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Towards ‘Sensible’ Drug Information: critically exploring drug intersectionalities, ‘just say no,’ normalisation and harm reduction.

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Abstract

This article examines the impact of new psychoactive substances (NPS) on drug service interventions using a case study of regional professional practitioners in [South East England](#). We assess how professionals seek to develop an innovative approach towards providing ‘sensible drug information.’ The research methods include observations, and individual and collective ethnographic interviews with 13 professionals who work with young people across the county. We argue that the notion of sensible is untheorised at present; therefore, we take up this challenge and use the ideas of Gilles Deleuze, which according to Mazzei and McCoy (2010: 504) “prompts the possibilities of new questions and different ways of thinking research.” It is important to theorise sensible drug information because it is a key element in contemporary professional drug practice as part of a harm reduction approach.

The paper identifies a series of drug intersectionalities between ‘traditional’ illegal drugs and NPS and through social class differences between young affluent and more socially disenfranchised drug users. We explore how practitioners deliver sensible drug information as part of a harm reduction approach, which may not always be supported by other agencies. In seeking to respond to these challenges we explore Deleuze’s ideas as a foundation for sensible drug information based on a harm reduction approach that incorporates Matza’s (1964) theory of drift, to explain young people’s changing pattern of drug consumption.

Introduction: ‘Zombie Britain!’

When delivering sensible drug information, professional practitioners with the Young Persons’ Drug and Alcohol Service (YPDAS) are frequently asked questions about drug representations within popular culture. For example, in 2017 the tabloid media have used the term ‘Zombie Britain’ to show young people in zombie like poses in ordinary High Street towns across Britain. For example, *The Sun* 14th April 2017: “SPICED OUT We reveal truth behind Spice, the cheap, nasty ‘legal high’ that turns users into zombies... and why it’s become MUCH more dangerous since it was banned” and the *Daily Mail*, 10th March 2017, “Rise of the zombies: Cheaper and more addictive than crack, Spice is the synthetic drug that turns users into the ‘living dead’ in minutes and is ruining lives across Britain.” The tabloid coverage conforms to popular representations of screen zombies in the original *Living Dead* (1968) film franchise and more recently the *Walking Dead* (2010) television series. Practitioners expressed unease about the use of such images in newspapers. Steve said: “All the young people know ‘Walking Dead, it’s really popular, but to use such pictures and phrases it’s lazy journalism.” Sarah was more critical: “I’m not certain why they are

using these images now. Spice is already banned as an NPS. The posture of these young people is staged and the young people know this and then they perform them for fun! This is what we face?”

The ‘Zombie Britain’ example highlights the complex dynamic of delivering sensible drug information when young people are surrounded by competing images and knowledge about the meaning of drugs within contemporary culture. We address the value of sensible drug information within a harm reduction paradigm of drug education. Firstly we shall put forward an alternative theoretical basis to the drug normalisation thesis and the idea of sensible recreational drug use; secondly, through data interpretation we will explore the emergence of a problematic ‘drug intersectionality’¹ between ‘traditional illegal drugs and NPS, with observation on social class differences between young affluent and more socially disenfranchised drug users, and finally we address the challenge of using Deleuze’s ideas as a foundation for sensible drug information based on harm reduction that also incorporates Matza’s theory of drift to explain young people’s pattern of drug consumption.

Methodology

Data collection took place on an ethnographic basis through conversational interviews with professional practitioners between 2016-2017. The research methods included observation, and individual and collective ethnographic interviews with 13 professionals who work with young people across the county. The length of interviews varied between 1 and 3 hours. The questions were based around themes relating to experience and issues that staff encountered in the different locations where they delivered sensible drug information. The fieldwork took the style of developing a conversational form to collect interactive data, through reflection, to enable research participants to challenge issues and ask their own questions drawing on their narratives and biographical understandings (Merrill and West 2009).

For confidentiality purposes throughout the article we will refer to all research participants as ‘professional practitioners’ including drug service staff, educational staff in public and private sectors and charity based practitioners, all of whom are connected with, the Young Persons’ Drug and Alcohol Service (YPDAS). To do the research we gained two forms of ethical consent. First, we gained both verbal and written consent from YPDAS. The research proposal was then submitted to and approved by the Canterbury Christ Church University ethics committee. The ethnographic data gained through conversation is presented for the reader to assess, understand and reflect on how practitioners are trying to assess complex situations with young people. The intention of the analysis and presentation of the data is to show staff in a position of social immediacy engaging in practical intervention.

