Governing Young People’s Drug Use: Crime, Harm and Contemporary Drug Use Practices

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Abstract
Since the nineteenth century, drug use has been variously understood as a problem of epidemiology, psychiatry, physiology and criminality. Consequently drug research tends to be underpinned by assumptions of inevitable harm, and is often directed towards preventing drug use or solving problems. These constructions of the drug problem have generated a range of law enforcement responses, drug treatment technologies and rehabilitative programs that are intended to prevent drug related harm and resituate drug users in the realm of neo-liberal functional citizenship.

This paper is based on empirical research of young people’s illicit drug use in Brisbane. The research rejects the idea of a pre-given drug problem, and seeks to understand how drugs have come to be defined as a problem. Using Michel Foucault’s conceptual framework of governmentality, the paper explores how the governance of illicit drugs, through law, public health and medicine, intersects with self-governance to shape young people’s drug use practices. It is argued that constructions of the drug problem shape what drug users believe about themselves and the ways in which they use drugs. From this perspective, drug use practices are ‘practices of the self’, formed through an interaction of the government of illicit drugs and the drug users’ own subjectivity.

Introduction
Harm reduction strategies introduced in Australia since the 1980s have aimed to reduce health problems related to injecting drug use and other harmful practices. These efforts have been largely successful in reducing the incidence of HIV/AIDS and other drug related diseases. It has been argued however, that drug related harm has been exacerbated by punitive drug policies which create an overwhelmingly disadvantaged prison population comprised largely of drug offenders (Comfort 2008; Rose 2000). Using qualitative data from interviews with drug service providers and other professionals and with young people who use a variety of illicit drugs, this paper explores the relationships between drug user subjectivities and the formation of drug use practices. It is argued that policy responses to illicit drug use have shaped drug user subjectivities in line with neo-liberal values of autonomy, choice, responsibility and rationality. These subjectivities are aligned with governmental objectives to enable participatory citizenship; however, those who are unwilling or unable to participate may be managed through therapeutic or punitive interventions.

In drug policy, media reports, drug research and public discourse, drug users are typically categorised as either recreational or dependent. This dichotomisation of drug users is, to a large extent, premised on distinctions between those who are functional/dysfunctional, productive/unproductive, or orderly/disorderly. These constructions of drug users influence how they understand themselves and how they use drugs (Coomer and Sutton 2006; Davies 1997). This paper argues that a drug user ‘self’ is formed at the interaction of social norms,
values and cultures, and the ways in which drug users have come to understand themselves in relation to their drug use.

The ‘problem’ of young people and drugs

During the second half of the nineteenth century, under the influence of scientific positivism, concerns about the misuse of drugs were part of broader biopolitical concerns of the health of the population and the re-classification of a range of ‘pathological’ conditions. These conditions included homosexuality, insanity, poverty and crime, which became linked to biological predisposition, temperament and personality (Berridge 1979; Berridge and Edwards 1987). At the same time, terminology such as ‘addict’, ‘dependence’ and ‘drug abuse’ came into common usage by the medical profession and in public discourse (Berridge and Edwards 1987; Manderson 1993). Paradoxically, addiction was simultaneously understood as a disease caused by moral weakness, and a form of insanity (Parssinen and Kerner 1980; Valverde 1993). This resulted in dualistic representations of drug addicts as both diseased and weak, and in need of both medical and moral help. These constructions shaped public perceptions of drug use, and influenced Australian and international drug policy during the twentieth century.

In spite of the introduction of tight drug regulations during the first half of the twentieth century in Australia, Britain and the United States, drug use among young people diversified and increased dramatically. This surge was largely due to an enormous growth in wealth during the 1960s and 1970s, particularly in the United States. At the same time, there was a population boom of young people aged 15 to 24 years, and in the United States the number of heroin users rose from around 50,000 in 1960 to around half a million in 1970 (Musto 1999). This resulted in anxieties about injecting drug use as the cause of hepatitis epidemics and other diseases, and provided impetus for the development of public health and pharmacotherapy programs to curb injecting drug use and prevent the spread of disease (Cherubin 1967; Walmsley 2012). At the same time, against a social backdrop of military draft resistance, protest and a rejection of dominant values, marijuana, heroin, amphetamines and LSD gained immense popularity (Davis and Munoz 1968).

