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Cannabis Use in an English Community: Acceptance, Anxieties and the Liminality of Drug Prohibition

Abstract

Cannabis occupies an ambiguous social, cultural, economic and legal position, meaning that the way communities construct, interact with and interpret drug markets is a complicated and uncertain process. This article seeks to explain these ambiguities by investigating the place of cannabis use in a UK borough, drawing on qualitative empirical data collated from a sample (n=68) of practitioners, local residents, cannabis users and their families. In doing so, the article employs the concept of *liminality* (whereby individuals and spaces occupy a position at both ends of a threshold) to explore how community behaviours and norms relate to issues of space, harm and drug policy. The article contextualises the position of cannabis use within the fieldwork site, exploring a series of competing contradictions that divided participants between the rhetoric and reality of drug prohibition. Drug prohibition suggests cannabis use to be dangerous, which prompted concern. However, the lived reality of prohibition for residents sat in stark juxtaposition: the drug was used commonly and publicly; was effectively decriminalised; and its use (reluctantly) accommodated. This malaise placed residents within what is described here as the *liminality of drug prohibition*, in which notions of the licit and illicit became blurred and whereby the illegality of cannabis augmented anxieties yet simultaneously proved a barrier to addressing them. In conclusion, the current study provides further evidence of prohibitionist drug policy proliferating rather than mitigating drug related harms.

Key words

Cannabis, Prohibition, Drug Policy, Policing, Community, Liminality

Introduction

Available statistics indicate that cannabis is the most popular and frequently used illegal substance in England and Wales with 29% of the 16-59 aged population (9.74 million people) estimated to have used the drug during their lifetime (Home Office, 2017a). Simultaneously, cannabis occupies a rather ambiguous sociocultural and legal position with the drug contradictorily positioned as illicit yet a commodified consumer product (Blackman, 2004), an illegal activity yet a normalised leisure pursuit (Aldridge, Measham & Williams, 2011), and subject to prohibition laws despite the de-prioritisation of possession by many police forces (Ramesh & Jayanetti, 2015) and the majority of the public supporting legislative reform (YouGov, 2018).

This article seeks to explain these ambiguities by presenting the findings of a qualitative research study undertaken in one English community which invited a sample (n=68) drawn from a range of professionals, local residents, cannabis users and their families to offer their opinions and attitudes toward cannabis. In doing so, the article employs the concept of *liminality* to explore the ambiguous space occupied by residents of the fieldwork site. It contends that a series of competing contradictions divided participants between the rhetoric and reality of drug prohibition. The rhetoric of drug prohibition, that cannabis was illegal and dangerous, prompted concern, yet the lived reality of drug prohibition among residents, that cannabis was in essence decriminalised and its use (reluctantly) accommodated, sat in stark juxtaposition. This malaise placed residents within the *liminality of drug prohibition*, a status that we argue is an inevitable outcome of prohibitionist drug policy, negatively affecting a wide variety of actors.

While this is a study of just one English community, the findings presented here resonate with a growing body of international literature, which contends that global prohibitionist drug policy escalates, rather than mitigates, drug related harms (Pryce, 2012; Brownstein, 2013; Buchanan 2015; Taylor, Buchanan & Ayres, 2016). Furthermore, using the liminality of drug prohibition as a lens to consider drug policy encourages a more nuanced community level understanding of the impacts of

contemporary drug laws, regardless of jurisdiction or how such regulations are implemented or enforced.

Background

The UK cannabis market has experienced a period of 'import substitution' (Potter, 2008) during the past two decades, whereby 50-80% of all cannabis consumed is produced domestically (ACPO 2012, Potter, 2010). Consequentially, the use of cannabis resin has declined, replaced by the increased use of herbal cannabis, often (albeit erroneously, see Potter & Chatwin, 2012) referred to as 'skunk'ⁱ (Hardwick & King, 2008). While the market dominance of skunk has meant that the *average* strength of cannabis has increased, the extent of this increase appears to have been exaggerated (King, 2008) while contrary to popular beliefs the strongest strains are only of equal strength to those previously available (Potter, 2008).

Despite recorded levels of cannabis use in the UK showing a general decline over the past twenty years (Home Office, 2017a), the upsurge in skunk has been the catalyst for enhanced sociopolitical anxiety (Beckett Wilson, Taylor, Barrett, Jamieson & Grindrod, 2017). Stevens (2007) has noted that an association with addiction, crime and wider antisocial behaviour has distinguished 'skunk' from previous, more acceptable use of lower strengths strains of cannabis while fostering the notion that it is a 'problem'. Simultaneously, concern around cannabis factories that 'operate in local communities', and the role of organised crime groups, illegal immigrants and trafficked individuals within these, has been evident in governmental drug policy (Home Office, 2008a, p.18).

Relatedly, Acevedo (2007, p.184) has argued that public discourse around cannabis has moved from one centred on 'public management' and the 'otherwise law abiding citizen' to one focused on 'mental health' and 'criminality', with the user defined as a 'a sick person in need of treatment, or a criminal deserving punishment'. While the health related implications of cannabis use are far from clear (Cousijn, Núñez, & Filbey, 2018), and in the case of mental health a moot point (Gage, Hickman &

Zammit, 2016), both mainstream media representations and political discourse around cannabis use have centred on its potentially damaging effects (UKDPC, 2010; Silverman, 2012). Public attitudes in the UK appear to mirror this discourse with polls indicating that 66% of the public believe that cannabis use is never acceptable (Home Office, 2013) while 61% believe that the drug is becoming stronger, 80% associate it with mental health risks, 66% with an increase in crime and 77% with wider social disorder (Home Office, 2008b).

This shift in public discourse coincided with a change in the legal classification of cannabis. While the drug was downgraded within the UK's Misuse of Drugs Act 1971ⁱⁱ (from Class B to C) in 2003, it was again reclassified (from Class C to B) in 2009. The return to Class B inferred that cannabis (or more precisely skunk) represented a more serious risk of harm than previously considered. Shiner (2015, p.696) has described these events as one of 'the more remarkable episodes in recent British drugs policy' with the reversal to Class B criticised (McKeganey, 2011; Silverman, 2012; Monaghan, 2014) because, despite the 'emergence' of skunk, there was little evidence that cannabis harms had increased (ACMD, 2008).

Nonetheless, despite the sociopolitical and legal framing of the skunk 'problem', and the reclassification of cannabis as a Class B drug (Stevens & Measham, 2013), the policing of the drug's use has remained a low priority for UK police forces. That said, in the intervening period between its downgrading to Class C and its return to Class B, police recorded crime statistics (ONS, 2017) indicated a dramatic increase in cannabis possession offences from 88,263 in 2004/5 to 167,950 in 2008/09. The 2003 downgrading seemed to prompt 'an intensification of police efforts targeting minor possession offences' (Shiner, 2015, p.696) which were implemented with localised discretion (Warburton, May & Hough, 2005; May, Duffy, Warburton & Hough, 2007; Turnbull, 2009). While the significance of this increase, and how it aligns with wider criminal justice trends in performance indicators, net widening and the targeting of specific groups (Stevens, 2007) of 'low-hanging fruit' (Shiner, 2015, p.698), has been highlighted, comparatively little attention has been paid to the apparent reversal in this trend.

