Socio-legal constructions of drugs and the harms of drug prohibition: the need to contest and re-conceptualise the drug apartheid.

Stuart Taylor

A thesis submitted in partial fulfilment of the requirements of Liverpool John Moores University for the degree of Doctor of Philosophy

May 2020

Contents

Section 1: List of published works and supporting evidence…… 4

Section 2: Linking commentary and critical review of the work…… 12

Title…… 13

Abstract…… 14

Declaration…… 16

Preface…… 17

Acknowledgements…… 18

Chapter 1: Introduction…… 19

Chapter 2: Theoretical Framework…… 31

Chapter 3: Methodology…… 39

Chapter 4: The socio-legal construction of 'drugs'…… 46

Chapter 5: The harms of drug prohibition…… 53

Chapter 6: Bolstering apartheid? Progressing evidence and policy…… 62

Chapter 7: Conclusion: Contesting Apartheid…… 71

References…… 74

Section 3: Appendices: Published Works…… 98

Article 1: Taylor S (2008) Outside the Outsiders: Drugs, Drug Use and the Media. *Probation Service Journal* 55(4): 369-388.

Article 2: Taylor S (2011) 'New' strategy, usual suspects: A critique of reducing demand, restricting supply, building recovery. *Criminal Justice Matters* 84: 24-26.

Article 3: Taylor S, Buchanan J and Ayres TC (2016) Prohibition, Privilege and the Drug Apartheid: The failure of drug policy reform to address the underlying fallacies of drug prohibition. *Criminology and Criminal Justice* 16(4): 452-469.

Article 4: Taylor S (2016) Moving beyond the other: A critique of the reductionist drugs discourse. *Cultuur & Criminaliteit* 6(1): 100-118.

Article 5: Beckett Wilson H, Taylor S, Barrett G, Jamieson J and Grindrod L (2017) Propagating the Haze? Community and professional perceptions of cannabis cultivation and the impacts of prohibition. *International Journal of Drug Policy* 48: 72-80.

Article 6: Taylor S, Beckett Wilson H, Barrett G, Jamieson J and Grindrod L (2018) Cannabis in an English Community: acceptance, anxieties and the liminality of drug prohibition. *Contemporary Drug Problems* 45(4): 401–424.

Section 1: List of published works and supporting evidence

List of published works and supporting evidence

Listed below are the six published works that form the basis of this PhD submission. These are presented in chronological order to allow insight into the author's academic journey. This framework illustrates how the two key strands common to these works – the socio-legal construction of 'drugs' and the harms of drug prohibition – have been developed over time, culminating in the concept that acts as the anchoring point for this thesis, the drug apartheid.

For each paper, the author's contribution is explained and an overview of the work provided. The peer-review process for papers 1 and 3-6 were the same – it saw the manuscripts assessed for suitability by the relevant editor and then double blind peer-reviewed by independent and anonymous expert referees. For paper 2, the editor assessed the paper for suitability and reviewed the document.

1. **Taylor S (2008) Outside the Outsiders: Drugs, Drug Use and the Media. *Probation Service Journal* 55(4): 369-388.**

   Sole authored peer reviewed journal article. Candidate's contribution: 100%

   Using the lens of news media representations, this paper draws attention to the simplification and stereotyping evident in the socio-legal construction of drugs. In doing so, it provides a synoptic overview of existing literature yet conceptualises the original themes which link the papers presented in this submission – those of the reductionist drugs discourse and the drug apartheid.

   The paper emphasises how constructions of subjective social objects (drug users) are moulded by dominant ideology, resulting in the marginalisation and oppression of specific social groups – harms that are associated with drug prohibition. Importantly, the paper has the ambition to explore how wider social processes mirror domestic drug policy development and in doing so have damaging implications. It therefore identifies how pervasive, tapered framings of drug use equate to contradictory, blinkered and damaging policy. A crucial element of this argument is the differential socio-legal framing of different drugs/drug users, which is indicative of the drug apartheid. Indeed, this

paper was one of the first to draw attention to media representations of prescription drugs, an issue of increasing importance given current concerns e.g. the US opioid 'crisis'.

On a domestic level, the paper provided a framework for the United Kingdom Drug Policy Commission's (UKDPC, 2010) report: Representations of Drug Use and Drug Users in the British Press: A Content Analysis of Newspaper Coverage. The UKDPC report notes 'Taylor's review highlights some of the key findings of existing research' but that 'it also shows that further empirical investigation is needed in certain areas' (2010: 9). The report then focusses on the key themes of stereotyping, misrepresentation, and links to criminality that this paper highlighted. Resultantly, the work of the UKDPC furthered understandings of media representations of drug use and drug users, their inferences for domestic drug policy and how therefore this process bolsters the drug apartheid.

Internationally, this publication has been cited 130 times (according to Google Scholar) across the five continental regions of Europe (Czech Republic, Sweden, Russia, Portugal, Belgium, Estonia, Spain, Finland, Serbia, Denmark, Turkey, Lithuania); Africa (South Africa, Kenya), The Americas (USA, Canada, Mexico, Brazil, Peru); Oceania (Australia, New Zealand) and Asia (Malaysia, Vietnam, China). The paper has therefore provided a crucial referencing point for scholars from across the globe whose works have harvested a growing appetite for drug policy reform.

The article was published in the Probation Journal, which has an Impact Factor of 0.58 and carries an Altmetric score of 23.

2. **Taylor S (2011) 'New' strategy, usual suspects: A critique of reducing demand, restricting supply, building recovery. *Criminal Justice Matters* 84: 24-26.**

Sole authored editor reviewed journal article. Candidate's contribution: 100%

This short article, cited seven times according to Google Scholar, represents a critical review of the then drugs strategy for England and Wales. It argues that domestic drug policy disproportionately focuses on certain social groups, which in turn limits its efficacy. Hence, the paper highlights the ongoing link between dominant socio-legal constructions of drug use and the ability of drug policy to enhance/mitigate harm.

A key feature of the discussion is how motivations to use drugs based on notions of enjoyment are purposely omitted from policy documentation. This represents another key characteristic of the drug apartheid whereby certain substances are associated with pleasure and others with misery. The article infers that pleasure should be a central facet of drugs policy as without acknowledging its existence one cannot hope to stifle drug use (should this be one's motivation) or provide effective harm reduction services. As such, the paper contributed to an emerging recognition of the centrality of pleasure in drug using behaviours, encouraging the development of scales such as the Global Drug Surveys' Net Pleasure Index which explores the balance of positives and negatives for users of different drugs. This appreciation of drug pleasures has become an indispensable tool for researchers seeking to understand a plethora of contemporary phenomena from Novel Psychoactive Substances (NPS) to chemsex to long-term methadone prescribing.

3. **Taylor S, Buchanan J and Ayres TC (2016) Prohibition, Privilege and the Drug Apartheid: The failure of drug policy reform to address the underlying fallacies of drug prohibition. *Criminology and Criminal Justice* 16(4): 452-469.**

Joint authored peer reviewed journal article. Candidate's contribution: approx. 60%

This paper builds upon the core themes of the previous articles yet develops these into a more structured critique of how the socio-legal construction of drugs proves more influential to policy making than empirical research. It encourages the reader to think 'is there anything new in this paper?' as that is its key message – that despite decades of political discussion and academic study the status quo is maintained, ensuring that fallacy continues to trump fact. Yet the article simultaneously provides a novel and indeed unique contribution to knowledge through its warning that the drug reform movement, in its current guise, represents little more than the *metamorphosis of drug prohibition* – with such reforms failing to challenge the underpinning rationale of the prohibitionist status quo. Given the reluctance of critical scholars to view such policy 'advancements' in anything other than a positive light, this paper provides a differential voice. This original thinking led to the article being the most read in the Criminology and Criminal Justice journal (Impact Factor 1.485) during its year of publication. The article has an Altmetric score of 146. Google scholar indicates that it has 38 citations.

The article conceptualises the *drug apartheid* and uses this as a vehicle to emphasise the contradictory practices of drug prohibition and regulation. This concept is pivotal to the key arguments running through both this thesis and the submitted works as it exposes the dichotomies that lie at the heart of the socio-legal construction which, in turn shape the subsequent outcomes (and indeed harms) of contemporary drug policies. Admittedly, the full inferences of the drug apartheid, their intrinsic links to corporate interests, capitalism and notions of barbaric versus civilized consumption practices, are not fully unpacked in this paper. In light of this, and given the concepts centrality to this thesis, these issues provide the key focus of the proceeding commentary and critical review.

4. **Taylor S (2016) Moving beyond the other: A critique of the reductionist drugs discourse. *Cultuur & Criminaliteit* 6(1): 100-118.**

Sole authored peer reviewed journal article. Candidate's contribution: 100%

This article, published in a special edition of the Dutch journal Cultuur & Criminaliteit (Culture and Crime) conceptualises the *reductionist drugs discourse* as the determining factor in the socio-legal construction of drug use and therefore to rationalising the ongoing drug apartheid. As such, it argues that this process guides the gaze of drug policy, consequently determining the nature and form of accompanying harms. This framework has provided a foundation for a number of academics who have both utilised and sought to expand upon this concept (see Askew and Salinas, 2018; Atkinson and Sumnall, 2018; Salinas, 2018).

This article, which Google Scholar indicates as having 11 citations, was composed alongside the preceding paper and whilst there are clear links between the two, this work explores three key aspects of the socio-legal construction of drugs that are peripheral to the previous article. Firstly, it permits a questioning of how the drug apartheid is upheld and the prohibitionist status quo maintained. Secondly, it establishes an understanding of why notions of pleasure are absent (or indeed side-lined) from public discourse. Thirdly, it formulates a critical consideration of the role of the academic in being complicit/challenging the prohibitionist paradigm – an issue which others have recently begun to more carefully explore (see Potter and Chatwin, 2018). This latter issue is

revisited in chapter six through a consideration of the role of the academic and the focus/nature of our research. It is contended that the *academic fetishism* of scholars, which sees an infatuation with both vulnerability and the 'new' risks further entrenching the normative themes of the reductionist discourse, solidifying the ongoing drug apartheid. This paper, therefore, following on from the critical questioning of drug policy reform offered in the previous article, begins to questions another scholarly assumption – that academics are advancing their discipline, and indeed contesting the drug apartheid, through their scholarly activities.

5. **Beckett Wilson H, Taylor S, Barrett G, Jamieson J and Grindrod L (2017) Propagating the Haze? Community and professional perceptions of cannabis cultivation and the impacts of prohibition. *International Journal of Drug Policy* 48: 72-80.**

   Joint authored peer reviewed journal article. Candidate's contribution: approx. 50%

   This is the first publication to originate from a project undertaken by the candidate in collaboration with a Local Authority, which explored the position of cannabis cultivation/use within that locality. The study utilised a qualitative mixed methods approach to engage a sample of practitioners, residents, cannabis cultivators, users and their families. This paper (written jointly with Beckett Wilson) maps out the cannabis cultivation terrain in the fieldwork site whilst identifying the practice-based inferences of this. Concurrently, it uses the themes/concepts developed in the above works as a theoretical spine for the paper. In doing so, it illustrates how policies enacted under the prohibitionist paradigm play out in practice, drawing attention to the wider implications of the socio-legal construction of drugs.

   A key feature of the paper is that it provides an original insight into how prohibition perpetuates public anxieties and vulnerabilities - harms which are disproportionately affecting those residing in the most socially marginalised communities, whose lives are therefore most impacted by the drug apartheid. Consequently, it argues for the need to; develop a more nuanced appreciation of the contemporary drugs landscape to challenge and contest stereotypical constructions of drugs and drug markets; and imagine alternatives to processes of criminalisation in order to prevent the re-victimisation of vulnerable groups. Whilst on a local level the themes identified within the paper

informed the Local Authority's Cannabis Needs Assessment, the article's unique insight into current concerns around drug markets and victimisation e.g. debt bondage, and policy reform e.g. the legalisation of cannabis pertains national significance.

The article was published in the International Journal of Drug Policy, which has an Impact factor of 4.528. Google Scholar shows four citations.

6. **Taylor S, Beckett Wilson H, Barrett G, Jamieson J and Grindrod L (2018) Cannabis in an English Community: acceptance, anxieties and the liminality of drug prohibition. *Contemporary Drug Problems* 45(4): 401–424.**

Joint authored peer reviewed journal article. Candidate's contribution: approx. 90%

The second paper from the cannabis cultivation and use project (written by the candidate with proof reading and amendments by Beckett Wilson) focuses on cannabis use within the fieldwork site and the inferences of this landscape for those who resided and/or worked there. It was published in the journal Contemporary Drug Problems, which has an Impact Factor of 0.846. The paper employs the concept of liminality to locate the experiences of those within the study area. As such, it draws attention to the powerful influence of the socio-legal construction of drugs when combined with the fluctuating enforcement of drug prohibition. In doing so, the paper argues that the ambiguous social and legal positioning of cannabis perpetuates both consistent and ever-changing spheres of drug-related harm – a phenomenon which is interpreted via the concept of liminality. Whilst the paper focuses on the *liminality of prohibition* experienced by residents of the locality, it emphasises that this is an umbrella concept applicable to all social groups within the wider context of prohibition. As with the previous papers, this leads to a critique of drug policy and a questioning of its ability to mitigate drug-related harms when situated within the wider framework of the drug apartheid.

A facet of this paper is its furtherance of the scale of harms prompted by prohibition, exposing as it does an array of subtle harms that sit below the headline harms normatively associated with drug policies. To address such harms, the paper encourages the development of innovative service provision, which, in the absence of drug policy reform, can sit alongside drug market enforcement mechanisms. Yet despite a

devolution of responsibility for shaping drug services, the paper contends that the allegiance of local authorities to prohibitionist principles continues to restrict the evolution of such provision, constraining efforts to mitigate drug-related harms, ensuring that the damaging consequences of the drug apartheid endure. As such, these strands provide a timely insight into the outcome of governmental austerity measures - with the rolling back of service provision enhancing harms amongst user groups and the scaling back of policing creating a vacuum of de facto decriminalisation, which extends harm to wider publics.

Section 2: Linking commentary and critical review of the work

Title

Socio-legal constructions of drugs and the harms of drug prohibition: the need to contest and re-conceptualise the drug apartheid.

Abstract

The works that form the basis of this submission for PhD by publication are intrinsically linked through their focus on contemporary responses to substance use. This is achieved through employing a critical criminological lens to consider two key themes; the socio-legal construction of 'drugs'; and the harms of drug prohibition. Underpinning this discussion is the contention that the arbitrary frameworks governing the availability and legality of different substances construct a *drug apartheid* – a system of inclusion and exclusion that privileges certain drugs and their users whilst segregating, criminalising and punishing others. Resultantly, contemporary drug policy, justified by its purported ability to mitigate drug-related harms, contradictorily serves to enhance their scope and severity. Yet the legitimacy of the drug apartheid is maintained through a *reductionist drugs discourse*, which obfuscates nuanced knowledge and presents fallacy as fact. This process conceals the full spectrum of drug-related harms. Simultaneously, this discourse abdicates responsibility for such harms onto minorities of irresponsible and indeed problematic substance users, disavowing the influence of consumer capitalism, structural social inequalities and indeed drug policy in shaping these damaging outcomes.

This thesis addresses each of these key issues in turn. Firstly, it outlines how we, as a society, construct 'drugs' on a social, legal and political level, critiquing this through the lens of the *drug apartheid* and the *reductionist drugs discourse*. Secondly, it provides a damning assessment of drug prohibition through a focus on the *harm of non-drugs* and the *harming of the vulnerable,* echoing how these are characteristics of the ongoing drug apartheid. Together, these strands feed into a condemnation of one of the most incongruous and damaging social policies of modernity. Concomitantly, it is argued that there is a need to reconceptualise our understanding of both drugs and drug-related harm in order to contest the drug apartheid. There is a need to recognise the full spectrum of harm prompted by both legal and illegal substances alongside that born from drugs policy itself; and there is a need to acknowledge that whilst drug-related harms are disproportionately experienced by socially marginalised populations, that the processes of the drug apartheid permeate the entire social strata, making us *all* susceptible to its damaging outcomes.

The key message emanating from the submitted works therefore is that the drug apartheid and its tools of drug prohibition and the reductionist discourse need dismantling as our current (non)drug policies are prompting more harm than they prevent. Hence, there is a need to reconstruct drugs on a social, legal and political level and to redress the harms

consequentially caused. This can be pursued through a two-fold agenda. Firstly, through a critical, theoretically driven research ambition to better understanding all drugs as drugs, their benefits, and their harms, and how drug policy relates to this. Secondly, through the conceptualisation of a single regulatory framework which encompasses all currently legal and illegal substances, recognises the need to live with rather than without (certain) drugs and which therefore readdresses the harmful contradictions and biases of the status quo.

Declaration

No portion of the work referred to in the thesis has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.

Preface

A thesis submitted in partial fulfilment of the requirements of Liverpool John Moores University for the degree of Doctor of Philosophy. It takes the form of a PhD by Published Works. Six published works are included within this submission, alongside the linked commentary and critical review.

Acknowledgments

It has been a long journey. Many have advised, assisted and befriended. So thank you; to Ken Coates for lighting the political fuse; to Liam McCann and Bankole Cole for instilling the infectious passion; to Rodger White for the sage words; to Shirley Rawstorne and George Mair for the opportunity; to Julian Buchanan for the reassurance that I belong; to Ester Ragonese for the enthusiasm and inspiration; to Anne Rees for the bed, board, camaraderie and conversation; to Helen Beckett Wilson and Tammy Ayres for being the most wonderful co-authors; to Helena Gosling for the willingness and wisdom; and finally to the dynamic duo, who have helped and inspired in equal measure, acting as role models and pillars of integrity over our many years together, Matthew Millings and Lol Burke, I salute you.

I have also had a little assistance on the home front. Gaby, I thank you in equal measure for your unwavering support of my career and your willingness to listen to convoluted rants about the discriminatory harms of this world. These are the characteristics of someone capable of the greatest possible love and not those of an android. You are my world. Fact. Lennie and Stanley, your arrival has turned my world upside down. It has also increased my productivity. Either this is down to your loving embraces or a subconscious self-discipline instilled through repeatedly watching Mary Poppins. Immeasurable thanks also go to the wider circle of Team Taylor; Mu for being Mu; Jill for always being interested; Bill for being the greatest thinking publican of all-time; Richard for encouraging me into the field of drugs; and to Gemma and Rachel for consistently acting as rocks, exemplars and heroines for their big brother.

Chapter 1: Introduction

This introduction provides a grounding for this thesis, outlining as it does, its key argument, focus and scope. It also identifies and unpacks the key terminology and concepts that are central to the forthcoming discussion, both defining and explaining their meaning, and situating their position in the central concept of the drug apartheid. Finally, it affords an overview of the seven chapters which comprise this thesis, delivering insight into their content.

Key argument

The central focus of this thesis is how we, as a global society, understand and respond to the use of different drugs. For whilst some drugs are freely available, or accessible via regulatory systems of governance, others are banned by policies of drug prohibition, with their differential positioning guided by their apparent harmfulness. Hence, the manufacture, sale and use of those substances deemed the most dangerous is outlawed with punitive enforcement mechanisms used to deter legal infractions. The central tenant of drug prohibition is that it keeps society safe, or at least safer than if the substances that fall within its remit were openly available, by mitigating the harms of dangerous drug use. Drug prohibition, therefore, serves to benevolently protect society via legal restriction.

This thesis, however, seeks to contend this assumption, arguing that drug prohibition is based on false conceptions of which drugs are the most dangerous, and indeed the intractable untruth that drug prohibition culminates in civic safety. This is an argument centred on the key concept of social harm (Hillyard and Tombs, 2007), inspired by the work of critical criminologists who have encouraged a contestation of the superficial dichotomies which demarcate how we, as a society, view harm and indeed who and what are responsible for its causation (Box, 1983). In this sense, this thesis builds upon the work of critical drugs scholars who have drawn attention to the relationship between drug laws, drug policy and harm (Boland, 2009; Bancroft, 2009; Seddon, 2010a; Stevens, 2011; Nutt, 2012; Brownstein, 2013; Rolles and Measham, 2013; Buchanan, 2015). The thesis uses this grounding to guide its consideration of the purported empirical impetus of what constitutes drugs, dangerous drugs, drug-related harm and drug policy, contending that each of these are formulated around misconceived socio-legal constructions, which draw more on exaggeration, stereotypes and myth, than a pragmatic, nuanced evaluation of reality. It is argued that

contrary to drug prohibitions premise to protect society that it actually serves to proliferate social harm through the process of the *drug apartheid*.

The thesis contends that the key to unveiling the scale of this harm is to view drug policy as a system of apartheid that has created a hierarchy of institutionalised segregation that privileges certain substances and their users whilst criminalising and punishing others. This drug apartheid is a brutal system of inclusion and exclusion, which provides cultural acceptance, competence and identity to some, whilst meting out stigmatisation, imprisonment and death to others. And, whilst this framework of apartheid is ostensibly grounded in empirical utilitarian reason, the arbitrary structures of drug regulation and prohibition indicate a proclivity towards economic, political and moral bias (Taylor, Buchanan and Ayres, 2016).