Normalisation and sensible: a new theoretical matrix for drug normalisation and sensible recreational drug use

In the article we identify two approaches to sensible drug information. Firstly, sensible drug information emerged in 1998 when ‘Students for Sensible Drug Policy’

(SSDP) was formed in Washington D.C. and it has since become an international non-profit advocacy organisation. In the UK SSDP was founded in April 2008 by a small group of student cannabis activists at the University of Leeds. Since then other UK universities have SSDP branches including the London School of Economics, reported by the *Independent* 9th May 2016 and Newcastle University covered by *Daily Telegraph* 10th May 2016: “Test Your Drugs, Not Yourself,” as part of the SSDP's drug awareness week at the university. SSDP has an international basis established on 300 campuses in 14 countries, which can mobilise tens of thousands of young people to advocate for a more sensible approach to drug laws. Writing in the *Guardian* 14th February 2010, Levent Akbulut, founding member and national director of SSDP UK, argued that: “From Juárez to London, the real victims of the 'war on drugs' are not the criminal gangs but ordinary young people.” The aim of SSDP is to campaign against the drug war, which is identified as supported by international prohibitionist drug laws. Pauly, (2007: 7) argues that it is the abstinence perspective, which “has tended to bolster the war on drugs mentality.” At a practical level SSDP promotes ‘effective’ drug policies, provides free drug testing kits and encourages debate within a wider framework of harm reduction. The SSDP campaign to reform drug policy is related to the recent emergence in the UK of ‘The Loop’ a not for profit community interest company established in 2013 which provides drug safety testing, welfare and harm reduction services at nightclubs, festivals and other leisure events. The Loop also offers staff training on drugs awareness, in-house welfare service delivery, prevention of drug related harm at events, and the delivery of ethical ‘front of house’ drug safety testing services. We argue that the development of SSDP and The Loop are new opportunities for sensible drug information within the harm reduction paradigm.

Secondly, we argue the theoretical basis to sensible drug information derives from normalisation thesis (Parker, Aldridge and Measham 1998). The first use of the term sensible in relation to recreational drug consumption was applied by Parker, Williams and Aldridge (2002: 959) who argue: “the normalisation thesis in respect of sensible recreational drug use... is continuing to be gradually further accommodated into the lifestyles of ordinary young Britons.” Although, Howard Parker (2005) identifies sensible drug use as part of the revised normalisation thesis, the critical idea of sensible remains undeveloped at a theoretical level. Russell Phifer (2016) likewise advocates a sensible approach to drug information and testing, but he offers no theorisation of what is a sensible approach? Thus, the conceptual understanding of what is sensible drug information remains undeveloped and caught within the constructed contestation between abstinence and harm reduction (Zelvin and Davis 2001).

Parker, Williams and Aldridge (2002: 942) reflect on a weakness in normalisation theory related to “stigmatised or deviant individuals or groups.” They point out that in Denmark the term normalisation became influential in service development for people with disabilities. Emerson (1992: 1-2) argues “The concept of normalisation originated in Denmark where, in the 1959 Mental Retardation Act, the aim of the services was defined as being ‘to create an existence for the mentally retarded as close to normal living conditions as possible’ (Bank-Mikkelsen 1980: 56).” Thus, Parker, Williams and Aldridge (2002: 943) rationalise that: “One immediate problem with re-utilising the concept of normalisation, as operated in the disability and learning difficulty field, is that it is disabled people who have long been and continue to be

stigmatised, more than their behaviour.” In seeking to advance the idea of drug normalisation away from stigma, they argue: “From our point of view normalisation is a multi-dimensional tool, a barometer of changes in social behaviour and cultural perspectives, in this case focusing on both illicit drug use and users” (943). We argue that Parker, Aldridge and Measham’s (1998) original critical application of the drug normalisation thesis does not derive from the field of mental health, nor should it be seen as linked to stigmatisation or physical and mental disabilities. We put forward an alternative theoretically valid foundation for the drug normalisation thesis, which can be traced through the better fitting lineage of work developed at the Chicago School of Sociology by G. H. Mead, Alfred Lindesmith and Howard Becker supported by David Matza’s work on drift, under the theoretical approach of symbolic interactionism.