Drug use was typically viewed as a core element of subcultures and other subversive social groups with shared values and identities (Davis and Munoz 1968; Levine 1974). Perceptions of drug users as members of drug subcultures generated a proliferation of research and literature on the ways in which young people used drugs. One of the most influential accounts of drug subcultures was Howard Becker’s (1963) Outsiders study of marijuana users. Becker’s groundbreaking study argued that the enjoyment of marijuana is a learned process by which a new user picks up from other users the collective meanings of being ‘high’ and applies these to his or her own experience. Following Becker, Jock Young (1971) argued that opiate users do not experience a high until they learn how to interpret the feelings they experience from the drug. From this perspective, the meanings assigned to drug use within specific cultures are learned as a member of a group, rather than being simply a physiological response to the drug. Others have argued that ‘addicts’ identify themselves as a member of a particular subculture and the values of the group become their own, resulting in their becoming addicted to a lifestyle (Davis and Munoz 1968; Levine 1974).

More recently, theorists have suggested that peer-groups and drug cultures are fundamental to the construction of pleasure and entertainment in the drug experience (Hammersley, Khan and Ditton 2002; Stewart 1987). These descriptions of pleasure and fun are generally reserved for drug use that is perceived as ‘recreational’ and involving the use of ecstasy and other ‘party’ drugs (Hammersley, Khan and Ditton 2002; Measham, Aldridge and Parker 1998). There has, however, been little discussion of pleasure in relation to injecting drug use or drugs perceived as ‘addictive’, such as heroin or methadone (Valentine and Fraser 2008). It has been argued that this is because the use of ‘addictive’ substances is conceived as being motivated primarily by
social, environmental or individual pathology rather than pleasure or entertainment (MacLean 2005; Moore 2002; O’Malley and Valverde 2004; Valentine and Fraser 2008).

**Research methodology**

*Conceptual framework*

Michel Foucault’s concept of governmentality as a framework for the research enables a way of understanding contemporary responses to drug use through the frameworks of welfarism and neo-liberalism. Welfarism, which emerged during the early twentieth century, was characterised by public funding and state responsibility. Since the early 1970s, economic rationalism has replaced State responsibility with neo-liberal principles of autonomy, functionality and individual responsibility (Cruikshank 1993; Keane 2002; Kelly 2006). Neo-liberal policies encourage individuals to self-govern their decisions and calculate outcomes that are not only aligned with the objectives of government, but also maximise individual advantage; hence, personal goals become inseparable from governmental objectives.

Foucault (1978) argued that the ‘self’ is produced through the interplay of authority and one’s own practices of everyday living (also see Kendall 2011). From this perspective, drug use practices are shaped at the juncture of authoritative governance and the drug user’s own subjectivity. This is what Foucault referred to as ‘practices of the self’ (Dean 1994; Foucault 1997). The self, according to Foucault, is negotiated between external authority by which individuals conform to moral values and rules, and ethical practices that are formed through one’s own subjective behaviour (Foucault 1997: 300).

*Research participants*

In order to understand how young people’s drug use is governed, fifteen interviews were conducted in Brisbane and Sydney with drug service providers and other professionals working in the areas of law, policing, drug education, medical care, health services, and counselling. Participants were asked about their professional roles and their views on drug policies, practices and interventions.

To understand how drug users respond to various forms of governance and how these responses shape the ways in which they use drugs, 29 participants aged 18 to 25 years (female=10, male=19) were interviewed for the research. Of these, nine participants, (three of whom identified as Aboriginal), were recruited from a youth service in Brisbane, 16 were recruited from three separate Brisbane universities, and four were recruited through friends and through an online drug discussion forum, *Bluelight*. Participants recruited from the youth service were initially contacted through staff at the centre who subsequently arranged for the researcher to conduct interviews. University students were recruited through online and hard copy media releases distributed through university networks. Interviewees were asked to pass on research information and the researcher’s contact details to interested friends and peers. This resulted in interviews with three more participants employed in full-time jobs within local and state government. Information about the research on the *Bluelight* drug forum resulted in an interview with one participant, a full-time worker in the entertainment industry.