Resultantly, contemporary drug policy, justified by its purported ability to mitigate drug-related harms, contradictorily serves to enhance their scope and severity. The legitimacy of the drug apartheid is maintained through a *reductionist drugs discourse*, which obfuscates nuanced knowledge and presents fallacy as fact. This process conceals the full spectrum of drug-related harms - particularly the harm of non-drugs such as sugar, medicines, alcohol and tobacco. Simultaneously, this discourse abdicates responsibility for drug-related harms onto minorities of irresponsible and designated problematic substance users, disavowing the influence of consumer capitalism, structural social inequalities and indeed drug policy in shaping these damaging outcomes. In this sense then, drug policy contributes to the mystification of drug-related harm, serving to conceal that which is prompted by those in positions of wealth and status whilst deflecting attention (and therefore punitive responses) for such harms onto the most vulnerable in society (Box, 1983). This process ensures that those with vested economic and moral interests in the drug apartheid continue to flourish, whilst its casualties continue to amass (Bourgois, 2018).

The thesis concludes that there is a need to contest the drug apartheid through the exposure of drug prohibition's inability to achieve its touted aim – its failure to protect the majority. Key to this contestation is the redirecting of attention away from harms associated with illegal drugs towards a more rounded consideration of drug related harms in their widest sense; and a redirecting of attention away from the harms associated with a minority of illegal drug users towards those drug related harms which permeate society more widely. In doing so, drug prohibition's ability to enhance harms for *everyone* is revealed and a new framework which encompasses the regulation of all substances is conceptualised.

Singularly, the submitted articles provide original insights into the relationship between dominant drug narratives, the governance of drug use and users, and the mitigation and proliferation of drug-related harms. The sum of these works is a highly critical account of the socio-legal construction of drugs and contemporary drugs policy and their complicit role in the ongoing drug apartheid. This contribution to knowledge has fed into a growing disquiet of drug prohibition through its exposure of untruths and unveiling of a spectrum of previously invisible harms. The drug policy reform movement of a decade ago, when the first of these works was published, is unrecognisable to that which is fostering social change today - due to its ability to draw upon the nuanced critique of social policy that such works provide. Yet these works remain integral to future developments – warning as they do that unless the differential processes of drug regulation and prohibition are dismantled rather than individually tweaked, that the drug apartheid will continue, ensuring that mental, physical and social wellbeing will perpetually (and needlessly) suffer.

Running throughout all the published works and summarised in the conclusion of the thesis here, is the demand to reconceptualise our understanding of drugs (Seddon, 2016) and of how their availability and use are governed. Only then, it is argued, can we more effectively and judiciously address issues of drug-related harm. As the thesis will demonstrate, this needs to start with the theoretically driven academic enquiries that expose the full spectrum of substances used in society, their benefits and harms; and the full spectrum of drug-related harms and how governance structures influence these. Once this process has begun a pathway to better address the harms of substance use via a single regulatory framework that encompasses all drugs can be conceptualised, with pragmatism, public health and human rights at the centre of its design. Ultimately, this will see the abolition of drug prohibition and a re-orientation of responsibility for domestic drugs policy from the criminal justice to health sphere. Whilst drug-related harms will not abate overnight, this approach will seek firstly, to remove the damaging process of criminalisation and stigmatisation that currently provoke so much harm. Secondly, to ensure that currently legal substances face greater scrutiny and regulation. And finally, to better support drug user wellbeing, rather than attempting to either manage the risk they pose or disregard their needs as non-drug-related.

Key terms

Throughout this thesis, a number of terms are consistently referred due to their centrality to the key argument mapped out above. The defining of these terms here helps to identify their relationship with the drug apartheid narrative.

'Drugs' and 'non-drugs'

The term drugs is both contended and contentious (Coomber, McElrath, Measham et al., 2013). For example, Bean (2014: 1) refers to drugs as being 'those substances controlled by the Misuse of Drugs Act 1971' acknowledging that this 'avoids debates about the definition of drugs, and the moral connotations attached to the term'. This definition allows Bean to focus his concerns on illegal drugs and by doing so, ignore the wider body of substances that might be classified as such. Yet this narrow definition is indicative of how the socio-legal construction of drugs frames certain substances as drugs and others as non-drugs, bolstering the drug apartheid. This thesis contends that drug laws demarcate substances, with those which are prohibited subsequently referred to as *drugs* and associated with drug use, drug problems, drug-related harms and drug policy e.g. heroin, cocaine, ecstasy. Whilst those substances afforded a legal status are seen as *non-drugs* and disassociated with drug use, drug problems, drug-related harms or drug policy e.g. tobacco, alcohol, caffeine and sugar. So, whilst the thesis does employ the definition of drugs as being 'a medicine or other substance which has a physiological effect when ingested or otherwise introduced into the body' – a definition closely aligned to Brownstein's (2013: 87) definition of a drug being 'any chemical you take that affects the way the body works'. It is recognised that these definitions crudely encompass all substances, regardless of legal status, and so the use of the terms drugs and non-drugs help highlight the erroneous demarcation between substances embedded by the drug apartheid.

'Socio-legal construction' of drugs

The thesis identifies that the drug apartheid endures, in large part, by way of the social and legal process through which substances are framed as either drugs or non-drugs. Such thinking is influenced by Bancroft's (2009: 8) assertion that 'there are no pharmacological categories of 'illicit drugs', 'licit drugs' and 'medications'. They are social categories constructed because as a political community we have come to treat some substances

differently from others, depending on who uses them, how and for what.' Hence in terms of the *socio-legal construction* of drugs discussed in this thesis, the social refers to factors of politics, economics, culture, and the public, and considers how consistent narratives around illegal and legal drug use mould understandings of their use, users and harms. This then interacts with the legal position of such substances, and indeed the wider governance structures (of the criminal justice systems application of the law) that relate to this. Resultantly, the socio-legal construction of drugs plays a pivotal role in the ongoing drug apartheid, shaping the tone, focus and ambitions of emergent drug policy.

'Drug prohibition' and 'Drug policy'

At its core, the thesis is a critical consideration of drug policy – to identify, critique and move beyond the drug apartheid to avoid focussing on 'a singular phenomenon and on the problems of illicit drugs or licit drugs used in illicit ways' (Brownstein, 2013: viii). In this context drug policy refers to measures and systems of governance that concern illegal drugs. For clarity, when reference is made to *drug prohibition* within this paper it refers to drug policy in its widest sense i.e. the global prohibition of, and war on drugs; whereas when reference is made to *drug policy* this relates to those domestic drug policies enacted under the guise of prohibition within the UK (but also comparatively where relevant). This focus allows a consideration of the inferences of drug policy at all levels, enabling a consideration of its relationship with the drug apartheid and the harms which are associated with this.

'(Drug-related) Harm'

The key argument presented in this thesis is that drug prohibition and de facto the drug apartheid act as a catalyst for harm. It is imperative therefore to understand what harms are categorised here as being drug-related. Hillyard and Tombs (2007: 12) note that 'the undue attention given to events which are defined as crimes distracts attention from more serious harm. But it is not simply that a focus on crime deflects attention from other, more socially pressing, harms – in many respects, it positively excludes them'. In this sense, the socio-legal construction of drugs has focussed attention on a narrow set of harms relating to drugs and their use, setting the agenda for drug prohibition and drug policy, establishing the harmful practices of the drug apartheid. Yet whilst this view recognises the direct harm caused by the toxicity of a substance as well as the wider harms of addiction, crime and an inability to

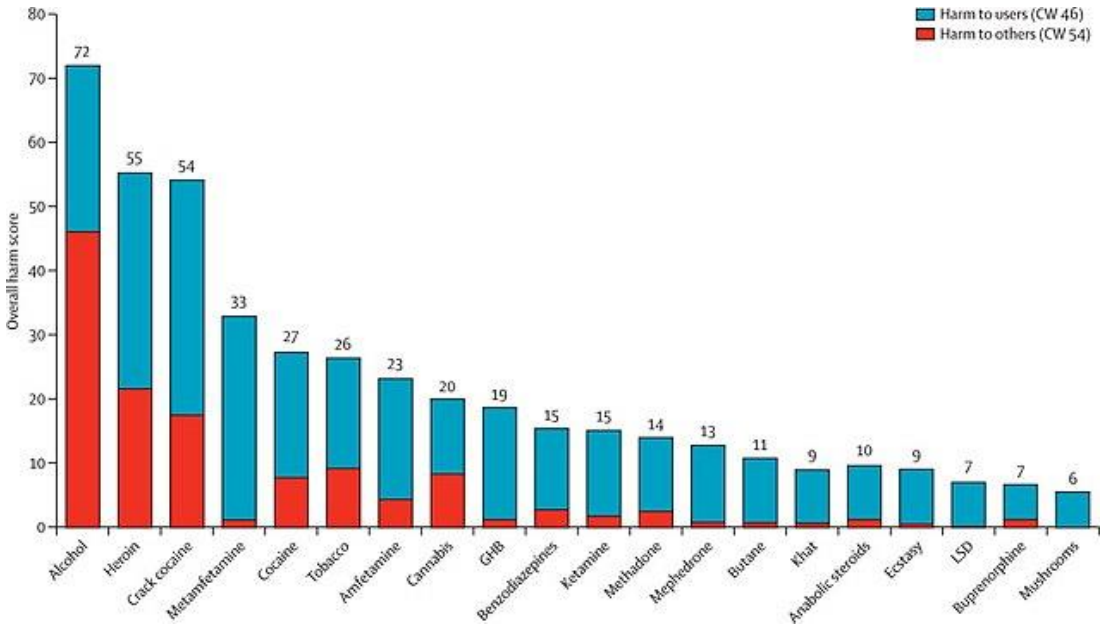
socially function, it distracts attention from other serious harms. It is blind to the harms proliferated by drug prohibition, for example processes of criminalisation and stigmatisation, and excludes more widespread harms, for example the harms attributable to non-drug use. Here, therefore, *drug-related harm* is used in its broadest sense to incorporate harms associated with legal and illegal drugs, their use, users, related policies and governance structures. This broader understanding allows for a consideration of how harm is felt across the social strata but most acutely by those from vulnerable subpopulations who disproportionately suffer under the current framework of drug apartheid.

The notion of d*rug-related harm* is of central importance to this thesis as it represents a term synonymous with drug prohibition and indeed the drug apartheid. The framing of illegal drugs as the most dangerous drugs perpetuates the misnomer that these substances carry innate properties to cause harm (Taylor et al., 2016). Yet the harms attributable to individual substances remain both relatively unknown and a moot point (Nutt, King and Phillips, 2010). Additionally, such harms are not solely attributable to the chemical make-up of specific substances as the wider context of the drug user and the drug-using environment play a crucial role in shaping these (Zinberg, 1984). It is imperative to therefore recognise that the toxicity of a drug, the mind-set of drug users, and the spaces in which drug use takes place are influenced by the (non)conventions imposed by respective drug policies (Rolles and Measham, 2011). Consequently, structures of governance – whether they relate to the unrestricted supply of caffeine, the regulation of e-numbers in food, the licensing of alcohol, the laws governing tobacco packaging or the prohibition of illegal drugs – have inferences for the outcomes of drug use on both an individual and societal level. Thus construed, drugs policy plays a pivotal role in shaping drug-related harm and sequentially in mitigating or indeed proliferating such harms. Importantly, whilst the outlawing of certain substances is legitimised through drug prohibition's ability to protect society from drug-related harms, this thesis argues to the contrary – contending that drug policy ultimately serves to enhance these. It does this via the process of the drug apartheid which serves to marginalise, ostracise and eradicate specific drug using populations who are responsibilised for causing harm; whilst providing a smokescreen of (corporate) social responsibility for the damaging practices of contemporary capitalism, ensuring that the harms of legal and illegal drug use permeate the lives of every citizen.

The work of Nutt et al. (2010) is particularly useful to drawn upon at this point (especially as this is referred as a model on which to build on moving forwards – see chapter seven). Their use of multicriteria decision analysis to assess the level of harm a drug represents to a user

but also others, has proven invaluable to the development of the arguments presented within this thesis as their findings illustrate the contradictions evident within the drug apartheid. Firstly, they question whether prohibited drugs represent the most dangerous drugs identifying that the legal substance alcohol presents a greater risk of harm than all illegal drugs (see Figure 1). Simultaneously, the legal drug tobacco carries a greater risk than a number of illegal drugs, including cannabis and amphetamine. Secondly, in relation to the comparative classification of illegal drugs based on harm within the Misuse of Drugs Act (MDA) 1971, they identify that whilst certain Class A drugs e.g. heroin, crack cocaine and cocaine score relatively highly, and therefore seem accurately classified, other Class A drugs e.g. ecstasy, LSD and magic mushrooms present a much lower risk of harm. These latter substances appear to be misplaced within the MDA 1971, as they carry comparatively less harm than other Class A drugs but also the majority of Class B and Class C drugs.

Figure 1: Drugs ordered by their overall harm scores, showing the separate contributions to the overall scores of harms to users and harm to other (Nutt et al., 2010: 1561)



Interestingly, when we compare this analysis to recent public attitude surveys asking members of the public about the harms represented by individual substances (see Figure 2 and Figure 3), we see that whilst there is a recognition that legal drugs can provoke harm, they are simultaneously perceived as less harmful than the majority of illegal drugs with the exception of cannabis. This disjuncture between public understanding and scientific assessment provides an illustration of how the notions of harm are inferenced by the wider

socio-legal construction of drugs – something which this thesis critically considers, arguing that this process places all of society in a vulnerable position.

Figure 2: From what you know, how harmful do you think the following drugs are to people who regularly take them (YouGov, 2018)

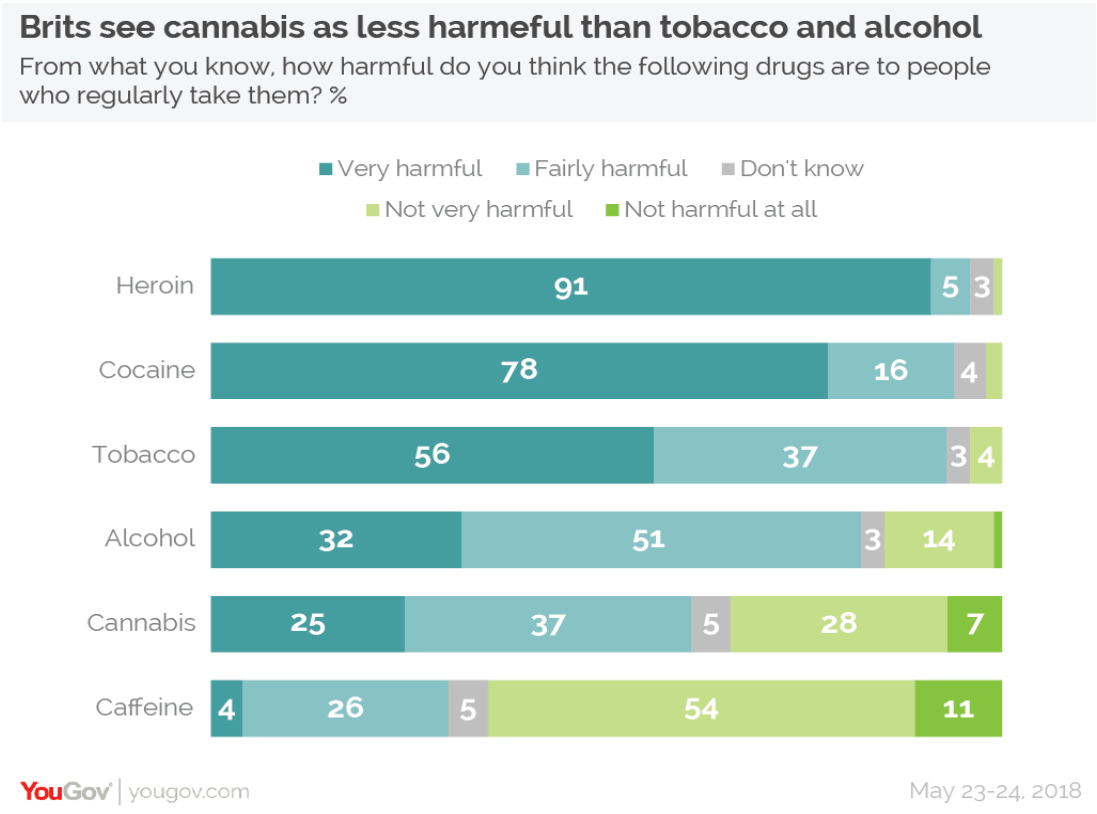
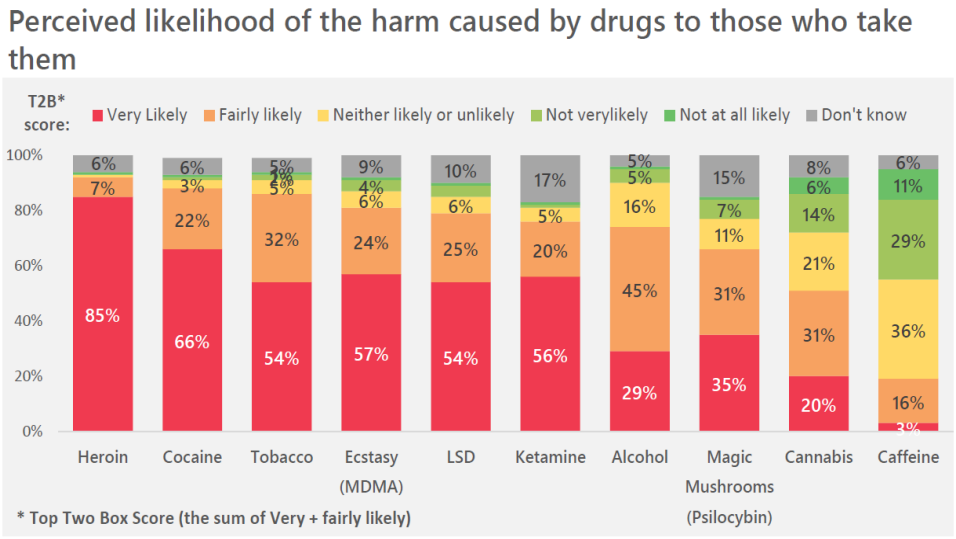


Figure 3: Perceived likelihood of the harm caused by drugs to those who take them (CDPRG, 2019)



Looking at what people know about cannabis, the results showed a lack of

'Vulnerable'

Stevens (2018) draws attention to how framing certain citizens as vulnerable attaches a peripheral status to them whereby their lives are deemed relatively inconsequential. Whilst this thesis therefore employs a simple definition of vulnerability as meaning those at heightened risk of experiencing drug-related harm (which incorporates demographical patterns in terms of class, economic status, age, race and gender), it is keen to move beyond normative considerations of vulnerability. Instead, it seeks to extend the boundaries of vulnerability to encompass the entire social strata. Admittedly, drug-related harms are disproportionately experienced by those in a position of economic, political and social marginalisation but the pervasive nature of the drug apartheid means that drug-related harms permeate all of society. Hence, this thesis attempts to expand the definition of vulnerability to include all social groups to expose the outcomes of the drug apartheid.

Drug users

Whilst there has been a movement to lessen the discursive stigma within academic circles by replacing the term 'drug user' with 'people who use drugs', a core argument of the thesis is the need to recognise everyone as drug users. Hence, for the purposes of this work a 'drug user' is defined as anyone who uses a drug (see above for the definition of this). This means that this is a term that can be applied to virtually everybody in society as the use of legal substances is so widespread. Importantly, however, the drug apartheid only frames certain people as drug users. Building on this, as the thesis appraises drug prohibition and drug policy centred around notions of minority and majority drug user groups, there is a need to ground the work in the available empirical evidence. Figure 4 summarises the most recent statistics relating to different drug using populations. There are obvious problems in employing such data. Attempts to measure rates of illegal drug use in particular are affected by the sample accessed i.e. general household surveys, students, those in contact/not in contact with the criminal justice system/service provision; the methods employed i.e. self-report surveys, interviews, online studies; and the understanding of respondents i.e. ecstasy users may have unknowingly used other substances thinking they were MDMA. That said, when assessing the utility of drug policy in relation to different drug using populations, there is little alternative but to at least refer to those official statistics compiled by organisations such as the Office for National Statistics and the Home Office to provide some sort of numerical perspective. Whilst such statistics undoubtedly underestimate the extent of drug use

(whether legal or illegal), they do at least allow a comparison amongst and between substances at any one time.