This interpretive approach is drawn from Weber’s (1922) methodological position, and accommodates normalisation as a series of potential social actions and expectations about the interpretation and meaning of cultural behaviour. Weber was preoccupied with subjective meaning and how human activity related to the person, which also became the starting point for G. H. Mead from the Chicago School who sought to develop symbolic interactionism (Rock 1979:148). But it was left to Mead’s student Herbert Blumer (1969) to elaborate the theory and coin the term symbolic interaction, which flourished at the Chicago School according to Martin Bulmer (1984: 152) as “intensive field research, the collection of personal documents and life histories and an approach to social behaviour from the subjective point of view of social action.” Weber’s development of *verstehen*, or interpretive meaning, for Merrill and West (2009: 4) was “at the heart of what was called the Chicago School.” We argue that drug normalisation’s lineage derives from the Chicago School and the development of symbolic interactionism, and centres on understanding people’s actions and feelings. It aims to capture the personal dynamic and social challenges encountered in human life. On this basis Author (2004: 137) argues that: “The first modern sociological application of the term ‘normality’ applied to drug consumption was put forward by Alfred R. Lindesmith (1938: 594-7).” Lindesmith did his PhD at the University of Chicago. Galliher, Keys and Elsner (1998: 662-3) state: “his training provided him with a grounding in interactionist theory and concepts... Lindesmith also took courses from Chicago sociologists Ernest Burgess and Louis Wirth, whose research emphasised the critical role of fieldwork and in depth treatment of qualitative data.” Harry J. Anslinger Commissioner for the Federal Bureau of Narcotics (FBN) from 1930-1962 influenced the political context to Lindesmith writing on drugs. McWilliams (1991) details how Anslinger became obsessed with Lindesmith as part of his moral crusade. The FBN’s campaign of intimidation against Lindesmith intensified in 1940 after Lindesmith published *Dope Fiend Mythology*, where he [further explored](#) the term ‘normality.’ This is the real politics of how normalisation thesis emerged, Galliher, Keys and Elsner (1998: 681) note “Lindesmith endured three decades of harassment by Anslinger and the FBN, while he was largely ignored in reputable academic circles.” We base our approach to sensible drug information on the new foundation of normalisation thesis, which is focused on qualitative research and subjective meaning that centres on understanding people’s choices and actions.

Thus, we think it important to theorise sensible drug information in an alternative way to Parker et al (1997) because this is not only theoretically valid and a better fitting legacy derived from the Chicago School, Lindesmith and Matza onwards, it offer also offers a foundation to contemporary harm reduction practice. Doing face-to-face work

with young people and other agencies, practitioners reflected on the drug normalisation thesis. Sarah it notes: “sometimes harm reduction is just identified as drug normalisation.” For Steve: “you find the term normalisation gets shortened to mean drugs are just more mainstream.” Dave expands: “The idea of drug normalisation is defined as one where normalisation means it is the problem, i.e. the growing acceptance of drug use where young people have access to so many different sources of information.” Barry argues:

Rather than get drawn into issues of advocacy linked to drug normalisation our ethos alongside our partners is to enhance discussion, to allow young people and practitioners to talk, even argue, about issues including drug normalisation, legalisation or personal risks.

Thus, delivery of sensible drug information requires reflexivity and awareness. Barry continues: “You can’t get away from misrepresentation that the universal message of harm reduction can be misunderstood as normalisation; some agencies and media will assert that it is normalisation, which is the problem. What can you do about it?” Thus, YPDAS identify a misappropriation of the normalisation thesis where it has been reduced to mean only increased use and acceptance of drugs. For professional practitioners, drug normalisation was very much alive as an issue in practical debates with young people, through the local and national media, and in relation to broader drug research.

Drug intersectionalities: traditional illegal drugs and NPS

During the mid 2000s YPDAS were beginning to encounter different issues in delivering drug information as a result of the emergence of new synthetic drugs. The tabloid media, BBC and the UK government were preoccupied with increased usage and dangers of ‘legal highs’ (Author 2017: 261). Practitioners were confident offering advice on what the United Nations (2013) labelled ‘traditional drugs,’ including cannabis, ecstasy, cocaine and LSD, but the new forms of intoxication known as ‘legal highs,’ designer drugs and NPS created an unsteady intersection for staff over what was sensible drug information. The broadening and diversifying of substance availability to young people brought uncertainty for staff. Amanda states that:

NPS certainly brought change. Staff wanted to keep up, quite fearful that we might be left behind, keeping up with the cultural changes and then discussions about changes in legislation.

There were clear signs of anxiety, as Craig notes:

I was learning it made you reflect. Can I be effective? It was a difficult period in how and what you delivered, as some of us knew little. It made you feel deskilled.

In contrast, other practitioners saw the emergence of NPS as an opportunity: Barry states:

Yeah, legal highs were like a 'wet dream' in the drugs world. NPS brought excitement, but at the same time it made you aware of the need to do research.