The period following the return of cannabis to Class B status has seen an equally dramatic *reduction* in recorded possession offences from 167,950 in 2008/09 to 80,808 in 2016/17 (ONS, 2017). This trend has been explained by the deprioritisation of policing drugs alongside overall reductions in police stop and search procedures (Ramesh & Jayanetti, 2015), with recent debates around such practices indicating institutional inconsistency and disagreement (Gayle, 2015; BBC, 2017). Nonetheless, it appears rather contradictory that during a period of heightened social anxiety around cannabis, police activity has diminishedⁱⁱⁱ. Indeed, this has led some social commentators to argue that there has been a ‘silent relaxation’ of drug prohibition (Ramesh & Jayanetti, 2015) and that a lack of proactive policing has effectively legalised cannabis (Glover, 2017). These developments suggest that the legal and social position of cannabis is ambiguous and (as will be discussed shortly) plays a key role in its liminal positioning within the study area.

Literature Review

A number of studies offer nuanced accounts of the function, role and meaning of cannabis use, with a prominent theme being that it occupies an ambiguous position (Järvinen & Demant, 2011; Beckett Wilson et al., 2017). The drug can play both a routine and important role in the everyday lives of its users (Pearson, 2001; Amos, Wiltshire, Bostock, Haw & McNeill, 2004), representing a vehicle to enjoy positive individual or group experiences (Pearson, 2001; Osbourne and Fogel, 2008) and forge social identities, bonds and friendships (Hammersley, Jenkins and Reid, 2001; Chatwin and Potter, 2014). Concurrently, its use can prompt anxieties, concern and harm due to its illegal status (Hathaway, 2004), related stigma (Sandberg, 2011) and associated negative outcomes (Robertson, Millar & Anderson, 1996). In his ethnographic study of cannabis users in two London pubs, Pearson (2001, p.176) highlights how this ambiguity extends from those who consume the drug into wider social conceptualisations of cannabis use:

Away from the “home base” of Flynn’s and the King Cole, and in the presence of strangers, this [cannabis use] tended to be more discreet because people were perfectly aware at all

times that this was an illegal activity although it was accepted as a normal aspect of everyday life.

Here cannabis is a 'normal' aspect of life yet users simultaneously exercise discretion to remain hidden from wider society. While cannabis use may be culturally accommodated (Aldridge et al. , 2011), there is a need for caution given that it can attract potentially negative formal or informal reactions (Becker 1963; Young 1971; Pearson, 2001; Askew & Salinas, 2018). The theme of ambiguity again runs through prospective social responses to such use with reactions determined by the profile of *who* is using the drug (Warburton, May & Hough, 2005).

Askew and Salinas (2018) identify how the use/selling of drugs by those considered 'law-abiding criminals' tends to go unnoticed as they fail to attract attention, condemnation or concern. This contention links to the notion of a 'drug apartheid' (Taylor et al., 2016) whereby the use of certain substances by marginalised populations warrants media, public and political attention while similar use undertaken by more 'respectable' demographics flies under the radar. Consequently, a growing trend within substance use research is to focus on hidden populations (see for example Askew's (2016) study of 'functional' adult users; Wakeman's (2016) ethnography of marginalised heroin users; and Salinas' (2017) research on educated, legitimately employed drug dealers). Such studies, however, continue the linear trend of focussing on the activities, behaviours and social response to those *directly* involved in drugs markets while their wider impact remains hidden. A compelling evidence base is therefore developing around the lifestyles of drug users, but little is known about the communities in which this occurs and the various actors that this may *indirectly* affect. There remains a dearth of knowledge about the effects of drug use on a community level, how this affects the day-to-day lives of those who reside and work within such areas, and what implications this may have for drug policy and practice.

The handful of studies that have attempted to gauge community level implications of drug use again indicate an ambiguity. Fetherstone and Lenton's (2005, 2007) work on community attitudes to

cannabis law and policy reform in Western Australia indicates that public attitudes are themselves ambiguous, characterised as inconsistent, lacking in knowledge and open to influence by negative and misleading media representations. May, Duffy, Few and Hough's (2005) study of residents, drug sellers and practitioners within four areas of the UK highlights that drug markets have ambiguous relationships with their host communities:

The community had a complex relationship to the market. The neighbourhood was generally regarded both by residents and by professionals as close-knit, with a strong sense of 'community spirit'. They had a shared set of values and a shared sense of what their community meant to them. The community was also characterised by tolerance of behaviour to which other communities might object and, in the past, this tolerance had – grudgingly – extended to drug sellers. One police officer commented that within the community there had previously been a notion of 'acceptable levels of criminality and drug dealing. (May et al., 2005, p.30)

This juxtaposed position, which sees drug markets attracting both a degree of community acceptance and condemnation, is also evident in recent studies of cannabis cultivation. These have highlighted a range of contradictions in how communities comprehend, construe and respond to such activity, in which high level production and selling cause anxiety, while low levels to fund daily living are tolerated (Beckett Wilson et al., 2017); particularly in economically marginalised areas that have faced enhanced hardship during an era of austerity (Ancrum and Treadwell, 2017).

Furthermore, Nutt (2009, p.5) argues that the UK public are generally ambivalent around the legal position of cannabis:

they want cannabis to be illegal (presumably because they think it is harmful...) but they don't want the penalties to be increased. If anything, many of them want the penalties abolished. It seemed to us that what the public appear to want is deterrence – they don't want

punishment; they want to scare people off cannabis use but they don't want to punish them for using it.

It would seem, therefore, that cannabis occupies an ambiguous social, cultural, economic and legal space. Simultaneously, how communities construct, interact and interpret drug markets appears a complicated and uncertain process. The findings of the current research correspond with these themes but suggest that the residents of the study area were not simply ambivalent, but caught up in a contradictory web of prohibitionist complexity whereby many respondents saw cannabis as unlawful yet a normative feature of community life; framed cannabis use as potentially harmful to them and their community yet saw little value in the proactive enforcement of drug laws; and construed the reporting of cannabis as more deviant than its actual use. In a bid to develop a nuanced community level appreciation of these phenomena, this article will employ the concept of liminality to consider the origin and existence of these ambiguities.

Theoretical framework

The anthropological concept of liminality (Turner, 1967) refers to the ambiguous state accommodated by those transitioning from one set of circumstances to another and therefore, as the Oxford English Dictionary explains, 'Occupying a position at, or on both sides of, a boundary or threshold'. Given that drug policy is shrouded in ambiguity (Butler & Mayock, 2005), with public opinion split over whether cannabis laws should be reformed or upheld (Ipsos Mori, 2013), and that cannabis 'occupies an ambiguous position in society' (Järvinen & Demant, 2011, p.167), possessing a normative sociocultural status yet remaining illegal (Pearson, 2001), liminality would appear to offer a purposeful analytical framework in which to locate the experiences of those participating in this study.