Figure 4. Estimated trends of 'last year' drug use amongst the adult population of England (and Wales)

Population	Number	Region	Source
Individuals in contact with drug/alcohol services	279,793	England	Public Health England, 2017
Opiate and/or crack cocaine users	300,783	England	Hay, dos Santos and Swithenbank, 2018
Ecstasy users	550,000	England and Wales	Home Office, 2018a
Dependent alcohol users	595,131	England	Pryce, Buykx, Gray et al., 2017
Cocaine users	875,000	England and Wales	Home Office, 2018a
Non-prescribed painkiller users	2.0m	England	Rhodes, 2018
Cannabis users	2.4m	England and Wales	Home Office, 2018a
Any illegal substance users	2.97m	England and Wales	Home Office, 2018a
Tobacco users	6.1 m	England	ONS, 2018a
Alcohol users	25.6m	England	ONS, 2018b
Individuals prescribed medication	25.9m	England	NHS Digital, 2018
Caffeine users	31.9m	England	Estimate for 2018[1]

[1] In the absence of any UK data relating to caffeine use, this figure represents an estimate using the only available study into caffeine use amongst a country's population - that of the USA (see Frary, Johnson and Wang M, 2005). This study identified 90% of the Adult population as caffeine users. The total presented here therefore is admittedly a crass estimate for the UK identifying 90% of the total number of those of working age in England (35,543,544).

Furthermore, in the context of this thesis, despite the likely inaccuracy of such figures (especially in relation to the underreporting of illegal drug use), they do illustrate the numerical foundations of the drug apartheid. As shown in Figure 4, whilst there are an estimated 300,783 opiate and crack cocaine users in England these represent a minority group in comparison to those who report the use of other Class A drugs such as ecstasy (550,000) and cocaine (875,000) or the 2.4 million who report using the Class B substance cannabis, during the previous year. Interestingly, this latter figure is similar to the 2 million individuals who illicitly use prescription painkillers each year, who escape the attention of domestic drug strategies and continue to fly under the drugs radar (Taylor et al., 2016). Furthermore, the overall numbers of previous year illegal substance users (2.97 million) represent a minority group in comparison to those users of substances regarded as non-drugs, such as tobacco (6.1m), alcohol (25.6 million with 595,131 identified as dependent drinkers), prescription medications (25.9 million) and caffeine (31.9 million). Meanwhile, of the 2.97 million illegal drug users and 25.6 million alcohol users, just 279,793 are in contact with drug and alcohol services yet it is these (problematic) users who continue to drive the focus and form of contemporary drug policy (Taylor, 2016).

Such figures indicate the inverse funnel through which substance use is constructed, for whilst 90% of the population use the non-drug caffeine, just 9% use illegal drugs with only a fraction of these identified as users of those drugs (heroin and crack cocaine) deemed the most problematic (Taylor, 2008). The drug apartheid, however, takes attention away from the prevalent use of legal substance use (Taylor et al., 2016) whilst the reductionist drugs discourse simultaneously deflects attention away from the wider body of individuals engaged with illegal drug use (Taylor, 2011). Instead, it centres upon a minority group of heroin/crack users who are disproportionately likely to be in contact with support services (Taylor et al., 2016). This is a process which this thesis argues is actively enhancing the scope and scale of drug-related harms experienced throughout society.

Structure of the thesis

This introduction provides an outline focus of this thesis, its key argument and the issues that it addresses. Building upon this foundation the proceeding chapter explains the theoretical principles and empirical evidence base on which the concept of the drug apartheid is built. Chapter three then situates the personal journey of the author, relating this to the employed research methodologies and how experience has informed research design and

development. Following this, chapters four and five amalgamate the core arguments of the submitted works, critiquing how the connected issues of the socio-legal construction of drugs and the harms of drug prohibition enshrine the drug apartheid and its damaging outcomes. The enduring utility of the drug apartheid is then considered in chapter six, outlining its ongoing pertinence in the face of a variety of factors which continue to bolster the status quo. The ambitions of these arguments are then realised in chapter seven whereby a blueprint of contesting the drug apartheid is presented. References to the author's submitted works are presented in bold.

Chapter 2: Theoretical framework

This chapter serves a dual purpose. Firstly, it provides a theoretical grounding for the thesis, emphasising how critical criminological conceptualisations of the law provide a stimulus for its key argument that the drug apartheid is an ideological, contradictory concept that promotes harm and should be contested. Secondly, the chapter locates the drug apartheid within the wider drugs field literature, illustrating how this concept has built upon and added to the extant body of work through this original framework.

Drugs, harm and mystification

The genesis of the submitted works can be found within the principles of critical criminology. For the author, however, critical criminology is a broad church which incorporates aspects of radical, left-realist, cultural, zemiological, and ultra-realist criminology as well as the emerging deviant leisure paradigm. The concept of the drug apartheid and the arguments born from this draws from these various positions, forming a framework which is *critical* in its ambition to abolish the existing structure of drug prohibition, decoupling currently illegal drugs from the criminal law, yet which is also *realist* in seeking to reduce the existing scope of drug-related harms through a process of regulation.

In the critical sense, the drug apartheid draws upon the notion that drug laws are an ideological tool, through which dominant moral, political and economic norms are enforced, drawing attention to the underlying power relations that shape how different groups experience social life and indeed the criminal justice system (Taylor, Walton and Young, 1973). Resultantly, the drug apartheid amplifies the harms provoked by the powerless whilst concealing those caused by the powerful, resonating with the contention that (drug) laws form part of a wider mystification process which at once attributes and diverts responsibility for social harm (Box, 1983). Indeed, the key characteristics of the drug apartheid align with Steven Box's (1983) five point framework which maps out the outcomes of crime and the criminalisation process whereby; underprivileged/powerless people are disproportionately criminalised despite prompting less harm than that caused by the privileged/powerful; a problematic population is consequently engineered and seen as morally defective and warranting of punishment; this renders invisible the harm caused by the privileged/powerful; which frames 'justice' as legitimate and above refute; which ultimately enhances reliance on the state to protect us from the apparent problem, despite the state being the fundamental

problem. Clearly, the law is central to Box's argument but in relation to drug prohibition there is a need to think more widely (Wakeman, 2014a) to recognise the multitude of socio-legal factors - including drug laws, drug prohibition, drug policy and the wider historical and contemporary context of consumer capitalism - that have come to define what drugs, drug manufacturers, suppliers and users are seen as illegitimate and harmful, and which are not. It is also necessary to critically reflect on how drug policy has served to purposely scapegoat and responsibilise 'problematic' populations for causing social harms, necessitating punitive responses to their behaviours, whilst simultaneously disavowing the structural social inequalities and indeed contradictions that relate to this. There is a need therefore to unveil the scope and severity of harm that the drug apartheid both cloaks and causes.

On a fundamental level, just as critical criminologists draw attention to the need to contest the very concept of 'crime', the drug apartheid questions the current conception of 'drugs'. Seddon (2016) critiques the utility of drug policy to move forwards whilst the concept of 'drugs' persists, meaning that a decoupling from the term is required if erstwhile drug policy change is to occur. This thesis argues that the inverse of this is equally palatable, that all substances *need* to be re-conceptualised as drugs if the drug apartheid is to be broken down. Regardless of these important semantics, both standpoints have the ultimate aim of removing the existing arbitrary divide between drugs. As Seddon (2016: 415) eloquently observes 'It will only be when the `false self-evidence' of the drug concept is shaken hard enough that it falls apart, that we will finally see the arbitrary boundaries between intoxicants drawn a century ago disappear like markings `drawn in sand at the edge of the sea'. And with them, the arbitrary policies and practices of the drug apartheid.

Yet stimulating such a hard shaking is not a straightforward task due to the illusionary understanding of drugs (and indeed the drug problem) which is 'stuffed into our conscious' (Box, 1983: 3). Through the deception of the reductionist drug discourse, drugs myth becomes fact (Saper, 1974). Resultantly, the drug apartheid frames what we see as acceptable and unacceptable intoxication practices, whom we view as harmful and being harmed, and whom should be held accountable for infractions of the legal code (Ayres and Taylor, 2020). This is a process that has considerable lineage as the drug apartheid is tied to the exigencies of capitalism and its establishment. That, despite the popular portrayal of 'drugs' subverting capitalism and corrupting society, this represents a further aspect of mystification whereby myth disavows the realities underpinning a system of governance that is not only unscientific, but potentially more harmful than the substances it purports to protect us from (MacCoun and Reuter, 2001). To draw on Seddon's (2007: 154) work again,

we must ask whether the demonization of certain drugs is 'serving not only to exacerbate rather than minimise human misery but also to obscure some of the more significant questions of social and legal policy with which it has become entangled'.

The importance of understanding contemporary developments in British drug policy within the 'wider context of the extraordinary social, economic and cultural transformations of the last quarter of the twentieth century' (Seddon, Ralphs and Williams, 2008: 829) has rightly been cited. But there is a need to recognise the embedded historic nature of the mystification process to help frame the demarcation of privileged legal drugs from unprivileged illegal drugs interwoven with colonialism, trade, empire, slavery, exploitation and the advancement of global consumer capitalism and the contemporary political economy (Farrell, 1997). As Fisher (2009: 8) notes 'capitalism subsumes and consumes all of previous history', so whilst drug prohibition is contemptuously framed as grounded in notions of harm, addiction and the protection of society from dangerous substances, this constitutes an '(unconscious) fantasy structuring our social reality itself' (Žižek, 1989: 33). Instead, the prohibition of some drugs but not others is historically tied to ruthless trading companies using military force, ethnic cleansing, slavery and indentured labour to open up markets and create trade networks spanning the globe (Courtwright, 2001). History distinguished (erroneously) between legitimate trade/supply in these substances and illegitimate criminal supply, despite large monopolies/corporations like the East India Trading Company partaking in the same merciless undertaking as that employed by criminal entrepreneurs (Hall, 2012). A process that has been refined but is equally apparent in the drug apartheid of today.

When talking about drug supply and trafficking, large companies and multi-national corporations are largely omitted from the discussion. Although some texts concerned with drug dealing offer tentative understandings of the opium trade (and indeed, the British governments role within this – see Coomber, 2006; Barton, 2011), the majority of this literature focuses on the usual suspects; the criminal entrepreneur, social suppliers, terrorist and organised crime groups. This means that the actions of those corporations and conglomerates who legitimately manufacture and sell drugs at extortionate prices, withhold lifesaving medications from people who need them, poison people, and cause more deaths than all illicit drugs and illicit drug dealers combined are side-lined. So despite provoking widespread harm, such organisations fail to arouse the same level of attention as the stereotypical 'death dealers' of illegal substances. These companies, having not been subject to the same level of scrutiny, are neither held to account nor criminally prosecuted for their

role in the supply of drugs. Instead, organisations such as pharmaceutical companies are seen as legitimate producers and suppliers of safe drugs that we all need to keep us healthy and cure disease. Simultaneously, we ignore their underhand and unscrupulous business practices that are not only unethical but harmful (Hagopian, 2015; Singer and Baer, 2009) – with big pharma providing the gold standard here through its stifling of generic competition, twisting of health policy in their favour, and payment of doctors and medical experts to not only promote and endorse their product, but prescribe it to their patients (Feldman and Frondorf, 2017; Singer and Baer, 2009).

Thus, despite being premised on notions of harm, addiction, and danger, the control and regulation of some drugs (e.g. cocaine and heroin) but not others (e.g. alcohol and tobacco) can be linked to big business and its multinational corporations that are premised on the exigencies of capitalism and its pursuit of profit (Farrell, 1997). This is hidden and disavowed along with the harms embedded in these capitalist markets of consumption: fantasy conceals the systemic violence inherent in capitalism and its circuits of consumption (Raymen and Smith, 2016; Winlow and Hall, 2016; Žižek, 2008). Hence, drugs, particularly illegal, unprivileged drugs, are blamed for societal ills, seen as both polluting and dangerous, held responsible for causing crime, addiction, disease and death, destroying communities, families, individuals and town centres (Ayres and Taylor, 2020). They therefore function as a fetish, giving body to inconsistency (Žižek, 1989), serving to negate the systemic causes underpinning these ills, as 'capital can never openly admit that it is a system based on inhuman rapacity' (Fisher, 2014: 36). Rather than acknowledge the systemic violence underpinning society, we establish the drug apartheid and admonish some drugs but not others, seeking to eradicate their flawed consumption and flawed consumers. We therefore centre attention on dangerous drugs, dangerous groups and excessive and dangerous consumption practices, whilst diverting attention away from systemic violence, masking the paradoxical nature of capitalism (Žižek, 2006).

As the collective gaze is drawn to those drug markets deemed to be the most dangerous and therefore outlawed via the 1961 UN Single Convention of Narcotic Drugs we invisiblise the corporate promotion of sugary foods, alcohol, caffeine, tobacco and pharmaceuticals. Despite an increasing recognition of the harms associated with these licit substances, the drug apartheid ensures that their social, legal and political construction as non-drugs endures. This process of demarcating legal drug markets from illegal ones - to the extent that they are not even seen as *drug* markets - is bolstered by a neoliberal self-responsibilisation

agenda, which ascribes the problematic use of legal substances to an irresponsibility minority (who eat too much sugar, binge drink etc.). A minority that can usually be found in the lower socio-economic classes where their 'relentless monstering' (Fisher, 2009: 77) reinforces the need for governance structures which civilize those transcending acceptable behavioural boundaries. This consequently provides a smokescreen for the harmful practises of legitimate drug market enterprises (Babor, Robaina, Brown et al., 2018; McCambridge, Kypri, Miller et al., 2014).

This critical construction of the position of drugs in society and the consequences of contemporary structures of governance which are historically associated with aspects of control, criminalisation and capitalism has been influential in devising the concept of the drug apartheid. The framing of the drug apartheid - drawing on the principles of critical criminology - devises a coherent critique of the status quo by drawing attention to how drug prohibition; is aligned with the vested economic interests of Western society (Chambliss, 1977); results in drug policies shot through with inconsistencies and contradictions (Buchanan, 2015); affords a masking of 'legitimate' harms (Box, 1983); and prompts more harm than it prevents (MacCoun and Reuter, 2001).

Yet the concept of the drug apartheid was devised not only as a response to the theoretical influences of critical criminology, but also through a desire by its architects – the author and Julian Buchanan - to bring their existing works together into a singular coherent framework which provides a damning critique of the status quo (see Taylor et al., 2016). An equally important ambition was that the concept should provide a framework through which to bring together the empirical evidence from others within the drugs field which had poured invaluable light on the purposes, processes and consequences of drug prohibition, exposing its inherent contradictions, its opaque reasoning, and its damaging outcomes. In this sense, the drug apartheid represents an attempt to amalgamate and evolve the evident thinking of these insightful but often disparate works.

The drug apartheid does this initially through explaining how dominant understandings of drugs prevail through the processes of the reductionist drug discourse. This sees the concepts of drugs and drug use constructed through a narrow lens ensuring that a tapered construction of their use, users and policies dominate our public conscience. It therefore sees commonalities in disparate drug discourses, bringing together extant knowledge relating to the social construction of drugs (Becker, 1963, Young, 1971, Downes, 1977); the framing of drug scares (Bean, 1993; Reinarman, 1994; Forsyth, 2005); the tone of media

(mis)representations; (Boyd, 2002; Ayres and Jewkes, 2012; Alexandrescu, 2014); the content of drug policy documentation (Haydock, 2014; Lancaster and Ritter, 2014; Lancaster, Duke and Ritter, 2015); the messages of drugs educational campaigns (Power, 1989; McInnes and Barrett, 2007); and the focus of empirical research (Malloch, 2008; Moore, 2008; Stevens, 2011). Yet the drug apartheid, through its focus on dichotomy and contradiction (see below) encourages us to juxtapose the dominant narratives of the reductionist drug discourse with those of competing ones. Hence, it also brings together the compelling body of work which challenges these normative understandings, highlighting as it does that although illegal drug use is framed as being contained to certain populations that their use is actually widespread (Aldridge, Measham and Williams, 2011); that despite illegal drugs being construed as addictive the majority of users do not become dependent or require treatment (Whiteacre and Pepinsky, 2002; Shewan and Dalgarno, 2005; Siliquini, Morra, Vesino et al., 2005; Cruz, 2015); and that whilst drugs are generically framed as leading to unwanted, harmful consequences they most commonly result in functional, beneficial and pleasurable outcomes (Boys, Marsden and Strang, 2001; Duff, 2008; Hunt, Maloney and Evans, 2010; Williams, 2013; Askew, 2016).

The concept of the reductionist drugs discourse therefore highlights that these disparate works have a commonality - they each explain how their relevant medium 'force the facts of social life through the sieve of dominant ideology' (Reinarman and Duskin, 1992: 15). As such this resonates with Seddon's (2016: 395) argument that the very nature of what we understand as a drug, or indeed as drug use, is 'an evaluative rather than descriptive act, a form of decree which is usually `of a prohibitive nature''. Hence, the drug apartheid governs the dominant themes evident in all forms of discourse, serving to socio-legally frame drugs and indeed, drug problems, cementing conceptualisations of acceptable (safe) and unacceptable (dangerous) substance use, of socially accommodated and social problematic drug use, assembled around notions of legitimacy. As Box (1983: 15) observes;

> For too long too many people have been socialized to see crime and criminals through the eyes of the state. There is nothing left… but mystification… There is more to crime and criminals than the state reveals. But most people cannot see it.

It is this very legitimacy that the drug apartheid centres upon. As such, it concerns a series of dichotomies evident within drug prohibition and drug policy, which bring together various streams of scholarly activity within the drugs field using the central component of critical criminology to fuse these together, with the influences of Box's five consequences of

criminalisation clearly evident. The lens of the drug apartheid highlights that illegal drugs are framed as the most dangerous drugs but this lacks empirical support with other currently legal drugs presenting a greater risk of harm (Nutt, King and Blakemore, 2007, Nutt et al., 2010; van Amsterdam et al., 2015). We can discern that drug policy claims to be evidence based but this instead represents a veneer of accountability that justifies spurious policies (Boland, 2008; Silverman, 2012), and that illegal substances are illegal yet users are unlikely to attract the attention of law enforcement unless they reside or originate from marginalised/minority communities/groups whereby they are disproportionately arrested and sentenced (Eastwood, Shiner and Bear, 2013; Askew and Salinas, 2018). It is possible to see that this 'routinisation of caricature' (Reinarman and Duskin, 1999: 81) results in the use of illicit substances being conflated with 'problematic' drug use meaning that drug policy responds to the risk presented by problematic drug users (Buchanan and Young, 2000; Seddon, 2011; Stevens, 2011), risks which are often misinterpreted and overblown (Stevens, 2007).

The concept of the drug apartheid then integrates these arguments into a framework of critical criminology to illustrate how drug prohibition and domestic drug polices serve as 'resources, tools, instruments, designed and then used to criminalize, demoralize, incapacitate, fracture and sometimes eliminate those problem populations' (Box, 1983: 7). That they serve as a 'trick to deflect our attention away from other, even more serious crimes and victimizing behaviours, which objectively cause the vast bulk of avoidable death, injury and deprivation' to ensure that drug laws 'exclude many similar, an in important respects, identical acts, and these are just the acts likely to be committed more frequently by powerful individuals' (Box 1983: 9). This lens allows us to argue that the drug apartheid (and de facto drug prohibition) proliferates more harm than it causes. This assessment resonates not just with the conclusions of a burgeoning body of scholarship in the field (Hart, 2013; Buchanan, 2015; Hari, 2015), but also with the emerging evidence base from jurisdictions which have enacted drug policy reform (Drug Policy Alliance, 2019, 2018; RNFP, 2013). True to its critical criminological origins, the argument here is to abolish the current system of drug prohibition whilst simultaneously exposing the harms of legitimate enterprise. Such a move heeds calls from critical drug scholars for 'systems of drug control to be completely re-imagined and re-conceptualized to reduce the harm they cause' (Wakeman, 2014a: 236) in order 'to move beyond the conceptual frame to which the status quo is tethered' (Seddon, 2016: 396). This entails the development of a new regulatory approach (Ritter, 2010; Seddon, 2010a), one

that recognises the inherent contradictions of the drug apartheid and seeks to rebalance the scales of equality. But that also reigns in the harms of consumer capitalism through a system that addresses all drug use and indeed recognises all drug-related harms (see chapter seven for a more detailed unpacking of this vision).

This chapter has illustrated the theoretical influence of critical criminology upon the key argument presented within the thesis. This lens affords an understanding of drugs, their use, and their control as being both purposeful and profitable. It also illustrates, by drawing on the wider body of work from drug scholars, that the drug apartheid represents a system inherently connected to issues of harm. This dual concern with the present governance structures and their ability to enhance social harms has been a key influence on the authors chosen methodological approach.

Chapter 3: Methodology

This chapter seeks to explore the methodological approach employed within the papers that form this PhD by published works. In doing so, it provides insight into two key issues. Firstly, the author's personal journey and how life experiences have shaped the critical criminological research lens that is employed. This affords an understanding into my ethical and political positioning and how this has stimulated the conceptualisation of the drug apartheid. Secondly, this underpinning research philosophy is applied more explicitly to the methodological approaches evident in the six publications that form the substantive content of this submission. This provides insight into how my position as a critical criminologist has affected the analysis of the various research data utilised throughout the submitted works.