Louise notes: "Looking back we had relatively little change in terms of usual drug use, but then NPS hit it was a godsend of new opportunities." Different practitioners recognised that the impact of NPS on drug services was not immediate. For Justin it began slowly

At first we saw Mephedrone being used when MDMA was less effective around 2009, then it became popular as M-cat and meow meow. The media coverage was extensive. Different services were placed in a situation of a need to know. Our response first could be seen as a 'loss of face,' but turned into a positive force to collect a knowledge base of research.

Practitioners felt vulnerable through an immediate lack of knowledge that their messages would become diluted and approach unrelated to young people. Amanda states, "It's a strange place to be, otherwise you'd get caught out!" An interim strategy became one where staff sought to use empathetic sensitivities to break down the barriers and learn what drugs research could contribute. They focused on the nature of risk, Dave states:

When faced with a lack of knowledge and appearing ignorant you allow young people then to talk about NPS as honestly as they can. Not forgetting that they were experimenting too, learning the names of new drugs. Our shift was towards more risk-based work, friendships and environments and wellbeing. This has been positive, which may not have happened without NPS becoming so prominent.

Under the impact of NPS, the practitioner's strategy of sensible drug information placed research and collecting new knowledge at the centre of responding to young people's drug questions and subjective experiences. Steve states:

It became clear that legislation and prohibition would not necessarily impact on choices made by potential users, especially vulnerable, disenfranchised groups, we realised the pragmatic common sense, harm reduction messages should be shared with families, other professionals and the media. We were learning about the chemical make up of substances, the effects on the brain. We became more scientific; there was no 'blag' in it.

Bridging the gap between the drug intersection of traditional and new intoxicants through research knowledge offered an independent space at local level for autonomy but also gave staff an opportunity to become a national resource for other young persons' services and national and governmental organisations. YPDAS became more directly linked to both local and national media and developed contact with academic research within universities to undertake research (Authors 2017).

Observation on some social class differences: socially disenfranchised drug ‘experimenters’ and young affluent drug ‘researchers.’

Practitioners recognised that social class plays a role in young people’s drug consumption. Initially, we note some differences identified when dealing with more affluent drug users compared with the socially disenfranchised. Some young people from a working class background, had experience of so called ‘dysfunctional’ homes, were excluded from mainstream education, and some were involved with Youth Offending Teams (YOT) as a result they had limited options and their buying approach was ‘take what you can get.’ Amanda states:

With poorer groups of young people the initial attraction of NPS was it being cheaper than cannabis. It was better value for money in terms of the hit you gained.

Practitioners saw less smart phone use and less online activity amongst more socially disenfranchised young people. For Jessica:

We see disenfranchised and excluded youth; they have knowledge, it is street level information, and for some it is used to take the pain away. There is a calculated risk. Some like to do risks, it is what they enjoy.

Assessing the type of risk can be difficult when young people are sometimes trying to challenge the drug practitioner’s nerve. Louise reflects: “young people do take risks, but the risk tends to be based on the experience of use, not searching the internet or reading up about it.” Dave says:

Some kids, they are just prepared to take anything and find out. Instead of seeing a problem, here’s a positive for example, consider trying to teach maths with some of these young people who have been kicked out of school. It is possible. OK they won’t sit still. Not interested. Then applying mathematical knowledge in term of weight, grams, deals, how much is made, how much left. The knowledge of maths is apparent and they can see the logic and identify with maths.

On delivering sensible drug information, it was found that social inequality could bring out intersectional issues including, the selection of drugs, location of use and also the attitude or state of mind of the user. When dealing with excluded young people the practitioners sometimes found that they were the ‘last hope.’ Therefore, an approach that certain practitioners tried was to be more biographical and friendly. Steve states: “One of the hardest ways to engage is through using biography, it is possible to get through. Harm reduction can be achieved through being friendly or as being mates.” It was found that delivering sensible information with a more biographical approach was not without contradictions. Young affluent drug consumers present different issues to resolve. Practitioners maintained that sensible drug information was a do it yourself (DiY) strategy of harm reduction, which was no easy option, and it became emotionally and mentally intensive. Jessica states:

It can be hard to do sensible drug information with cannabis; because they will argue that ‘you’re lying.’ Weed is so accepted through friends. For some it’s

understood as one of their 5 a day! They've seen Professor Green's documentaries and the BBC's *Drug Map of Britain*.

Liz states: "Put yourself in the shoes of middle class parents where their son or daughter can't stop lying about their drug use, they have real complex needs." Steve elaborates:

Some young people have access to more money, which creates different risks. Online searching about drugs is a sort of kudos. Academic young people can show a tendency to use different substances, ketamine, MDMA, mushrooms and LSD. They research it, educate themselves, and argue their consumption is less risk based.

