Cannabis in New Zealand
perceptions of use, users and policy

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ABSTRACT

Introduction

Despite humanity’s lengthy relationship with psychoactive substances, their consumption in contemporary societies is perceived as highly problematic. Cannabis, the most commonly imbibed illicit psychotropic, has come to embody these concerns. Medical and scientific research informs notions of use and user, with these being further constructed in the public realm by law, the media and policy against a backdrop of health deficits and other harms including risk taking, criminality and deviance.

With many studies drawing on clinical populations, e.g. high intensity users or those in treatment, a pathologized view of the user predominates. Where general population studies incorporate user data, these typically concentrate on the epidemiology of use: frequency, intensity, duration, and symptoms of abuse and dependence. This, however, tells us little about the meaning of use for users or why use continues despite universal official disapproval. A lack of studies incorporating user perspectives thus ensures the limited focus of much present research and a policy accent on supply reduction at the expense of harm minimisation and safe use education. Those choosing to continue use are stigmatised as deviant or dependant. This has the effect of further bolstering enforcement, a strategy showing little evidence of efficacy.

The present study sought a comparison between this dominant discourse on cannabis use and the perspectives of users, with a range of exploratory hypotheses being identified.

Method

Eighty cannabis-using respondents participated in open-ended face-to-face interviews, of which seventy-six successfully completed a follow-up questionnaire. Participants were secured through local newspaper advertisements and snowballing. Twelve government officials from three drug policy committees completed face-to-face interviews.

A formal mixed method sequenced design was adopted, whereby the qualitative (interview) component preceded the quantitative (questionnaire) by a minimum of one week, for each
user-participant. Quantitative data including demographics, use patterns, levels of abuse and dependence, and styles of use were compared with discursive data derived from a thematic analysis of interviews.

A sub-sample of twenty user-narratives was selected on the basis of twelve criteria (ten quantitative and two qualitative) for a more detailed secondary discursive analysis. Themes from the initial analysis of the total sample were more fully explored, and where appropriate quantitative data were incorporated.

**Results**

Quantitative data indicated participants were generally representative of the Dunedin population, and New Zealand cannabis users. These data also described a range of rules, practices and beliefs held in common by the sample, which mediated use and limited the harms to users and their affiliates.

The qualitative data substantiated notions of rule-governed behaviour, and rules’ mediation of harms and appropriate use. Users claimed awareness of the costs of use but recognized net benefits. Users’ preference for a controlled drug experience was a major theme, with cannabis compared positively against alcohol. Relaxation, stress relief and medicinal use were also commonly reported explanations of use. While acknowledging their ‘technical’ criminality users universally denied any moral transgression.

**Conclusions**

Many New Zealanders perceive cannabis use as an unremarkable behaviour, compatible with the typical responsibilities of the general population and unattended by significant harm. Users in this study considered their choice rational as it offered net benefits over costs.

Current policy was seen to have very limited effect on the decision to use, though it had significant bearing on patterns of use. Enforcement had negligible impact on curtailing use, while education was perceived as lacking credibility and as an extension of enforcement. In general, policy was seen as stigmatising users, promoting negative use patterns and
behaviours, and as representing an imposed, ideological position on cannabis use uninformed by knowledge and experience of use.

Results suggest future research would benefit from greater incorporation of user perspectives with the potential for offering users a sense of inclusion in resulting policy.
Occasionally, in conversation with friends I draw the analogy between Dr. Johnstone’s famous remark about the gallows and having children: they’re both great for focusing one’s attention. So it was with the immanent arrival of our second son in 2002 that I began contemplating a return to university, and anthropology. One day I read a newspaper item reporting the prosecution of a young man for importing LSD. A successful software developer residing in the US, he had returned on holiday to New Zealand, only to be picked up at customs with six ‘trips’ given him by friends for recreational use over the Christmas break. Despite an exemplary record, having excelled in his chosen field and pleas from his lawyer for a diversion, he was convicted of importing a ‘Class A’ drug. His career was over.

Having, as Foucault (1978:1) would say, “a tolerant familiarity with the illicit”, this visceral response from the State moved me to consider examining the social use of drugs. What was it about some substances that provoked such a reaction, whereas others, seemingly at least as harmful—as harm appeared to be the metric by which acceptable use was judged—were comfortably embraced?

My initial interest was in drugs associated with the dance party scene as I was then managing a local entertainment venue. However, as at that time the government was re-examining cannabis’ public health implications and the appropriateness of its legal status, I settled on this most common of the illicits. Given my prior anthropological training I realized that to understand the phenomena of cannabis use in a holistic sense I would need to engage with a

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range of perspectives. This dissertation is my attempt to locate cannabis use as a social practice, to understand its origins in New Zealand society, to track its construction in medical, scientific, legal and popular discourse, and most importantly to listen to and include the voices of users.

As is the case with many PhD’s, the path to completion has been varied and not without obstacles. On the one hand, as a recipient of an Otago Postgraduate Scholarship, I have enjoyed the support of the University and, regarding funding for conference travel, of Otago’s Division of Humanities. Similarly, affiliated organisations including the Harold Richardson Memorial Trust, the Claude McCarthy Fellowship and the John Dobson Memorial Trust have contributed generously to fieldwork expenses (both within New Zealand and internationally) and international conference attendances. These opportunities have facilitated networking, refined my ideas through their presentation to, and discussion with colleagues, and it is hoped, will now lead to further honing of the research with the aim of publication.

Given the nature of this research and New Zealand’s legal climate one might imagine any ethical approval process to have been fraught with obstacles and red tape. Surprisingly this was not the case. Almost immediately upon the project being accepted by my original Department, in one of those serendipitous moments crucial to progressing research (Fine & Deegan, 1996), I had the good fortune to make contact with a visiting postgraduate student who was working on an ethnography of another hidden population involved in an illegal activity. Despite our research topics differing markedly many of the ethical issues confronting my study, especially those surrounding illegality, gaining informed consent, and anonymity, had already been encountered and resolved to the satisfaction of the other student’s ethics committee. I was generously offered this successful ethics application as a template for my own. The sole issue I had doubts over was my proposal to verbally record user participants’ consent rather than via their signature. As predicted, the ethics committee responded that this was their only concern. I reiterated in greater detail my explanation for the verbal preference and this was accepted. The significant hurdle of ethical approval had been surmounted in only one month.

Although commencing the project in the Anthropology Department, where my undergraduate work took place, upon completing the present study’s fieldwork the Department’s

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2 It was agreed that the details of the student’s research would remain confidential.
considerable nervousness about the project ultimately prompted a shift to Psychological Medicine and the subsequent embracing of a formal mixed method analysis.³

While it is only possible to speculate on the underlying perceptions generating Departmental concerns, issues of illegality, and stereotyping of cannabis use and users seem to have played a major role. For example, during the first conversation with my original co-supervisor, the question was posed: “How do you think you will feel about associating with criminals?”

Given that the established use of cannabis in New Zealand is widely recognized, this perspective suggests a stigmatised view of users, and one at odds with the holistic and critical analysis of culture associated with anthropology.

It subsequently developed, however, that the Department was indeed nervous about the research, with suggestions by then supervisors that Departmental colleagues might be concerned about the research. The Departmental Head of the time expressed similar concerns and subsequently insisted, literally just prior to advertising for participants, that further consultation with the University Ethics Committee be undertaken to confirm its support of the project. This was stipulated despite formal confirmation of the project’s ethical approval having been in place for almost a year.

Subsequently, concerns about the research’s impact on the Department came to a head following fieldwork at a Youth and Drug Hui (meeting) at the local Marae (Māori community centre), and the accusation that discussions with the attending Associate Minister of Health (Hon. Jim Anderton) regarding cannabis policy had brought the Department into disrepute. The resultant fallout from these events (e.g. the University’s administration was supportive of my position) made further work in the Anthropology Department untenable.

To conclude on a more positive note, the chosen topic also facilitated several practical matters associated with the research. A case in point concerns the newspaper advertisement (see Figure 5, section 5.4.6) for recruiting participants, initially seen as problematic by Marketing and Communications due to the original placement of a small but ‘iconic’ cannabis leaf at its top. At first described by the contact person as ‘gratuitous’ and therefore declined, when I insisted that the image’s cultural significance for users would draw respondents to the project, the contact person offered to negotiate with their supervisor on my behalf. Surprisingly the

³ This observation leaves aside personality and related issues impacting on supervisory relationships and is not intended as a denial of the significant support I received in the thesis’ early stages of development.
single leaf was displaced by a robust ‘head’. It was clear the designer had known precisely what would be most effective and when this was remarked upon they readily acknowledged their familiarity with the use of cannabis. The second Ethics Committee contact insisted upon by the Departmental Head occurred in private with one individual who likewise ‘confessed’ after making it clear that they had no problems with the research.
ACKNOWLEDGEMENTS

Every PhD is necessarily collaborative, ethnographic works even more so. In the present case I sometimes felt I was involved in a Cecil B. DeMille production. Thus, in order of appearance …

I would like to offer my gratitude and appreciation to Kerensa and my children for their love and support. The birth of our two sons provided the impetus for my return to study and it is therefore a sad irony that we are no longer a single family; a cost that in part must be borne by this work.

My original supervisors in the Department of Anthropology provided the project with an excellent start. Erich Kolig oversaw the ethics application, under the circumstances a potentially fraught process, with alacrity. Ruth Fitzgerald pushed me to commence writing early on, and provided valuable critique of initial chapters. Their anthropological expertise is missed.

As I acknowledge contributors, the eighty cannabis users and twelve government officials participating in this study are foremost in my mind. Though obviously in the public domain, participating officials gave generously of their time, and many spoke with remarkable frankness. I feel genuinely proud to be living in a country where access to personnel of their calibre and significance can be so readily achieved.

It is perhaps a mark of this study’s relevance that in a country with the world’s highest arrest rate for the personal use and possession of cannabis, so many users were prepared to share their experiences with a stranger. Time and again I was amazed at their openness and trust, as ultimately I could offer no absolute guarantee for their safety. Similarly, their patience with an involved process, their commitment to it, their attention to detail and passion for the study has left me feeling privileged to have been part of it, and of their lives. All of these people put themselves at risk and many had much to lose, professionally as well as personally. They taught me a huge amount.

The University of Otago could be no more fortunate than to have Charles Tustin assisting its postgraduate students in times of difficulty. Such was Charles’ expertise that at no stage
during a difficult period without supervisors or a Department did I feel the project was at risk. His patience, integrity, determination and total competence secured the study’s continuance.