The notion of liminality has proved a useful tool for contemporary criminologists to both explain and explore a variety of phenomena. Robinson, Burke and Millings (2015) employ the concept to describe the feelings of Probation Officers during a time of organisational transition from a public to a public-

private operated service. As such they explain the experiences of those individuals who are 'betwixt and between' (Turner, 1967) during a period of personal/group change. Jewkes (2005, p.367) moves beyond this transitory conceptualisation to argue that prisoners serving life sentences experience 'permanent or near-permanent liminal states' during their incarceration. In this article we identify a liminality situated somewhere between these two points; a fluctuating liminality. We argue that within the framework of drug prohibition, a degree of liminality is ever-present: for example, drugs are illegal but are readily available and consumed by a significant minority of the population; and drugs are generically framed as harmful yet this sits in stark contrast to the experiences of the majority of users (Taylor, 2011). However, temporal changes in how a drug is socially constructed (e.g. media (mis)representations), and how the law is enforced (e.g. the degree to which drug prohibition is applied) mean that this liminal status (and the ensuing ramifications) are open to fluctuation. Employing such a framework affords an understanding of the liminality experienced at any one time by any one community yet simultaneously allows a more generic insight into how liminal experiences are both fluid and fluctuating.

Furthermore, while Robinson et al. (2015) and Jewkes (2005) focus on the impact of significant social change on an individual/group level, other criminologists have employed liminality as a vehicle for exploring how certain physical spaces experience behavioural norms that blur the legal and the illicit. Woodley (2013), for example, contends that airport security spaces operate as liminal zones, which are outside the remit of normal legal procedures. Perhaps the most prominent use of liminality in this vein has been to explore the play spaces (Measham, 2004) of the nighttime economy (NTE) (Hobbs, Lister, Hadfield, Winlow & Hall, 2000; Gunby, Carline & Taylor, 2017). According to Hobbs, Hadfield, Lister and Winlow (2003), consumers of the nighttime leisure experience are encouraged to regard urban centres as liminal zones: spatial locations within which the familiar protocols and bonds of restraint that structure routine social life are loosened. Central to the NTE is the promise of transgression (Winlow and Hall, 2006) whereby definitions of licit and illicit (behaviour) become blurred. Attempts to address such behaviour via public policy, which emphasises the need for

responsible, legal conduct, becomes a contradictory and futile undertaking (Hackley, Bengry-Howell, Griffin, Szmigin, Mistral & Hackley, 2015). Consequently, these liminal NTE spaces have emerged as sites of disproportionate harm (Gunby et al., 2017; Carline, Gunby & Taylor, 2018). Here, we utilise spatial liminality to consider public use of cannabis. Employing such an approach allows us to explore how the behaviour and norms of the community related to issues of space, harm and drug policy. In doing so we draw attention to the permanent and temporal spatial drivers which influenced the liminality experienced in the study area during the time of the fieldwork: for example, the increased noticeability of skunk, private versus public use of cannabis, and the apparent impunity of overt cannabis users. Through employing this approach, we explore how the *liminality of drug prohibition* is an ever present yet fluctuating outcome of contemporary drug policy.

Methodology

This article draws on data generated from qualitative research (via interviews and focus groups). The methods, researchers and research questions were approved by the Liverpool John Moores University Research Ethics Committee (Ref. 13/HSS/004). The project mapped the position of cannabis use within the host community by accessing and analysing the perceptions of a range of people living and working there. There were 68 participants in total, drawn from both general community organisations and from drugs and crime specific organisations, and encompassing both users and nonusers of cannabis (Figure 1). The sample is roughly balanced between practitioners who worked in the area (n=36) and community participants who lived in the area (n=32)^{iv}.

Participant group		Number of participants
Practitioners		36
Community participants	Residents	16
	Cannabis users	12
	Grand/Mothers of cannabis users	4

Figure 1. Participant groups and numbers

The Borough Council had requested the initial scoping research and so acted as principal gatekeeper. It supported access to practitioners from both statutory and third sector organisations including probation, prison and police officers, housing personnel, drug services, young people's services, council workers, NHS staff, social care, Citizens Advice Bureau, Stronger Families, mental health teams (youth and adult) and Young Advisors. Due to the large number of available and willing practitioners, their data was collected from 25 focus groups using a team of five researchers, all of which took place in one day through a World Café style event. The World Café format involves small focus groups sitting at a Café style table discussing a specific topic with a facilitator, then moving to the next table in a rotating fashion to discuss a new topic (see Brown and Isaacs, 2005).

Twelve young people (aged between 15-28 years) who used cannabis were recruited to the study through Youth Offending Team (YOT) caseworkers (the inclusion criteria being that they had been referred to the YOT and identified as using cannabis; these individuals were all interviewed) and a local prison (the inclusion criteria being that they were serving sentences for cannabis cultivation^v and identified as using cannabis prior to their incarceration; these individuals took part in focus groups). As the criterion was 'identified as using cannabis' we are unable to provide insight into the frequency of this use. However, the fieldwork data (as discussed below) indicated that use varied both between and within participants with an individual's past and contemporary use of the drug often fluctuating depending on circumstance.

The YOT caseworkers in turn supported access to the parents of the young offender participants. The request for primary carer participants elicited primarily mothers, but also a grandmother, all of whom were interviewed individually for confidentiality and sensitivity purposes, as referring officers reported high levels of guilt and shame among these participants.

The Council supported access to local Community Centre leaders who acted as gatekeepers, inviting members of the public to attend residents' focus groups across the borough. These groups elicited a range of residents of mixed gender and age.

The fieldwork was conducted in Thornbridge^{vi}, a metropolitan borough in the North of England. Thornbridge is a local authority district within a larger metropolitan area. At the time of the fieldwork, it ranked as one of the most disadvantaged areas in the UK, being a local authority with one of the highest proportion of neighbourhoods located in the top 10 per cent of nationally deprived neighbourhoods. It had an unemployment rate of approximately 17% (compared to a national average of approx. 7%) and had been severely affected by austerity measures. Estimates indicate that each adult resident of working age had lost an average £800 per year due to recent welfare reforms, meaning that an already economically marginalised population had been thrust further into deprivation^{vii}. Using Thornbridge as a case study therefore affords an understanding of the role and position of cannabis use in one of the most disadvantaged communities in the UK.

Within this article we employ the notion of 'community' to mean those living and working in Thornbridge. This broad definition does not facilitate direct comparison with other 'community' focused substance use studies, although this would be difficult due to a lack of consistency across the field. For example, Robertson et al's (1996) community of drug users centres on those registered at a doctors surgery; Featherstone and Lenton (2005; 2007) use the term to refer to the population of an entire Australian state; and May et al. (2005) use the label to indicate the scope of specific drug markets. Furthermore, even with comparable populations, no sample is ever fully representative of the 'community' from which it is drawn.

The findings presented below explore local people's views of the place of cannabis use in the area. As the research represented a scoping exercise into the cannabis landscape, an inductive approach was taken, with data from all participant groups triangulated, allowing prominent themes to emerge based around the most frequently raised responses in the different research forums. Throughout the article,

quotations are used to illustrate the contributions made by the respondents and to further highlight the emergent themes. In light of previous research focussing on cannabis *users* (Pearson, 2001; Järvinen & Demant, 2011; Sandberg, 2011; Chatwin & Potter, 2014), this article predominantly aims to give voice to those too often ignored by the academic literature. The majority of quotations therefore stem from three of the sample groups: practitioners (P), residents (R), and the (grand)mothers of cannabis users (M), although references are also made to the sample of young people who used cannabis.