In contact with students in Sixth Forms, Jessica states: "Some young people are using The Loop twitter feed to get up-to-date information, to guide their consumption; they also go to the VICE (magazine) website for stuff." Alongside the growth of NPS, professional practitioners spoke of the development of cannabis, in terms of its accessibility online from *eBay* and *The Mix*, the use of the 'Dark Web' followed similar practices to Amazon in terms of ratings and purchase reviews. YPDAS found that the more educated youth had knowledge of decriminalisation within US markets and these issues could form part of intervention discussion for harm reduction. Jessica states: "With the dark web, it has a menu; it's simple, colourful, easy to access, has some safeguarding information and with few arrests the middle class like to use it as it reduces the risk of a criminal record." Craig states:

These kinds of kids are into experimentation and prefer psycho-stimulants. In the early days NPS use broadened but then became less niche. Middle class youth first saw Spice as an alternative to cannabis but generally found the experience unpleasant so stopped. But SCRAAs [Synthetic Cannabinoid Receptor Agonists] came to prominence with certain groups - those excluded from education, young offenders, prisoners, those in hostels, etc. The vulnerable groups were aware of the risks. But felt that they had little to lose, less optimism, more hopelessness and wanted to escape.

Practitioners understood the drug intersection between spice and cannabis had resulted in different problems and pattern of usage; the more affluent users buying cannabis online, whereas, the more socially disenfranchised bought spice at local street level with its consequent problems. 'Professional practitioners' were aware that these drug intersectionalities had an impact on how to deliver sensible drug information on NPS and traditional illegal drugs. Sarah states:

Students look into dosage, check the pro drug websites. They push boundaries. At the back of this, they have more to lose with careers and university. Certain students also use the drug language of 'set and setting,' in terms of the pros and cons of doing drugs. Also, students use the TripSit chart of popular drug combinations

The TripSit (2016) chart is a visual reference, where the colour coding enables easy identification of drug combinations. TripSit Wiki began in 2012, and is now a resource of harm reduction information, offering factsheets, guides and more in-depth

research on the pleasures and dangers of drug consumption. We found that middle class students are using the Dark Web, The Loop, TripSit and Norman Zinberg's (1984) phrase of "drug, set and setting" for controlled intoxication. Under these shifting changes we can see that affluent young drug users and professional practitioners are both following the principles of harm reduction. What signalled the main difference between the social classes in terms of their drug use was the approach and access to financial resources. Affluent youth showed a preference for online research, whereas practitioners were aware that those from a more socially disenfranchised background undertook research through experimentation. Steve states: "the disenfranchised don't use the web, they just use escape." Also, practitioners were critically aware that affluent young people's confidence could transfer into drug acceptance and result in their increased attraction to risk. Through contact with, and the knowledge of young people it was possible to develop sensible drug information applicable to young people's different cultural background, subjectivity and social milieu.

The Challenge of Deleuze: 'just say no' v. sensible drug information

The aim of this section of the article is to develop a broad theoretical framework to place sensible drug information and explore the harm reduction rationale employed by practitioners within the region. Critically understanding drug intersectionality we explore Deleuze and Parnet's (1987: 54) notion of the 'concrete richness of the sensible' and Deleuze and Guattari's (1987: 149) hostility towards what "pre-exists or comes ready-made" to assess how drug information changed after the impact of NPS. Thus, we perceive a gap in assessing the value of a sensible approach to drug information supported by Gilles Deleuze ideas about the sensible to underpin the themes of drug normalisation and harm reduction (Mazzei and McCoy 2010: 504). Cameron Duff's (2014) work has been central to applying Deleuze's theoretical ideas within the drugs and health field. Here our purpose is to move away from 'just say no' and employ reflection, and empathy to rescue the imagination and offer what he called the 'concrete richness of the sensible.' The aim is to think how sensible drug information can actively address what Deleuze (1996: 260) calls "new forms of thinking," "new forms of seeing" and "new forms of experimenting." For Tupper (2007:360) the constructed duality between harm reduction and abstinence fails to offer honest and meaningful dialogue because the prohibition premise affirms "pre-determined behavioural or belief outcomes." Luz Elena Gallo (2014: 200) argues that Deleuze can bring together education and the sensible, where "true learning does not arise from what one already knows." Cameron Duff (2-14: 25) sees the value of Deleuze on the basis "unsettling debates in diverse fields and opening up new problems for analysis." We see a strong link between symbolic interactionism with its focus on our ability to imagine ourselves, with a concern for agency and the appeal Duff sees in Deleuze's work on the importance of positivity in human action and sensation. To show subjectivity is shaped by social, structural and environmental factors enabling practitioners to deliver sensible information through situational and interactional processes with young people. Thus, the 'richness of the sensible' can take us beyond the 'ready-made-ness' of 'just say no' to enable the delivery of more diverse responses. Anti-drug populist slogans conform to Deleuze and Guattari's (1987: 12) idea "of an overcoding structure or supporting axis something that comes ready-made." For example, one practitioner David states "In the present day with so

much information available to young people from the internet and social media, you can't do the 'just say no' message. Well you can! But it would be a waste of time. You have to be more realistic, more sensitive."

