for spiritual reasons.	0.34	0.01	-0.06	-0.10	0.17	-0.28
Young people should be advised against the use of <u>spice</u> .	0.03	0.78	0.12	-0.01	0.07	0.05
Young people should be advised against the use of <u>tobacco</u> .	0.00	0.75	0.01	0.09	-0.03	-0.06
Young people should be advised against the use of <u>steroids</u> .	0.00	0.69	0.08	-0.01	0.02	-0.01
Young people should be advised against the use of <u>heroin</u> .	-0.05	0.69	0.04	-0.14	0.02	0.06
Young people should be advised against the use of <u>alcohol</u> .	0.06	0.40	0.39	-0.03	0.12	-0.09
Young people should be advised against the use of <u>ecstasy</u> .	0.01	0.01	0.89	-0.09	0.01	-0.01
Young people should be advised against the use of <u>magicmushrooms</u> .	-0.02	-0.04	0.80	0.07	-0.08	0.09
Young people should be advised against the use of <u>cannabis</u> .	-0.08	0.05	0.74	0.18	-0.04	0.03
Young people should be advised against the use of <u>cocaine</u> .	-0.04	0.43	0.47	-0.16	0.05	-0.11
It is unjustified that alcohol is legal, and <u>heroin</u> is illegal.	0.04	0.00	0.03	0.81	0.00	-0.13
It is unjustified that alcohol is legal, and <u>cocaine</u> is illegal.	0.09	-0.01	-0.05	0.71	0.22	0.06
It is unjustified that alcohol is legal, and <u>spice</u> is illegal.	0.00	-0.18	0.12	0.67	-0.05	-0.08
It is unjustified that alcohol is legal, and <u>magic mushrooms</u> is illegal.	0.00	0.00	-0.09	0.15	0.73	-0.01
It is unjustified that alcohol is legal, and <u>cannabis</u> is illegal.	0.11	-0.08	0.04	-0.12	0.71	-0.02
It is unjustified that alcohol is legal, and <u>ecstasy</u> is illegal.	0.03	0.07	-0.14	0.45	0.52	0.00
People who are addicted to drugs deserve our sympathy.	0.05	0.11	-0.09	0.10	-0.03	-0.53
It is unfair to the taxpayer if the government supplies heroin as a treatment option on the NHS.	0.03	0.00	0.04	-0.21	0.01	0.50
It would be undesirable to live near to a drug treatment centre.	0.02	0.04	0.07	-0.11	-0.01	0.46
People who supply drugs should be shunned by their communities.	-0.24	0.11	0.08	-0.03	-0.03	0.41
The government should value the opinions of people who use drugs when making policy.	0.28	-0.04	0.04	0.00	0.19	-0.31

Table A2
Appendix B Inter-correlation coefficients between extracted factors.

Factors	1	2	3	4	5	6
1: Personal autonomy	-	-0.08**	-0.39***	0.27***	0.54***	-0.38***
2: Paternalism (1)	-	-	0.40***	-0.27***	-0.003	0.02
3: Paternalism (2)	-	-	-	-0.10***	-0.34***	0.17***
4: Legal injustice (1)	-	-	-	-	0.38***	-0.32***
5: Legal injustice (2)	-	-	-	-	-	-0.32***
6: Neoliberal governance	-	-	-	-	-	-

***p < .001, **p < .01, *p < .05.

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