Findings

The local cannabis landscape

There was agreement across the sample that cannabis use was widespread in Thornbridge and there had been an increase in its use and availability over the previous two decades, particularly of stronger forms, namely skunk. While it is impossible to assess whether these perceptions were accurate, it would appear that an underpinning reason for them was the increased noticeability of cannabis use. The pungent smell of skunk (especially in comparison to previous resin varieties) meant that the sample more readily recognised its use, especially when this was undertaken by one of the extensive number of overt 'on the street' users. Residents therefore reported encountering cannabis on a frequent basis, construing its use as an everyday feature of the community:

You won't bat an eyelid. If I walk past [the train station] and see someone with a spliff you don't bat an eyelid, it's just one of them things. (R)

I see it every five seconds of the day, twenty-four hours a day. (R)

It's normal...people walk past mine [my house], they've got a spliff instead of a ciggie. (R)

You can't walk down the street without smelling it at some stage, somebody in their bedroom or in a doorway...it is part of the culture...for definite. (R)

The regularity of the sample's contact with cannabis use prompted a belief among all respondents that it represented a normative element of life in Thornbridge and that a culture of acceptance had consequentially developed:

It's as acceptable as sitting there and watching Coronation Street.^{viii} (R)

It's not deemed as abnormal. It's normal now. It's the rule rather than the exception. (P)

You walk down the shops and you see people smoking it like it's nothing. It's just normal. It's your right. (P)

And he [participant's son] thinks it is normal to be openly smoking it. He smokes every day and I think that is the same as everybody on the estate. (M)

While there was a strong belief that 'everyone is doing it' and that all social groups *could* use, the most prevalent users were seen as young people, particularly males. This group's motivation to use was linked to their time of life, that is, they were seen as most likely to experiment with cannabis in the transition to and early years of senior school, as well as due to boredom/time availability caused by a lack of entertainment/employment opportunities within a deprived area. These perceptions may, however, relate to those whose use was most overt and obvious, with younger male users more likely to use 'on the street' with older and female users doing so in the privacy of their own homes. Despite residents identifying a profile of a 'typical user', cannabis was said to be used by all demographics (male/female, young/old, employed/unemployed) for a variety of purposes – that is, to relax, socialise, rebel/take risks, and self-medicate:

Most of the lads that I went to school with, not so much the girls although they tried it...most of them do, most of the people from my year, all the lads, all do it. There's only a select few that don't or haven't. (R)

My brother lives in a block of flats and everyone other than him are all users in the block.

The youngest is say 26 or 28 [years old] and the eldest is probably getting on for his mid-fifties. (R)

While the sample stressed that cannabis use was an activity that ‘everyone’ was involved in, they simultaneously remarked that there remained sections of the community where use was less common. This is interesting and highlights the first of many paradoxes in the sample’s attitudes. It appears that they believed that cannabis use was widespread and played a normative role in the community, yet they also asserted that its use was confined to specific groups:

There are two or three generation of users that have desensitised their own kids to it. (R)

I wouldn’t say it’s the biggest issue in Thornbridge because it’s kind of restricted to certain places and certain ages. (P)

We assume that everybody is using cannabis in some shape or form but actually that isn’t the case. (P)

The normative positioning of cannabis outlined above is a first indicator of liminality. Illegal cannabis use is considered ‘normal’, ‘the rule’ and ‘a right’. As such, Thornbridge appears to represent a space where the illicit blurs with the licit. While the NTE represents a similar space, which writers attribute to the intentional architecture of consumerism (Smith & Raymen, 2018), in Thornbridge this liminality is prompted by drug prohibition, which outlaws cannabis use but simultaneously fails to control its widespread availability or use. While not everyone in Thornbridge actively uses cannabis, its liminal positioning was something that all community members experienced and had to negotiate. Interestingly, the form of this negotiation was influenced by where and by whom the drug was used.

Private versus public cannabis use

Residents expressed differential attitudes dependent on who was using cannabis and where this consumption took place, with a public-private space nexus determining this. Certain cannabis use was construed as unproblematic with people's right to use the drug ('it's a choice to do so') being respected:

I know someone who's 50 and who has always smoked spliffs and have never seen him have mood swings. He doesn't smoke ciggies, he smokes spliffs and I've never seen any difference in him. He still loves it. He works and everything. It hasn't affected him working or anything. He's worked all his life and still works now. (R)

People use just to relax after a hard day's work. You know what I mean. They just come in and 'I'll have a spliff to chill me out and watch a DVD, I've had a hard day's work' so I can't see no problems with that. (R)

I don't smoke it but it doesn't bother me in any way, it's up to them if they want to smoke it. (R)

I smell people using it; I have no problems with it. (R)

Interestingly, this ambivalence appeared to be grounded in a liberal acceptance of cannabis use in the sense that residents tolerated use provided that it did not have a direct impact on other people (particularly themselves, their own children or indeed any children):

I'm not saying the drug is a good or a bad thing cos I don't know but if they're gonna do it behind their own closed front door then leave them to do it. (R)

As long as they go about their business in a quiet manner the community will probably tolerate it. (R)

I lived in a block of flats, everybody was very respectable, most worked, couple of people lived on their own, that's where I built my tolerance, some people who actually do it respect others,

in that block...there was a gentlemen who went to work all day and came home, that was his kind of recreation, it was his way of saying well done to yourself for having a hard day at work. He went home, shut his door but he always made sure that there was never a smell. He had respect for others in that block. He would say to me 'can you smell anything?' When he asked me I used to say 'no', that was the only way I knew he did, but he was the nicest gentlemen you'll ever meet. (R)

Like Mill (1859), the residents' views here were that freedom should allow people to do as they please, with (state) intervention required only when the liberty of others is infringed. This links to Askew and Salinas' (2018) contention that certain drug users fail to evoke any social response as their covert use avoids affronting others. This was further demonstrated by the opinion that people had the right to do what they wanted in their own home, but once the line between private and public use was crossed, this tolerance dissipated:

Whatever you do in your own home it's up to you but if you're doing it on the streets that's wrong but if you're doing it on your own doorstep it's your business. (R)

It's when it comes out and the consequences of what it leads to in the community is when people start to get angry and frustrated about this and what it's doing to our estate. (R)

Such reasoning – a desire to avoid undue attention – may explain the discretion exercised by the cannabis users in Pearson's (2001) study. Similarly, the majority of cannabis use in Thornbridge appeared to be covert (although whether motivated by a respect for their neighbours' rights or to avoid detection is unclear). A minority of users, however, were seemingly brazen in their public use. Jayne, Valentine and Holloway (2016) draw attention to the importance of understanding the spatial inferences of drug use and in Thornbridge this was undoubtedly linked to issues of living situation and status within an economically deprived community (issues discussed below). Furthermore, while a number of studies emphasise that people who use drugs employ caution to ensure that even public

drug use remains covert (Malins, Fitzgerald & Threadgold 2006; Dilkes-Frayne, 2015), street users in Thornbridge seemed less concerned with camouflaging their activity. Such patterns of behaviour appeared interwoven with a belief (among a minority of users) that within the public spaces of Thornbridge, cannabis use was an accepted norm and would not draw a response due to its liminal positioning.