The initial purpose of using Deleuze is that within drug education a theoretical impasse operates between harm reduction and abstinence (Newcombe 2007: 37-8). From Nancy Reagan, to *Grange Hill* the popular slogan of 'just say no' has traveled into different areas of culture and society on a global basis (Schroth, Helfer and Lanfair 2011). In 1986, the cast of *Grange Hill* met Nancy Reagan at the White House and became incorporated in to her 'just say no' campaign (Saner 2016). Originally, 'just say no' was an advertising campaign during the 1980s and 1990s created by Robert Cox and David Canter who were advertising executives at the New York office of Needham, Harper and Steers (*New York Times*: 22.6.2016). This public awareness programme was the soft end of the war on drugs policy, championed by First Lady, Nancy Reagan at rallies across the US and on television talk shows.

We see that an abstinence position creates intransigence between the positions of harm reduction and prohibition; therefore we argue that Deleuze and Parnet's (1987: 54) idea of the "concrete richness of the sensible" allows us to see through this difficult drug intersectionality. Farrugia (2014:671) suggests that abstinence could "produce unintended dangerous and disempowering embodied feelings which exclude the possibility of safe drug use." Our argument is that hostile drug intersectionalities prevent the development of the sensible in drug information. Critically looking at harm reduction policy within drug service professional practice, Souleymanov and Allman (2016: 1436-7) address how the narratives of harm reduction remain focused on 'problematic pleasure' whereby "pathologising pleasure, harm reduction can further entrench discrimination through re-stigmatisation of people who use illicit drugs." Lee, Engstrom and Petersen (2011) see harm reduction as subject to both reductionism and simplification and within the right wing press and labelled as derogatory. The British tabloid press can be negative towards harm reduction, for example Melanie Philips in the *Daily Mail* 6th August 2009, writes "With the police and politicians so demoralised (in every sense) they have been all too susceptible to the siren song of the drug legaliser who uses the defeatists camouflage of harm reduction." She reinforces her message that the UK Drug Policy Commission is a "self appointed body comprised overwhelmingly of harm reduction zealots." Melanie Phillips repeated her hostility towards harm reduction and Deputy Drug Czar Mike Trace, in the *Daily Mail* 19th April 2013, headline: "the drug zealot I exposed a decade ago and how the BBC's promoting his plan for heroin shooting galleries:" this resulted in Trace's resignation. Link and Phelan (2014) contend that for the political right, abstinence holds a moral assertiveness based on a political ideal that seeks to undermine the role of knowledge, which government and media also mobilise against harm reduction to serve political and policy agendas. For example, Steve Doughty's headline in the *Daily Mail* 6th April, 2016, states: "Extent of drug abuse in schools revealed" and argues: "Anti-drug campaigners blamed the scale of habitual use on the weakness of anti-drug education and the popularity of 'harm reduction' ideas that say teenagers should be helped to use drugs wisely rather than told to say no." We found that sensible drug information addresses Merkinaitė, Grund and Frimpong's (2010: 113) argument that harm reduction is based on an understanding of incorporating human rights and a health service approach and should be identified as an "advocacy movement for the rights of people affected by drugs and unhealthy drug policies." For

us Deleuze's idea of the sensible, bridges a gap between harm reduction and abstinence, it is a way of thinking that is not fixed but remains in process and according to Oksanen (2013: 60) is integral to the Chicago School legacy to focus on social meaning and material context.

Sensible drug information, other agencies and Matza's theory of drift

The aim of this section is to see how practitioners deliver sensible drug information alongside other relevant social and health agencies. Professionals sometimes used the phrase 'pragmatism' to support their style of intervention. Charlie states: "Since NPS, I think our message has become more pragmatic. Sensible is in opposition to 'just say no.'" For staff the dangers of NPS were apparent, particularly for those who had been working in prison. Jamie states: "we've seen young prisoners taken out with blue lights, they have been tricked into thinking spice was cannabis." Amanda reflects: "Delivering sensible information with traditional drugs is easy, as you know what the effects will be, any possible problems, but with spice it's more worrying." With such negative experiences of NPS consumption it was found that practitioner interventions moved on to promotion of skills and discussion about risk. Liz states:

For young people we've found that knowing what you put in your body was exacerbated by NPS. There were plenty of horror stories. We promoted a focus on risk and well-being as part of sensible information. Young people have changed in their view about NPS and have a fear in general of these substances.