Most of the participants from the youth service had left school by the age of 15; none had a university education; all of them were unemployed; and, at the time of interview, all reported being homeless or living in temporary accommodation. Additionally, all had been incarcerated at least once on drug related matters, and three were undergoing court proceedings and expected to receive prison sentences in the near future. In contrast, all the students and full-time workers had aspirations for a good career, domestic happiness and home ownership and none of them had ever been charged with a drug offence. All of this cohort reported using ecstasy, cannabis, amphetamines or LSD but none of them had ever injected drugs. Conversely, all the young people interviewed from the youth service had
injected Oxycodone and had also used other drugs including amphetamines, heroin, Xanax, inhalents, other prescription drugs, or cannabis, as illustrated in Table 1.

Table 1: Analysis of groups and their drug use

<table>
<thead>
<tr>
<th>Group</th>
<th>Ecstasy</th>
<th>Amphetamines</th>
<th>LSD</th>
<th>Cannabis</th>
<th>Heroin</th>
<th>Oxycodone</th>
<th>Xanax</th>
<th>Inhalents</th>
<th>Other prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth service</td>
<td>-</td>
<td>8</td>
<td>-</td>
<td>8</td>
<td>4</td>
<td>9</td>
<td>7</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Students &amp; full-time workers</td>
<td>18</td>
<td>4</td>
<td>5</td>
<td>19</td>
<td>-</td>
<td>-</td>
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Research interviews

Qualitative, semi-structured interviews with drug users specifically focused on the types of drugs participants used; the contexts of their drug use; the effects of the drugs they used; their conceptions of drug-related harm; how they understood themselves as drug users; and how they responded to informal and formal constraints on their drug use, such as family, friends, policing, public health warnings and education. Data analysis revealed a striking correlation between participants’ sociodemographic characteristics, the types of drugs they used, and their perceptions and experiences of drug use. This enabled critical analyses of the two groups of drug users who defined themselves in terms of being either ‘recreational’ drug users or ‘addicts’. The polarised pattern of drug use revealed by the data suggests a link between particular types of drug use and drug user characteristics. However, the research does not presuppose fixed categories of drug use or essential characteristics of each group. Rather, the study explored how these categories are constructed and how drug use practices are formed at the interplay of the governance of drugs, and the drug user’s subjectivity.

Governing drug users

The ‘problem’ drug user

A key theme that emerged from interviews with drug service providers and other professionals was their view that regular drug use is pathological behaviour and a chronic and relapsing condition requiring treatment. There was also a broader understanding of regular drug users as ‘problem drug users’. This was framed in neo-liberal terms of functionality: in particular, the impact of the drug use on an individual’s capacity for employment, management of finances, relationships and sociability. During the nineteenth century, the problem of drug use was primarily a concern about addiction; however, definitions of the contemporary ‘problem drug user’ encompass numerous activities and open up new domains for governing drug use (Seddon 2011). This was illustrated in the following comment from an interview with health education workers, Rob and Sue:

> The way I look at drug use is its effects on your functionality of life … it’s when the drug use outweighs the functionality that it’s a problem … functionality is sociability, financial security, relationships, etc.

While few would question the need for people to be employed, manage their finances well and form social relationships, this comment illustrates how drug use has become a site for governing a range of other concerns to produce a normative, healthy population (Foucault 2008; Rose 1999).