While public use of cannabis was therefore considered unacceptable by many as it impeded their rights to live freely (in this case without the smell, risk or potential criminality they viewed as concurrent), it (as outlined above) was something that they encountered on a daily basis. Liminality is again demonstrated here in that, despite consistently experiencing overt use, none of the residents had responded to it, either personally or by reporting it to the police. The reasons for this appeared to be fourfold. Firstly, residents held assumptions about personal risk from those who smoked cannabis on the street, which led to them being reluctant to intervene. Secondly, there was a belief that although cannabis was harmful, it was comparatively less so than other illegal substances. Thirdly, residents believed that because of the culture of tolerance within Thornbridge they risked ostracising *themselves* by confronting cannabis use/users. Fourthly, there was a belief that attempting to address cannabis use through official channels was both pointless (as no action would result) and inappropriate (due to the stigma of being 'a grass'^{ix}).

These four reasons for non-response demonstrate the liminality produced by drug prohibition. When used by certain people, cannabis was accepted as a choice and largely construed as unproblematic yet when it is consumed by a specific demographic in a public place it became a concern. While public users of cannabis maintained a status of relative impunity (due to the unlikelihood of any reaction to their use), residents were unable to address the anxieties that this prompted via either informal or formal channels. Many of the residents' concerns about cannabis use stemmed from wider stereotypes of drug use/users, and one such concern – that users were 'addicts' and therefore dangerous – meant that they were unwilling to confront them. This was coupled with an unwillingness

to engage with formal mechanisms of enforcement due to a number of localised sociocultural norms that stigmatised reporting. Resultantly, residents found themselves within the liminality of drug prohibition whereby their concerns were either prompted or enhanced by cannabis use being illegal yet which could not be resolved through the mechanisms of prohibition. As such, these four reasons require further exploration.

Anxieties prompted by cannabis use and users

In relation to residents' constructions of problematic cannabis users, an adherence to dominant stereotypes of the 'drug user' were evident in the associations they made between skunk use and unpredictable, dangerous behaviour. The key anxieties voiced included links with property crime, antisocial behaviour and violence; and the potential impacts of stronger strains of cannabis including mental health related issues. There was a belief that skunk had led to patterns of cannabis use changing from recreational to more daily, dependent use particularly among the young, the unemployed and those without parental responsibilities. It was thought that the heaviest users of cannabis also had a range of social problems (homelessness, unemployment, criminal records). These attitudes resonated with those displayed by both the families of people who used cannabis and practitioners:

In a piece of work we did last year we found that 80% of young people coming through the Youth Offending Service were using cannabis and some of those associated issues then in terms of levels of aggression and violence within the home and accommodation breakdown as well. (P)

I see an impact on behaviour in young people. Aggression seems to go from nought to a hundred in seconds. I'd put that down to what they're using cos most of them do use, [do] smoke. (P)

It should be noted that these family and practitioner experiences of cannabis use were of users who lead often problematic and criminal lifestyles. This was different to the experiences of lay residents. As such, these individuals cannot be said to be representative of all cannabis users and, simultaneously, their use of cannabis cannot be identified as predictive, or a cause, of their behaviour, mental health or wider lifestyle issues. Importantly, however, it is this subpopulation of users that have consistently been the focus of criminal justice policy (Stevens, 2007), the media (Taylor, 2008) and empirical research (Moore, 2008). As such they represent the usual suspects (Salinas, 2017) of the reductionist drugs discourse which allows deficiencies in public knowledge to be filled by dominant, assumed 'truths' and which therefore determines that constructions of drug users are formed around fallacies and stereotypes (Taylor et al., 2016).

As a result, the focus on this minority group of users and their lifestyle characteristics has been established as a generic caricature of all drug users (Taylor, 2011), with drug use inevitably framed as either a response to traumatic life experiences or the cause of an array of problematic health and behavioural outcomes (Taylor, 2016). While users who fit this stereotype undoubtedly existed in Thornbridge (and by virtue of their lifestyles were in contact with the organisations represented by our practitioner sample), they were the exception rather than the norm. Despite this, the stereotype meant that when some residents encountered public cannabis use, their assumptions were of problematic use.

Among the sample of young people who used cannabis, some self-reporting was consistent with the stereotypes outlined above while others challenged these. While some participants indicated that their use was regular ('all day, every day'), others stated that their use was infrequent ('I don't smoke it bad, I used to when I was a bit younger, but now every now and again') or governed by their financial situation ('it depends on how much I've got, what money I've got. Whatever I've got the money for'). While one respondent linked their use with criminal activity ('I started using it every day and went out robbing for it'), the remainder indicated that there was

no such relationship. For some, cannabis use influenced their physical and mental health and wider behaviour (i.e. mood swings; increased aggression when unable to access it). Others, however, expressed that it had no impact upon these, and in fact reported cathartic effects, such as the removal of stress, anxiety and aggression ('It just chills me out a bit, it calms me down and helps me to sleep at night'). When we consider that these disclosures originate from a subpopulation of users who, by virtue of their contact with the criminal justice system, typify the 'problematic drug user' category, they appear to challenge the dominant stereotypes embedded within the reductionist drugs discourse (Taylor, 2016). While some acknowledged the harmful impacts of cannabis use, others saw no association between this and crime, health or behavioural problems or indeed addiction.

While practitioners and residents alike knew very little about the technicalities of the different strains of cannabis, they did believe that the newer strains were more habit forming and addictive, which resonates with the dominant public discourse around skunk. Indeed, these perceptions of cannabis users as 'addicts' resulted in a view among some residents of users as being unable to function socially and committing economically motivated crime:

Some people [who have children] get their dole and go to the dealer before they go to the Asda [supermarket] to get their weekly shop in so them poor kids. (R)

Made them go into crime [petty theft] as they need the money to buy it [cannabis] and there are few opportunities [in Thornbridge] to get that money. (R)

If on benefits and smoking weed need to get money from somewhere. (R)

'Comparative tolerance' of cannabis use

It is perhaps interesting here to see that residents, practitioners and the (grand)mothers of users appeared to construct contemporary cannabis use through the same lens as applied to previous heroin use in Thornbridge:

I think it's like the old heroin users when they first started out. Anybody who starts out doing anything like that will first start stealing from the home. It's the first port of call. Because the family won't report them. (P)

We see a big difference in the crimes with young people doing burglaries. It's like going back to years ago when the heroin addicts did exactly the same behaviour. (P)

Attached to this, while conceiving cannabis users as addicts in their own right, many of the sample expressed familiar concerns that the drug was a gateway to other 'harder' substances:

I think weed's the gate[way]. Once you open that gate it's a long, long path. Once you've tried one [drug] you're gonna try others. (R)

People start with weed, then have a tablet, then take something else, it's progressive. I don't think people wake up one morning and take a hard drug. (R)

I'm scared in case it goes on to bigger drugs. When I was growing [up] so many went on to become heroin addicts and I have seen so many my age die with overdoses. (M)

I've always been of the mindset that if you're trying skunk and cannabis that's just a preset for something else. That might be wrong, I don't know...I think it gives you the confidence to try something else. (P)

Through skunk and through meeting people who sell skunk...you are open to that...someone will sell you other drugs.(P)

These interpretations, however, sit in stark contrast to the experiences of those who use cannabis, with only two individuals reporting use of any illegal substances other than cannabis. Interestingly, a juxtaposition was evident within the attitudes of the nonuser groups, as despite an adherence to the gateway theory, respondents simultaneously expressed a degree of what could be termed *comparative tolerance* of cannabis in that it was perceived as a 'softer' drug, making it more tolerable.