Craig reinforces this point: "thankfully young people started to 'vote with their feet' and turned away from NPS due to the lack of pleasurable experience." Professional practitioners saw that some young people began returning to traditional illegal drugs, except for the prison population and socially disenfranchised young people. Not only dealing with the immediate situation of young people, professionals found that other services were in a parallel situation. Steve notes "The issue for all practitioners here was trying to deliver information on NPS when the predicated outcomes under intoxication may be uncertain and dangerous." We see that, NPS brought new risk with different and diverse substances. All practitioners saw harm reduction not as an outcome but a process. For example, Liz states:

Sensible information is about enabling conversation; you start low and go slow. So don't mention overdose or just say no, 'you're gonna die' etc. What we try to do is understand risk, see if we can seek to get a more neutral message over, but some agencies see this as taboo.

In terms of practice, Craig, states:

Sensible information should start with the young people themselves - their culture and understanding. We are delivering information to enable young people to talk. This means that harm reduction is about awareness. Being ready to provide the right information at the right level, age, right time, right groups, right location for delivery.

Practitioners confirmed that they have encountered negative comments from professionals within health and social services, education and the police, drug services and in the media, which have been critical of harm reduction as ‘harmful’ and ‘wrong.’ Justin states: “Social services can have a different approach; they see danger and at times this can be useful, as they just leave it to us. But social services are corporate parents and can see things in too much black and white. This is a problem for providing sensible drug information.” Debbie states:

Through trust, harm reduction enables us to see an acceptance of drug use in terms of young people drifting in and out of use. So that discussion can be open and build empathy for low-level intervention. It is about having the conversation with other agencies; with some it works with others it’s less so.

An advantage of Debbie’s comment is that it relates to David Matza’s (1964: 27-30) symbolic interactionist theory of drift which he describes as an “alternative picture or image” where a drug user is understood as having little commitment to deviance: so “drift stands midway between freedom and control.” Applying Matza’s ideas we see young people’s drug use as reflection of a growing cultural acceptance towards drugs, but at the same time we see increased ambiguity toward substances in society. Firstly, in the UK during 2004 to 2009 cannabis was reclassified twice, from class B to class C and then back. Secondly, evidence suggested legal highs were thought to be ‘safe’ because they were openly sold in headshops across the UK but the 2016 Psychoactive Substances Act prohibited NPS as dangerous (Author 2017). Correspondingly, with these changes practitioners saw some young people drift from NPS back to traditional illegal drugs. Matza (1964: 29) argues, “Drift is a gradual process of movement.” For professional practitioners an awareness of drift can support open and critical discussion within a framework of sensible information, where staff can promote understanding of wider cultural change with personal realism to gain a responsive communication based on empathy not blame. Steve states:

Trust is a key issue, especially in relation to cannabis and changes in regulation. They will ask you “have you puffed.” You have to use a professional approach. We have found that young people experience relations with us differently. We have to develop trust through conversation this allows us to see them not as delinquents just young people with issues.

Barry argues:

The language used by some staff in agencies depersonalises young people. With sensible drug information, if communication is effective, the idea is to work the person centred approach, so we use some of the terms of young people, we can exchange information and sensible information is about using local knowledge and networks.

However, from their contact with schools, professional practitioners are aware that educational institutions experience intensive scrutiny, Louise reflects: “We have found that some schools feel absolutely helpless and in fear of NPS, therefore, all drugs are seen as requiring punitive action.” Practitioners also deal with young people who are not in school but placed in special units. Dave states: “Schools are too worried about their public presence, so they do not take a proportionate response. Schools like to

blame, it is about judging.” Steve states: “Schools are not really engaged, some are just naïve. But with other schools, we have great contacts, but it is dependent on the knowledge or authority of that teacher within the school.” Professional practitioners were responsive to educational institutions, which were increasingly seeking advice, thus enabling conversation to focus on the type of intervention required. Practitioners maintained they found that teachers were put in ‘difficult situations’ to deliver drug information as part of a curriculum they were not confident to tackle where they held no specialist knowledge (Author 1996). As a result we found that certain professional practitioners were critical of PSHE (Personal, Social and Health Education) and within the school curriculum, Sarah said: “PSHE is just a joke. Young people see drugs as part of the pastoral side of the school, where subject leads may have a weak power base.”