A personal journey

My journey through the field of drugs has presented numerous personal, theoretical and practical challenges, which have all (although unknowingly at times) revolved around the concept of the drug apartheid. This journey is of crucial importance to understanding how and why I have applied a critical criminological lens to underpin the submitted works – for despite seeing myself as a pragmatist, guided by a desire to challenge the contradictions in society in order to rebalance the scales of inequality, I am first and foremost a critical criminologist whose bias is ingrained. As Akala (2018: 22) has astutely observed;

> I was born into these currents, I did not create or invent them and I make no claims to objectivity. I find the whole idea that we can transcend our experiences; and take a totally unbiased look at the world to be totally ridiculous, yet that's what many historians and academics claim to do. We are all influenced by what we are exposed to and experience; the best that we can hope for is to try and be as fair as possible from within the bias inherent in existence. The personal is the political….

My interest in how we, as a society, construct 'drugs' and the consequential impacts of our drug polices is grounded in my childhood. Growing up in a pub, I became acutely aware of both the pleasures and pains of substance use. Alcohol and tobacco were celebrated, acting as a social lubricant which alleviated get-togethers into convivial parties. I simultaneously saw them both cause irrevocable damage to people's health and relationships. During my teenage years, I engaged with the outside (rave) party scene. Here, people came together (latterly illegally due to the 1994 Criminal Justice and Public Order Act) in an altogether

different atmosphere yet one which similarly revolved around drug use as a means to pleasurable ends. Unlike the pub, however, (where drinking often went on to all hours behind closed curtains) the police would eventually arrive and the party would end. Despite the apparent merits of using dance drugs, I saw 'ravers' progress into heroin use, many trying it for the first time during the summer of 1994 when a cannabis drought led to heroin being offered as a substitute. Some of these individuals enjoyed and controlled their use, some developed a dependency, some entered treatment, and some lost their lives. I was struck by the contradictory nature of these experiences; of the juxtaposed position of substance use within society and how different substances attracted different social, legal and political responses; of drug policies which outlawed certain substances and embraced others; of certain substances being construed as inherently harmless and others as harmful; and how frameworks of (non)regulation appeared to shape drug user's journeys. Employing a critical criminology lens has allowed me to make sense of these experiences and indeed for these to transcend into my academic work, through the primary contention that crime (or in this case drugs) has no ontological reality – rather it is an ideological construct. In this sense, my academic work does not set out to establish objective truths about drugs as this is an impossibility (Hall and Winlow, 2015) since every aspect of their being is bound to the mystifying processes of the drug apartheid. Instead, I begin with the research question favoured by many critical criminologists - what is it that I oppose here? (Stubbs, 2008). That bias then leads my analysis. The starting point for the presented works therefore is an opposition to the illogicality and inconsistency of the drug apartheid. With the ultimate aim being to provide critical insight into the incongruity of drugs policy to foster dissonance with drug prohibition.

These early experiences coupled with an event occurring in 1995, would ultimately provide the stimulus to me studying criminology. A friend, working as a glass collector in a nightclub (which consistently served those who were inebriated and/or under 18) was approached by a female looking to acquire drugs. He informed her that he did not sell them but would ask around (as he was keen to get her phone number for a date). Later, he saw someone he knew to be involved in the drugs trade, checked that he could tell the woman to approach him, and returned to pass on the information. It would transpire that this woman was an undercover police officer. The following morning his family home was raided by the police (no drugs were found). The day after, the local paper named him as one member of a 'drugs ring'. The police began pulling his car over as a known 'criminal' face. He was unable to join my eighteenth birthday celebrations in Ibiza due to a ban on overseas travel during the

investigation. With little life experience or money for legal advice he was convicted of supplying a Class B drug. With it went his ambition of becoming a secondary school teacher. For the first time I saw how drug prohibition could alter someone's life-course – in this instance, my only friend who had never taken illegal drugs (let alone sold them). This echoed to me that harm and its causes were embroiled in the actions (and inactions) of the state – something which I had already experienced first-hand having been present at the Hillsborough 'disaster' in 1989. Subsequently, each of the submitted papers has the notion of drug-related harm at its centre, seeking to expose those harms that are associated with contemporary drug policy, questioning its equity and efficiency, urging for a radical overhaul to move beyond the state-sponsored drug apartheid. Again, this desire to expose harm represents an approach which is neither value or politically neutral – indeed it represents the efforts of someone who is emotional invested in exposing a process which they believe to be unjust - a position I am proud of - as it is only through such critical analysis that criminologists can challenge the entrenched structures of power and knowledge that promote such harms (Scraton, 2002).

These early life experiences have been compounded by those of my professional career. On graduating university I moved into practice with the Probation Service – entering a criminal justice system that I had previously criticised through a naïve desire of wanting to support those facing social hardship. Yet seeing the processes of governance in action proved a chastening experience. Indeed, being a practitioner who worked alongside drug users, drug tested them and ultimately returned them to custody for failed results ultimately moulded the first paper of this submission (**Taylor, 2008**) which bemoans the unethical and stigmatising treatment by coercion model. Disillusioned with practice, I entered academia, viewing this (again rather naively) as a medium through which I might better enact social change. My earlier academic work centred upon evaluations of numerous criminal justice (drugs) projects (Mair and Taylor, 2004; Mair, Burke and Taylor, 2006; Mair, Cross and Taylor, 2007, 2008) yet over time, I came to realise two things. Firstly, that change is as difficult to engender within academia as it is in practice. Secondly, that as a critical criminologist, engaging in evaluatory research may achieve some liberal tinkering with extant practises, but it simultaneously risks endorsing those harmful processes that sit within the framework of drug prohibition – in essence when one attempts short term gains, one risks the obfuscation of long term goals (Carlen, 2012).

A good illustration of this is the cannabis use and cultivation project, which forms the basis for papers five and six of this submission (**Beckett, Taylor, Barret et al., 2017; Taylor, Beckett**

Wilson, Barret et al., 2018). On receipt of the final project report (which identified the need to address the misinformation apparent in community understandings which were formulated around anxiety inducing myth rather than an accurate understanding of the local landscape), the Local Authority (who funded the study) identified a path forward which sat in stark contrast to the report's recommendations (which included training up postal workers to recognise the signs of cannabis use to enhance efforts to apprehend people). Consequently, services which would respond to the needs of the community failed to materialise, and what emerged was something that could potentially enhance the harms that the community experienced (**Taylor et al., 2018**). As drug researchers we often face ethical dilemmas relating to our own wellbeing, that of individual respondents and indeed of other people/society more widely (Wakeman, 2014b). Yet these situations serve as a reminder of the harms promoted by drug prohibition and the need for our research to feed into a process which can challenge rather than be complicit with dominant narratives. Whilst therefore chastening, this experience deepened my commitment to a critical position as it reemphasised that the notion of evidence based policy is a façade, influencing my current refusal to engage in policy-driven research with state agencies as you risk colluding with harm inducing practices (Hall and Winlow, 2015). Resultantly, despite my research endeavours having previously attempted to influence policy and practice, the body of work submitted for this thesis represents a critical criminological perspective, intent on drawing attention to the structural contradictions of a society formulated on notions of inequality, exploitation and suppression – which has culminated in the central concept of this thesis, the drug apartheid.

The submitted works therefore offer an ever evolving but damning critique of the contradictions and harms associated with the drug apartheid, which is afforded through their critical interpretation of the evidence on which they are based. The core of submitted works take the form of critical commentaries (**Taylor, 2008; 2011; 2016; Taylor et al, 2016**). These are composed through a synoptic consideration of existing academic research/literature accompanied by a critical analysis of media representations and policy documents, particular the successive drug strategies for England and Wales which have shaped domestic drug policy since 1998. This analysis has taken the form of both content and discourse analysis, seeking to make sense of the language employed within these different mediums in relation to the social context of drug prohibition. In this sense, it aims to consider the interplay between the reproduction of the conscious and subliminal messages of the reductionist drug discourse and the evident power relations which determine the tone, focus and nature of

the socio-legal construction of drugs (Foucault, 1972; Bourdieu, 1991). It therefore aligns with van Dijk's (1993) principles of critical discourse analysis in that it explores the relations between discourse, power, dominance and social inequalities. The appliance of critical discourse analysis is not uncommon within the field of drugs – indeed, my use of this approach was inspired by it use in previous works, particularly those of Craig Reinarman (Reinarman and Duskin, 1992, 1999; Reinarman 1994, 2004; Reinarman and Levine, 2005). I have, however, sought to expand understanding of not only what is present but also what is missing from the dominant social-legal construction of drugs (Herzog, 2016). Whilst others have therefore applied critical discourse analysis to a variety of issues and mediums (e.g. Seddon, 2010a; Tupper, 2012; Askew, 2013; Lancaster and Ritter, 2014; Sills, 2017, Stevens, 2018) I have used this to develop a macro level interpretation of the positioning and control of drugs in both a historical and contemporary sense. Such an approach enables these works to identify the common themes of the reductionist drugs discourse, critique these via a palpable body of conflicting and contradictory evidence, and to conceptualise an overarching structure explaining their purpose.

As van Dijk (1993) highlights, the role of the discourse analysist themselves is crucial to this process. Whilst I have endeavoured for my interpretation of this literature to be guided by a degree of pragmatism, the focus and nature of the presented works is undoubtedly influenced/biased by my personal journey/critical position. My biography moulds my analysis of existing literature into what I would term a critical yet pragmatic approach which attempts to highlight the contradictions and failings between/of policy and practice in a grounded fashion. Perhaps, however, such pragmatism is a laudable ambition rather than a realistic undertaking, as the departure point for my analysis is rooted in the belief that governmental claims of drug policy being evidence based and protecting society are illusionary. Hence this series of articles aim to test this hypothesis by considering the language of drug policy, the representations of drug use in the media and the validity of research which is used to add credence to such misnomers in order to construct a 'critical theory of the contemporary state' (Hudson, 1993: 6). In this sense, my work is not pragmatic, rather it acts as a medium through which to resist 'the political and ideological imperatives of official discourse, [and] state-sponsored evaluations of official policy initiatives' (Scraton, 2002: 35).

The final two works presented in this submission reference data collated through a mixed methods qualitative study of cannabis cultivation and use. This study was a scoping exercise which engaged 68 participants drawn from sample groups of practitioners, residents,

cannabis cultivators, cannabis users and their families via a mixture of focus groups and interviews (see **Beckett et al., 2017; Taylor et al., 2018** for a fuller discussion of this methodology). My involvement in this fieldwork included facilitating a world café event with practitioners; focus groups with community residents; and interviews with cannabis cultivators. Whilst the research took an inductive approach, one might question the robustness of this given my critical position and that the papers emerging from this study utilise my previous works as a theoretical spine. That said all of the research team undertook independent analysis of the data, with each member identifying the same prominent themes. Additionally, the final project report (presented to the Local Authority) identified the same key themes as those presented in subsequent publications (**Beckett Wilson et al., 2017; Taylor et al., 2018**). Whilst this report included recommendations for practice, it attempted to avoid subjective interpretation of the data. The underpinning critical theoretical spine of the works presented here, therefore, was formulated at the very end of the project, protecting the integrity of the inductive approach.

As discussed previously, this was a personally challenging project. On a practical level, it emphasised the difficulties of undertaking empirical enquiry which engages agents of the state as a critical criminologist. This was evident not only in the response of the Local Authority to the final project report but also during the fieldwork itself. As a critical scholar, maintaining an objective persona/outlook to fieldwork, and indeed of remaining true to the inductive nature of the study was demanding in itself but became particularly so when the sample aligned with (what I believed to be) unfounded conceptualisations of drug use and drug users which had the potential to proliferate harm. It was, therefore, difficult to remain grounded (and indeed silent) when facilitating focus groups whereby professionals regaled stories of cannabis laced with heroin, of cannabis being the definitive primary cause of schizophrenia, and of cannabis prompting extreme violence amongst all users (**Beckett Wilson et al., 2017**). Moreover, when the research technique employed (in this case a world café) actively encouraged the dissemination of such misinformation amongst those professionals in attendance. Yet my involvement did serve to emphasise the value of employing a critical criminological perspective within the substance use field as it illustrated how unrepresentative, misleading and ideological research (Stevens, 2007; Moore, 2008; Lewis, 2017) permeates assumed knowledge resulting in a disproportionate focus on the normative themes of the reductionist discourse (problematic drug users, addiction, crime, ill health, disease, unemployment), reinforcing the association between certain drug use,

specific populations and negative outcomes (Nutt, 2015), therefore demonstrating how the drug apartheid is maintained.

This chapter has explained the methodological platform on which the key arguments of this thesis are based. In doing so, it emphasises the value and importance of a contesting (and indeed theoretically biased) voice to challenge the status quo. The series of publications presented here are underpinned through a continual focus (in substance if not always name) upon the drug apartheid – a concept which feeds into a condemnation of the social, legal and political construction of 'drugs' and the collateral damage of drug policy. In doing so, it characterises the belief that our approach to drug use over the past half-century represents one of the most incongruous and damaging social policies of modernity. Resultantly, this thesis calls for a reconceptualisation of the socio-legal construction of drugs and drug-related harms in order to contest the entrenched harmful practices of the drug apartheid.

Chapter 4: The socio-legal construction of 'drugs'

This chapter considers the socio-legal construction of drugs and in doing so maps out the central tenants of the drug apartheid. It demonstrates how the drug apartheid aligns with the critical criminological foundation of this thesis, illustrating the dichotomous and contradictory nature of drug prohibition. The chapter also provides a clear overview of the process that is so instrumental to maintaining this drug apartheid, the reductionist drug discourse, displaying how ideology and mystification continue to guide contemporary drug policy.

The Drug Apartheid

The social interactionist movement of the mid twentieth century's inverse belief that social control leads to deviance continues to be pertinent to an array of behaviours in contemporary society. None more so than those drug laws, developed across the world following the 1919 Treaty of Versailles' stipulation that nation states formulate specific drug legislation. Resultantly, we, as a global society, have developed strikingly similar drug policies, which allow for the free market liberalisation of certain substances whilst prohibiting others. This bifurcated system affords certain substances a position of legal privilege with their use embraced as an indicator of social competence; whilst others are outlawed, meaning users face criminalisation, exclusion, and draconian punitive responses. A hierarchy of substance use has consequently emerged which recognises and rewards those manufacturers, suppliers and users of licit substances, whilst ensuring the arrest and demonisation of those involved with illicit markets.

Such hierarchies (and their subsequent privileges or exclusions) are founded upon the power differentials of wealth and status (**Taylor, 2016**). This is a system best described as the *drug apartheid* (**Taylor et al., 2016**). It is a framework which allows those with the means of production to profit from legal regulation; for those with disposable income and available resources to consume high-quality products (regardless of their legal status) with relative impunity (Askew and Salinas, 2018). It also locates the responsibility for a plethora of social ills with(in) the most marginalised economic groups. As **Taylor et al**. (**2016: 459**) assert;

> Any scientific examination of 'drugs' renders the present classification of illicit drugs as illogical and the present cultural promotion of legal substances as misguided… Therefore, the notion of Nixon's 'war on drugs' is a contradiction; there has never

> been a war on drugs, only a war on particular drugs, a war seriously lacking coherence, without a rational basis to support it. More accurately it is a 'war between drugs' a system of drug apartheid that has privileged the use of certain substances and outlawed the use of other substances, a corrupt system that has much to do with who uses the drugs and little to do with the risks posed by the drugs.

Our social, legal and political response to substance use is governed more by the profile of who manufactures or uses a drug than the inherent toxicity or risks associated with it. So whilst pharmaceutical companies, the alcohol and tobacco industry, purveyors of caffeine, and food and drink manufacturers who laden their products with sugar cause the greatest proportion of drug-related harms, they simultaneously enjoy a position of legal privilege (**Taylor et al., 2016**). The powerful industry backing, corporate respectability and profitability of these industries legitimises legal regulation. Illegal substances meanwhile lack such credentials and perhaps more importantly, their consumers lack such respectability (Measham and Moore, 2008). We therefore arrive at the juxtaposed status quo whereby certain substance use/users is/are constructed as barbaric (those who are irresponsible; problematic; addicts; use dirty drugs; commit crime; or are unable to socially function, see **Taylor, 2008**). Whilst other substance use/users is/are constructed as civilised (with such substances socially accommodated and their use indicative of a wider cultural competence).

A feature of the presented works (**Taylor 2008, 2011, 2016; Taylor et al., 2016; Beckett Wilson et al., 2017; Taylor et al., 2018**) is the contention that barbarism is formulated around social standing. Whilst middle class drug users are seen as making a mistake by slipping into barbarism (as they risk their promising futures, see **Taylor, 2008**), socially marginalised drug users represent both 'threat and pollution' (Alexandrescu, 2018: 363). This construction of the barbaric and the civilised is echoed throughout the social, legal, political and indeed economic spheres, increasingly spanning the boundaries of legality (Monaghan and Yeomans, 2016) yet continually juxtaposing the intoxication practises of barbaric subpopulations with those of the civilised majority. For example, whilst those addicted to smoking face increasing hostility as social pariahs (and extensions to the laws regulating their behaviour), London's new wave of exclusive cigar clubs are promoted in the media as luxurious and glamourous (Foulkes, 2017; Prynn, 2018). Whilst open drunkenness is framed as socially irresponsible leading to purveyors of alcohol being encouraged to remove high strength varieties of cheap cider from their shelves due to their association with problematic populations (Sumpter, McGill, Dickie et al., 2016), those same shops expand the available range of craft beers and other high-end alcohol products (Riley, 2016; Hancock, 2017). And,

whilst Public Space Protection Orders restricting the use of alcohol amongst street drinkers are enforced, those same streets permit pop-up prosecco and gin bars as they attract the 'right' clientele.

This process enforces the drug apartheid in three key ways. Firstly, it legitimises this framework by attributing the barbaric use of legal substances to an irresponsibility minority (who eat too much sugar, binge drink etc.) thus providing a smokescreen for the harmful practises of legitimate enterprises (McCambridge et al., 2014; Babor et al., 2018). A current example illustrating this is the role/use of alcohol in UK airports. Alcohol is freely available in airports, no matter what the time of day, as they sit outside the usual UK licensing conditions. Here the substance regarded by many as the most harmful societal intoxicant enjoys a position of legal privilege whilst other less harmful (Nutt et al., 2010) substances (which do not align with the vested economic interests of global corporations) are prohibited (with coerced drug mules who carry such substances often arrested for trafficking). The unrestricted availability of alcohol has encouraged an informal tradition of people having 'the first drink of the holiday' at times that would otherwise be frowned upon (and indeed at times of the day that would only normally be associated with problematic populations) – within the liminal airport departure lounge, however, this represents an accepted consumption practice of alcotourism (Bell, 2008). Yet recent media attention has seen a flurry of interest around airport alcohol consumption due to those (barbaric) consumers who drink too much and negatively impact upon the leisure consumption of others via delayed or redirected flights (Allen and Cardy, 2017; Godfrey, 2017; Cox and Slater, 2018; Tahir, 2018). Resultantly, the aviation industry launched a communications campaign titled 'one too many: fly responsibly or you could pay the price', warning consumers that disorderly behaviour will lead to hefty fines/prison (One Too Many, 2019). Here the drug apartheid allows us to differentiate between appropriate and inappropriate drug consumption and to develop a system of punitive control to respond to such use. Meanwhile, airport businesses such as Burger King encourage customers to 'replace your adult meal drink with a beer'; whilst executive airport lounges offer unlimited alcoholic drinks packages; and airline companies serve an array of alcoholic beverages on board which are essential to their profitability. So whilst the purveyors of alcohol enjoy market liberalisation, the responsibility for any ensuing problems is directed upon the barbaric consumers themselves.

Secondly, this process ensures the self-perpetuation of capitalism (and de facto the drug apartheid) through the increasing encouragement for society to consume in more civilised ways, with products that are less likely to cause harm. Ironically, those same manufacturers

whose products prompted such concerns in the first instance are now promoting those that are refining our consumption practises (the food industry and no added sugar products; the tobacco industry and vaping; the alcohol industry and low-strength drinks). Whilst such a direction of travel may result in a welcome reduction in (non)drug-related harms, it simultaneously realigns the boundaries of civilised consumption – with the barbaric nature of those who fail (or are unable) to engage with these products (pregnant women who smoke cigarettes; street drinkers who consumer high-strength white cider) reemphasised. Meanwhile, the emergence of new civilised consumer markets which further extend the scope of (non)drug-related harm (such as lifestyle and performance enhancing products, see Koenraadt and van de Ven, 2018; Hall and Antonopoulos, 2019) belie any overall reduction in capitalism's damaging drug-related practises.

Thirdly, through generic representations of illegal drug users as barbarians (**Taylor, 2008**) the brutal practises of the drug apartheid are disproportionality applied to the most marginalised in society. For example, whilst those celebrities who enter treatment to address their drug use are less likely to be construed as addicts or junkies (UKDPC, 2010); we continue to sterilise, coercively treat, and curtail the welfare benefits of those problematic illegal drug users drawn from the most marginalised (and vulnerable) social groups.