This second reason for inaction sees the community take solace in cannabis use as other drug use is viewed as more harmful by comparison:

It's a bit more blasé now. I'd say it is more tolerated. Well I say tolerated, it's like, you'd tolerate it more than you would a smack head^x, that's what I mean by tolerated. (P)

Cos it [cannabis use] is such a normal thing. It's accepted. If someone was on crack or something like that it'd be a different story. (P)

I wouldn't want my kids smoking it [cannabis] but I wouldn't feel any different if he had whereas if he came in and said he'd been on smack then it'd be a totally different thing. (R)

Using coke on the street would be disgusting, spliff is normal. (R)

On the streets anywhere in Thornbridge it [cannabis use] is not really, you're not really committing crime, it doesn't have the negative image of heroin use. (P)

This paradoxical conceptualisation of cannabis as leading to harder drug use while simultaneously attracting comparative tolerance as a 'softer drug' provides a further indication of the community's liminal status. While these concerns were formulated around stereotypical notions of drug use (in this instance how cannabis can act as a gateway to addiction/other substances), there is relief precisely because cannabis users do not fit with dominant stereotypes of the *most* problematic heroin/cocaine users. This disincentivised responding to such anxieties; even though residents associated both cannabis and heroin use with similarly problematic issues, reacting to cannabis use was not worthwhile as 'things could be worse, at least it's not heroin'.

'Coercive compliance': cannabis and community norms

The third reason that residents expressed for nonintervention was that they believed that cannabis had attained such a normative position that reacting would be to swim against the tide of the community:

No one would ever say “put that out” or “what are you doing?” It’s just normal. (P)

It’s not even hidden as well [...]. They’re not even scared to smoke a spliff in the streets, that’s the scary part. (R)

Here we see another example of residents occupying a liminal space. While certain cannabis use prompted concern, they simultaneously felt that reacting to this could lead to *them* being ostracised as its use was so entrenched:

If you didn’t [tolerate use] we’d be seen as the bad ones for not accepting it so either accept it and get on with it or if you don’t and you retaliate against it, you’re in the minority now not the majority. The majority smoke it or just accept it. The minority that don’t...we might disagree with how things happen but if you went out there and started telling people you were dead against it you would not be liked. (R)

If you live in a local community and you know most of the people around you or you have an idea whose involved in some of this, you will be extremely anxious or worried about actually sharing that information with officials [...] because in some areas there is an acceptance. (P)

The community’s perceptions of cultural norms in relation to cannabis - that the majority either used it or accepted its use – appeared to result in a process we defined as *coercive compliance*: residents may have wanted to take action but felt unable to do so, and so were forced to accept the status quo. This links to the earlier quotation from May et al. (2005, p.30), who refer to communities as ‘grudgingly’ accepting drug markets. Consequently, while residents’ fears were founded on the illegal nature of cannabis use and the problematic behaviours thought to be associated with it, the normative position of cannabis within the community meant that reacting to its use was deemed as potentially *more* deviant and unacceptable than actually using it. This liminal positioning of residents was further enhanced by the fourth reason for inaction, the community’s relationship with the police.

Police-community relations and the enforcement of drug prohibition

As was noted previously, while residents expressed a willingness to report use in certain circumstances, none of the resident sample had previously contacted the police (or any other organisation). This reluctance to report such matters to the relevant authorities was influenced by police-community relations alongside localised cultural concerns relating to this. For some, the notion of contacting the police had not even occurred to them:

I've never reported it and I've seen people stood there smoking it. I've never thought to pick up the phone and ring and report it. (R)

Furthermore, residents expressed that reporting such activity to the police was 'futile and won't achieve anything' and that it would be 'pointless doing it cos they wouldn't do anything about it would they, if you did'. Simultaneously they noted that even when they had witnessed users being arrested for cannabis possession that the 'coppers just smack them on the wrist and they just go back, sit on the wall and carry on'. The views of the practitioners supported these viewpoints:

If you are stopped and you've got a spliff or you've got a bit of cannabis on you for personal use, you are getting a street caution or you are getting a fixed penalty. It's not exactly, you know, a big deal. (P)

It's too big an issue to deal with so it's probably, you know, more lenient with them, issuing cautions and that. So the perception might be that actually the police don't do enough. (P)

Here we see how conceptualisations of contemporary policing and the enforcement of drug prohibition further entrench the liminality of residents. The residents saw no value in contacting the police as either no action would be taken or, if action was taken, it would have no impact. They even expressed the view that reporting such incidents would simply 'waste police time'. These themes resonate with the earlier discussion of policing cannabis and the deprioritisation of drugs policing and decreased use of stop and search. Residents have concerns over illegal behaviour yet see no value in reporting this. Furthermore, the sample spoke of a localised 'you don't grass' culture which meant

that the reporting of incidents such as cannabis use would again go against the dominant cultural norms of the community. Instead, residents spoke of a personal responsibility to deal with such matters outside of official frameworks, yet in terms of cannabis (as discussed above), people were unwilling to do this due to the apparent risk posed by users.

Summary

While the attitudes presented here are at times both inconsistent and contradictory, several identifiable themes emerge. All respondents described cannabis use as a normative feature of community life – something that they encountered on a daily basis. This is not to say that cannabis was ‘normalised’ (Parker, Aldridge & Measham, 1998) in the sense of everyone using or accepting the drug. Like Shildrick (2002, p.44), the current research found that ‘normalization is too expansive a concept, which does not allow for the ways in which some types of drugs and some types of drug use may (or may not) be normalized for some groups’. However, Parker, Williams and Aldridge’s (2002) more nuanced notions of *accessibility* and *cultural accommodation* proved valuable here. In the context of the Thornbridge residents, ready accessibility/availability of cannabis was generally reported to be a given, but accommodation of its use came with significant caveats.