PSHE as part of drug education within school can be understood through Deleuze’s idea that learning and pedagogy are secondary to the dominant ‘ready-made-ness’ message of ‘just say no’, which receives support from psychological concepts such as peer pressure (Parkin and McKeganey 2000). Professional practitioners mentioned they regularly encountered the term ‘peer pressure’ and found that young people occasionally took up this language and applied it to themselves, or other young people in front of social workers, teachers and drug workers (Coggans and Watson 1995). Louise notes:

Young people used terms like peer pressure because people in authority are looking for these terms to prove their preconceived position. Then when they encounter them they can tick a box. Use of such terms suggests some sort of credibility by young people, which they do not have.

Practitioners understood the dilemma faced by teachers who do not possess the critical knowledge of gateway theory or the problems of agency theory with the peer pressure notion (Author 2004:161-165). A parallel situation was identified with the police and mental health support services. Jamie states:

When caught with drugs the police can take a different approach and it can depend on the police officer. It could lead to stop and search perhaps, or young people might try and wind-up the officer.

Sarah confirms: “Young people can get a different response through the court system, they get a warning, which all amounts to different messages.” Charlie states: “With staff at other agencies it can be described as a balancing act. Some are pragmatic and historically others have been more resistant to our message.” For example, Jamie states:

Where a young person is perceived to have a mental health condition (including anxiety or paranoia) and uses substances, for us the young person has complex and varied needs. But comprehensive dual diagnosis support is expensive and not always available. Specialist practitioners can straddle multiple agencies, where provision is young person centred, but it is just an ideal when there’s a lack of funds.

In terms of developing sensible drug information we found that professional practitioners and young people may experience different types of responses from schools, social workers, the police and mental health services. For the practitioners, harm reduction policies put emphasis on ‘emotion,’ ‘building relations’ and ‘listening’: ‘we have to adapt.’ But at the same time professional practitioners found inconsistency in the advice given to and experienced by young people where they encounter zero tolerance or just say no. Three key themes describe the sets of relations with different agencies:

1. Barrier
2. Transition
3. Integral

Evidence suggests that professional practitioners operate within a web of specialist services including criminal justice and social services, educational and police, mental health and well-being agencies. We found obstacles to harm reduction could be in terms of lack of funding or staff resources and status, opposition or refusal, Jessica states: “Barriers are about a fear of drugs. A lack of accurate information can heighten paranoia and creates a perception of fear.” In contrast, the state of transition is one where professional practitioners found co-operation and policy agreement, Steve notes: “So you can see barriers are moving.” But ability to make progress was restricted according to Steve as “certain individual’s hands were tied within organisations.” A state of transition was observed was where professional practitioners spoke about young people’s experience of inconsistent attitudes towards drugs from different stances adopted by the police or within schools. Finally, an integral relation was found where professional practitioners were enabled to have an open discussion with young people and other practitioners. Thus, sensible drug information grounded in open discussion shared between agencies through key working could see the young person’s drug use in the social and cultural context of their lives across a range of intersections.

Conclusion

The ethnographic data revealed that NPS brought significant challenges to professional practitioners’ delivery of harm reduction messages due the problems of drug intersectionality between traditional and new synthetic drugs. We have argued for the development of sensible drug information to be defined on an alternative theoretical foundation of the drug normalisation thesis befitting the qualitative lineage of the Chicago School, Lindesmith, Deleuze and Matza.

A new theorisation of sensible drug information serves as a potential platform for professional practitioners to explore young people’s social and cultural lives within a harm reduction paradigm. Data suggested that practitioners experienced a range of responses to harm reduction messages from different agencies, many highly positive, but others were both inconsistent and contradictory. Sensible information allows staff to work through the problem of different drug intersectionalities on an interactive and empathetic basis. A reflexive and sensitive approach towards drug education through accurate evidence and research knowledge became the basis to establish the opportunities

for open discussion. Returning to, 'Zombie Britain' mentioned at the start, we have sought to apply Deleuze's concern about pre-established positions and fixity to promote the idea that sensible information based on processes, challenging engagement and critical conversations.

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ⁱ Intersectionality theory was developed by black feminist activist Kimberlé Crenshaw (1989). Intersectionality describes a point where different positions meet or clash. Here drug intersectionality refers to different forms of philosophies and practices that inform moments of contestation within drug information between 'traditional drugs' and NPS, and also relate to the differences between harm reduction and abstinence approaches.