Having just become estranged from Anthropology I presented a paper at a conference attended also by Simon Adamson of New Zealand’s National Addiction Centre (Christchurch School of Medicine, Department of Psychological Medicine). Simon, having become acquainted with my situation, volunteered as a potential supervisor. After initial concerns over relocating to medical science, I accepted his offer and a new supervisory team, including Doug Sellman and Paul Robertson, was assembled. This arrangement has proved a great success and my initial concerns regarding medical scientists unfounded. I could not contemplate a more supportive team or Department. I would like to thank Simon for his openness, vision and responsiveness to my needs, Paul for his passion and patience and Doug for his trust, deft touch and amenability; and thank you to Lisa Andrews for formatting the thesis. I would also like to acknowledge the Dunedin Department of Psychological Medicine, and particularly Jill McInnes, Roz Martin and Gavin Cape. Gavin has become a close friend and his insightful comments on the study have only strengthened it.

There are many others to whom I am indebted. Seven acquaintances or former colleagues comprised the two focus groups facilitating the study’s fieldwork. During the study’s course I attended two national Cannabis Reform Coalition hui, where I met many knowledgeable people. I would particularly like to thank Chris Fowlie and Paula Lambert, respectively President and Secretary of NZ NORML. Also Blair Anderson, Kevin O’Connell and Brandon Hutchison, and Forbes Williams and Adrienne Wyatt for interest in and discussion of Foucaultian theory.
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INTRODUCTION

As Inglis (1975) reminds us, there are two principal reasons for humans to use drugs: either to restore a sense of normality, i.e. to cure a condition or remove pain, or for us to alter our consciousnesses. The present work argues, however, that despite the lengthy history of non-medical drug use, contemporary views on drugs are dominated by a medicalised perspective. Further, while data on use are gathered from recreational users, these typically reflect medical concerns captured by the notion of ‘health deficits’. Users are rarely asked for their perspective. Thus their subjective experiences and the inherent meaningfulness of these are frequently ignored. Despite this limited perspective, however, prevailing perceptions of use and user are presented as a rational discourse concerning a risky and deviant behaviour. Policy responding to drug use, particularly that of illicits, is similarly presented as rational, significantly because it is informed by scientific and therefore objective evidence.

This study is concerned with the tensions between the perspectives of medical and recreational use. More specifically, it aims to interrogate how perceptions of use are socially constructed. For reasons discussed in the Preface, cannabis use was chosen as the exemplar. New Zealand’s high rates of lifetime (52%) and current use (15%) for those aged between 15 and 45 years (Wilkins, 2002) suggest that a culture of cannabis use is well established. This is despite the substance having been prohibited for eighty years and New Zealand users suffering the world’s highest per capita rates of criminal conviction for use and possession (Health Select Committee, 2003).

The contrasting perspectives implied by the above suggest the following research questions:

• To what extent do cannabis users represent a deviant population, exhibiting lack of control regarding their use of a putatively dangerous and destructive substance?

• How do cannabis users view their behaviour, i.e. what subjective meanings do they ascribe to it?

• To what extent is it possible to talk about ‘a cannabis user’, i.e. how varied are patterns of cannabis use?
• To what processes might be attributed the predominance of one perspective over others, i.e. how and why, are cannabis users constructed as above?

The means by which the present study sets out to answer these questions are briefly described below.

Chapter One sketches some of what is known of the prehistory and history of humanity’s relationship with drugs, narrowing its focus to cannabis’ recent history. It argues that this relationship has been lengthy, rich and universal, and that for millennia mind-altering substances have held both specialized and general roles in societies, as sacraments, medicines and social lubricants. It discusses the limited framing of the non-medical use of psychotropics within the ‘deficit model’, and that to examine the culture and phenomenology of use is, as Lenson (1995) observes, to invite suspicion. The chapter concludes with an explanation of Foucault’s (e.g. 1980) genealogical method, in part for the study’s focus on the ‘hidden’ voices of users, where these are seen as delegitimized by the prevailing discourse. Foucault’s method, however, also engages with the methodological and epistemological difficulties generated through the adoption of a formal mixed method approach. It is argued that his genealogy facilitates the combining of postpositivist and hermeneutic methods which methodological purists have claimed are mutually exclusive (Tashakkori and Teddlie, 1998).

Chapter Two, focusing on the law, tracks the criminalisation of cannabis in New Zealand and elsewhere, and the construction of users as criminals at a time when there was little recreational use. The impetus to cannabis being made illegal is seen to have resulted from several influences, particularly from the growth of international drug control legislation, driven by the United States in the early twentieth century, but also from reports applying racial stereotypes in exaggerating the consequences of using ‘alien’ drugs. Legislative developments in New Zealand are followed through the 1960’s to the inception of the present Misuse of Drugs Act 1975, during which medicine and law redefined the moral and physical dangers of drugs at a time of relative liberalism. The chapter concludes by examining the growth in cannabis use and legislation since the 1970’s, arguing that the accompanying surge in prosecutions resulting from a reliance on enforcement, despite no abatement in use, indicates a failed policy.

Chapter Three follows the development of public health in New Zealand, noting its nineteenth century focus on contagion and the sometimes coercive measures deployed against public
health threats. The chapter briefly outlines the ‘new public health’s’ emphasis on risk-averse behaviour and responsible citizenship, and thereby the identification of those deviating from ‘acceptable’ behaviour. It is argued that drug use is seen as a metaphorical contagion and users treated accordingly, i.e. identified, categorised, and either cured or isolated. The latter implies a necessarily close relationship between medicine and law, which the chapter explores through the formulation of New Zealand drug policy during the early 1970’s. Two seminal reports (Board of Health Committee, 1970; 1973) are closely examined, along with the ambivalence of that time regarding researchers’ and policy makers’ wrestling with the emergent phenomenon of recreational drug use.

Chapter Four extends the examination of policy to the National Drug Policy’s (NDP) release in 1998 (Ministry of Health, 1998). A discussion of harm minimisation is followed by a close reading of NDP draft documents developed between 1996-8, culminating in the release of the current NDP’s predecessor. This reveals that although harm minimisation ostensibly lies at the centre of policy, its core tenet of focusing on harm reduction strategies, though acknowledging use, has gradually been overshadowed by initiatives privileging enforcement and abstinence. The chapter also examines the mechanism of intersectoralism underpinning policy development in this area. Through interviews with officials from the Inter-Agency Committee on Drugs, the intersectoral process is shown to be one of contested policy positions and divided loyalties, rather than a smooth-flowing mechanism with all participants agreeing over appropriate directions and the sharing of resources. The chapter concludes with a brief discussion of cannabis user responses or ‘resistances’ to policy.

The study’s method is outlined in Chapter Five, commencing with a discussion of the advantages of applying a mixed method approach to examining drug use. The theoretical difficulties of this method are then examined, prior to describing how the use of a Foucaultian ‘genealogical’ approach might resolve these issues. The role of ethnography is considered before the study’s specific design is outlined. Two crucial elements incorporated into the design, Davies’ (1997a) strategies for gathering self-report data from drug users, and the

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4 The NDP’s most recent iteration was released in March 2007. The timing of this precluded its inclusion to any significant degree into the dissertation. See Ministerial Committee on Drug Policy. (2007). National Drug Policy 2007-2012. Wellington: Ministry of Health.

5 The formulation of New Zealand drug policy is carried out within three government committees: The Inter-Agency Committee on Drugs (IACD), responsible for integrating policy strategies through meetings with agency stakeholders; the Expert Advisory Committee on Drugs (EACD), an expert panel charged with assessing drugs’ capacity for harm; and, the Ministerial Committee on Drug Policy (MCDP), a high level committee of politicians who progress finalised policy options for parliamentary debate.
Cannabis Use Questionnaire (Reinarman, Cohen & Hendrien, 2004) are then described. The chapter concludes with a discussion of issues encountered prior to commencing fieldwork.

Chapters Six and Seven report respectively on the quantitative results derived from the Cannabis Use Questionnaire and themes arising from the discursive analysis of interviews. The former focuses on establishing the degree to which the sample is comparable with existing data on New Zealand and international cannabis-using populations, as well as describing levels of dependence and exploring rule-governed behaviour. Chapter Seven explains the means by which the discursive analysis drew out themes from the eighty user interviews and provides an overview of the resultant thematic taxonomy.

In Chapter Eight, a sub-sample of twenty participants, selected as representative of the sample on the basis of twelve criteria, is used for an in depth exploration of selected themes. Participant narratives are principally relied upon but are augmented by quantitative data and trends observed in use patterns derived from the questionnaire. In functioning as a discussion, the chapter also engages with theoretical issues around drug use research in general, the meanings of use and theories of intoxication.

In concluding the study, Chapter Nine revisits the research questions as well as briefly considering some of the study’s limitations and its implications for policy and future research.
CHAPTER 1.0

SETTING THE STAGE

Who will ever relate the whole history of narcotica? It is almost the history of ‘culture’, of our so-called higher culture.


1.1 Introduction

In one form or another, cannabis has been used in New Zealand since the mid-nineteenth century and prohibited since 1927. However, despite cannabis-control legislation and the ever-increasing resources aimed at reducing its availability, use has grown significantly since the late 1960’s (Newbold, 1992; Yska, 1990). While the rationale behind its prohibition reflects cannabis’ perceived harm to the individual and society, the large number of New Zealand users (20% of those aged between 15-45 used in the previous year; Wilkins, 2002) suggests there are other perspectives from which to consider the phenomenon. The notion of multiple perspectives on use is expanded below concerning the historical and cultural fluidity of conceptions of use and related constructs including licit / illicit.

1.2 Human Use of Psychotropics: A Socio-cultural Perspective

There is little doubt of humankind’s lengthy and significant relationship with psychotropics, and the impact this has had on culture. Despite this relationship, however, one intriguing issue is the resistance by laypeople and researchers alike to comprehending the human use of psychotropics beyond reductionist perspectives tending to focus on either the essential nature of psychotropic substances or their pathogenic qualities. Although one might attribute this to the weight of medico-scientific literature reporting negative health consequences of use, resultant legislation and media portrayal of use, a similar reticence is frequently encountered in the literature examining drug use from a cultural perspective. As Goodman, Lovejoy and Sherratt (1995) observe, the topic is framed in the context of addiction and abuse, with

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In this text psychotropic use refers to non-medical use unless otherwise stated. Humans are not alone in seeking out psychotropic substances, a point made in defence of the argument that the preference for altered states of consciousness or experiencing some ‘affect’ from substances is a ‘natural’ one. The proposition that this desire may even be characterized as an inherent ‘drive’ has also been made. See Siegel, R. K. (1989). *Intoxication: life in pursuit of artificial paradise* (1st ed.). New York: Dutton.
medical, legal and media perspectives dominating the discourse. Similarly, cultural critic David Lenson remarks that for many “writing about drugs without proper credentials is still hardly more defensible than taking them” (Lenson, 1995:x). He notes that for the pharmacographer (one who writes about drugs), just as thought and language are affected by drug taking, so too are they affected by writing and thinking about drugs. Hence, as with Goodman et al. (Ibid.), Lenson sees the authority of drug discourse being located in medical and natural science, which in turn inform legislature and media, and that other voices, including those of users, are significantly absent from formative debates (Ibid.:xix).