Specifically, many residents’ initially expressed acceptance of cannabis use, yet more nuanced discussion and analysis revealed anxieties concerning where and by whom the drug was consumed. These concerns matched those expressed by practitioners and the families of those using the drug who framed this use as dangerous and linked to addiction, crime and wider behavioural problems. While some of these apprehensions were rooted in direct experience of cannabis use (albeit among a subpopulation of ‘problematic’ users), the construction of cannabis use as the root cause of harmful behaviours was grounded in wider sociocultural stereotypes (Taylor, 2008, 2016). Such stereotypes are a characteristic of the reductionist drugs discourse (Salinas, 2017; Beckett Wilson et al., 2017) which dominates sociocultural constructions of substance use through a process whereby mainstream media, political rhetoric, governmental policy and consequentially the public use the same narrow

gaze to conceptualise drugs, those who use them and drug related issues. Community members in Thornbridge relied on this reductionist drug discourse to fill knowledge deficits and respond to ambiguities, a process that augmented anxieties (Beckett Wilson et al., 2017) as they associated cannabis with the dominant fear inducing narrative of ‘drugs = danger’ (Taylor et al., 2016).

Concurrently, 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.

Discussion

That residents of economically deprived and marginalised urban communities are powerless to respond to their concerns and fears has been a defining feature of criminological research findings in the UK for half a century (Atkinson & Helms, 2007; Young, 2007). Such landscapes are a proven barrier to community cohesion (Johnstone & MacLeod, 2007) through detrimentally affecting both internal relations (among residents) and external relations (with relevant authorities). In this study, the liminality of drug prohibition prompted such a scenario.

The sensationalist public discourse concerning skunk (Acevedo, 2007) had clearly influenced community perceptions of cannabis users in Thornbridge, leading to a reliance on simplistic and stereotypical notions to address deficits in knowledge (Taylor, 2016; Beckett Wilson et al., 2017). While the sample of cannabis users referred to in this study represented a minority subpopulation of people who use cannabis (from within which such generic stereotypes are usually formulated), the

majority of these denied that skunk was addictive, led to health related problems or was directly linked to their criminal behaviour. Nonetheless, these associations were prominently identified by residents in relation to those who used cannabis in public. Subsequently, during a period of perceived increased overt use, residents' anxieties were amplified.

Concurrently, the apparent 'silent relaxation' of drug prohibition (Ramesh & Jayanetti, 2015) has seen UK police forces deprioritise the policing of cannabis (Evans, 2015), despite a period of enhanced social anxiety around the drug. While drugs policing itself appears to occupy a liminal state (whereby drug use is illegal but enforcement is not deemed a priority), it is the liminality of Thornbridge residents that is our concern here. An apparent softening in the enforcement of drug prohibition and a belief that reporting such activity was unproductive coincided with cannabis use becoming a normative feature of the community. Simultaneously, the combination of cannabis' reclassification, the public discourse surrounding this, and the perceived increase in both overall and public use have all augmented community anxieties. Residents therefore were in limbo, with the rhetoric and realities of drug prohibition prompting concern, yet the mechanisms of prohibition offering no solutions.

While Robinson et al. (2015) employ liminality to explore transitory experiences and Jewkes (2005) more permanent feelings, the liminality experienced by residents in Thornbridge sat somewhere between these. This liminality was determined by both static and temporal factors meaning that it was a permanent phenomenon that was open to fluctuations in form and intensity. These fluctuations were inevitable as the liminality evident was influenced by both enduring (i.e. cannabis as an illegal drug) and transitory (i.e. the emergence of skunk) sociocultural constructions of drug use; the stable (i.e. cannabis as a normative community feature) and temporal (i.e. the greater noticeability of public skunk use) cultural norms, behaviours and relations evident within the study area; and the permanence of drug prohibition (i.e. cannabis is illegal) alongside the varying tenacity with which it is enforced (i.e. that public users faced impunity at that time).

In Thornbridge we see that the liminal position of cannabis meant that its use was in essence decriminalised and that drug prohibition was of symbolic but little other value. As a result, while residents could be influenced by fear-inducing antidrug rhetoric, prohibition itself was a veneer, papering over the reality that cannabis was freely available, widely used and a normative element of life that failed to elicit formal responses.

Warburton et al. (2005, p.126) warned that 'mishandled, cannabis policing could alienate significant sections of the population' and while these comments focussed on (suspected) cannabis users, particularly in relation to discriminatory and discretionary policing practices, this can also be related here to wider community relations. It would seem that *whatever* strategies are employed to police drugs risk isolating/marginalising sections of the community while simultaneously exacerbating drug related harms (Kerr, Small & Wood, 2005; Eastwood, Shiner & Bear, 2013; Cooper, 2015). While in some cases this can be attributed to individual police forces/officers employing 'inappropriate strategies' (Polomarkakis, 2017, p.401), it is more accurately characterised as an *inevitable* outcome of drug prohibition. It is difficult to enforce prohibition in a way that galvanises rather than fragments community cohesion on some level.

Interpreted from a law and order perspective, the data presented in this article could support a turn to zero tolerance policing. In a bid to react to the concerns of residents and address the behaviour of a small group of public cannabis users, the area could be flooded with police officers. Yet, as we have argued elsewhere (Beckett Wilson et al., 2017, p.79):

Established patterns of tightening control where there is increased fear are understandable, but repeatedly proven erroneous: police more; punish more; scare more; as policy foundations these are ineffective and indeed can increase social, economic and public health harms.

Indeed, such a turn toward more punitive enforcement of prohibition risks increasing tensions among communities (Bean, 2014) where drug markets are 'deeply embedded' (May et al., 2005, p.4). It may also lead to the criminalisation of young males which may further limit their future life chances (Lenton, Humeniuk, Heale & Christie, 2000). Importantly, however, the residents in this study did not express any desire for increased enforcement, as they believed that this failed to tackle underlying causes. As Coomber, Moyle and Knox Mahoney (2017) have observed, the policing of drug markets has little but symbolic value and in fact may have negative consequences for communities. Therefore, a turn toward more punitive approaches would be both unwelcome and ineffective. Shiner (2015, p.704) suggests that disincentivising the policing of drug use is one pathway forward:

Perhaps the best administrative decision that could be made in the short-term is to remove drug possession from police performance indicators. Then we might get a police service that concentrates on crimes that cause most harm.

In the context of this study, however, such a move would fail to alleviate the existing concerns of community members, potentially enhancing feelings of liminality. Solutions, therefore, cannot be found in either more stringent short term enforcement or relaxation of drug prohibition. Instead, more innovative solutions are required, solutions that need to be inclusive of the community as a whole. In the case of Thornbridge, a key part of the community are cannabis users themselves, the majority of which appear to use in the privacy of the own homes which does not affront other residents. The overt street use by certain individuals/groups, however, is a cause of concern for residents who are powerless to do anything about this.

It would therefore make sense to address public usage of the drug. Firstly, all sample groups identified the need for greater accessibility to information to allow them to develop their understandings of cannabis use, a process which in itself could mitigate fears and encourage informal discussions between residents who do and do not use cannabis. Secondly, if a more formal dialogue between cannabis users and the wider community could be entered into – which sought to encourage

nonpublic use or if innovative practice could be piloted to accommodate such use (i.e. a cannabis consumption room) – then this could reduce public use, alleviate anxieties and enhance community cohesion.