Creating active citizens

In neo-liberal justice systems, punitive programs co-exist with rehabilitative and responsibilising strategies aimed at voluntary self-regulation of the offender (Garland 1997; Muncie 2005). The focus of these self-regulatory techniques is reform, consistent with
enhancing economic efficiency in non-economic domains, such as health, education and labour markets (Hogg and Carrington 2001: 57). With an emphasis on creating ‘active individuals who ... take responsibility for their own fates through ... choice ...’ (Rose 2000), the neo-liberal ideal of active citizenship tends to be incompatible with reality for marginalised groups (Hogg and Carrington 2003, 2006). During research interviews, Jack, a barrister who had worked in Aboriginal communities for 15 years, commented on the impact of interventionist strategies on young Indigenous people:

Sentencing decisions made by magistrates are based on normative non-Indigenous measures of risk such as education, housing, family background ... when such standards are applied to Indigenous young people they come up looking like a high risk and there won’t be too much leniency shown to them ... (Jack, barrister)

More generally, it has been argued that, within the neo-liberal individualist responsibilisation framework, the extreme poverty, substance abuse, criminality, poor health and unemployment that characterises many marginalised groups – including Indigenous populations – can only be interpreted as fault, deficit and pathology (Hogg and Carrington 2003, 2006; Cowlishaw 2004; Rose 2000).

Prison populations overwhelmingly comprise prisoners charged with drug offences or drug-related offences, most of whom are poor, unemployed, homeless and socially excluded (Australian Institute of Criminology 2009; Johns 2004; Sweeney and Payne 2012). It has been argued that these prisoners are part of a semi-permanent, quasi-criminal population for whom prison provides a substitute welfare service by meeting their basic needs such as food, shelter and medical care, needs that are normally out of reach for this excluded population (Comfort 2008; Rose 2000). During interviews, several respondents commented on prison as a form of substitute welfare:

... they go to gaol and they clean up and get healthy and fit again ... they get thrown out of gaol and it all begins again. (Ben, senior duty counsellor and education facilitator)

... some kids I know like to go to detention because they get three meals a day, a bed and they can play with their mates ... and [they say to me] don’t get me out. (Jack, Aboriginal barrister)

The ‘addict’ self

Drug use as survival

The nine homeless, unemployed drug users interviewed for the research described themselves as ‘addicts’ and their drug use as problematic, chaotic and an addiction. They also described their drug use in terms of a practical coping strategy for surviving stress, especially when living in difficult or intolerable conditions:

Sometimes I do drugs and drink to keep me warm on the street ... when you’re sober and cold and you’re sitting there thinking it’s horrible. (Roscoe, self-reported addict)

... I found heroin it and it was like a god to me ... I loved it and I’d do anything for it ... as soon as I tried it that’s how I wanted to feel all the time ... like I had no worries in the world ... I’ve stressed over a lot of things in my life since I was a little kid ... but when I was on heroin I didn’t worry about anything, so I never wanted to come down off it ... (John, self-reported addict)
Creating the addict self

Researchers have criticised the idea of addiction as an inevitable consequence of drug use, arguing that it can take up to twelve months of regular use to form a habitual pattern of usage (Coomber and Sutton 2006; Reinarman 2005). Following Becker’s line of argument that the pleasurable effects of marijuana are learned, it has been argued that addicts learn the language of addiction from counsellors, therapists, judges, probation officers and other drug users; and are taught to form a self in terms of their lives and behaviour, according to a model of ‘addiction as disease’ (Keane 2002; Reinarman 2005).

Further, individuals’ formation of their selves as out-of-control addicts may be the only way they can get access to services and, hence, the addict-self is both functional and self-reinforcing (Cruikshank 1993; Keane 2002; Reinarman 2005). What is salient here is not the sort of individual the addict is but, rather, what sort of contingent, shifting subjectification is at work in the construction of the addict. In the current research, all the ‘addicts’ discussed their drug use in terms of an addiction over which they had little or no control. Anne was a frequent user of drug services and commented that she needed ongoing support from services in order to sustain her psychological and emotional wellbeing and abstain from drugs:

... people like me need someone who isn’t going to give up on them ... who has to be there 24/7, which is hard. (Anne, self-reported addict)

Chris and John said they needed drugs because they had addictive personalities: I would say I’ve got an addiction ... I do it as many times a day as I can ... I’ve got an addictive personality. (Chris, self-reported addict)

Some people can go out partying and take a pill then go back to their fulltime job the next day ... I couldn’t do that ... I just go off the rails with drugs ... if you're an addictive personality you're gonna get addicted. (John, self-reported addict)

The research does not deny the very real, lived experiences of addiction, or the traumas or difficulties associated with participants’ drug use. What is of interest, however, are the ways in which addiction is produced and constantly reinforced by a range of drug services and technologies of therapy and rehabilitation. In this way, drug user subjectivity is inseparable from the political discourses and governmental objectives that underpin therapeutic and rehabilitative technologies.