Significantly, anthropologists and other cultural theorists are not immune to this tendency. Prominent contemporary contributors to the field of cultural inquiry either avoid the topic altogether or ‘ghettoize’ drug use as a separate category of behaviour or consumption beyond mainstream cultural practices. As Stephen Hugh-Jones (1995:48) remarks, while this might be partially explained by illegality, definitions of consumption such as Douglas and Isherwood’s (1978) “use of material possessions that is beyond commerce and free within the law” (italics original, cited in Hugh-Jones, Ibid.) leave explanations of illicit drug use in a theoretical vacuum. This distaste of cultural theorists for serious consideration of the role of psychotropics appears ingrained, with Rudgley (1993:38) noting Mircea Eliade’s “bourgeois aversion to intoxication in relation to religious life” in the latter’s famous text on shamanic techniques of ecstasy. Here Eliade suggests that the use of psychotropics (in this case the mushroom Amanita muscaria) represented late and derivative attempts to emulate earlier and ‘purer’ forms of the religious experience. Even where there exists an awareness of this tendency, researchers often miss the broader perspective. Thus, while Sulkunen (2002) acknowledges the problem of reductionism and attempts to avoid it by positing the superiority of a multi-dimensional conception of intoxication, his privileging the experience of drug ‘affect’ still fails to move beyond what Hugh-Jones (Ibid.:47) characterizes as a drug essentialism obscuring “what people do with drugs and why they do it”. The result, he suggests, is a fetishizing of drugs and an exaggerating of their dangerous potency. Thus passivity rather than agency and social meaning are emphasised. As Appadurai’s (1999, cited in Hugh-Jones, Ibid.), explains, “consumption is eminently social, relational, and active rather than private, atomic, or passive”.

1.2.1 Substance Use: Demarcating the Illicit

With alcohol enculturated as the pre-eminent legitimate psychotropic in the West, there tends to be a limited and narrow historical discussion around the use of psychotropics in general. Hence, there exists on the one hand a propensity to ‘other’ alternative substances and the means by which they are imbibed as ‘alien’ and ‘unnatural’. Simultaneously, however, alcohol is privileged with a legitimate history and place based on its naturalness (i.e. as a drink), its value as a food (i.e. calorific content), its place in the commercial world as a product, and even its seeming seniority in the pantheon of substances whereby it becomes elevated to being “probably the world’s oldest drug” (Eldred-Grigg, 1984:58). The archaeological record tells a different story.

Rudgley (1998:xii) is emphatic in his contention that opium, and later cannabis, predated the use of alcohol by Neolithic Europeans. Likewise, Sherratt (1995) argues that prehistoric Europe was initially more likely to have exhibited a smoking culture similar to those of North America, with opium predominating. He proposes the burning of these substances in braziers comparable to examples found associated with the pastoral peoples of central Eurasia dating to between the fifth and sixth millennia BC. Alcohol, he suggests, was likely to have gained currency with the domestication of tree crop fruit around the Mediterranean in the fourth millennium BC although others (e.g. Katz & Voigt, 1986) have proposed use associated with cereals as early as the sixth millennium BC. At that time the opium poppy (*Papaver somniferum*), a native of the Mediterranean, was cultivated by the first Neolithic groups in central Europe (Sherratt, Ibid.). He thus proposes some type of opiate as the prime candidate for burning in the pottery braziers of Neolithic Western Europe. Rudgley (1993:28-30) makes similar claims regarding polypod bowls from early third millennium BC eastern and central Europe, as well as referencing charred hemp seeds found in a “pipe cup” from a pit-grave in later third millennium BC Romania.

Leaving aside the issue of primacy, Sherratt’s (1995) argument centres on a global tradition of psychotropic use and assertion that styles of use and choice of substance have been characterized by fluid cultural practices. He suggests substances previously burned, chewed or actively smoked were accommodated to the drinking mode of alcohol as this substance and style of consumption gained ascendancy, but that changes in practice resulted from cultural processes rather than characteristics inherent in the substances themselves. He builds on this notion of cultural fluidity in noting the decline of alcohol as a cultural marker in the urban civilizations of alluvial river valleys and Mediterranean coastlands of the early Christian era,
in favour of cannabis derivatives. Here the driving force was a shift in the balance of politico-religious power, with Islam’s circa 700 AD rise seeing a profusion of non-alcoholic substances gain ascendancy. At this time the formerly dominant urban wine-making cultures, preferring intensive agriculture, gave way to the less sedentary semi-desert cultures of the steppes with their focus on desert commerce (Ibid.). Sherratt’s argument, however, is that it was not mere practicalities that forced a change in habits of consumption.\footnote{Sherratt mentions also Kola (Cola acuminata) and khat or qat (the leaves of the shrub Catha edulis), these plants being native to West and East Africa respectively, and having been used in the pre-Islamic world. Sherratt suggests the latter appears to have had religious use as a stimulant in relation to sustained recitation of the Koran. Coffee, initially chewed, then brewed, came on the scene much later - in the sixteenth century. Interestingly, although the name is reported as derived from Kaffa, a south-west Ethiopian ethnonym, Sherratt references Völger and Welck (1981:492), citing Arendonk, claiming the term may be related to Arabic qahwa, ‘intoxicating’, a term originally applied to wine but transferred to the other drink. See Sherratt, A. (1995). Alcohol and its Alternatives: Symbol and substance in pre-industrial cultures. In J. Goodman, P. E. Lovejoy & A. Sherratt (Eds.), Consuming Habits: Drugs in History and Anthropology (pp. 11-46). London: Routledge.}

Rather, Islam’s condemnation of wine drinking represents the imposition of a new set of cultural codes directly opposing the values of the older civilizations in the area, particularly where these had previously ritualized the drinking of wine in Judaeo-Christian and Persian traditions for religious purposes. Therefore Islam symbolically inverted the distinctive practices of conquered populations, particularly those of established elites and their religious setting. This exemplifies the shifting and negotiable boundary between licit and illicit as historically and cross-culturally constituted (Ibid.).

\subsection{1.2.2 Placing Cannabis: Prehistoric and Historic Use}

While arguments still rage over whether cannabis is a single species (\textit{C. sativa}) or two (\textit{C. indica}) or even three (\textit{C. ruderalis}) discrete but related species (Booth, 2003; Brecher, 1972; Schultes, Klein, Plowman & Lockwood, 1976; Small, 1979),\footnote{Cannabis finds itself in a unique botanical group, Cannabaceae, in the company of only one other member, Humulus lupulus, the hop, from which beer is brewed, Booth, M. (2003). \textit{Cannabis A History}. London: Doubleday.} there is less contention about humanity’s lengthy relationship with the plant. As Brecher (Ibid.) notes, with cannabis being the only psychoactive plant also yielding useful fibres and seeds,\footnote{In this text the terms ‘hemp’ and ‘cannabis’ are used interchangeably, as they refer to the same plant. While the THC (psychoactive) content is generally higher in ‘cannabis’ due to breeding, selection and cropping techniques, there is no reason why ‘hemp’ should not also be psychoactive, a fact noted by Brecher (1972), in commenting on the psychoactive qualities of American commercial hemp. Brecher, E. M. (1972, August 2002). \textit{The Consumers Union Report on Licit and Illicit Drugs}. Retrieved September 24, 2005, from http://www.druglibrary.org/schaffer/Library/studies/cu/cu53.html. See also Small, E. (1979). \textit{The Species Problem in Cannabis - Science and Semantics: Volumes 1 & 2} (Vol. 1: Science; 2: Semantics). Toronto: Corpus Information Services Limited.} its early history may be readily traced. The mythical Chinese Emperor Shen Nung is alleged to have taught his people to value the medicinal properties of cannabis in 2737 BC. However, this ‘fact’ was not recorded until the first century AD (Rubin, 1976). We may note also Booth’s comments regarding the etymology of ‘cannabis’, specifically its associations with Greek (\textit{kannabis} - \textit{cannabis} -
hemp), in turn derived from the Sanskrit (*cana*). Other linguistic references include the Assyrian (*qumubu*—noise, with the suggestion that consumers became quite vocal); Hebrew (*qanneb*); Slav (*konopla*); Persian (*quonnab*); Celtic (*quannab*), and Spanish (*cañamo*) languages, implying a lengthy association of the plant with Eurasian and European traditions (Booth, 2003:2), and the Semitic (Perrine, 1996).

Regarding cannabis’ origins, Booth (Ibid.) and Rudgley (1998) agree that the temperate zones of central Asia provide its most likely home, and that with wind, and seed morphology playing significant roles in distribution, cannabis was likely easily and widely dispersed. However, its specific origins are further obscured in that with cannabis being one of humankind’s earliest cultivars, present-day areas of wild growth may have resulted from plants escaping from prehistoric cultivation.

There also seems to be agreement that prehistoric Asian sites show early knowledge of cannabis, with one at Yangmingshan, near Taipai, on the island of Taiwan, yielding pottery impressed with hempen cord being dated to between 10,000-3,000 BC (Booth, Ibid.). Despite this early use, it appears probable that the popularity of cannabis as an intoxicant waned for the Chinese by the mid-first millennium BC with the rise of Taoism bringing a view of intoxication as antisocial. These negative connotations were amplified by perceptions of psychoactive use as the preserve of shamans, typically of an ethnicity perceived as inferior by the dominant Han Chinese (Booth, Ibid.; Rudgley, Ibid.). This aversion to the intoxicating effects of cannabis is reflected in one meaning of the Chinese character for hemp—*-ma*—which connotes ‘drunkenness’ or ‘chaos’ (Booth, Ibid.; Rubin, Ibid.; Rudgley, Ibid.:47). Despite this, however, the acknowledged efficacy of cannabis as a medicine remained in China, with the valued female plants being separated from males in major public ceremonies up to and throughout the Qi dynasty (AD 479-502; Booth, Ibid.).