Clearly, such solutions are far from simple. Wakeman (2015) has identified that providing services for drug users without a nuanced understanding of their cultures and lifestyles will not necessarily result in engagement. In relation to public use, a number of participants explained their street use was due to family members refusing to allow them to use at home ('my granddad doesn't want me smoking at all. So I just don't smoke in the house'); others described using on the street due to a lack of employment/entertainment opportunities meaning that they naturally gravitated and congregated there; while for others street use seemed to provide status based around notions of rebellion and masculinity.

Nonetheless, there appears to be some value in opening a dialogue with those who use cannabis (who indeed find themselves within the liminality of prohibition whereby such use is both accepted and a normative feature of their community and yet they are, if the unlikely situation arises, liable to arrest for possession) which seeks to inform them of community concerns. While not all cannabis users would be willing or able to facilitate private use, the idea of a cannabis consumption room could offer a solution. A recent Home Office (2014, p.18) report on comparative drug policy noted that:

Where local consideration has been given to the introduction of drug consumption facilities in the UK there has been local opposition from residents. The proposal of an independent commission on drugs in Brighton and Hove to investigate the feasibility of a DCR [drug consumption room] attracted concern from local people. This is in contrast to Denmark, for instance, where the strongest voices in support of the drug consumption room we visited had come from residents of the area. Such differences may reflect the fact that the UK does not experience open drug scenes of the kind which prompted the creation of the DCRs we saw in Switzerland and Denmark.

While this quotation suggests that residents may oppose the idea of a drug consumption room (as indeed may users of cannabis themselves), a community discussion around such a solution would at least allow their voice(s) to be heard. Furthermore, the quotation refers to drug consumption rooms focussed on Class A drug use but it is unclear why, when consumption rooms are discussed across the globe, they are seen as solely concerned with 'hard' drug use. Surely, such facilities offer equal possibilities to cannabis users and therefore the notion of a cannabis consumption room seems reasonable. Furthermore, the blueprint for such a facility could be forged from those cannabis cafes and social clubs already evident in certain jurisdictions with an enhanced integration of education and harm minimisation accompanying these user focussed spaces. Finally, although the Home Office dismiss the need for consumption rooms in the UK because it does 'not experience open drug scenes of the kind' seen elsewhere, this research provides evidence to the contrary, and although the 'open scenes' evident in Thornbridge related to cannabis rather than heroin/cocaine use (and therefore pertain to a different set of harms, risks and issues) that should in no way diminish the justification for such a facility. While the UK government (Home Office, 2017b, p.6) has therefore stated that they have no 'plans to introduce drug consumption rooms' they also concede that the decision to introduce such facilities is a devolved one, noting that it 'is for local areas in the UK to consider, with those responsible for law enforcement, how best to deliver services to meet their local population needs'.

Unfortunately, the solutions outlined here are unlikely to materialise as drug prohibition shackles the willingness and ability to provide tailored responses to meet the needs of communities. This was highlighted in Thornbridge by opposition from some in the Local Authority to the provision of enhanced information around cannabis due to fear of being labelled and stigmatised as a high drug use area (Beckett Wilson et al., 2017). While the policing of drugs in the UK may be liable to fluctuating trends, the strict adherence to prohibitionist principles means that progressive ideas are disregarded, thwarting innovation in addressing drug related harms.

A standard set of harms are normatively associated with drug use: negative social/health implications, addiction and drug related crime. While a body of writers contend that these are enhanced by contemporary drug laws (Pryce, 2012; Brownstein, 2013; Buchanan 2015; Taylor et al., 2016), using the liminality of prohibition as lens to consider such harms allows us to excavate below these usual headline factors. 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. These feed into wider harms relating to a breakdown in community cohesion and weakened police-community relations. The liminality of drug prohibition, therefore, sees a chasm between the rhetoric and reality of drug policy which leads to the contemporary form and enforcement of drug laws failing to produce positive outcomes and indeed enhancing harms – a process which is detrimental to members of communities (both physical and increasingly virtual, see Aldridge, Stevens & Barrett, 2017).

Conclusion

The findings presented in this article indicate the inconsistency, confusion, contradiction and harm that drug prohibition can prompt within one community in the UK. The significance of these findings, however, extend far beyond the parameters of the fieldwork site, for the liminality of drug prohibition experienced by the residents of Thornbridge can be used a metaphor for the contemporary global drug policy landscape. While the war on drugs shows signs of waning (Eastwood, Fox and Rosmarin, 2016), drug prohibition continues to be evident in most legal jurisdictions across the world. Although enforced with differing degrees of resolve, all approaches have one outcome in common: they continue to cause harm. Whether this be in the form of death squads in the Philippines, the disproportionate imprisonment of Black drug users in the US, record levels of drug related deaths in the UK, or the continuation of drug apartheid in countries who have implemented policy reform (Taylor et al., 2016), drug prohibition, whether enforced with tenacity or apathy, prompts harm.

It is not, therefore, a case of implementing prohibition in a 'hard' or 'soft' fashion but rather about recognising that *however* prohibition is applied, it causes suffering. In the case of Thornbridge, the rhetoric of drug prohibition prompted harm in the form of community anxieties, which were enhanced through lack of confidence in enforcement mechanisms. Lastly, it ensured that potential solutions to the status quo, which could mitigate harms and enhance community cohesion, were dismissed. Drug users, residents, practitioners and the police in Thornbridge all found themselves lost within the liminality of drug prohibition, for different reasons but to the detriment of all. This process is replicated around the world as, however prohibition is applied, some groups will occupy a liminal position, experiencing feelings of frustration, ambiguity and concern. Until the damaging impacts of drug prohibition are recognised, no matter what form it takes, policy will increase rather than mitigate drug related harms.

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ⁱ Intensively farmed herbal cannabis is known by a range of names, one of which is 'skunk'. Despite the argument that 'skunk' is an inappropriate term for cannabis, it was the term that the sample in this research most regularly used to refer to cannabis use and therefore the term we use in this article. Admittedly, it was referred to by other names by respondents (e.g. 'weed', 'green', 'spliff').

ⁱⁱ Cannabis is classified as an illegal substance under the United Kingdom's Misuse of Drugs Act 1971 which ranks drugs into three categories determined by the harm they are believed to pose: from Class A (the most harmful) to Class C (the least harmful).

ⁱⁱⁱ Recorded drug offences tend to represent police priorities/action rather than any decreases/increase in drug use and while there has been a general decline in cannabis use over the last decade in England and Wales, the level of use is best described as stable and therefore this cannot be used as an explanation for the fluctuations in these statistics.

^{iv} It should be noted that a number of the interviewed practitioners also lived in the study area yet as no demographic data was collated among this sample, we are unable to note how many.

^v The reason for this criterion was that this study was part of a wider project which also scoped the position of cannabis cultivation within Thornbridge.

^{vi} For the purposes of anonymity 'Thornbridge' is a pseudonym applied to the study area.

^{vii} References are omitted here to protect the anonymity of Thornbridge.

^{viii} 'Coronation Street' is the most watched TV soap opera broadcast in the UK.

^{ix} 'A grass' in localised terms refers to someone who reports someone to the police – in wider parlance they might be referred to as a snitch, narc, squealer, or stool pigeon.

^x 'Smack' is a colloquial term for heroin while a 'smack head' is applied to someone said to be addicted to the drug.