The Reductionist Drugs Discourse

Whilst a number of academics have questioned the legitimacy of these processes (Pryce, 2012; Buchanan, 2015) few have questioned why, despite advancements in empirical and philosophical knowledge, the drug apartheid continues largely unabated**. Taylor (2016), Taylor et al. (2016), Beckett Wilson et al. (2017),** and **Taylor et al. (2018),** however, draw attention to the existence of a *reductionist drugs discourse*, which serves to ensure the continuation of the status quo. This concept builds on assertions that news media representations and criminal justice policy mirror each other in their narrow conceptualisation of drug use (**Taylor, 2008**) and that such constructions are formulated around specific stereotypes of drug users (**Taylor, 2011**). In doing so, it expands the scope of these processes to include political rhetoric, empirical research and public attitudes (see also Askew and Salinas, 2018; Atkinson and Sumnall, 2018; Salinas, 2018).

Taylor (**2016: 100**) argues that the reductionist drugs discourse allows for the continued legitimisation of drug prohibition 'through tapered conceptualisations of drug use…

erroneous calculations of drug-related harm… and selective interpretations of complex relationships'. As **Taylor et al.** (**2016**) illustrate, this is achieved through an adherence to the fundamental fallacies underpinning the drug apartheid; that there is a scientific reason why some substances are categorised as 'drugs'; that prohibiting drugs protects society; that drug use causes crime and social problems; that drug use has no place in civilised society; and that continued drug use inevitably leads to addiction. The reductionist discourse therefore draws attention upon;

> The damaging consequences arising from a minority of problematic drug users, and conveniently conflating drug *use* with drug *misuse*, resulting in a negative portrayal and stereotype of the 'drug user'... The dominant prohibitionist discourse on 'drugs' then takes place within a framework preoccupied by compulsion, pain and pathology… in which drug use is presented as an activity undertaken by a small group of risk bearing 'outsiders', that inevitably leads to desperation and addiction (**Taylor et al., 2016: 456**).

As a consequence, a number of taken for granted, common sense assumptions shape how we construct illegal drugs – that they are bad, problematic, associated with misery and used by certain people. These fly in the face of the majority of illegal drug use being non-problematic, most commonly associated with leisure, pleasure and desired outcomes, rarely leading to addiction or requiring treatment, and being equally evident across demographical groups (**Taylor et al., 2016**). Consequently, this discourse provides a legitimisation of prohibition. It also, however, serves to side-line alternative knowledge, framing such evidence as inherently dangerous thinking (**Taylor, 2016**). Hence, despite a more nuanced understanding of the harms caused by prohibition, of increased opposition to its enforcement, and an apparent liberalisation of policy in certain countries, the principles which underpin prohibition remain firmly intact (**Taylor, 2016; Taylor et al., 2016**). This process ensures that drug policy is formulated more through fallacy (**Taylor et al., 2016**) and ideology (Boland, 2008) than evidence.

This is of crucial importance to the legitimacy of drug prohibition. If the rationale underpinning the drug apartheid was purely moral, formulated around the same dogmatic principles that have previously outlawed say abortion or homosexuality, or supported policies of gender or racial segregation, that would be subjectively defendable through moralistic utilitarian principles i.e. that it protects the majority from the supposed harm presented. This, however, is not the case. Instead, the drug apartheid is justified by *evidence*-

based utilitarianism (**Taylor et al., 2016**) i.e. that it is empirically proven to protect the majority from the supposed harm presented. This is quite another thing. The former of these rationales, whilst ethically corrupt, avoids contradiction as it represents a moral standpoint. The latter, however, belies the inconsistency (and indeed lies, see Saper, 1974) at the centre of the drug apartheid. For whilst governments, news media and drug policies alike indicate a reliance on evidence in shaping policy and an insistence that this evidence verifies that prohibition protects, such a justification is untenable. As **Taylor et al.** (**2016: 463**) note;

> The UK government claims it is 'committed to an evidence-based approach, high quality scientific advice in this complex field is therefore of the utmost importance' (Home Office, 2010: 9), however, this article has demonstrated there is a paucity of evidence to support this claim.

In the case of the UK, the government legitimises drugs policy via its engagement with the scientific community (through its consultative relationship with the Advisory Council on the Misuse of Drugs, a process which **Taylor** (**2016**) criticises as a veneer of accountability) and a purported commitment to scientific evidence. In relation to the latter, government officials justify drug prohibition through reference to vast data sets around; rates of drug use; drug-related deaths; drugs and crime; the costs of drug use on health, criminal justice and wider economic levels; and the effectiveness of (coercive) drug interventions. **Taylor** (**2016**) argues that this knowledge base is the result of a politically biased research agenda/cycle, formulated around the key characteristics of the reductionist drugs discourse, which enables questionable evidence, reliant on unrepresentative samples, to be presented as fact.

Admittedly, however, there is a complexity of scientific evidence within this field. It has to be acknowledged that research into many aspects of drug use (in relation to its short or long-term effects on either harmful, pleasurable or therapeutic levels) remains in its infancy (due in main to the research agenda/cycle previously referred). Furthermore, outside of the critical sociological sphere, there is a multiplicity of extant opinion around key issues due to this lack of an established evidence base – see for example the inconsistent findings of studies around cannabis and health which span the spectrum from it having negative, neutral or cathartic effects (Cousijn, Núñez, and Filbey, 2018). On reading my work one might be forgiven for thinking that a bank of research evidence exists which is agreed upon by all scientists – it does not. Yet **Taylor** (**2008, 2016**) insists that outside of those governmentally funded projects, research evidence tends to both contradict and challenge the entrenched characteristics of the reductionist drugs discourse and in doing so questions the legitimacy

of drug prohibition. Importantly, however, such evidence has struggled to influence policy making.

As **Taylor** (**2008, 2011, 2016**) and **Taylor et al.** (**2016**) contend, the inability of critical knowledge to penetrate policy is indicative of the shared purposes of government and industry that the reductionist discourse and the drug apartheid serve. Adherence to these processes ensures the continuation of the status quo, a process that reinforces the legitimacy of capitalism whilst scapegoating, silencing and oppressing those who threaten this. This is achieved by ensuring that the harms of the legal drug market are obfuscated; by framing illegal drug use as an activity disproportionately engaged by a small minority of problematic others; by deflecting attention away from the relationship between such use and the systematic violence of capitalism (poverty, social exclusion). And, by ignoring the motivations underpinning illegal substance use amongst a significant minority of the population.

Yet my exploration of these shared purposes is not fully developed. Further discussion is required of how this process fits with notions of morality (Stevens, 2018); and those temperance crusaders who continue to indoctrinate the reductionist discourse through a framing of drugs as a social evil. See, for example, the Church of Scientology funded Truth About Drugs campaign which has produced over 55 million educational handouts, distributed in over 180 countries and in 20 languages (Foundation for a Drug Free World, 2018). There is a need to further unpack wider notions of functionalism, workforce regulation, and edgework, especially given the current context of de facto decriminalisation (**Taylor et al., 2018**). Investigation of these issues is essential if we are to comprehensively expose the macro level hegemonic purposes that the drug apartheid serves via its suppression of knowledge and oppression of those symbolically identified as barbarians. Indeed, the need to develop such an understanding is of paramount importance given the rise of right-wing political sentimentality (Winlow, Hall and Treadwell, 2017), the tendency towards post truth populist public policy, and the prominence of neo-liberal constructions of the worthwhile and the worthless (Stevens, 2018).

Despite these caveats, my work has contributed a dissenting voice to the entrenched socio-legal construction of drugs and the subsequent characteristics of the reductionist drugs discourse. Nonetheless, drug prohibition and the drug apartheid remain resolute (**Taylor, 2016**; **Taylor et al., 2016**). So, therefore, do their associated harms.

Chapter 5: The harms of drug prohibition

The published works built into the thesis form part of a wider academic literature that is highly critical of the drug policies enacted under the guise of drug prohibition. As fallacy, sieved through the reductionist discourse, becomes fact, we construct a simulacrum (Baudrillard, 1994) of drug use. This hyper-reality ensures a continuation of the drug apartheid, justifying the need for prohibition whilst legitimising legal drug markets. The status quo endures with the pantomime villain cast as the bringer of social ills and indeed evils, demonised as a pariah, placing themselves, wider society, and increasingly the 'freedom' of consumer capitalism at risk (Bauman, 2007). Yet a growing body of work (Buchanan, 2015, Transform, 2013), encourages us to move beyond these scapegoated others (**Taylor, 2016**) and to reposition the responsibility for drug-related harm onto the destructive practises of drug policy itself.

Taylor (2008, 2011, 2016), Taylor et al. (2016), Beckett Wilson et al. (2017); and Taylor et al. (2018) outline a range of specific harms that they attribute to drug prohibition. These include; harms caused by unregulated manufacture/production of illegal substances (such as the content of substances; the ways in which they are distributed; the ways in which control of these markets is achieved; the recruitment/slavery of people into the drugs trade); and harms associated with enforcement, on both a supply (eradication of crops; disruption to established networks) and user level (criminalisation; racist profiling). These harms are integral to the critiques of drug policy offered in the submitted works and indeed, to their argument that although the most socially marginalised groups experience the collateral damage invoked by drug prohibition most acutely, its scope permeates all sections of all societies around the globe. To understand these outcomes, one must be cognisant with the ways drug prohibition exacerbates harm. Hence, this chapter reflects on the harms exposed by these works through a consideration of *the harm of non-drugs* and *the harming of the vulnerable.*

The harm of non-drugs

> The greatest trick the devil ever pulled was convincing the world he didn't exist.
>
> (Verbal Kent in The Usual Suspects, Singer, 1995)

The most prominent harms prompted by the drug apartheid are those pertaining to the invisibility of non-drugs (**Taylor et al., 2016**). The momentum of the drug apartheid over the

past century has camouflaged the most destructive drug-related harms within society – obesity, tooth decay, loss of sleep, liver disease, cancer, and the prescription practices of the medical profession. Drug prohibition has played a crucial role in this process through its iteration of what substances constitute 'drugs' and therefore what harms are constructed as drug-related (**Taylor et al., 2016**). Through the 1971 Misuse of Drugs Act, we outlaw those substances considered *dangerous* drugs, whilst we permit the corporate promotion of sugary foods, alcohol, caffeine, tobacco, cosmetic procedures and pharmaceuticals (**Taylor et al., 2016**). Moreover, despite an increasing recognition of the harms associated with these licit substances, their social, legal and political construction as non-drugs endures.

Simultaneously, we associate the harmful outcomes of legal drug use on the barbaric consumption practices of an irresponsible minority of flawed consumers. An alcohol industry spokesperson commenting on the impact of Minimum Unit Pricing (MUP) in Scotland recently asserted (see McArdle, 2018: 1) that there was;

> No such thing as problem drinks, only problem drinkers… Many people inside and outside the drinks industry predicted that MUP would prompt consumers to switch - both regular and moderate drinkers who don't want to be penalised and dependent drinkers who will displace misuse from one substance to another, i.e. to include prescription and illicit drugs.

Such statements are rooted in the barbaric versus civilised dichotomy. Not only have the barbarians prompted the civilised to be 'penalised' (and therefore threatened their consumer liberty), their problematic consumption practises are pre-determined to continue. Meanwhile, corporate responsibility is disavowed through there being no such thing as 'problem drinks'. The majority are therefore presented as civilised consumers able to show control and restraint with their use of alcohol, tobacco, chocolate and caffeine, whilst only a barbaric minority demonstrate an inability to do so. This belies that every member of society is impacted, in some form, at some time in their life, by obesity, tooth decay, loss of sleep, liver disease, cancer, or the prescription practices of the medical profession, as the causes of these harms are culturally accommodated, embedded and promoted.

An examination of this social accommodation is evident in Gunby, Carline and Taylor's (2017) and Carline, Gunby and Taylor's (2018) work around alcohol, the Night Time Economy (NTE) and sexual violence. Within the synthetic spaces of the night time leisure industry, excessive drinking practices are encouraged as part of a wider transgressive experience. Simultaneously, hypersexual practices, the sexualised marketing of alcohol, and the

promotion of sexual violence by the alcohol industry, are ingrained as nightlife norms (Gunby et al., 2017). Yet the disproportionate sexual harm experienced by (female) NTE users is framed as the responsibility of a few barbaric binge drinking (male) consumers, allowing the damaging practises of the night time leisure industry to remain hidden.

Taylor (**2016**) and **Taylor et al.** (**2016**) therefore question the legitimacy of those that produce and promote legal substances. They also, however, draw attention to the drug policy reform movement, which is seeing a number of jurisdictions around the world 'relaxing' the laws around cannabis cultivation, supply and consumption, inviting the drug to join other legally privileged drugs as a commodified product. This is a process which **Taylor et al.** (**2016**) describe as the *metamorphosis of prohibition* as these reforms demonstrate the 'same paucity of rationale, evidence and lack of scientific analysis' (**Taylor et al., 2016: 453**) as their predecessor. Whilst on the surface legalising cannabis may indicate a welcome liberalisation of drug policy (as it avoids the harmful impacts of the illegal criminal market alongside the harms caused by criminalisation), the motivation underpinning this is a cause of concern. Cannabis has been legalised due to its popularity and profitability (especially as technological advancements have transferred the means of production to domestic entities) rather than any wider consideration of drug-related harm. That such policy is occurring in a vacuum (with little reflection of the wider position of legal or illegal substances) means that the drug apartheid continues. For those who believe that cannabis legalisation represents the first step in addressing the flawed prohibitionist model, **Taylor et al.** (**2016: 464**) offer a warning;

> Selectively inviting particular drugs to join alcohol, caffeine and tobacco as commercial products is a dubious and uncertain pathway towards dismantling prohibition.

Until the drug apartheid is deconstructed and the arbitrary dichotomy between privileged and prohibited drugs is broken down, the harms associated with legal 'drugs' will continue to be prevalent. Until we develop a socio-legal understanding that *all* drugs are *drugs*, we will continue to deflect the inherent harms of consumer capitalism onto the consumption practices of a barbaric minority. In doing so, we will continue to enhance the harms experienced by everyone in society but particularly those that are most vulnerable.

The harming of the vulnerable

The second key set of harms referred to in the submitted works are those affecting the vulnerable. Importantly, **Taylor et al.** (**2016**) and **Taylor et al.** (**2018**) assert that due to a series of interlinking factors, we, as a society, are *all* vulnerable to these harms. Consequently, whilst **Taylor** (**2008, 2011**), **Taylor et al. (2016)** and **Beckett Wilson et al. (2017)** establish that such harms are disproportionately experienced by those from socially marginalised groups, there is also a need to recognise those harms which permeate society more generally.

Throughout the submitted works, contemporary drugs policy is criticised for its transformation of the supposed war on drugs onto a war on drug users. Admittedly, this focus limits the examination of the full scale of harms prompted by prohibition, paying only lip-service to those vulnerable populations (whether they be from the favelas of South America or inner city Europe) disproportionately recruited into the illegal drugs trade who are subsequently imprisoned, enslaved via debt bondage (**Beckett Wilson et al., 2017**) or die. Nonetheless, through a concentration on drug *users*, these works enable a nuanced identification of how vulnerable populations are harmed through the two key interlinking drivers of contemporary drug policy, those of neo-liberal notions of the productive citizen and risk management.

There are generally accepted norms of (certain) substance use that are viewed positively and on our ability to socially function. People use caffeine to give them energy, alcohol to give them 'Dutch courage', smart drugs to work 'more effectively', and anabolic steroids to 'strengthen their bodies'. Our concern here is not to explore how illegal drugs may enhance functionality in many aspects of life, but rather to highlight that the intuitively positive impact built into these oft-cited behaviours can be juxtaposed to those presented by the stereotypical users whom populate the reductionist drugs discourse (**Taylor et al., 2016**). Through this the negative outcomes of illegal drugs are presented as a fait accompli with users generically framed as dysfunctional due to an inability (or unwillingness) to work, an incapacity to parent, and links to criminality and addiction (**Taylor, 2008**). Within the neo-liberal context, the illegally intoxicated are framed as a redundant population (Alexandrescu, 2018) within a contemptive scrounger narrative (Wincup and Monaghan, 2016) that questions their societal worth and place; a narrative often associated with dependence (on welfare, substances, housing, healthcare and other state institutions) that has no place in contemporary society (Bauman, 2001). As Atkinson and Sumnall (2018: 1) argue, this frames

illegal drug users as failing 'to meet the neoliberal notion of the productive citizen' whilst the structural causes of substance use and inequality are 'silenced, and an emphasis on individual responsibility prioritised'. Consequently, these individuals are 'blamed and shamed' for what are considered 'wrong life choices'' and 'scapegoated and stigmatised for their behaviours in public, media and political discourse' (Ibid: 1).

The emergence of the synthetic cannabinoid 'spice' provides a recent example of how this stigmatisation process reinforces that drug-related harms are caused by the barbaric intoxication practises of a minority. Media coverage has constructed spice as ruining lives, communities, town centres and businesses, concurrently casting marginalised users (the destitute, homeless and incarcerated) as dehumanised agents of irresponsibility, but also as the monsters and demons plaguing, corrupting and causing fear in contemporary society (see for example Matthews, 2017; Boyd, 2018; Cooper, 2018; Goodier and Scheerhout, 2018; O'Brien, 2018; Thornton, 2018; Torr, 2018). Simultaneously, the systemic causes underpinning these ills are denied and the dominant ideology emphasising individual self-governance is reiterated and reinforced. In true neoliberal ethos, those who make bad choices 'deserve everything they get', becoming flawed consumers who receive negative labels leading to social degradation and exclusion (Bauman, 2005, 1997). Thus, in today's neoliberal society, citizenship is not only demonstrated through the free choice to consume from a selection of commodified and marketed options, but citizenship can also be suspended for making the wrong choices and not adhering to society's sociocultural norms. Resultantly, responsibility for such unwelcome outcomes is placed upon those making the wrong choices, the flawed consumers (Smith and Raymen, 2018). Consequentially, UK drug policy has sought to wage war with the 'monsters' and cure their 'plague'.

During the period the published works were written, separate drug policies developed by New Labour (Home Office, 1998, 2008), Coalition (Home Office, 2010) and Conservative (Home Office, 2017) governments have been devised and implemented. Each of these has pursued the same core ambitions; to limit supply; to prevent use; to enforce the law/protect communities (through the identification of problematic users); and to address problematic use(rs). The substantive content of these drug policies, however, have focussed on the latter two of these goals. At a time when criminal justice policy has been driven by a desire to manage the risk of the barbaric, these drug policies have constructed a socio-legal object - the problematic drug user - and sought to control them (Seddon, 2011).

Such motivations have resulted in two outcomes. Firstly, by focusing on problematic drug users, we concentrate on those who commit economically motivated crimes to finance their drug use. Through reference to staggering (and indeed inaccurate, see Stevens, 2007) estimates of drug-related crime rates and the financial implications of such offences, drugs are cemented as a criminal justice rather than a public health issue. Whilst this has established a comprehensive framework of services within the criminal justice system, community services for problematic (and indeed unproblematic – see below) users remain underdeveloped. For example, the use of Heroin Assisted Treatment programmes – which evidence suggests (see Rolles, 2016) alleviates health related harms (whilst also reducing the apparent need to commit crime to fund drug use hence lessening the harms of victimisation) – remain in their infancy. Whilst policy has therefore led to a welcome extension of support and treatment provision within the criminal justice system, it simultaneously encompasses this within a coercive framework, motivated by a desire to mitigate the potential harms such users pose rather than a concern over their health and wellbeing. Consequentially, we offer problematic users the carrot of help but if they fail to take this, or are unsuccessful in their rehabilitative efforts, we respond with a punitive stick. Whilst the ethics and efficacy (and indeed harmful consequences) of this approach are questionable, the fundamental problem is the neo-liberal emphasis on individualism rather than the systematic failings of capitalism. As **Taylor et al**. (**2016: 462**) observe;

> It may be politically expedient to present lives that have been damaged by deindustrialization, poverty, unemployment, exclusion, abuse and/or trauma as caused by 'drugs', however, chronic problematic drug use is more often a symptom of wider underlying issues, not the causal factor.

Whilst drug policies rightly distinguish that socially marginalised populations are more likely to develop problematic patterns of (illegal) drug use, they simultaneously place the responsibility for this on barbarianism – on poor individual consumption choices – which in turn places the onus of becoming drug (and therefore crime) free on the individual level (**Taylor, 2008**). This enables the criminal justice system to 'offer' (coercive) support to these individuals whilst doing little to address the underlying issues of poverty, education, accommodation and employment, which characterise problematic drug users' lives. Concurrently, punitive responses to continued barbarity i.e. the failure to become drug free and therefore a productive citizen are justified via the need to minimise the risks such users present to civilised society. Conversely, this is a process which (via criminalisation and stigmatisation) exacerbates extant underlying problems, with drug use becoming the key

defining factor in users' lives, influencing future relationships, employment, education, accommodation, medical care, financial options, insurance cover, and travel. Here, drug prohibition intensifies the harms experienced. Resultantly, the already excluded become further isolated.