Hence the spread west from China was early and use continual for material, medical and ritual purposes. Cannabis was embraced by Hinduism (one of Shiva’s epithets was ‘Lord of *Bhang*’; Rudgley, Ibid.), as well as noted in traditions further west where the *Venidad*, a text of the Persian Zoroastrian religion (circa 700 BC) lists cannabis as the most important of the 10,000 medicinal plants (Booth, Ibid.). In the other direction, we may note the later introduction of cannabis to Southeast Asia around the sixth century AD. With almost all these countries’ terms for cannabis having their etymological root in the Sanskrit word *ganja*, it
seems apparent that Indian influence was the most likely source of the plant’s arrival in the southeast (Rudgley, Ibid.).

Moving towards Europe and recorded history, one of the more famous references concerns the Greek historian Herodotus. Although alcohol was the Greeks preferred psychotropic,\(^\text{10}\) the widely traveled historian described Hellenic trade with cannabis-inhaling / eating peoples, writing in the fifth century BC:

> On a framework of tree sticks, meeting at the top, they stretch pieces of woollen cloth. Inside this tent they put a dish with hot stones on it. Then they take some hemp seed, creep into the tent, and throw the seed on the hot stones. At once it begins to smoke, giving off a vapour unsurpassed by any vapour bath one could find in Greece. The Scythians enjoy it so much they howl with pleasure (Rudgley, Ibid.:50).

Rudgley (Ibid.) also notes the find of almost identical cannabis smoking equipment by Russian archaeologist Rudenko in a southern Siberian site at the other end of the Asian steppes, thus supporting the contention for early and widespread psychotropic use in this part of the world. Equally, Brecher (1972) cites Walton’s (1938) assembling of numerous passages—including Pliny, Dioscorides, Paulus Aegineta, Abu Mansur Muwaffaq, *The Arabian Nights* and Marco Polo—in arguing for evidence of the cultivation of cannabis for fibre and psychotropic use throughout Eurasia from ancient times to the present.\(^\text{11}\)

Extending this dispersal of cannabis beyond Asia is its prehistoric use in Western Europe, the earliest definite find being its association with a fifth century BC funerary urn discovered by German archaeologist Hermann Busse at Wilmersdorf in 1896 (Booth, Ibid.).

Similarly extensive use is reported in Africa (Rubin, 1976) where cannabis was introduced, possibly via Arab traders from India to Mozambique by the thirteenth century, thereafter spreading south and west. Ames (1958, cited in Brecher, Ibid.) describes Sutu women in South Africa reportedly using its intoxicating and analgesic effects to assist with labour during childbirth, and the seeds being ground with bread or *meahe* pap to give to children when they are being weaned.\(^\text{12}\) Brecher (Ibid., citing Lewin, 1964:109) also reports the

\(^{10}\) This leaves aside the Greater Mystery at Eleusia, an autumnal festival during which a grain mash thought to contain an ergot infestation (Claviceps purpurea) producing LSD-like effects. Occurring for at least 1500 years, the festival was open to all Greeks except murderers. See Tupper, K. (2002a). *Entheogenic Education: An Interdisciplinary Investigation Into The Educational Potential of Plant Teachers*. Unpublished Masters thesis, Simon Fraser University, Vancouver.


traditions of a certain Congo tribe regarding hemp, where those committing ‘misdeeds’ were forced to over-consume the drug as a form of punishment.\footnote{Lewin, L. (1924/1931). \textit{Phansastica: Narcotic and Stimulating Drugs: Their Use and Abuse} (1931, Trans. 1964, reprint ed.). New York: Dutton, in Brecher (Ibid.).}

Likewise, a 1916 report (in Brecher, Ibid.) references the use of cannabis being permitted “and actually encouraged” among South African mine workers due to its invigorating effects. Up to three smokes—resembling coffee breaks—were allowed per day.\footnote{Bourhill, C. J. G. (1916). \textit{The Smoking of Dagga (Indian Hemp) Among the Native Races of South Africa and the Resultant Evils}; unpublished dissertation, Edinburgh University, cited in Brecher (Ibid.).} This ‘invigorating’ effect of cannabis is in direct contrast to the concerns of anglo-Americans who perceived the euphoric effect on black agricultural workers in the southern states from the 1900’s as potentially producing lethargy and indolence (Booth, Ibid.)—reinforcing how cultural preconceptions construct substances, their use and users.

1.2.3 Cannabis in the New World

Although the exact date of cannabis’ arrival in the Americas is unknown, in central and South America it appears to have been the mid-sixteenth century, with the Spanish introducing it to Chile in 1545 (Booth, Ibid.; Brecher, Ibid.). The latter, citing Bouquet (1951:36),\footnote{Bouquet, J. (1951). Cannabis. \textit{United Nations Bulletin on Narcotics}, 3, in Brecher (Ibid.)} suggests that African slaves familiar with cannabis as an intoxicant and a medicine might have brought seeds with them to Brazil even earlier than the sixteenth century. Booth (Ibid.) also notes that cannabis had to compete with the plethora of New World psychotropics already used by the indigenous populations, thereby slowing its uptake for this purpose.

Evidence for cannabis’ appearance in North America is less clear. However, both Booth (Ibid.) and Brecher (Ibid.) agree on its 1611 cultivation in Jamestown, Virginia, for fibre, although Booth claims this date was when hemp’s cultivation was made mandatory in all English colonies by King James I. He also notes (Ibid.) an earlier date of 1607 for a contract signed with the Virginia Company. Contrarily, Rudgley (Ibid.) asserts hemp’s first cultivation was in Nova Scotia in 1606. Whichever is correct, due to its importance as a source of rope and canvas (the word ‘canvas’ comes from cannabis) and significance therefore to maritime power, cannabis played a major role in global economic policy.\footnote{Of course it might be argued that European colonialism was almost built on trade in psychotropic drugs, with tea, coffee, tobacco, alcohol (in the form of rum) and opium each providing huge returns to colonial powers. See Courtwright, D. T. (2001). \textit{Forces of habit: drugs and the making of the modern world}. Cambridge, Mass: Harvard University Press, Schivelbusch, W. (1992). \textit{Tastes of paradise: a social history of spices, stimulants, and intoxicants} (1st American ed.). New York: Pantheon Books.} Remarkably, despite
technological advances advantaging competing products (e.g. the invention of the cotton gin) and a general decline in production, hemp continued to be cultivated for strategic purposes up to the Second World War, when a US Department of Agriculture film *Grow Hemp for Victory* (1942) pushed for increased production of this militarily important crop (Rudgley, Ibid.:56).

### 1.2.4 Cannabis in the Modern Era: Panacea or Plague?

Reinforcing the argument that perceptions and uses of psychotropics are constituted socio-culturally, is that less than a decade before the production of *Grow Hemp for Victory*, a number of anti-cannabis movies including the classic *Reefer Madness* (1936) were released in the United States. These were in part spawned by the determination of Federal Bureau of Narcotics (FBN) Chief Harry Anslinger to demonize cannabis as a means to increase his organization’s resources through raised drug-arrest rates. As Booth (Ibid.:144-151) writes, although sincere in his concerns regarding the damage wrought by illicit drugs, for over three decades Anslinger’s obsession with cannabis saw him become a major player in its construction as a dangerous illicit (see also Musto, 1987). Similarly Becker (1963) has discussed Anslinger’s moral entrepreneurship with regard to cannabis, an analysis deepened by Dickson (1968) who explores this from the perspective of bureaucratic needs for survival. The shifting and negotiated meanings of licit/illicit evidenced here may be further emphasized by contrasting the frenzied outpourings of anti-cannabis rhetoric in *Reefer Madness*-era America with the uses and perceptions of cannabis in that same country,\(^{17}\) and elsewhere, over the previous century.

Brecher (Ibid.) describes the wide use of cannabis in American medical practice for a range of conditions between 1850-1937. Admitted to the highly selective *United States Pharmacopeia* in 1850, it was listed under the name *Extractum Cannabis* until 1942, as well as in the less selective *National Formulary* and *United States Dispensatory*, where monographs and recommendations for its use were included. Brecher (1972) also notes cannabis’ popularity among British physicians, with recognition of its therapeutic efficacy. Given physicians’ enthusiasm for cannabis as a medicine, it is unsurprising that a substantial demand was generated. In the nineteenth and early twentieth centuries fluid extracts of cannabis were produced by Parke Davis, Squibb, Lilly and Burroughs-Wellcome, amongst others. Brecher (Ibid.) mentions that Grimault and Sons even marketed ready-made cannabis cigarettes for

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\(^{17}\) Booth (Ibid.:151) mentions the release of four such films in 1935-36, noting also several silent movies in the previous decade. Aside from these, he describes the proliferation of magazine and newspaper articles during the same period (Ibid.).
use as an asthma remedy, a product available in New Zealand through to at least the 1930’s (Yska, 1990).

Despite the earlier mid-seventeenth century recognition of its medicinal efficacy (Russo, 2001; Yska, 1990), the origins of the modern western use of cannabis as a medicine may be traced to the activities of an Irish doctor, William Brooke O’Shaughnessy. Working in Calcutta, where he researched the therapeutic potential of hashish, O’Shaughnessy presented the first modern scientific paper on the subject in 1839 to the Medical and Physical Society of Bengal, concluding that hashish was “an anti-convulsive remedy of the greatest value” (Booth, Ibid.:90). On a visit to England in 1843 he engaged the services of pharmacist Peter Squire who subsequently produced the first extract of hashish in alcohol—Squires Extract—marketing it as an analgesic. It was this and other extracts that led to the widespread use of cannabis referenced above (Ibid.:92).

Booth (Ibid.:94) and Russo (Ibid.:360) also note the non-medical interest of some researchers in the effects of cannabis, reporting the comments of Walter Ernest Dixon, famed English pharmacologist and author of the highly influential A Manual of Pharmacology, that,

hemp taken as an inhalation may be placed in the same category as coffee, tea and kola. It is not dangerous and its effects are never alarming, and I have come to regard it in this form as a useful and refreshing stimulant and food accessory, and one whose use does not lead to a habit which grows upon its votary. 18

Not only do Dixon’s observations again reiterate this chapter’s argument concerning the fluid boundaries between licit/illicit and shifting perceptions of psychotropics as consumables, they also reintroduce into the modern context the issue of cannabis’ non-medical use.

1.2.5 Entheogenic,19 Social and Recreational Uses

Perrine (1996) remarks that the profusion of historical and literary references to cannabis are rivaled only by those to opium and alcohol. Similarly, the above consideration of historic and

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archaic records fails to capture the global extent of cannabis’ socio-cultural use, for example as noted by Iversen (2000) or Rubin’s (1976) more detailed examination.