Rationalising the irrational

Participants who described their drug use as an addiction explained that responsibility, discipline and care in their drug use practices were important to them. They described the importance of hygienic injecting techniques, not only as a pragmatic harm reduction strategy but also in terms of a moral obligation. Anne, who had recently refrained from regular injecting drug use felt compelled not only to govern her own drug use but to educate others to practice harm-reduction techniques:

Everyone I know is on drugs of some sort and I want to be an example to them ... I want to be a youth worker so I can help kids like I once was ... I ... now give advice to young people ... I took a course ... so that I can be a peer educator about safe injecting and disposal ... all part ... of being a user ... and I have the authority to educate these people on what they’re doing wrong. (Anne, self-reported addict)

From a governmentality perspective, it is through technologies of self-governance that the drug user self is formed and is able to govern others in line with governmental rationalities⁵
(Foucault 1990). Anne’s self-governing ethics of responsibility, discipline and care included a moral condemnation of those who fail to exercise hygienic harm reduction practices:

... dirty injecting makes you sick – why weren't they taught how to do it properly? ...
I once saw a heroin junkie have a hit from an old can ... that was so dirty... (Anne, self-reported addict)

Anne’s comments illustrate how education in harm reduction techniques reproduces subjects who aim to reform themselves according to institutional norms, through practices of the self (Rose 1996: 78). Anne’s ‘addict’ self exists as a neo-liberal, harm reduction subject, who chooses to use drugs responsibly and educate others in the ways of responsible drug use in order to minimise the risks associated with injecting drug use; she therefore governs others in line with governmental rationalities.

The ‘recreational’ drug user self

Constructing recreational drug use

Research participants who studied or worked full-time described their drug use as recreational, responsible, normal, rational and fun. They separated their drug use from their study and work, and tried to ensure drugs did not interfere with their long-term health, wellbeing, or future success.

I smoke at the end of the day ... not before uni or work ... I don't want it to interfere with the important aspects of my life ... I would never take ecstasy at home ... only for going out ... just a night time thing. (Cathy, Recreational drug user)

... responsible drug use comes with maturity. (Cindy, Recreational drug user)

Notions of responsibility included a calculation of the risks of ecstasy and minimising this risk by conducting online research into the purity of particular ecstasy pills:

... you take it [ecstasy] as safely as possible ... just take half and if you get bad effects ... stop ... I take an economic rationalist view ... I calculate that the return is worth the risk ... it’s a rational choice ... a lot cheaper and more fun than alcohol. (Jenny, Recreational drug user)

These comments illustrate the recreational drug users’ neo-liberal status as autonomous, responsible, rational drug users. Their subjectivity is made up of an alignment between their personal goals and neo-liberal goals of responsibility and functionality (Cruikshank 1993).

Rational neo-liberal drug users

The use of the labels ‘recreational’ and ‘addict’ dichotomise drug users in ways that create and reinforce categories, such as ‘normal’ and ‘dependent’. The intention of the labels in this research, however, is not to categorise drug users but, rather, to illustrate how participants identified themselves according to definitions and discourses imposed by social, medical, public health and judicial institutions. During research interviews, recreational drug users contrasted their perceptions of their own responsible drug use, with what they perceived to be irrational, irresponsible injecting, or unhygienic drug use. Many participants expressed disgust about this type of drug user:

... the idea of injecting and the risk of HIV and Hep C ... is just too filthy ... outside the whole frame of what’s pleasurable. (Jim, recreational drug user)
I think shooting up is dirty, disgusting and degrading ... it shows someone is a junkie. (Sue, recreational drug user)

... only bogans smoke it [marijuana] in a dirty, disgusting bong ... they're lazy and unemployed and stuff ... or the school drop-outs and deadshits such as the apprentice tradies ... the ones who start smoking at uni are the social joint smokers ... (Vicki, recreational drug user)

These comments illustrate how the recreational drug user is created in relation to others, through social norms, values, and cultures. Recreational drug users have come to understand themselves in neo-liberal terms as responsible, rational and hygienic in relation to the unhygienic, irresponsible junkie.

Reconceptualising drug use

In neo-liberal societies, drug use is a site of governance and normalisation of problematic populations. Governmental technologies regulate and monitor illicit drug users and shape their behaviour within social and economic institutions, to facilitate government rationalities. Rehabilitative, reformative and responsibilising strategies, aimed at voluntary self-regulation of drug users, are consistent with enhancing economic efficiencies. Policies to address the harms caused by drug use emphasise the creation of active citizens responsible for their own actions. Individuals are encouraged to self-govern their decisions and calculate outcomes that are not only aligned with the objectives of government but also maximise individual advantage; hence, personal goals become inseparable from governmental objectives. This paper has argued that neo-liberal self-governance is incompatible with reality for those whose drug use accompanies poverty, social marginalisation and criminalisation. Within the neo-liberal responsibilising framework, their circumstances may be seen as evidence of an unwillingness or inability to accept civic responsibility, and subsequently interpreted as fault, deficit and pathology.

In the context of neo-liberal rationality, this paper has investigated how a drug user self is formed at the juncture of neo-liberal governance and the drug users’ own drug use practices. The paper has also explored how the drug user self was negotiated between external authority by which participants conformed to moral values and rules, and ethical practices that were formed through participants’ own subjective drug use behaviours (Foucault 1997: 300). Participants who reported their drug use as an addiction understood themselves as addicts with an addictive personality and a pathological condition to be managed within drug services. The ‘drug addict self’ as a problematic person with an illness and a propensity for crime is reinforced and enacted through the discourses and institutional practices of courts and drug services, and the drug user’s own drug use practices. In contrast, the ‘recreational’ drug user self-valued discipline, regulated pleasure, functionality, responsibility and rationality. Their drug user self existed between adherence to moral authorities of education, health and lawfulness, and their pursuit of pleasure through illicit drug use.

A key theme in the research is the dichotomisation of drug users as either rational drug users or irrational addicts. The rational/irrational binary allows for moral judgments to be made about the essence of drug users based on the types of drugs they use. Importantly, this has implications for what people believe about themselves and how they enact these beliefs as practices of the self. A fluid drug user self is not a fixed or static identity – such as a ‘recreational’ drug user or an ‘addict’ – but is instead a process of fluidity and constant reconstruction of the self that allows for the formation of a range of selves. It is worth considering how a different set of discourses, policies and practices might influence what the ‘addict’ group of drug users believed about their drug use, and how they might react to it. In the same vein, we can reflect on how it might influence the polarised views of drug use expressed by the ‘recreational’ group of drug users.
1 Bluelight (at http://www.bluelight.ru/vb/forums/45-Australian-Drug-Discussion) provides links to information such as 'safe pill reports', and is an advertising space for researchers seeking research participants.

2 A synthetic form of morphine used as a pain killer obtained through prescription.

3 An anti-anxiety prescription medication, classified as a benzodiazepine, which has become a popular drug of abuse in recent years.

4 This includes the synthetic opioid Buprenorphine, methadone, sedatives and a range of benzodiazepines, particularly Valium and Temazepam. These substances were not used according to medical prescription but were generally acquired through peers undergoing treatment programs.

5 Rationalities of government are systems of thinking about government in terms of practices, and are supported by governmental technologies which regulate, monitor and shape the behaviour of individuals within social and economic institutions to facilitate governmental ambitions (Gordon 1991; Rose and Miller 1992).

References