Secondly, drugs policy simultaneously demonstrates a lack of acknowledgement of 'unproblematic' drug users. By focusing almost exclusively upon a small minority of (approximately 300,000, see Hay et al., 2018) problematic users, drugs policy fails to recognise or respond to the needs of the drug using majority (**Taylor, 2011**). For example, recent research indicates increasing rates of drug use amongst young people (Home Office, 2018a) yet declining levels of engagement with drug services (Public Health England, 2018), which Webster (2018) contends is a direct result of a reduction in funding for such services. This relative omission of the wider body of drug users is odd given the consistent policy goal of preventing all drug use - as without recognising that almost one in ten adults in England report using an illegal drug within the last year, we fail to acknowledge the drug using majority. Indeed, we also fail to recognise what motivates such use, which is surely crucial to realising this ambition. Furthermore, a resilient belief in the gateway theory (**Beckett Wilson et al., 2017**) indicates that addressing 'lower level' drug use should be a priority if we are to prevent progression onto 'harder' substances. Yet this oversight serves a purpose - it evades a deeper questioning of the systematic use of illegal substances within society. It therefore avoids; a recognition that for the majority, drug use represents a tangential element of their civilised, functional, and law-abiding lives (Askew and Salinas, 2018); an appreciation that experimental or (in)frequent illegal drug use is a leisure pursuit engaged by a significant minority of the population; and an acknowledgement that many find solace, release and pleasure within their drug using second lives (Presdee, 2000). It therefore avoids any perilous political acknowledgment of drugs as a positive experience (Holt and Treloar, 2008). It is much easier, to frame drugs as bad and encourage us to 'just say no' despite this in effect rendering a key policy ambition redundant.

Yet by ignoring the majority of users, we enhance the risks associated with *all* illegal drug-use. Firstly, through stereotypical representations of the barbaric other (**Taylor, 2008, 2016**) we develop the stigmatising processes outlined above. Secondly, through such dominant stereotypes (and systems) we dissuade those users who may (or may not) be experiencing drug-related problems to engage with services due to a fear of being stigmatised (Lloyd, 2010; UKDPC 2010). Thirdly, we fail to develop pragmatic drugs education and harm reduction services which recognise the needs of *all* drug users (**Taylor, 2011**) – whether those

users be engaged with the criminal justice system or not. The development of services providing needle exchanges for steroid users, consumption rooms for heroin users, drug testing facilities for MDMA users, or generic information services which balance advice around both the risks and rewards of use are stunted. Simply put, prohibition shackles our ability to protect drug users and instead enhances the potential harm of illegal substance use. Until we move beyond this, 'we will continue to limit our ability to provide effective drug services and interventions to those who require them' (**Taylor**, **2016: 115**).

Importantly, however, the harms of drug prohibition are not restricted to drug users themselves. In their study of cannabis cultivation/use, **Beckett Wilson et al.** (**2017**) and **Taylor et al.** (**2018**) draw attention to the harms invoked by prohibition amongst the wider community. **Taylor et al.** (**2018: 18**) note that;

> A standard set of harms are normatively associated with drug use: negative social/health implications, addiction and drug-related crime… This study identifies a number of much more subtle harms exacerbated by drug prohibition which may fluctuate in form and intensity – such as feelings of confusion, anxiety, isolation and silence.

Whilst drug users themselves experience these harms, this study illustrates how these are equally evident amongst other groups (residents, professionals, police officers, families of users). This is prompted by a chasm between *the rhetoric and reality of drug prohibition* (**Beckett Wilson et al., 2017**) which sees the rhetorical framing of illegal drugs (and users) as dangerous and the rhetorical promise that prohibition can resolve associated problems, sit in stark juxtaposition to reality. Hence, rhetorical warnings over the harmful nature of drug use (and users); and rhetorical reaffirmations of prohibitions capacity to mitigate such harms, themselves prompt harm. As **Taylor et al.** (**2018: 15**) observe;

> Residents expressed a desire to alleviate their anxieties but were unable to do so due to an unwillingness to approach or report use/users either directly or indirectly. Residents therefore found themselves in a position whereby cannabis use was illegal yet a prevalent feature of life; was prohibited yet its use commonplace; and whereby the illegality of the drug amplified concerns yet simultaneously proved to be a barrier to addressing these concerns due to the negative outcomes associated with reporting such behaviour. As a result, residents were left isolated and lost within the *liminality of drug prohibition*, a process which augmented anxieties, enhanced marginalisation, and damaged community cohesion.

Whilst the *liminality of drug prohibition* evident in this study indicates a phenomenon experienced at one time by one socially and economically marginalised community, **Taylor et al.** (**2018**) argue that this process extends beyond the parameters of the fieldwork site and indeed, can be used a global metaphor for drug prohibition. As such, (and notwithstanding the widespread harm of non-drugs mapped out previously), **Beckett Wilson et al.** (**2017**) and **Taylor et al.** (**2018**) contend that the pervasive nature of this process means that *all* communities becomes susceptible to the harms of prohibition. For example: whilst Lenton, Humeniuk and Heale et al. (2000) allude to how drug convictions harm an individual's future in an Australian community, **Beckett Wilson et al. (2017)** and **Taylor et al. (2018)** highlight how the inertia of de facto decriminalisation in a UK community provokes a range of harms amongst residents. Whilst Dávalosa, Bejarano and Correac (2009) and Mansfield and Pain (2007) identify that attempts to eradicate illegal crops in Colombia and Afghanistan result in community instability and environmental damage, **Taylor et al.** (**2016**) illustrate how the metamorphosis of prohibition allows harmful punitive and racist processes to continue in communities across the world. Whilst the war on drug affords President Duterte of the Philippines a veneer to commit genocide, frustration affects the wellbeing of UK police officers due to an inability to pro-actively enforce drug laws e.g. that a strong and obvious smell of cannabis is not sufficient grounds to search someone (Lloyd, Page and Grace, 2018). Regardless, therefore, of whether prohibition is enforced with tenacity or apathy, it prompts harm – meaning that we are *all* vulnerable to the explicit or subtle harms that it causes.

There is a need therefore, to reconceptualise our socio-legal construction of drugs whilst simultaneously contesting the damaging outcomes of the drug apartheid. This means that there is a need to breakdown stereotypes (**Taylor, 2008**); to recognise the wider body of drug users (**Taylor, 2011**); to identify the contradictions of drug policy (**Taylor et al., 2016**); to consider the body of evidence that questions the normative themes of the reductionist drugs discourse (**Taylor, 2016**); to recognise the chasm that exists between the rhetoric and reality of drug prohibition (**Beckett Wilson et al., 2017**); and to acknowledge both the explicit and subtle harms that prohibition prompts (**Taylor et al., 2018**). It is only through such a reconceptualisation of drugs and drugs policy that we can hope to contest and move beyond the harmful drug apartheid. Until we do 'the inconsistencies, contradictions and harmful implications of entrenched conceptualisations of drugs will continue unabated, despite new knowledge (and 'new' drug policies) coming to the fore' (**Taylor, 2016: 101**).

Chapter 6: Bolstering apartheid? Progressing evidence and policy

Having set out the key arguments presented by the conceptualised drug apartheid, this chapter seeks to consider its contribution and enduring utility within the contemporary drug policy context. Two important issues frame this discussion. Firstly, that despite being a time of apparently progressive policy change (in terms of drug policy reform, harm reduction and evidence based policy), the central tenants of the drug apartheid remain, as does its value to those seeking a critical understanding of the present. Secondly, that despite these changes in the policy landscape, there is a need for drugs scholars to question the extent they are affecting change and to ask whether *academic fetishism* is actually bolstering the ongoing drug apartheid. Hence, it is argued that the drug apartheid represents a tool for academics to move beyond ambitions of enacting evidence based policy via a critical criminological inspired theory driven research agenda, which seeks to contest rather than engage the status quo.

Progressive Policy?

The key message emanating from the submitted works is that the drug apartheid and its tools of drug prohibition and the reductionist discourse need dismantling as our current (non)drug policies are prompting more harm than they prevent. There is a need, therefore, to reconstruct drugs on a social, legal and political level and to redress the harms consequentially caused. Yet opposing the drug apartheid represents an imposing task, particularly at a time when drug policy is seemingly being re-aligned with ensuing developments indicating a weakening of drug prohibition, and indeed a movement towards evidence based policy. Unfortunately, these seemingly progressive movements in drug policy represent a further aspect of the illusionary mystification process. Instead, the drug apartheid remains as strong as ever, as therefore, do the critical arguments presented in the series of published works.

For example, recent reconfigurations of legal drug regulation and illegal drug prohibition have seen a nibbling at the edges of the drug apartheid – with a 'liberalisation' of prohibition (e.g. policies of decriminalisation and legalisation) at one end of the scale and the further regulative control of legal substances (see for example laws relating to smoking in public/private places; inclusion of warning pictures, removal of visible products/branding/ten packs of cigarettes, and increases on taxes on tobacco products) at

the other. Yet these developments belie any real progress aside from permitting the damaging processes of the drug apartheid to be 'modernised and refined' (Taylor, 2016: 108) yet continue regardless. Simultaneously, this bolsters the mystification process as the state are seen as responding to emerging evidence, listening to public attitudes and doing what they can to better protect society – reinforcing the legitimate/illegitimate drug apartheid dichotomies. This becomes particularly salient when one considers how writers continue to illustrate how the reductionist drug discourse is flourishing (Askew and Salinas, 2018; Atkinson and Sumnall, 2018; and Salinas, 2018). Hence the harms of legitimate drug markets continue to be socially accommodated (Ayres, 2019a), developments in apparently liberalised drug policy reform continue to be haunted by the 'ghost of prohibition' (Walmsley, 2019), and the net of drug prohibition is cast ever more widely. Such trends are evident in the UKs Psychoactive Substances Act 2016. This is a piece of legislation that encapsulates so many of the concerns expressed within this thesis as; its definition of psychoactive substances is both arbitrary and nonsensical (Stevens and Measham, 2018); its ability to criminalise (for offences of possession) is restrained to those in secure institutions meaning that a quarter of all offences under this Act are committed by the already incarcerated (Home Office, 2018b); and it ultimately leads to the harming of the most vulnerable in society (Stevens and Measham, 2018). The drug apartheid is therefore alive and well and there continues to be a need to contest it in order to 'destabalize the boundaries' between acceptable and unacceptable substance use (Ivsins and Yake, 2020: 34).

This is particularly poignant in the current climate, where we are seeing a global momentum around new regulatory approaches to cannabis (e.g. Canada, Uruguay, and certain US States). Indeed, there is now a groundswell of public support for the reform of cannabis laws in the UK (YouGov, 2018; One Poll, 2015) which indicates that the established parameters of the drug apartheid are being tested. Yet this appetite for change does not extend beyond that of cannabis law reform (although there is some support for a reconsideration of the priorities of drug policy, see CDPRG, 2019). The dominance of the reductionist discourse, the embedded nature of the drug apartheid, and the presumed catastrophic consequences of moving away from drug prohibition, ensures that the radical overhaul of policy encouraged by **Taylor et al (2016)** is not evident in the public or political mind-set. Neither is any consideration of aligning those currently legal drugs with illegal ones to allow for an overarching regulatory approach to their management. Instead, the most recent drug strategy for England and Wales (Home Office, 2017) revisits the normative confines of the

reductionist drug discourse – conflating the illicit (but not licit) use of legal substances with illegal ones, attempting to stifle demand and supply of illegal drugs, and focussing on the behaviours of problematic drug users and a series vulnerable populations. The document is, however, a mish-mash with no clear direction, especially its final theme – 'Global Action' which sees the UK government framed as a world leading policymaking entity. As the drug strategy (Home Office, 2017: 7) notes; 'We will take a leading role in driving international action, spearheading new initiatives e.g. on new psychoactive substances, sharing best practice and promoting an evidence-based approach to preventing drug harms'. This is quite an incredulous claim, especially when in the face of a raft of inventive developments within the global drug policy arena, the UK government have stated that such initiatives would not work domestically (Home Office, 2014); meaning that we continue with a more of the same policy.

Admittedly, however, not all developments within the drug policy field over the time the published works were written have been unwelcome, nor are they based on fallacious statements around being evidence based. For example, harm reduction strategies are now commonplace in the UK allowing drug users to access (relatively) pragmatic drugs education, drug checking facilities, sterile works, and drug treatment services. On the surface this perhaps indicates a weakening of the 'just say no' mantra and indeed an adherence to strict prohibitionist principles. Yet the 2017 Drug Strategy reinforces the need to live without rather than with illegal drugs and within its apparent evidence-based approach there is little consideration of existing or emerging harm reduction strategies. Meanwhile, the UK government's austerity programme over the last decade has reduced public funding for such services, stagnating their availability, especially for recreational drug users to the point of almost elimination (Fisher and Measham, 2019). Simultaneously, these services continue to be prioritised for those who are 'causing trouble (the criminal needy)' rather 'those wanting help (the healthy needy)' (Stimson, 2000: 261) meaning that resources have been disproportionately invested within a criminal justice rather than community context. Meanwhile, certain harm reduction strategies, for example drug consumptions rooms (whereby (injecting) drug users are able to access sanitary, private spaces to use drugs), remain in their infancy in the UK due to being politically or legally unpalatable. Moreover, the social reaction to those who champion such strategies continues to be vitriolic (see for example Fernandez, 2016, The Telegraph, 2018). In this sense, an adherence to drug prohibition's punitive mentality continues to shackle our ability to protect drug users and instead enhances the potential harms they encounter. Hence, the concept of the drug

apartheid continues to offer a lens through which to make critical sense of such 'advancements' in policy.

Furthermore, these policy developments illustrate the importance of viewing illegal drugs and their harms as part of a wider drug apartheid. Harm reduction strategies focus on certain drug using populations (and not others) and whilst they appear to empower drug users, their narrow focus and emphasis on self-responsibility may serve to be disempowering (Moore and Fraser, 2006). Simultaneously, such strategies fail to challenge the wider drug policy and social context and as such are 'subject to the blinders of public health's narrowly conceptualised middle-class fantasy world that celebrates individual agency and normativity in an unrealistic social power vacuum' (Bourgois, 2018: 387). So whilst harm reduction strategies may lead to some welcome developments in lessening drug-related harm, they are complicit with the ongoing drug apartheid, the reinforcement of the notion that certain drugs are harmful (Brownstein, 2013) and the further camouflaging of non-drug-related harms. Harm reduction does have a role to play in drug policy but to the critical criminologist it represents a (perhaps laudable) attempt to manage the relentless procession of harms prompted by the drug apartheid rather than a force to contest their origin.

Yet the fact that harm reduction services are even available points towards a utility of academic research within the drugs field, indicating an ability for such work to penetrate policy and practice, and for drug scholars to therefore make a difference. Unfortunately, this represents an illusionary advancement as drug policy continues to rely on the veneer of evidence based policy (Monaghan, 2011) rather than representing a genuine version of this. So despite the 2017 Drug Strategy (Home Office, 2017) using the word 'evidence' 45 times within its 51 pages there is a distinct lack of evidence actually presented in the document – in fact it appears that by simply referring to something as 'evidence-based' is in itself proof there exists evidence to support such a claim. Adding depth to the concerns of those who view the relationship between research and drug policy as contested is the recent resignation of Alex Stevens from the ACMD over the political vetting of panel members by the government (see Busby, 2019). Stevens' sense that selection procedures were denying ACMD membership for those whose views ministers disagreed with meant he felt compelled to resign. Politics was seen to impart greater influence on policy creation than empirical evidence in a manner consistent with the concerns for equitable and fair policy creation expressed throughout the thesis. Within this charged political context drug scholars are having to carefully consider whether engaging with such endeavours through an ambition of affecting change is worthwhile. As Wakeman notes, whilst amendments which improve

things on the ground in the now should be pursued, 'ultimately they will not suffice alone' (Wakeman, 2014a: 236). It is, therefore, questionable whether we should focus on the short-term gains of such initiatives which risk being complicit with the existing prohibitionist structure or seek a more radical contestation of these existing structures in the pursuit of more sustainable long-term solutions.

Whilst the continuation of the themes identified in the submitted papers could bring some self-satisfaction that these works have ongoing relevance and indeed have helped contribute to an ever growing recognition of the incongruity of the drug apartheid and its harmful consequences, it does not. Instead they serve as reminders that these issues are equally evident today as when the published works were written, showing that opposing such dominant structures represents an imposing task and that the reality is that a radical turn from the established prohibitionist paradigm is not immediately forthcoming. Whilst the submitted works point towards a need to build an evidence base to inform policy, the ongoing relevance of the drug apartheid emphasises the need for scholars to move beyond current conceptualisations of evidence based policy, as the notion that this exists is part of the self-perpetuating fantasy that legitimises the drug apartheid. Instead, there is a need to formulate an evidence base which instead of attempting to influence policy, challenges the notion that evidence based policy exists in order to stimulate the realisation that a new regulatory system which encompasses all substances and breaks down the drug apartheid is required (see chapter seven). There is a need then, for those who wish to see changes in drug policy to look inwards before moving outwards: to start to challenge and re-negotiate the very conceptions of 'evidence'. As Seddon (2016) notes, the notion of drug policy reform is an oxymoron as without a reconceptualisation of the term drugs there can never be any genuine reform. Yet drug scholars, instead of pursuing an ambitious theory-driven research agenda (Winlow and Hall, 2015) have attempted to fight the drug policy fight with hard evidence rather than soft philosophy. Whilst such an approach has enhanced empirical understanding about drug use, users, and policy it has simultaneously obfuscated that the drug apartheid is not build on evidence, it is built on moral and economic purpose, meaning that drug scholars themselves are contributing to and perhaps even bolstering its continued existence through their academic fetishism.

Academic fetishism?

The thesis advances the concept of the drug apartheid as a vehicle to develop a theoretically informed critical account of the injustices and inconsistencies of the status quo in order to contest them. Yet encouraging the development of such an agenda amongst academics is made difficult by the current research environment with UK Universities becoming ever more engrossed in neo-liberal frameworks measuring academic worth, reinforcing a research culture that rewards those who focus on normative reductionist themes and theory neutral work. Taylor (2016: 111) argues that 'contemporary drugs research has developed a recognisable pattern' which 'reaffirms the themes of the reductionist discourse' and 'suppresses the development and dissemination of alternative knowledge'. This critique is based on those referred to as 'political compliant' academics who undertake (direct or indirect) government funded projects which focus on a narrow array of issues and outcomes, often drawing on unrepresentative samples. Critical scholars are just as susceptible to criticism in bolstering the normative, as they, through a desire to either debunk or further understanding the place, role and inferences of drug markets inadvertently feed into this process. This is prompted by an *academic fetishism* to perpetually focus on the 'new'. Yet within the field of drug markets, we must question; whether any contemporary developments should be construed as 'new'; whether such developments warrant attention; and whether by focussing on such issues, we are advancing knowledge or restricting our ability to contend the status quo.

To elaborate, Potter and Chatwin (2018) critique how Novel Psychoactive Substances (NPS) have been framed as a distinct and new category of drugs and in doing so question the enhanced focus on this emergent issue by scholars. Simultaneously, however, they note that 'Of course, academics should respond to the issues of the day – particularly those working in the field of policy, or those seeking to understand contemporary social issues' (Potter and Chatwin, 2018: 330). Yet the assumption that we should 'respond to the issues of the day' is indicative of such fetishism. As academics, we may equally assume a questioning of whether contemporary drug market developments warrant attention. Yes, different types of drugs emerge e.g. GBH, NPS; as do different modes of manufacturing e.g. meth labs, hydroponics; and dealing mediums e.g. mobile phones and apps, the dark net, drones, county lines. Yet these do not represent anything 'new'. They represent the evolution and modernisation of historical processes, which politically compliant and critical scholars alike have poured time, money and careful thought into for over a century. The issues and harms related to these

markets are established problems given a fresh twist i.e. their use by certain populations; who they place at risk; their supply by otherwise law-abiding/criminal elements; their availability in prisons; the health issues they cause.

We therefore have to question whether our fetishist desire to debunk and explore the 'new' simply serves to revamp what we already know. Furthermore, does this research seek change and if so how, as the greatest utility of research into drug markets and users seems to be to those authorities who seek to implement and enforce prohibitionist strategies (and increasingly those private industries whose technologies supposedly ameliorate associated problems). Instead of proffering the rediscovery and reapplication of ideas and theories from yesteryear, criminology needs to offer a theoretical and empirical account of the now (Winlow, 2012). Such thinking may be dismissed through an insistence that research into contemporary drugs use, drug users and drug markets is crucial as this builds a more critical empirical evidence through which we may assess drug policy and contest the drug apartheid. Yet through continually focussing on emerging illegal drug phenomena, we bolster the notion that drug market harms are novel instead of recognising that they are grounded in historic, hegemonic drug policy ideology and what constitutes 'business as usual'.