In the West experimental and increasingly non-medical use developed from the mid-nineteenth century, with literati, painters, physicians and other savants, such as those of the Parisian Club des Hachichins, reporting on their excursions to ‘inner space’ under the influences of a hashish preparation called dawamesc. Initially, therefore, in Europe the attraction to cannabis remained the preserve of an educated elite, drawn more to the passion, spirituality and individuality espoused by the nineteenth century Romantic Movement’s thinkers such as Kant, Herder and Schelling, than the earlier Enlightenment’s reason and secularism (Tupper, 2002a). Across the Atlantic, however, where a similar literary trope was occurring, American writers including Bayard Taylor (The Hasheesh Eater, 1856) and Fitz Hugh Ludlow (The Hasheesh Eater, Being Passages from the Life of a Pythagorean, 1857) produced populist accounts, thereby stimulating more general interest in the subject (Booth, Ibid.:76-88).

While in the mid-nineteenth century few Anglo-Americans had experienced cannabis first hand other than in patent medicines, the turn of the century saw the substance making greater inroads as a psychotropic. With cannabis being used socially in Mexico by the 1880’s, it was not long before it made its way across the border into the United States, where, referred to by the Mexican marihuana, it came to be associated with low-waged Mexican labourers. It therefore took on its users’ ‘alienness’, despite being grown in America and having been an ingredient in patent medicines for decades, and became associated with racist stereotypes.

Simultaneously, while cheap Mexican labour was supplanting Anglo-American workers in the south, indentured Sikhs and Punjabis arriving in California were viewed as a second wave of threatening Asian workers, following the Chinese fifty years earlier. With their different appearance and cultural practices, including the use of cannabis, these ‘hindoo’s’ were

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20 Perrine (1996:343) cites Club des Hachichins’ host Dr. Jacques-Joseph Moreau list of ingredients as including “cinnamon, ginger, cloves, some aphrodisias, and perhaps also…powder of cantharides (Spanish fly)…even opium, extract of Datura, and other narcotics”. He goes on to note “At the risk of some understatement, the good doctor concludes ‘the addition of these various substances to hashish assuredly modifies its effects to quite an extent’”. Perrine, D. M. (1996). The Chemistry of Mind-Altering Drugs: History, Pharmacology, and Cultural Context. Washington D. C.: American Chemical Society.

likewise perceived as an alien threat and their drug use (as had been the Chinese use of opium) viewed with the deepest suspicion (Booth, Ibid.:135).

A third source of cannabis use and supply into the United States involved West Indian and Caribbean workers settling in ports around the Gulf of Mexico, particularly New Orleans. As these arrivals combined their use of cannabis with that already being practiced by the former Negro slaves, a sub-culture of cannabis use became well established. However, due to the press sensationalizing its use, by the mid-1920’s anti-cannabis state legislature was being enacted in order to protect, from the scourge of cannabis-crazed Mexicans, blacks and West Indians, all manner of vulnerable groups and institutions including youth, white women and Anglo-American culture (Booth, Ibid.:136; Musto, 1987).

There were other factors feeding this heady rush of drug fear. These included the burgeoning professionalism of medical organizations affiliated with doctors and pharmacists seeking to monopolize the use of drugs for medical purposes, and as a means to curb abuse;22 a push, led principally by American economic interests and moral crusaders, to implement Federal (e.g. the 1914 Harrison Act) and international drug control regimes (e.g. the 1909 Opium Convention and its subsequent iterations); and, the prohibition of alcohol (Musto, 1987). This latter in particular had a massive impact on how substance use was perceived in America, focusing as it did, on intoxication. With prohibition’s repeal in 1930, one substance clearly remaining in the sights of opprobrium was cannabis, a point picked up upon by Harry Anslinger, who as previously noted, was to shape perceptions of cannabis, both in America and internationally, for decades to come.

1.2.6 Cannabis in Aotearoa

With cannabis not reaching New Zealand shores until the advent of European colonialism,23 its initial history here reflects its use elsewhere in other mid-nineteenth century colonial,

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22 Booth (Ibid.:127) claims that by 1900 it was estimated that three percent of Americans were addicted to opiates. Similarly, Musto (1987) suggests that in the later nineteenth century up to forty percent of rural women in the United States suffered likewise. Musto, D. F. (1987). The American Disease; origins of narcotic control (Expanded edition ed.). New York.: Oxford University Press, Inc.

23 Māori (indigenous New Zealanders) had little access to intoxicants or seemingly made scant use of those available. Certain berries could be fermented and there existed several varieties of psychotropic mushroom, although there appears, as far as the author is aware, no tradition of use of the latter. Traditionally, the classic ‘exception to the rule’ of universal human drug use is the example of the Inuit. However, while arctic-dwelling peoples clearly had limited access to psychotropics, Inglis (1975:13-14) reports the use of fly agaric (Amanita muscaria) mushrooms by Siberian Koryak and Chuckchi tribespeople. So enthusiastic about the effects were these sub-arctic peoples, that those unfortunate not to have direct access the mushrooms would drink the urine of their better-off compatriots when relevant celebrations occurred. A similar enthusiasm was shown by the reindeer, who could be rounded up by a herdsman placing a sealskin container of
medical and folk contexts. As such it must be considered together with a range of substances traded and consumed as part of expanding European colonial commerce (Schivelbusch, 1992; Perrine, 1996). Thus, remarks Eldred-Grigg (1984), in New Zealand tens of thousands of people probably depended on narcotics, with women looking to insulate themselves from their daily drudge, to quieten their babies while their menfolk took pills and smoked opium:

European capitalism in the nineteenth century created a world economy of drugs. Early colonial New Zealand was a product of that capitalism, and a good customer for the drugs (Ibid.:115).

Being very popular, cannabis was no exception. It was known as hemp and resorted to frequently by doctors. It was smoked, snuffed and swallowed, but considered a dangerous narcotic if taken too heavily. As was the case elsewhere, it was deemed a good cure for asthma, the different forms of neuralgia and painful menstruation. It was advertised freely and purchased anywhere for a shilling an ounce (Eldred-Grigg, 1984:112; Yska, 1990). Yska (Ibid.:7-9) notes its cultivation in the 1880’s at Jerusalem on the Wanganui river by French nun Mary Joseph Aubert, for inclusion in the medicines later used to finance her charitable work, as well as for the nuns’ menstrual cramps; and, possibly due to its inclusion in many home remedies, its exemption from the first controls on wholesale trade in opiates, ergot, chloroform and belladonna in 1895.

Regarding its use for psychotropic effects, although Dawkins (2001:39) argues that cannabis’ inclusion in the Dangerous Drugs Act 1927 preceded any such use in New Zealand, it is clear that, as with other substances, by the late nineteenth century many people were employing it for reasons beyond its strict medical application. Eldred-Grigg (Ibid.:114) notes that although there was a tendency to see patent medicines as used by the less well off due to cost, “It was just as likely that poor people took patent drugs because they were pleasant and provided better ‘kicks’ than alcohol, tobacco or a cup of tea”. Eldred-Grigg also cites numerous newspaper articles and medical reports describing “the working class people who had become addicted to narcotics from a desire for pleasure rather than health” (Ibid.:115).

With cannabis, a variety of hemp-laced drinks were available in the form of chlorodyne, the most popular being Dr Collis Browne’s Chlorodyne, a potent brew comprising six grammes of cannabis extract mixed with the same amount of morphine and one drachm of chloroform

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suspended in alcohol.\textsuperscript{24} Proving an unbeatable tipple amongst miners on the 1860’s gold fields, Yska (Ibid.) notes increasing disquiet during the late nineteenth century over its misuse. In describing the 1899 case of a Dunedin woman murdered by her husband due to half his wages being consumed by her dependency on chlorodyne, Yska (Ibid.:11) quotes, “The chemist involved in the case testified that every chemist in Dunedin had at least one customer with a similar level of addiction”.\textsuperscript{25}

As with other countries including Australia, America and Britain, in New Zealand the new century saw cannabis increasingly drawn into the ambit of controlling legislation, not only by burgeoning professional associations of doctors and pharmacists concerned about its use in patent medicines, but also by moralists and those associating its use with non-Europeans. Yska (Ibid.:15) writes,

> It became bound up with opium, the poison of slant-eyed devils who used all manner of dope to enslave innocent Europeans, particularly women. By the time the Anzacs came home, hemp was no longer perceived as a gentle folk herbal, but as stupefying hashish, smoked in hubble bubbles by the jabbering natives of the casbah.

Similarly, Eldred-Grigg (Ibid.:235) observes how beliefs about race and fertility were coming to the fore, with narcotics beginning “to look like insidious oriental vices, threatening the young and undermining national virility”.

Thus it was that with the Dangerous Drugs Act 1927 receiving its final reading in the New Zealand Parliament, cannabis, along with other substances including opium and cocaine, became an illicit drug. Cannabis’ subsequent career as an illicit is detailed more fully in Chapter Two, while a summary of relevant New Zealand legislation may be found in Appendix III.

At this point it is germane to consider the reasons behind drug control legislation, rather than the law \textit{per se}. The Misuse of Drugs Act 1975 is in two parts, that dealing with the law and the consequences of disobeying it (administered by the Ministry of Justice, and associated agencies such as Police, Customs and the National Drug Intelligence Bureau), and the other dealing with the classification of drugs according to their potential for harm (administered by

\textsuperscript{24} A ‘drachm’ or ‘dram’ is a unit of apothecaries’ weight equal to 3.89 grams or 1/8 of an ounce or 60 grains.

the Ministry of Health). Thus, while drug control laws emphasize enforcement, their existence is predicated on public health; and the guiding principle of public health is essentially a utilitarian one, that of the greatest good for the greatest number of people. This notion will be reconsidered below. At present, it is enough to note that a focus on public health is seen to underpin drug control legislation and dominate perceptions of use and user. It is to a discussion of cannabis-related health issues that the focus now shifts.

1.3 Cannabis and Health

The major health issues regarding cannabis are typically seen as being either physical (e.g. pulmonary) or mental, along with the possibility of physical injury due to intoxication.26 There is, however, also some evidence for the medical benefits of cannabis and cannabinoids. Interestingly, there exists considerable discussion over the effects of cannabis in each of these areas. Hence, the negative impact of chronic cannabis use on cognitive function (particularly memory) and in general on young people, as well as links with the development of schizophrenia, is seen to provide evidence enough for the maintenance of current cannabis policy. Contrarily, the variety of opinions within the scientific community, the value-laden nature of the public debate, the impact of political expediency on calls for alternative regimes and the inability of the media to present balanced commentary on these complex issues makes both a holistic analysis and a unified perspective difficult. This has led to health concerns dominating policy debate and public perceptions, and sets the agenda for any critique of the phenomenon.