Simultaneously, this thinking may sit uncomfortably with those dedicated to the advancement of frontline drug services who strive to support vulnerable populations via 'new' knowledge informing the evolution of harm reduction services. Harm reduction services in the UK remain under resourced and vulnerable to funding cuts, and outside a small number of projects, the impact of research around such projects has been minimal. By focussing on the 'new' we continue our linear trend of concentrating on minority populations – as such emerging phenomena by their nature, centre on marginal drug market actors. Yet this further risks strengthening the drug apartheid through re-emphasising the current segregation between the legal and illegal, which protects the majority. Critical drugs scholars (the author included) have spent considerable time and energy scrutinising the (often harmful) inferences of drug markets on those marginalised and powerless groups. Inadvertently, however, when we unveil how the drug apartheid harms the minority (of illegal drug actors), we unintentionally bolster its underpinning raison d'être – that the majority are being protected by it.

This belies that every member of society is impacted, in some form, at some time in their life, by obesity, tooth decay, loss of sleep, liver disease, cancer, or the prescription practices of the medical profession, as the causes of these harms are culturally accommodated, embedded and promoted. There is a need, therefore, to redirect our attention from the harms of the minority towards the harms of the majority. As by doing so we illustrate that we are all vulnerable - therefore avoiding the moral side-step of current policy whereby viewing certain subpopulations as more vulnerable than others limits the need to proactively address their needs – as being vulnerable is another way of indicating a peripheral (and less worthwhile) social status (Stevens, 2018). Whilst a dedication to minority groups may therefore be laudable (and on occasion, lessen the harms they are exposed to), it aligns with the inverse funnel through which the drug apartheid is formulated and legitimised. There is, therefore, a need to question the value of such research, as despite evidencing the often-harmful implications of drug markets, its utility in moving the debate forwards is dubious.

This malaise is indicative of the realist rock and radical hard place drug researchers often find themselves torn between. For as far as we may wish to move beyond academic fetishism in order to develop a more encompassing structural contestation and reconceptualisation of drug markets, the realist in us wants to learn more about these, to mitigate the harms they invoke and to effect change in the here and now. Such research sits comfortably within the neoliberal university, allowing scholars to attain funding for 'innovative' projects, publish 'new' knowledge, have potential impact on future drugs policy, and deliver research informed teaching. Yet they simultaneously risk complicity with dominant drug narratives, restricting the emergence of a macro level critique of drugs policy that encompasses all drug markets, including those run by legitimate organisations and transnational corporations. A call to look at these drug markets replicates historical calls from critical criminologists to look at crimes of the powerful and a move away from State-defined notions of crime to one of social harm (Hillyard and Tombs, 2007). Whilst this movement has recently gathered momentum once again (Hall and Winlow, 2015; Smith and Raymen, 2016), the context of the neoliberalism and marketisation of higher education has stunted any disciplinary progress. Perhaps therefore as much as there is a need to expose the drug apartheid, there is a need to expose our inadequate exploration of such issues. Perhaps as much as there is a need to reconceptualise what we understand to be 'drugs', there is an equally pressing need to reconceptualise our criminological exploration of such issues (Winlow, 2017) - particularly, when the latter is serving to bolster the former. Whilst reconceptualising our role as drug

researchers requires careful, collective deliberation and action, it represents a crucial facet to imagining the most effective way of contesting the drug apartheid – a vision for which is provided in this thesis' conclusion.

This chapter has illustrated how the author's work has fed into a growing disquiet with drug policy and thrown light on the dubious practices evident within the drug apartheid. Whilst this has contributed to a critique of the status quo, the themes and problems raised within these works are ongoing – and indeed are clearly evident in those developments in drugs law and policy enacted since these works have been published. Whilst the author has previously sought to encourage/enact evidence based policy, their personal and professional experiences (see chapter three) have indicated how hard a task this is – and indeed that the notion of evidence based policy is in fact illusionary. Furthermore, the resolute nature of the drugs apartheid and the inability of drug scholars to enact genuine change has seen me reflect on this position. Hence, whilst the concept of the drug apartheid has enduring utility to drug scholars there is a need to use it as a platform for a more critical interpretation of the status quo, which seeks to contest and reconceptualise rather than engage and influence.

Chapter 7: Conclusion: Contesting apartheid

This thesis uses the concept of the drug apartheid to illustrate how the contradictory and harmful processes of drug prohibition and drug policy attain a position of legitimacy, masking the contradiction that whilst they purport to mitigate drug-related harm they serve to enhance this. The works presented as part of this PhD by publication therefore demonstrate that the drug apartheid is built on moral purpose and whilst this moral purpose is publicised as the protection of the majority of society from drug-related harm, that this represents a distraction from the fundamental moral driver of drug prohibition – the perpetuation of the capitalist status quo and the social and economic purposes this serves. Resultantly, these works identify how we erroneously associate drug market problems with specific minority groups, disproportionately clustered along the lines of race, ethnicity, gender, and class. Yet further work is required if we are to fully expose drug prohibition's inability to protect the majority of society, and highlight how its harms are omnipresent and permeate us all. Resultantly, this concluding chapter succinctly sets out a path towards how we might more forcefully contest the drug apartheid, and what the ultimate ambition of such a contestation would be.

As a critical criminologist my aim has always been first and foremost to expose the fundamental flaw of drug prohibition – that it prompts more harm than it protects us from. In doing so my work has unveiled how drug laws are disproportionally applied to specific groups and how this serves a wider purpose. Whilst I continue to develop this expose (see Ayres and Taylor, 2020 and Ayres and Taylor, forthcoming) my two-fold ambition remains consistent. Firstly, to encourage a wider comprehension of drug-related harm through a research agenda that enables a better understanding of all drugs as drugs, their benefits, and their harms, and how drug policy relates to this. Secondly, to build a critique of the drug apartheid which encourages a reconceptualisation of drugs, drug use and drug-related harm in order to dismantle prohibition and move towards a new drug policy framework which recognises the need to live with rather than without (certain) drugs (Brownstein, 2013) and which therefore readdresses the contradictions and biases of the status quo.

In terms of mapping out the first of these ambitions, drugs scholars can help build a momentum for change but only if they reconsider their current role, move away from the 'new' and refocus on the established, and transfer attention away from the minority onto the majority. Nutt and colleagues (Nutt et al., 2007, Nutt et al., 2010; van Amsterdam et al., 2015) seminal work provides a blueprint for moving forward, using as it does a middle ground

of scientific enquiry coupled with a willingness to challenge entrenched notions of the drug apartheid. Yet more can be done. There is a need for a multi-disciplinary effort to identify and consider both the harms *and benefits* of all substance use and perhaps most importantly to analyse their relationship with structures of governance. This work should mix empirical and philosophical enquiry, allowing for an exploration of not only drug toxicity and the immediate environment in which drugs are used, but also the wider social structures that influence this. An example of such an approach can be found in Tammy Ayre's exploration of the relationship between drug-related harm and drugs representing a commodity, a commodified element of leisure, and a signifier of the wider consumer capitalism context (Ayres, 2019a, 2019b, 2020; Ayres and Taylor, 2020). Crucially, this research agenda must seek to consider the whole spectrum of drugs to make comparative sense of the use of sugar to pharmaceuticals, of caffeine to cocaine, and of the current legitimacy of the structures that govern their (non)regulation.

Through such enquiry, scholars can build a momentum for the abolition of the drug apartheid. A daunting task made difficult due to the imposing structures of the capitalist status quo, is made more feasible through having a definitive blueprint for policy change. Underpinning the ambition for change would be the need to breakdown the drug apartheid, recognising all drugs as drugs and the need to re-address the contradictions of the present which sees drug laws work to criminalise certain populations and legitimise the actions of others. Whilst some progress has been made within the drugs policy field over the past half a century there is nothing which convinces me that anything other than a reconceptualisation of this magnitude can affect change, allowing the benefits of drugs to be fully enjoyed whilst simultaneously attempting to minimise the harms caused by current governance structures. Whilst recent developments have therefore indicated that there is room, even within the existing prohibitionist paradigm, to enact strategies that centre on the wellbeing rather than punishment of drug users (Runciman, 2000), they have been unable to contest the ongoing cause of this harm – the drug apartheid. Hence, the goal here is the conceptualisation of a single regulatory framework that encompasses all currently legal and illegal substances. Drug prohibition would be abandoned with all drugs becoming legally available. Drug policy would then focus on balancing the pleasures and benefits that are derived from drug use with the harms prompted by the wider drug using environment. This would mean amending existing regulatory approaches around legal drugs (which could see further restriction around alcohol sales, limitations on the use of sugars in food, drugs education around the inferences of caffeine use) alongside those currently illegal drugs.

Together both would be incorporated into a legal regulatory framework with the development of support services to accompany this (e.g. the transference of responsibility for such matters passing from the Home Office to the NHS who can build more holistic harm reduction services that support users of all currently legal and illegal substances).

Envisioning how all substances can be brought together under a single regulatory blanket of legislation and how the accompanying regulatory system would work represents a daunting and politically challenging conundrum (although see Haddon, 2004, Transform, 2009, Ritter, 2010, GDCP, 2018). And, even when this is devised it will undoubtedly have problems and people will continue to experience both the pleasure and pains of drug use. By removing drug prohibition, however, we shall remove the veneer behind which hides the harmful actions of a plethora of morally and economically motivated pursuits. But the move towards such a regulatory framework within the context of contemporary consumer capitalism alone should not be thought of as a panacea to the proliferation of drug-related harm (Seddon, 2010b). As Wakeman (2014: 236) warns, 'the problems of drug markets cannot be solved with recourse to the ideologies of governance that support and maintain their very existence' and Seddon (2016: 414-415) cautiously observes;

> In this way, we can see that the drug concept is a regulatory construct that is aligned with a specific regulatory regime. It follows that a truly fundamental critique of that regime, one which can enable us to move beyond it, has to step outside the system of thought and the conceptual apparatus to which it is tied. Put simply, if we wish to create a new regulatory regime for the psychoactive substances we currently term `drugs', we need first of all to construct them differently as regulatory objects.

Hence, it is of paramount importance moving towards any new regulatory system that the dichotomies so long emphasised by the drug apartheid are broken down. That we recognise that drugs can be both positive and negative, beneficial and harmful, life affirming and life destroying. We also have to recognise people's right to use drugs in the way they see fit. This means moving away from the moral purpose on which the drug apartheid has been built towards a recognition and tolerance of the diversity of people's drug using choices. It is a move that means that drug policy is motivated as much by ensuring pleasures as it is about mitigating social harms.

References

Aldridge J, Measham F and Williams L (2011) *Illegal Leisure Revisited: Changing patterns of alcohol and drug use in adolescents and young adults.* London: Routledge

Alexandrescu L (2018) Ethnobotanicals' and 'Spice zombies': new psychoactive substances in the mainstream media. *Drugs: Education, Prevention and Policy* 25(4): 356-364.

Alexandrescu L (2014) Mephedrone, assassin of youth: The rhetoric of fear in contemporary drug scares. *Crime Media Culture* 10(1): 23-37.

Allen P and Cardy P (2017) Drunken Brits brawl on Ryanair flight to Ibiza - then fight with police after diverted plane lands. *The Mirror* 26 August.

Akala (2018) *Natives: Race and Class in the Ruins of Empire*. London: Two Roads.

Askew R (2016) Functional fun: Legitimising adult recreational drug use. *International Journal of Drug Policy* 36: 112-119.

Askew R (2013) *Negotiating the criminality and deviance associated with illicit substance use: A discourse analysis of interviews with recreational drug takers*. Manchester: University of Manchester.

Askew R and Salinas M (2018) Status, stigma and stereotype: How drug takers and drug suppliers avoid negative labelling by virtue of their 'conventional' and 'law-abiding' lives. *Criminology & Criminal Justice*, 1-17 DOI: 10.1177/1748895818762558.

Atkinson A and Sumnall H (2018) Neo-liberal discourse of substance use in the UK reality TV show, The Jeremy Kyle Show. *Drugs: Education, Prevention and Policy* DOI: 10.1080/09687637.2018.1498456

Ayres T (2020) The War on Drugs and Its Invisible Collateral Damage: Environmental Harm and Climate Change. In A Brisman and N South (eds.) *Routledge International Handbook of Green Criminology*. London: Routledge.

Ayres T (2019a) Substances: The luxurious, the sublime and the harmful. In S Hall, T Kuldova and M Horsley (eds.) *Crime, Harm and Consumerism* (pp108-122). London: Routledge.

Ayres T (2019b) Substance Use in the Night-Time Economy: Deviant Leisure?. In T Raymen and O Smith (eds.) Deviant Leisure: A Criminological Perspectives on Leisure and Harm (pp135-160). Basingstoke: Palgrave MacMillan.

Ayres T and Jewkes Y (2012) The haunting spectacle of crystal meth: A media created mythology. *Crime Media Culture* 8(3): 315-332.

Ayres T and Taylor S (forthcoming) Drug Markets and Drug Dealing: Time to move on. In T Ayres and C Ancrum (eds.) *Understanding Drug Dealing and Illicit Drug Markets in the 21st Century: National and International.* Abingdon: Routledge.

Ayres T and Taylor S (2020) The Media and Intoxication. In: Hutton F (Ed.) *Cultures of Intoxication* (pp. 239-262). Basingstoke: Palgrave MacMillan.

Babor T, Robaina K, Brown K et al. (2018) Is the alcohol industry doing well by 'doing good'? Findings from a content analysis of the alcohol industry's actions to reduce harmful drinking. *BMJ Open* doi: 10.1136/bmjopen-2018-024325.

Bancroft A (2009) *Drugs, Intoxication and Society*. Cambridge: Polity Press.

Barton A (2011) *Illicit Drugs* 2nd Edition. Abingdon: Routledge.

Baudrillard J (1994) *Simulcra and Simulation*. Michigan: University of Michigan Press.

Bauman Z (2007) *Consuming Life*. Cambridge: Polity.

Bauman Z (2005) *Liquid Life*. Cambridge: Polity.

Bauman Z (2001) Consuming Life. *Journal of Consumer Culture* 1(1): 9-29.

Bauman Z (1997) *Postmodernity and its Discontents*. Cambridge: Polity.

Bean P (2014) *Drugs and Crime* 4th Edition. Abingdon: Routledge.

Bean P (1993) Cocaine and Crack: The Promotion of an Epidemic. In P Bean (ed.) Cocaine and Crack: Supply and Use (pp. 59-75). Basingstoke: Palgrave MacMillan.

Beckett Wilson H, Taylor S, Barrett G et al. (2017) Propagating the Haze? Community and professional perceptions of cannabis cultivation and the impacts of prohibition. *International Journal of Drug Policy* 48: 72-80.

Becker H (1963) *Outsiders: Studies in the Sociology of Deviance*. New York: The Free Press

Bell D (2008) Destination drinking: Toward a research agenda on alcotourism. *Drugs: Education, Prevention and Policy* 15(3): 291-304.

Boland P (2008) British Drugs Policy: Problematizing the Distinction between Legal and Illegal Drugs and the Definition of the "Drugs Problem". *Probation Journal* 55(2): 171–87.

Bourdieu P (1991) *Language and symbolic power*. Cambridge: Harvard University Press.

Bourgois P (2018) Decolonising drug studies in an era of predatory accumulation. *Third World Quarterly* 39(2): 385-398.

Box S (1983) *Power, Crime and Mystification*. Tavistock: London.

Boyd C (2018) Britain's 'ZOMBIE' apocalypse: 'Spice' users slumped in town centre is latest shocking proof of drug's 'devastating' blight on UK communities. *Daily Mail* 16 June.

Boyd S (2002) Media Constructions of Illegal Drugs, Users, and Sellers: A Closer Look at Traffic. *International Journal of Drug Policy* 13: 397–407.

Boys A, Marsden J and Strang J (2001) Understanding reasons for drug use amongst young people: A functional perspective. *Health Education Research: Theory and Practise* 16(4): 457-469.

Brownstein H (2013) *Contemporary Drug Policy*. Abingdon: Routledge.

Buchanan J (2015) Ending prohibition with a hangover. *British Journal of Community Justice* 13: 55-74.

Buchanan J and Young L (2000) The War on Drugs: a war on drug users?. *Drugs: Education, Prevention and Policy* 7(4): 409-422.

Busby M (2019) Expert quits Home Office drug panel over 'political vetting'. *The Guardian*, 6 October.

Carlen P (2012) Criminological Knowledge; doing critique, doing politics. In S Hall and S Winlow (eds.) *New Directions in Criminological Theory* (pp. 17-29). Abingdon: Routledge.

Carline A, Gunby C and Taylor S (2018) Too Drunk to Consent? Exploring the Contestations and Disruptions in Male Focused Sexual Violence Prevention Interventions. *Social and Legal Studies* 27(3): 299-322.

CDPRG (Conservative Drug Policy Reform Group) (2019) *Public Attitudes to Drugs in the UK: Is the UK ready for drug policy reform?* London: CDRP.

Chambliss W (1977) Markets, profits, labor, smack. *Contemporary Crises* 1(1): 53-75.

Coomber R (2006) The Opium Wars. In M Kuhar and H Liddle (eds.) *Drugs and Society* (pp. 618-620). London: Marshal Cavendish.

Coomber R, McElrath K, Measham F et al. (2013) *Drugs and Society*. London: Sage.

Cooper S (2018) Worker fears spice users are making Sheffield city centre unsafe. *The Star* 7th August.

Courtwright D (2001) *Forces of Habit: Drugs and the Making of the Modern World*. Cambridge: Mass.

Cousijn J, Núñez A and Filbey F (2018) Time to acknowledge the mixed effects of cannabis on health: a summary and critical review of the NASEM 2017 report on the health effects of cannabis and cannabinoids. *Addiction* 113: 958–966.

Cox C and Slater C (2018) Ryanair flight from Manchester to Ibiza turned back over 'disruptive' passenger. *Manchester Evening News* 18 September.

Cruz O (2015) Nonproblematic Illegal Drug Use: Drug Use Management Strategies in a Portuguese Sample. *Journal of Drug Issues* 45(2): 133–150.

Dávalosa L, Bejarano A and Correac H (2009) Disabusing cocaine: Pervasive myths and enduring realities of a globalised commodity. *International Journal of Drug Policy* 20: 381–386.

Downes D (1977) The Drug Addict as Folk Devil. In P Rock (ed.) *Drugs and Politics* (pp.89-97). New Brunswick, NJ: Transaction Books.

Drug Policy Alliance (2019) *Drug Decriminalization in Portugal: Learning from a Health and Human-Centered Approach*. New York: Drug Policy Alliance.

Drug Policy Alliance (2018) *From Prohibition to Progress: A Status Report on Marijuana Legalization*. New York; Drug Policy Alliance.

Duff C (2008) The pleasure in context. *International Journal of Drug Policy* 19(5): 384-92.

Eastwood N, Shiner M and Bear D (2013) *The numbers in black and white: ethnic disparities in the policing and prosecution of drug offences in England and Wales*. London: Transform.

Farrell A (1997) *Addicted to Profit: Capitalism and Drugs*. *International Socialism* 77.

Feldman R and Frondorf E (2017) *Drug Wars: How Big Pharma Raises Prices and Keeps Generics off the Market*. Cambridge: Cambridge University Press.

Fernandez C (2016) Drugs expert advises youth to 'just start off on a quarter of a pill': Fury over comments that children should be taught from 'an early age' to take ecstasy in small doses. *The Daily Mail*, 2 June.

Fisher H and Measham F (2018) Night Lives: Reducing Drug-Related Harm in the Night Time Economy. Available at: http://volteface.me/publications/night-lives/ (accessed 12 January 2019)

Fisher M (2014) *Ghosts of My Life: Writings on Depression, Hauntology and Lost Futures.* Alresford: Zero Books.

Fisher M (2009) *Capitalist Realism: Is There No Alternative?* Ropley: Zero Books.

Forsyth A (2005) Drug Scares: The Really Long Term Effects. *Criminal Justice Matters* 59: 18–19.

Foucault M (1972) *The Archaeology of Knowledge and The Discourse on Language*. New York: Pantheon Books.

Foulkes N (2017) London's most glamorous venues for cigar lovers. *Financial Times* 17 November.

Foundation for a Drug Free World (2018) Effective Drug Education Tools for all Teachers and Educators. Available at: https://www.drugfreeworld.org/getinvolved.html (accessed 11 October 2018).

Frary C, Johnson R and Wang M (2005) Food sources and intakes of caffeine in the diets of persons in the United States. *Journal of the American Dietetic Association* 105(1): 110–113.

GCDP (Global Commission for Drug Policy) (2018) *Regulation – The Responsible Control of Drugs*. Available at:

http://www.globalcommissionondrugs.org/wp-content/uploads/2018/09/ENG-2018_Regulation_Report_WEB-FINAL.pdf (accessed 18 November 2018).

Godfrey K (2017) Drunken passengers are CHEERED at after they're removed from a diverted flight. *The Express* 22 June.

Goodier M and Scheerhout T (2018) Spice-ravaged Piccadilly Gardens is one of the worst crime hot-spots in the country. *Manchester Evening News* 17 November.

Gunby C, Carline A and Taylor S (2017) Location, Libation and Leisure: An examination of the use of licensed venues to help challenge sexual violence. *Crime, Media, Culture* 13(3): 315-333.

Haddon M (2004) Regulation of illegal drugs: an exploration of public health tools. *International Journal of Drug Policy* 15(4): 225-230.