1.3.1 Effects on the Pulmonary System

As most cannabis is consumed by smoking, a generally accepted health concern relates to respiratory dysfunction. A variety of carcinogens are generated by burning cannabis including vinyl chloride, dimethylnitrosamine, methylethylnitrosoamine, benz(a)anthracene and benzo(a)pyrene, the latter two being of particular significance due to their greater concentrations in cannabis smoke than tobacco (British Medical Association, 1997). Compared with tobacco, cannabis smoke produces a five-fold increase in carboxyhaemoglobin, preventing the blood taking up oxygen (Benson & Bentley, 1995). Further, due to style of smoking, e.g. deeper inhalation and greater puff volume, more damaging particles are inhaled and more tar retained than with tobacco (Wu, Taskin, Djahed, & Rose, 1988). Other potential negative physical health effects include exposure to

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26 Earleywine (Ibid.:143-166) provides an excellent summary of cannabis’ health effects.
contaminants such as fungi (British Medical Association, Ibid.), and questionable concerns over immunosuppressant effects (Adams & Martin, 1996; Cabral & Petitt, 1998) and neurotoxicity (see Smith, 2002:129-131, for a review and critique).

However, muddying the waters somewhat is a reported tendency to pathological abnormalities on bronchial epithelium suggesting the early stages of lung cancer (Barsky, Roth, Kleerup, Simmons, & Tashkin, 1998). Taylor, Poulton, Moffitt, Ramankutty & Sears (2000) argue for a direct casual link between smoking and respiratory dysfunction in cannabis dependent smokers. While others (Hall & Solowij, 1998; Zimmer & Morgan, 1997) acknowledge these, opinion is divided as to the extent of cannabis’ negative impact on respiratory function. Hall observes that there is scant evidence for any causative link between cancer and cannabis smoking (he notes the fifteen to thirty year latency period between smoking onset and potential cancer development) and that there is no evidence that oral administration is linked to physical pathologies. A review of evidence by Melamede (2005) supports this. He notes that while both tobacco and cannabis smoke have similar chemical properties, pharmacologically their activities differ significantly, with components of cannabis smoke minimizing some carcinogenic pathways and tobacco smoke enhancing some. While both types of smoke potentially enhance the carcinogenic effects of their constituents, cannabis typically down-regulates immunologically-generated free radical production, as well as its psychoactive component (THC) inhibiting the enzyme necessary to activate some of the carcinogens found in smoke. Further, while the presence of respiratory epithelial cell nicotine receptors increases the likelihood of lung cancer, cannabinoid receptors have not been reported in respiratory epithelial cells. Finally, though nicotine promotes tumor growth cannabis inhibits it. While Melamede acknowledges that an aging cannabis-consuming population might in the long-term exhibit profiles similar to what is now observed with tobacco smokers, current knowledge suggests this is unlikely.

1.3.2 Negative Mental Health Consequences: The Case for Reefer Madness

Discussion over the impact of cannabis on mental health is similarly convoluted. Certain acute effects on cognition are seen as robust, for instance, timed divided attention tasks (Adams & Martin, 1996; Hann & Robinson, 2001). An often-cited study (Block & Ghoneim, 1993) found numerous associative impairments after acute use. However, these and many other studies are criticised for the limited statistical significance of their results and the questionable relevance of many of the tests (Smith, Ibid.). With regard to memory impairment, Smith (Ibid.) notes a large and divided literature. Nonetheless, several studies have reported impairment with long-term
use, including Block and Ghoneim (Ibid.) whose research matched subjects for intellectual function before cannabis use, a precaution lacking in other studies.

As Smith (Ibid.) observes, the association of cannabis with psychological disorders is particularly controversial, not the least because much of the data relating to this issue are derived from the complex analyses of epidemiological studies. Some claim an association between heavy use, and even moderate use, and the prediction of schizophrenia (Andreasson, Allebeck, & Engrstrom, 1987; Williams, Wellman, & Rawlins, 1996), while others suggest that controlling for confounding variables such as other drug use and demographic differences accounts for much of the association (Degenhardt, Hall, & Lyskey, 2001; Nunn, Rizza, & Peters, 2001). A point made by Zimmer and Morgan (1997) in their critical review of this problematic literature is the importance of distinguishing between causation and correlation. One may note also the problem of diagnosis. With psychological symptoms potentially manifesting some time before diagnosis, it has been suggested that sufferers may be self-medicating with cannabis. However, in a recent review article Hall (2006) notes that evidence for the ‘self-medicating’ hypothesis is lacking, with a number of longitudinal studies finding no relation between early psychotic symptoms and risk of cannabis use (see also Fergusson, Horwood & Ridder, 2005). Despite the controversy, Hall (2006) suggests recent evidence implies that cannabis is a contributory cause of psychosis, with the most likely explanation being an interaction between cannabis use and vulnerability to manifestations of psychosis. This would explain the relatively low level of increased risk of psychosis in users (2-3 times), the lack of large increases in psychosis relative to increases in cannabis use in young adults and why the age of onset of schizophreniform disorders might be lower in cannabis users.

Support for the vulnerability hypothesis comes from research examining the genetic mediation of psychosis in adolescence. Caspi, Moffitt, Cannon, McClay, Murray, Harrington et al. (2005) documented a modest statistical risk factor for psychotic symptoms in adulthood in a longitudinal study of a representative birth cohort. The authors did, however, caution that their findings be viewed in context, noting that 92% of the cohort’s cannabis users did not develop psychosis and that the study did not identify a major cause of schizophreniform disorders. They also suggested that neurotransmitter aberrations beyond dopamine dysregulation might be implicated in genetic mediation of psychoses, citing the negative consequences for users and suppliers having to operate within an illegal context with exposure to threatening situations as being a trigger to genetically vulnerable individuals. A similarly cautionary approach is suggested by Fergusson, Poulton, Smith & Boden (2006) who note on
the one hand a lack of convincing evidence in favour of causation but on the other, a body of epidemiological and neuroscientific evidence supporting the argument that frequent cannabis use may alter brain functioning in susceptible individuals, resulting in increased risk of psychosis. However, adding further confusion to the debate are the results of a recent study of adolescent brains using MRI technology which found no specific evidence indicating neurotoxicity or brain atrophy in a group of early-uptake users compared with non-users (DeLisi, Bertisch, Brown, Majcher, Bappal, Szulc et al., 2006).

1.3.3 Use Leading to Injury

To a lesser degree than pulmonary and mental health effects, there are also concerns regarding the use of cannabis in situations likely to result in injury to either the user or those around them or to whom the user has some duty of care. Operating machinery whilst affected by cannabis is a principal concern, with cannabis-affected driving being the classic example. In this latter case, there is a small but growing body of literature examining the phenomenon. However, as with the other health issues discussed above, there are divergent opinions regarding cannabis’ role in driving accidents and injury despite recognized impairments such as relating to reaction times and tracking (steering). Thus for example, while some (e.g. Laumon, Gadegbeku, Martin, Biecheler, & the SAM Group, 2005) report a small but significant correlation between cannabis and driver fatalities, others (e.g. Movig, Mathijssen, Nagel, Van Egmond, De Gier, Leufkens et al., 2004) fail to find causal links between cannabis use and road trauma, results generally supported by a meta-analysis of the 120 extant studies by a panel of international experts (Grotenhermen, Leson, Berghuas, Drummer, Kruger, Longo et al., 2005).

1.4 History, Theory and Method

To this point we have considered the history of cannabis in the broader context of human psychotropic use. It has been argued that far from representing a new or culturally innovative phenomenon, the use of cannabis is a long established tradition across cultures and through time. As such, it may be described as merely one of many substances so used. In fact it has been argued that the use of psychotropics in general is intrinsic to human culture and sits alongside the consumption of other commodities, that the place of a given substance at a given time is mediated by cultural concerns, and that categories such as licit/illicit are likewise constituted socially. Thus substance use and perceptions of substances are
characterized by a cultural fluidity less determined through a drug’s inherent qualities or even its actual potential for harm than by its socially constructed meanings. Despite this, however, it is equally apparent that the perceived qualities of certain types of drugs are seen as more socially appropriate than others in particular eras and specific cultural complexes. While this has been alluded to above regarding the burgeoning drug trade of European colonialism, a more detailed treatment of this latter point makes clear the links between this dissertation’s subject and its theoretical treatment of that subject.

1.4.1 A Shift to Rationalism and Soft Drugs

In the West, a major shift in what is technically recreational drug consumption occurred from the seventeenth century in association with, and significantly as a consequence of, the development of the global trade in substances consumed ostensibly for food, though significantly for pleasure (Courtwright, 2001; Mintz, 1986; Schivelbusch, 1992). The examples of tea, coffee, chocolate and sugar are of particular interest here as they illustrate three points especially relevant to the arguments underpinning the notion that substances are socially constructed as ‘drugs’. First, although requiring development, there existed in Europe in the seventeenth century a ready market for these substances as a consequence of the established traditional usage of other psychoactives (Sherratt, 1995). Though as Sherratt (Ibid.) goes on to note, the ‘drugness’ of these ‘exotics’ tended to be lost between that of ‘affecting’ traditional folk substances (e.g. henbane, but also the common use of beer as a breakfast food) and food, as well as being subsumed within the rituals accompanying consumption.

The issue of rituals and style of consumption leads to the second and more anthropological question: why would these exotic substances have usurped the place of more traditional substances? With post-Enlightenment colonial trade fuelling the Industrial Revolution, this period heralded a massive transformation of Europe’s working population, nurturing the rise of a middleclass intent on self-improvement and the accumulation of wealth. Sherratt (Ibid.:13) argues that the absorption of exotic drinks such as tea, coffee and chocolate into global consumerism incorporated a structural accommodation to earlier alcohol-centered practices. However, this accommodation also generated consumption rituals based on

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27 An example of a revised classification system which grades drugs on their potential for harm is offered by Nutt et al (2007). In their assessment, the distinction between licit and illicit substances is not relevant to harm potential and is therefore removed. Alcohol and tobacco are rated in the upper half of their list, with cannabis in the lower half. Ecstasy is ranked lowest of the drugs they assessed. The seeming ‘irrationality’ of contemporary drug classification schemes is taken up in the conclusion. See Nutt, D., King, L. A., Saulsbury, W., & Blakemore, C. (2007). Development of a rational scale to assess the harm of drugs of potential misuse. Lancet, 369, 1047-1053.

28 For a discussion of the seventeenth century European use of beer in breakfast soups see Schivelbusch (Ibid.).
oppositions such as inebriant/stimulant and cold/hot. Sociologically, these oppositions embody statements and aspirations, with alcohol (inebriant) representing the traditional aristocracy and the exotics (“the cups that cheer / but not inebriate”) representing the growing middleclass’ aspirations of sobriety, abstinence, industry, respectability and rationality. Thus, contends Sherratt (Ibid.:14), these consumables and their associated processes became signifiers of the respectability of those participating in this consumption, serving as fundamental to the definition and creation of social groups and classes. These substances of course embodied a further characteristic—in being perishable and constantly consumed, they implicitly involved their consumers in relations of production, distribution and exchange, thereby tying consumers to the processes of capital.

Thirdly, however, these new substances actually represented for their consumers a triple involvement with socio-economic processes, as aside from being consumables and signifying membership of a new social class, being stimulants rather than depressants or intoxicants, their use by workers was entirely compatible with the processes of production. Hence, in facilitating production rather than undermining it, they served the interests of capital and meshed neatly with the emergent and dominating theme of eighteenth century rationalism and its attendant technologies of discipline (i.e. techniques by which populations have been ‘normalised’ into meeting the needs of capital: having appropriate training and education, keeping regular working hours, maximizing production, spending on consumables etc.).

The compatibility between the needs of capital and techniques of discipline, and certain substances and the behaviours their affect promotes, allows us to engage the support of French philosopher Michel Foucault (1926-1984) in explaining the privileging of some substances over others. This is appropriate as Foucault’s critique of rationalism, embodied in his appraisal of the edifice of medical science, is central to his intellectual project. Similarly, it is medical science’s rationalism—or more specifically the discursive practices resulting from within medicine’s application of science, and popular interpretations of this—that constructs some drugs and users as pathogenic and deviant, and others as acceptable. Therefore Foucault’s analysis of a new mode of power emergent in the eighteenth century, one privileging a style of

\[30\] It is neither within the scope of this dissertation, nor is it my intention to offer general commentary on Foucault’s voluminous and dense corpus. Instead the intention is to draw on two aspects of his work: the tactical use of the technique of ‘genealogy’ as a means to confront accepted discourses, and Foucault’s conceptualisation of ‘subjugated knowledges’ as the source of alternative discourses or histories. For these the principal reference is Foucault, M. & Gordon, C. [Ed.] (1980). *Power / Knowledge: Selected Interviews and Other Writings 1972-1977* (C. Gordon, L. Marshall, J. Mepham, K. Soper, Trans.). New York: Pantheon.
thought and institutional practice epitomized by the technologies of science, medicine, law and bureaucracy, underpins the present analysis of contemporary drug use.

1.4.2 Foucault as a Backdrop to Method

Although the present work is principally focused on how perceptions of cannabis use and users are constructed, it is by proxy also an exploration of power in the Foucaultian sense. For this reason it is fitting at the beginning of this thesis to sketch Foucault’s conception of power and the tactics Foucaultian scholars use to examine its nature, as well as the implications of these for method.

Foucault’s nuanced conception of power is perhaps best initially approached in the negative, i.e. by stating what it is not: thus it is not ‘held’ by individuals or ‘contained’ by organizations or institutions; nor is it wielded ‘from above’. Accordingly Foucault (1980:39) speaks of a ‘capillary’ or ‘synaptic regime’ of power, where it “reaches into the very grain of individuals, touches their bodies and inserts itself into their actions and attitudes, their discourses, learning processes and daily lives”, being exercised as a force within the social body rather than from above it. He contrasts this ‘disciplinary’ power resulting from the growth of eighteenth century rationalism and its emphasis on the efficacy of science, ‘normalisation’ and bureaucracy, with the earlier ‘sovereign’ power, which he characterizes as a contractual form whereby the individual ceded their sovereignty in exchange for protected rights.

Regarding political economy, Foucault is sensitive to both Marx and the imperative of the economistic analysis, noting that one cannot write but to do so in the context or reflection of Marx (Ibid.:52). He is, however, more diffident about economics, questioning whether power is always subordinate to, in the service of, and answerable to the economy. Further, is it modelled upon the economy as a commodity? He responds by accepting that “relations of power do indeed remain profoundly enmeshed in and with economic relations and participate with them in a common circuit” (Ibid.:89). Foucault therefore seeks to conduct a non-economic analysis of power whilst recognizing its enmeshment with economic forms.

Foucault also sees the role of the individual as clearly defined against a backdrop of economic practice. As capitalism has entrusted wealth to popular hands it must be protected. Consequently disciplinary power evinces the constitution, commencing in the eighteenth century, of a ‘vigorous morality’ (Ibid.:41), with its end the construction of populations as
moral subjects—recall the post-seventeenth century shift to stimulating beverages promoting temperance and industry noted in the previous section. Foucault also describes the birth of detective literature and horrific newspaper crime stories to atrophy the general population’s comfortable relationship with some accepted criminality. The implications of this notion of the healthy, responsible citizen, contemporarily embodied in what has become known as ‘the new public health’ (see Petersen & Lupton, 1996), are further explored in Chapter Three. Of relevance here is the extent to which Foucault’s disciplinary power confers advantage aligned with capital, via the normalisation and regulation of bodies through self-surveillance (Nettleton & Bunton, 1995).

However, disciplinary power is applied not by individuals but by ‘technologies’ and discursive regimes, science being the exemplar. Foucault’s critique of science (1989a), and medical science (1989b)—in particular psychiatry (1989b)—formed the centerpiece of the early portion of his project. Consequently, suggests Foucault (1980:59), medicine produced a knowledge of the body imbued with power relations, a discourse owned by given elements, by rationality’s products—medicine, science, the judiciary. In the nineteenth century, therefore, through applying the normalising force of disciplinary power (Ibid.:61), in the name of medicine, people “classified individuals as insane, criminal, or sick” (Ibid.:62). Here the power Foucault speaks of is the normalising power of a presumed truth—a discourse—that negates other discourses merely by virtue of its assumed mantle of legitimacy. Foucault is therefore wary of the power of science, questioning the “aspirations to the kind of power that is presumed to accompany...science” (Ibid.:84), asking,

[w]hat types of knowledges do you want to disqualify in the very instant of your demand: ‘Is it a science’? Which speaking, discoursing subjects-which subjects of experience and knowledge-do you then want to ‘diminish’ when you say ‘I who conduct this discourse am conducting a scientific discourse, and I am a scientist’? Which theoretical-political avant garde do you want to enthrone in order to isolate it from all the discontinuous forms of knowledge that circulate about it? (Ibid.:85).

Thus rather than labelling some institution or ideational process as scientific and thereby investing it with a rational structure whereby its propositions are the outcomes of verifiable procedures, Foucault sees that such a course imbues phenomena with “the effects of a power which the West since Medieval times has attributed to science and has reserved for those engaged in scientific discourse” (Ibid.).

This then is the core of Foucault’s critique of science, and simultaneously bears directly on the present study, as I argue that the most prominent discourse involving cannabis use and users is a medical-scientific discourse focused on a narrow definition of health, exemplifying “the general medicalisation of behaviours, conducts, discourses, desires etc.” (Ibid.:107), and inevitably constructing the user as pathologized. But in response to this problematic, what form would a Foucaultian analysis take?

1.4.3 Subjugated Knowledges and the Tactics of Genealogy

Foucault should not be taken as valorizing ignorance or non-knowledge. He is not opposed to scientific method, but to the effects of the powers linked to the legitimating structure of scientific discourse. Consequently he proposes, in contradistinction to the discourse of science, the notion of subjugated knowledges. Described as disguised historical knowledge, these are “naive knowledges, located low down in the hierarchy, beneath the required level of cognition or scientificity” (Ibid.:82). To create the possibility of legitimacy for these knowledges Foucault invokes a discrete critical method he refers to as ‘genealogy’, in a sense a means by which the disjunction between traditionally perceived legitimate knowledge, and subjugated knowledge is emphasized. This insurrection of subjugated knowledges allows,

[the] re-emergence of these low-ranking knowledges, these unqualified, even directly disqualified knowledges (such as that of the psychiatric patient, of the ill person...of the delinquent) and which involve...a popular knowledge though it is far from being a general commonsense knowledge, but is on the contrary a particular, local, regional knowledge, a differential knowledge incapable of unanimity and which owes its force only to the harshness with which it is opposed by everything surrounding it (Ibid.).

While Foucault recognizes the paradox of placing in the same category ‘the buried and meticulous knowledges of erudition’ (Ibid.; for example, the knowledge of the asylum or drug user disguised through formal systematisation of, e.g. official reporting) and that of subjugated local knowledges, he sees in the genealogical method a facility for directly challenging globalising discourses:

What [genealogy] really does is to entertain the claims to attention of local, discontinuous, disqualified, illegitimate knowledges against the claims of a unitary body of theory which would filter, hierarchise and order them in the name of some true knowledge and its objects. Genealogies are therefore not positivistic returns to a more careful or exact form of science. They are precisely anti-sciences
Clearly there is a resonance here with the concerns raised by Goodman et al. (1995) and Lenson (1995) at the beginning of this chapter, where those authors noted the domination of drug user research by medical science and the paradigm of pathology, as well as the undermining of alternative perspectives. This is one of the reasons why the genealogical approach was deemed appropriate for the present study. However, there are further-reaching methodological advantages.

1.4.4 Rationale for Method

As Chapter Five argues, the adoption of a combined mixed method approach conferred numerous advantages given this study’s form and subject. However, an underlying concern intrinsic to this approach concerns the very nature of mixed method analysis: that is, for methodological purists there are considered to be irreconcilable differences between the qualitative and quantitative—by definition they are seen to stand alone. Theoretically, the genealogical method offers a means to move beyond this impasse.