Hagopian J (2015) *The evils of big pharma exposed*. Centre for Research on Globalization, January 18.

Hall A and Antonopoulos G (2019) The (Online) Supply of Illicit Lifestyle Medicines: A Criminological Study. In: K Van de Ven, K Mulrooney and J McVeigh (Eds.) *Human Enhancement Drugs* pp. 173-187). London: Routledge.

Hall S (2012) *Theorizing Crime and Deviance: A New Perspective*. London: Sage

Hall S and Winlow S (2015) *Revitalizing Criminological Theory: Towards a New Ultra-Realism*. London: Routledge.

Hancock E (2017) Supermarket sales soar despite price rises. Available at:

https://www.thedrinksbusiness.com/2017/11/alcohol-sales-soar-despite-supermarket-prices-rising-at-their-highest-rate-in-4-years (accessed 28 September 2018)

Hari J (2015) *Chasing the Scream: The first and last days of the war on drugs*. London: Bloomsbury.

Hart C (2013) *High Price*. New York: Harper Collins.

Hay G, dos Santos AR and Swithenbank Z (2018) *Estimates of the Prevalence of Opiate Use and/or Crack Cocaine Use, 2014/15: Sweep 11 report.* Liverpool: Public Health Institute, Liverpool John Moores University.

Haydock W (2014) The rise and fall of the 'nudge' of minimum unit pricing: The continuity of neoliberalism in alcohol policy in England. *Critical Social Policy* 34(2): 260-279.

Herzog B (2016) The Discursive Construction of Drug Realities: Discourses on Drugs, Users, and Drug-Related Practices. In: M O'Reilly and J Lester (eds.) *The Palgrave Handbook of Adult Mental Health* (pp. 101-116). Basingstoke: Palgrave.

Hillyard P and Tombs S (2007) From 'crime' to social harm? *Crime, Law and Social Change* 48: 9–25.

Holt M and Treloar C (2008) Pleasure and drugs. *International Journal of Drug Policy* 19(5): 349-352.

Home Office (2018a) *Drug Misuse Declared: Findings from the 2017/18 Crime Survey England and Wales*. London: Home Office.

Home Office (2018b) *Review of the Psychoactive Substances Act 2016*. London: Home Office.

Home Office (2017) *2017 Drug Strategy.* London: Home Office.

Home Office (2014) *Drugs: International Comparators*. London: Home Office.

Home Office (2010) *Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life*. London: Home Office.

Home Office (2008) *Drugs: Protecting Families and Communities.* London: Home Office.

Home Office (1998) *Tacking Drugs to Build a Better Britain: The Government's 10 year Strategy for Tackling Drug Misuse*. London: Home Office.

Hudson B (1993) *Penal Policy and Social Justice*. London: MacMillan.

Hunt G, Moloney M and Evans, K (2010) *Youth, drugs and nightlife*. London: Routledge.

Ivsins A and Yake K (2020) Looking beyond harm: meaning and purpose of substance use in the lives of marginalized people who use drugs. *Drugs: Education, Prevention and Policy* 27(1): 27-36.

Koenraadt R and van de Ven K (2018) The Internet and lifestyle drugs: an analysis of demographic characteristics, methods, and motives of online purchasers of illicit lifestyle drugs in the Netherlands, *Drugs: Education, Prevention and Policy* 25(4): 345-355.

Lancaster K, Duke K and Ritter A (2015) Producing the 'problem of drugs': A cross national-comparison of 'recovery' discourse in two Australian and British reports. *International Journal of Drug Policy* 26(7): 617-625.

Lancaster K and Ritter A (2014) Examining the construction and representation of drugs as a policy problem in Australia's National Drug Strategy documents 1985–2010. *International Journal of Drug Policy* 25(1): 81-87.

Lenton S, Humeniuk R, Heale P et al. (2000) Infringement versus conviction: The social impact of a minor cannabis offence in South Australia and Western Australia. *Drug Alcohol Review* 19(3): 257–264.

Lewis M (2017) Addiction and the brain: development, not disease. *Neuroethics* 10: 7-18.

Lloyd C (2010) *Sinning and Sinned Against: The Stigmatisation of Problem Drug Users*. London: UK Drug Policy Commission (UKDPC).

Lloyd C, Page G and Grace S (2018) Policing of cannabis possession is largely accidental – and many officers don't think it makes a difference. *The Conversation*. Available at:

https://theconversation.com/policing-of-cannabis-possession-is-largely-accidental-and-many-officers-dont-think-it-makes-a-difference-100102 (accessed 22 November 2018).

MacCoun R and Reuter P (2001) *Drug War Heresies: Learning from Other Vices, Times, and Places*. New York: Cambridge University Press.

Mair G, Burke L and Taylor S (2006) 'The worst tax form you've ever seen?': Probation Officers views about OASys. *Probation Journal* 53(1): 7-23.

Mair G, Cross N and Taylor S (2008) *The Community Order and the Suspended Sentence Order: The views and attitudes of sentencers.* London: Centre for Crime and Justice Studies.

Mair G, Cross N and Taylor S (2007) *The Use & Impact of The Community Order & The Suspended Sentence Order*. London: Centre for Crime and Justice Studies.

Mair G and Taylor S (2004) *The Street Crime Initiative in Liverpool*. Liverpool: LJMU Centre for Criminal Justice.

Malloch M (2007*)* Changing Focus: "Drug-related Crime" and the Criminological Imagination. In: A Barton, K Corteen, D Scott and D Whyte (eds.) *Expanding the Criminological Imagination: Critical Readings in Criminology* (pp. 116–35). Cullompton: Willan.

Mansfield D and Pain A (2007) *Evidence from the field: Understanding changing levels of opium poppy cultivation in Afghanistan*. Kabul: Afghanistan Research and Evaluation Unit.

Matthews A (2017) The scourge of drugs on Britain's streets: Shocking footage shows people turned into 'the walking dead' after taking Spice and 'zombies' slumped in town centre. *Daily Mail* 6 March.

McCambridge J, Kypri K, Miller P et al. (2014) Be aware of Drinkaware. *Addiction*. 109(4): 519–524.

McArdle H (2018) Surge in Buckfast sales blamed on minimum pricing 'trade off' from ciders. *Herald Scotland* 13 November.

McInnes A and Barrett A (2007) Drugs Education. In: M Simpson, T Shildrik and R MacDonald (eds.) *Drugs in Britain: Supply, Consumption and Control* (pp. 125–140). Basingstoke: Palgrave Macmillan.

Measham F and Moore K (2008) The criminalisation of intoxication. In: P Squires (ed.) *ASBO Nation: The criminalisation of nuisance* (pp. 273–288). Bristol: The Policy Press.

Monaghan M (2011) *Evidence Versus Politics: Exploiting Research in UK Drug Policy Making?* Cambridge: Polity Press.

Monaghan M and Yeomans H (2016) Mixing drink and drugs: 'Underclass' politics, the recovery agenda and the partial convergence of English alcohol and drugs policy. *International Journal of Drug Policy* 37: 122–128.

Moore D (2008) Erasing pleasure from public discourse on illicit drugs: On the creation and reproduction of an absence. *International Journal of Drug Policy 19*(5): 353–358.

Moore D and Fraser S (2006) Putting at risk what we know: Reflecting on the drug-using subject in harm reduction and its political implications. *Social Science & Medicine* 62(12): 3035-3047.

NHS Digital (2018) Prescriptions Dispensed in the Community – England. Available at: https://digital.nhs.uk/data-and-information/areas-of-interest/prescribing (accessed 7 February 2019)

Nutt D (2015) Here's Why We Hear So Many False Claims About Cannabis. *Drug Science: Independent Scientific Committee on Drugs*. Available at: http://drugscience.org.uk/blog/2015/09/08/heres-why-we-hear-so-many-false-claims-about-cannabis/ (accessed 1 February 2019).

Nutt D (2012) *Drugs - without the hot air: minimizing the harms of legal and illegal drugs*. Cambridge: UIT Cambridge.

Nutt N, King L and Blakemore C (2007) Development of a rational scale to assess the harm of drugs of potential misuse. *The Lancet* 369(9566): 1047 – 1053.

Nutt D, King L and Phillips L (2010) Drug harms in the UK: A multicriteria decision analysis. *Lancet* 376(9752): 1558-1565.

O'Brien Z (2018) Spice Nation: Harrowing pictures show zombie-like synthetic drug users slumped on floor and passed out in the street in one UK market town. *Daily Mail* 12 September.

One Poll (2015) Public attitudes towards criminal punishment, rehabilitation and reform. Available at: https://www.onepoll.com/public-attitudes-towards-criminal-punishment-rehabilitation-and-reform/ (accessed 28 February 2019)

One Too Many (2019) Fly responsibly or you could pay the price. Available at: http://www.onetoomany.co.uk/ (accessed 1 February 2019).

ONS [Office for National Statistics (2018a) *Adult smoking habits in Great Britain: 2017. ONS Statistical Bulletin*. London: Office for National Statistics.

ONS [Office for National Statistics] (2018b) *Adult drinking habits in Great Britain: 2017. ONS Statistical Bulletin*. London: Office for National Statistics.

Potter G and Chatwin C (2018) Not particularly special: critiquing 'NPS' as a category of drugs. *Drugs: Education, Prevention and Policy* 25(4): 329-336.

Power R (1989) Drugs and the Media: Prevention Campaigns and Television. In S MacGregor (ed.) *Drugs and British Society: Responses to a Social Problem in the 1980s* (pp. 129–42). London: Routledge.

Presdee M (2000) *Cultural Criminology and The Carnival of Crime.* London: Routledge.

Pryce R, Buykx P, Gray L et al. (2017) *Estimates of Alcohol Dependence in England based on APMS 2014, including Estimates of Children Living in a Household with an Adult with Alcohol Dependence*. Available at:

https://www.sheffield.ac.uk/polopoly_fs/1.693546!/file/Estimates_of_Alcohol_Dependence_in_England_based_on_APMS_2014.pdf (accessed 7 February 2019).

Pryce S (2012) *Fixing Drugs: The Politics of Drug Prohibition*. Basingstoke: Palgrave MacMillan.

Prynn J (2018) A luxury smoking lounge and cigar shop has opened at the Ritz. *Evening Standard* 24 May.

Public Health England (2018) *Young People's Statistics from the National Drug Treatment Monitoring System (NDTMS).* London: Public Health England.

Public Health England (2017) *Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS)*. London: Public Health England.

Raymen T and Smith O (2016) What's Deviance Got to Do With It? Black Friday Sales, Violence and Hyper-conformity. *The British Journal of Criminology* 56(2): 389–405.

Reinarman C (2005) Addiction as accomplishment: The discursive construction of disease. *Addiction Research & Theory* 13: 307–320.

Reinarman C and Levine H (2004) Crack in the rearview mirror: Deconstructing drug war mythology. *Social Justice* 31(1/2): 182–199.

Reinarman C (1994) The Social Construction of Drug Scares. In: P Adler and P Adler (eds.) *Constructions of Deviance: Social Power, Context, and Interaction* [pp. 92-104] Belmont: Wadsworth.

Reinarman C and Duskin C (1999) Dominant ideology and drugs in the media. In: J Ferrell and N Websdale (eds.) *Making Trouble: Cultural Constructions of Crime, Deviance, and Control* (pp. 73-87). New Jersey: Aldine de Gruyter.

Reinarman C and Duskin C (1992) Dominant Ideology and Drugs in the Media. *International Journal on Drugs Policy* 3(1): 6–15.

Rhodes D (2018) NHS accused of fuelling rise in opioid addiction. *BBC,* 15 March. Available at: https://www.bbc.co.uk/news/uk-england-43304375 (accessed February 5 2019).

Riley L (2016) Tesco extends craft beer offering at Express stores. Available at: https://www.thegrocer.co.uk/stores/ranging-and-merchandising/tesco-extends-craft-beer-offering-at-express-stores/543682.article (accessed 28 September 2018).

Ritter A (2010) Illicit drugs policy through the lens of regulation. *International Journal of Drug Policy* 21(4): 265-70.

Rolles S (2016) *Heroin-assisted treatment in Switzerland: successfully regulating the supply and use of a high-risk injectable drug*. London: Transform.

Rolles S and Measham F (2011) Questioning the method and utility of ranking drug harms in drug policy. *International Journal of Drug Policy* 22(4): 243-246.

RNFP (Reitox National Focal Point) (2013) *Portugal: New developments, trends and in-depth information on selected issues. 2013 National Report (2012 data) to the EMCDD*. Lisbon: EMCDD.

Runciman R (2000) *Drugs and the law: Report of the independent inquiry into the Misuse of Drugs Act 1971.* London: The Police Foundation.

Salinas M (2018) The Unusual Suspects: An Educated, Legitimately Employed Drug Dealing Network. *International Criminal Justice Review* 28(3) 226-242.

Saper A (1977) The making of policy through myth, fantasy and historical accident: the making of America's narcotic's laws. *British Journal of Addiction* 69(2): 183-93.

Scraton P (2002) Defining 'Power' and Challenging 'Knowledge': Critical Analysis as Resistance in the UK. In: K Carrington and R Hogg (eds.) *Critical Criminology* (pp. 15-40). Collumpton: Willan.

Seddon T (2016) Inventing drugs: A genealogy of a regulatory concept. *Journal of Law and Society* 43(3): 393-415.

Seddon T (2011) What is a problem drug user?. *Addiction Research & Theory* 19(4): 334-343.

Seddon T (2010a) *A History of Drugs: Drugs and freedom in the liberal age*. Abingdon: Routledge.

Seddon T (2010b) Regulating markets in vice. *Criminal Justice Matters* 80(1): 6-7.

Seddon T (2007) The regulation of heroin: Drug policy and social change in early twentieth-century Britain. *International Journal of the Sociology of Law* 35(3): 143-156.

Seddon T, Ralphs R and Williams L (2008) Risk, security and the 'criminalization'of British drug policy. *The British Journal of Criminology* 48(6): 818-834.

Shewan D and Dalgarno P (2005) Evidence for Controlled Heroin Use? Low Levels of Negative Health and Social Outcomes among Non-treatment Heroin Users in Glasgow (Scotland). *British Journal of Health Psychology* 10(1): 33–48.

Siliquini R, Morra A, Versino E, et al. (2005) Recreational drug consumers: Who seeks treatment? *European Journal of Public Health* 15(6): 580–586.

Sills K (2017) Constructing the 'Addict': A Discourse Analysis of National Newspapers Concerning North America's First Supervised Injection Site (2017) *Social Justice and Community Engagement* 26.

Silverman J (2012) *Crime, Policy and the Media: The shaping of Criminal Justice 1989-2010*. London: Routledge.

Singer B (1995) *The Usual Suspects*. Polygram.

Singer M and Baer H (2009) *Killer Commodities: Public Health and the Corporate Production of Harm*. Lanham: Altamira.

Smith O and Raymen T (2018) Deviant Leisure: A Criminological Perspective. *Theoretical Criminology* 22(1): 63–82.

Stevens A (2018) 'Being human' and the 'moral sidestep' in drug policy: Explaining government inaction on opioid-related deaths in the UK. *Addictive Behaviors* DOI: 10.1016/j.addbeh.2018.08.036.

Stevens A (2011) *Drugs, Crime and Public Health: The Political Economy of Drug Policy*. Abingdon: Routledge.

Stevens A (2007) When two dark figures collide: Evidence and discourse on drug-related crime. *Critical Social Policy* 27(1): 77-99.

Stevens A and Measham F (2018) We predicted banning legal highs wouldn't work – and a new review shows it's as bad as we feared. *The Conversation*, November 20.

Stimson G (2000) Blair declares war: The unhealthy state of British drug policy. *International Journal of Drug Policy* 11(4): 259-64.

Stubbs J (2008) Critical Criminological Research. In T Anthony and C Cunneen (eds.) *The Critical Criminology Companion* (pp. 6-17). Sydney: Hawskhead.

Sumpter C, McGill E, Dickie E et al. (2016) Reducing the Strength: a mixed methods evaluation of alcohol retailers' willingness to voluntarily reduce the availability of low cost, high strength beers and ciders in two UK local authorities. *BMC Public Health* 16: 448.

Tahir T (2018) 'Deplorable' passenger forces Jet2 flight to Ibiza to land in France following 'disgraceful' behaviour with blow-up doll in front of children. *Daily Mail* 11 June.

Taylor I, Walton P and Young J (1973) *The New Criminology*. London: Routledge.

Taylor S (2016) Moving beyond the other. *Tijdschrift over Cultuur and Criminaliteit*, 6: 100–118.

Taylor S (2011) New Strategy, usual suspects: a critique of reducing demand, restricting supply, building recovery. *Criminal Justice Matters* 84(1): 24-26.

Taylor S (2008) Outside the outsiders: Drugs, drug use and the media. *Probation Journal* 55(4): 369–388.

Taylor S, Beckett Wilson H, Barrett G et al. (2018) Cannabis Use in an English Community: Acceptance, Anxieties and the Liminality of Drug Prohibition. *Contemporary Drug Problems* 45(4): 401–424.

Taylor S, Buchanan J and Ayres TC (2016) Prohibition, privilege and the drug apartheid: The failure of drug policy reform to address the underlying fallacies of drug prohibition. *Criminology and Criminal Justice* 16(4): 452–469.

The Telegraph (2018) Sheffield University criticised over 'never inject alone' drug advice. *The Telegraph*, 28 September.

Thornton L (2018) Zombie nation: Britain in grip of spice epidemic as addicts resembling monsters plague streets, scaring children. *Daily Mirror* 11 September.

Torr G (2018) 'Enough is enough!' - Doncaster businessman's call to authorities to sort 'zombie' spice addicts in town centre. *Doncaster Free Press* 10 August.

Transform (2013) *Ending the war on drugs: How to win the global drug policy debate*. London: Transform Drug Policy Foundation.

Transform (2009) *After the War on Drugs: Blueprint for Regulation.* London: Transform Drug Policy Foundation.

Tupper K (2012) Psychoactive Substances and the English Language: “Drugs,” Discourses, and Public Policy. *Contemporary Drug Problems* 39(3): 461–492.

UKDPC (UK Drug Policy Commission) (2010) *Getting Serious about Stigma: the problem with stigmatising drug users. An Overview*. London: UKDPC.

van Amsterdam J, Nutt D, Phillips L et al. (2015) European rating of drug harms. *Journal of Psychopharmacology* 29(6): 655–660.

van Dijk T (1993) Principles of Critical Discourse Analysis. *Discourse & Society* 4(2): 249–283.

Wakeman S (2014a) ‘No one wins. One side just loses more slowly’: The Wire and drug policy. *Theoretical Criminology* 18(2): 224-240.

Wakeman S (2014b) Fieldwork, Biography and Emotion: Doing Criminological Autoethnography. *British Journal of Criminology* 54(5): 705–721.

Walmsley I (2019) Drugs decriminalization: The art of governing drug using populations. In S Wilson (ed.) *Prohibitions and Psychoactive Substances in History, Culture and Theory*. Abingdon: Routledge.

Webster R (2018) Young people unable to access drug & alcohol treatment. Available at: http://www.russellwebster.com/ypndtms18/ (accessed 28 February 2019)

Whiteacre K and Pepinsky H (2002) Controlling drug use. *Criminal Justice Policy Review* 13(1): 21-31.

Williams L (2013) *Changing Lives, Changing Drug Journeys: Drug taking decisions from adolescence to adulthood.* London: Routledge.

Wincup E and Monaghan M (2016) Scrounger narratives and dependent drug users: welfare, workfare and warfare. *Journal of Poverty and Social Justice* 2(3): 261–275.

Winlow S (2017) What lies beneath? Some notes on ultra-realism, and the intellectual foundations of the 'deviant leisure' perspective. Available at:

http://www.academia.edu/36915549/What_lies_beneath_Some_notes_on_ultra-realism_and_the_intellectual_foundations_of_the_deviant_leisure_perspective

(accessed 22 November 2018).

Winlow S (2012) Is it ok to talk about capitalism now? Or, why criminology must take a leap of faith. In S Winlow and R Atkinson (eds.) New directions in crime and deviancy (pp. 21-39). London: Routledge.

Winlow S and Hall S (2016) Criminology and Consumerism. In: P Carlen and L Franca (eds.) *Alternative Criminologies* (pp. 92-109). London: Routledge.

Winlow S, Hall S and Treadwell J (2017) *The Rise of the Right: English Nationalism and the Transformation of Working-Class Politics*. Bristol: Policy Press.

Young J (1971) *The Drugtakers*. London: Paladin.

YouGov (2018) A majority support liberalising policy towards cannabis. Available at: https://yougov.co.uk/topics/politics/articles-reports/2018/05/30/majority-now-support-liberalising-policy-towards-c (accessed February 28 2019)

Zinberg N (1984) *Drug, Set and Setting: The Basis for Controlled Intoxicant Use*. New Haven: Yale University Press.

Žižek S (2008) *Violence*. New York: Picador.

Žižek S (2006) *The Parallax View*. Cambridge: MIT Press.

Žižek S (1989) *Sublime Object of Ideology.* London: Verso.

Section 3: Appendices: Published works