Armstrong (1990:1227) contends that the genealogical approach transcends methodological boundaries through its exploration of all analytic techniques. He notes that both qualitative and quantitative methods are implicated in the creation of their own object, the former “exploring the subtleties of personal meanings and subjective experience...[able to] be explored as the machinery through which the subject is enabled to confess and thus be constituted as an experiential object” (Ibid.). In support of Armstrong, Butchart (1998:8) comments that by ignoring method’s collusion with its ‘created’ object, observers become unwittingly enmeshed in an explanatory universe of their own construction. Although coming from a more obvious postpositivist position, Davies (e.g. 1997a) is similarly aware of this issue as seen both in his invoking of signal theory to determine the ordering questions (whereby what and how one asks is recognized as influencing the response) and in his acknowledgement of the subjective nature of his participants’ utterances. For these reasons the genealogical approach offers a means past the potential methodological conundrum posed by mixed method analysis. In the present case it is particularly relevant given the focus of the research and its fields of deployment: on the one hand, an examination of documents and data, both historical and contemporary, and on the other, an engagement with cannabis users whose utterances exemplify the characteristics of subjugated knowledge outlined above by Foucault.
1.5 Summary

This chapter has aimed to unpack the dissertation’s main themes and arguments. It began by noting that research into psychotropic use is dominated by medical-scientific discourses, being generally framed in the context of deficit and pathology. In contrast, alternative perspectives, such as the cultural, are frequently resisted or viewed with suspicion from both beyond and within their fields of study. The chapter sought to locate the use of cannabis in the broader milieu of human relationships with psychotropics, noting cannabis’ lengthy archaic and historical lineage. The cultural and temporal fluidity of meaning informing perceptions of differing substances was emphasised, as was the arbitrary nature of notions such as licit/illicit and the relevance of cultural forces in their application.

In discussing health consequences, the conflicted scientific literature engaging with cannabis was considered. This indicated a variety of opinions with many issues unresolved, rather than reflecting the homogeneous portrayal of cannabis by the media, or implied by legislation aiming to control use of the substance.

The chapter’s third section involved a discussion of Michel Foucault’s critique of rationalism, specifically his argument that scientific discourse has come to embody a unified and powerful means by which individuals are constituted, disciplined and normalised to meet the needs of contemporary societies. The idea of the moral, self-surveilling citizen perpetuating their enmestment in extant power relations is significant here. Of particular relevance to the current study is Foucault’s notion of the hierarchisation of knowledge, and his argument for the insurrection of subjugated knowledges as a means by which ‘naïve’ localized knowledges undermine the privileged position of scientific discourse. Foucault’s application of ‘genealogy’, where naïve knowledges confront scientific discourse with their difference, was described as the tactic by which the insurrection of knowledge may be achieved.

The chapter’s final section noted the theoretical power of the genealogical method as a means to breaking the impasse posed by combining qualitative and quantitative methods in a formal mixed method analysis. It was also observed that the genealogical method is highly suited to a study incorporating voices potentially representing a constituency simultaneously standing in opposition to the dominant discourse on illegal drug use and yet denied the legitimacy of their experience by virtue of its illicitness. Thus rather than adopting an essentialist perspective, it
is the aim of this study to see substances like cannabis as, in the words of anthropologist Hugh-Jones, “vehicles for social interaction, as systems of communication and as expressions of social values in...society” (1995:49).
Sir, this Bill is an attempt to bring the New Zealand law into conformity with modern ideas in respect to the control of what are classified as dangerous drugs—drugs, the continued use of which result in pernicious habits and the utter physical and mental demoralization of the individuals so addicted. Our law is well behind that of other parts of the world. The matter has been taken up by the League of Nations, and this Bill is now before the House in an attempt to bring our law into line with the best thought and the legislation which exists in most civilized countries.
Hon. J. Young, Minister of Health

2.1 Introduction

This chapter describes the criminalisation of cannabis use and users in New Zealand, commencing in the 1920’s when there was little recreational use as would be recognised today. Following Foucault (1977), it is argued that the application of legal ‘technologies’ (i.e. laws delineating a behaviour as criminal, tariffs of sentencing, categories of offence etc.) constructs users as criminals and social deviants. The impetus to criminalizing cannabis is attributed to several influences. These include the growth of international drug control legislation, driven by the United States in the early twentieth century, but also perceptions of use and user based less on evidence than stereotypes, thus extending Chapter One’s discussion of arbitrariness surrounding the categories of licit/illicit. Legislative developments and associated parliamentary debates are followed through the 1960’s to the inception of the present Misuse of Drugs Act (1975), during which time medicine and law redefined the moral and physical dangers of drugs in a period of relative liberalism. The chapter concludes by examining the growth in cannabis use and legislation since the 1970’s. It notes on the one hand legislation’s failure to curb use, and on the other the capacity for legal power, in concert with medicine, to generate categories of deviance and deviant.

2.2 Contextualising History

The quote commencing this chapter introduced, for its second reading into New Zealand’s Parliament, the Dangerous Drugs Bill 1927. The principal intention of the Bill was to combat
perceived endemic drug use as sporadically described in the press, specifically that associated with the abuse of opiates. At the time of its debate, Members disputed the significant levels of addiction alluded to. Cannabis, then known as ‘Indian hemp’, and included for the first time in New Zealand legislation in this Bill, was mentioned only briefly.

In commenting on cannabis’ inclusion Dawkins (2001:39) remarks that at the time of the legislation’s enactment, “there was no domestic use of the drug, no reliable evidence of its effects, and no public agitation for its control”. His interpretation is interesting for a number of reasons, not the least being that there exists considerable evidence of a history of cannabis use in New Zealand up to that time and certainly some knowledge of its effects (Eldred-Grigg, 1984; Yska, 1990). In explanation, Dawkins may have been referring to contemporary use practices. Without doubt, in the New Zealand of 1927 there was barely any use of cannabis as it might be recognized today, where consumption is markedly different in scale and style.

Dawkins’ (Ibid.) position, however, highlights not only the emergence of new drug use practices over the intervening years but also the trap of casting a contemporary gaze over historical processes. In acknowledging this, Foucault’s genealogical method distinguishes between traditional histories, where past events are examined, and ‘histories of the present’. These latter (i.e Dawkins, Ibid.), while seemingly functioning as secondary sources examining past events, may also operate as primary texts by informing us about contemporary perceptions of the past (Armstrong, 1990:1226). In Dawkins’ (Ibid.) case he mistakenly assumes that recreational use, if it existed historically, would resemble contemporary practices, and therefore he can argue that little or no use existed historically.

Perhaps more at issue than Dawkins’ assumptions about use is his claim (Ibid.:40) that this legislative expression of power had its sole origin in the machinations of State structure, i.e. that some executive decision was made at the legislative level in New Zealand, thereby imposing

32 (1927) 212 NZPD 636. Bills and Acts are cited according to legal convention. Where citations occur in text, New Zealand Parliamentary Debates (Hansard) are referenced as NZPD and followed by year and page numbers.

33 Note also Chapter One’s discussion of cannabis’ drug and medicinal effects, and its use in colonial New Zealand (section 1.2.6).

34 Up to that time cannabis was most likely consumed in patent medicines and only occasionally smoked. Yska (Ibid.:28-30) describes cannabis’ employment as a standardised tincture or extract, a component in asthma cigarettes and as a topical application for everything from horse liniment to corn pads. The massive surge in cannabis’ popularity from the late 1960’s is discussed below (section 2.7). Style of consumption is linked to this, with a plethora of methods and technologies of imbibing cannabis accruing with the developing culture. See Chapter Six (section 6.3.1 & Table 17) and narratives of use (Chapter Eight). For a discussion of drug culture’s developing complexity, the seminal reference is Becker, H. (1963). Becoming a Marijuana User. In D. Solomon (Ed.), The Marijuana Papers: An examination of marijuana in society, history and literature (pp. 94-133). London: Panther Modern Society.
prohibition. While technically this may be the case, evidence exists of significant political influence at an international level for this particular legislation. Further, the discourses to which legislators responded suggest it is necessary to consider the impact of what Foucault describes as the ‘synaptic regime of power’, which he depicts as developing in the eighteenth century and as occurring “within the social body, rather than from above it” (Foucault, 1980:39, emphasis original). Thus the habits, behaviours, conversations and beliefs of New Zealand and international drug users, and those responding to use in the early twentieth century, bear close scrutiny. These popular discourses of drug use, and those of medicine and law nurtured conceptions of use and user to the advantage of developing legislation.

2.3 Perceptions of Cannabis and Other Drugs in Early Twentieth Century New Zealand

In relation to early New Zealand drug habits, as previously noted there is evidence of considerable use of narcotics and other substances during the preceding colonial era. Of particular significance for cannabis was its incorporation into medicines, a proportion of which were diverted for recreational use (Eldred-Grigg, 1984; Yska, 1990). The former observes, however, that by the 1920’s, concern over the use of opiates in particular had peaked and was in decline. He suggests also (Ibid.:245-7) that at least some of the impetus for further moral campaigning aimed at drug use in the early 1900’s resulted directly from brief visits by American missionaries, thereby raising the profile of a religious moralism not generally held by the New Zealand settler population. Yska, too, remarks on both the debate concerning the validity of claims about significant drug use at the time of the Bill’s reading and the influence that the United States had on deliberations over how to proceed with New Zealand legislation (Yska, 1990:24).

Concerning cannabis, correspondence between the Auckland medical officer of health and the Health Department in Wellington during 1929 suggests ‘fairly heavy’ sales of Indian hemp up to the enactment of the Dangerous Drugs Act 1927, with ‘downtown wholesalers’ ordering up to forty-eight ounces at a time.35 Yska does agree, however, that there was limited general knowledge of the specifics of drugs in New Zealand (1990:20). Despite this, there was some level of debate, for example in the newspapers of the day, with awareness of both the dangers of drug use and that there could

also be ‘popular use’ of dangerous substances. The latter is observed in comments responding to the event of the 1925 Geneva Opium Conference, with an editorial in Christchurch’s *The Press* (April 23, 1925:8) noting the problems of addiction, “ultimately - doctors say in every single case - physical and moral disaster”. The article suggested that in New Zealand drugs of addiction should be absolutely prohibited. However it also acknowledged cultural differences, describing the banning of a drug (opium) with a long history of social use as perilously near to the absurd…opium is eaten sometimes as a stimulant, sometimes as a narcotic, sometimes to reduce fever but it is very seldom abused. The opium eating of an Arab or a Hindu is something like the tobacco habit of a European—neither a good habit or a bad one if the test is the effect on health (*The Press*, Ibid.).

Nevertheless, the use of drugs not recognized as typically ‘Anglo-Saxon’ was attributed principally to addicts or foreigners.36 This tendency to xenophobia was keenly felt, with an earlier article in *The Press* (April 22, 1925:9) describing drug use as an American or Australian craving for morphia, heroin or cocaine. Drugs were considered a menace to be fought, “grave fears are entertained that it may spread and for that reason an effort is being made to have enacted much more strict legislation.” This notion of drug use as ‘contagious’ will be seen as a common theme in popular and parliamentary discourse of use and is subsequently developed in Chapter Three.

Although much blame for addiction was laid at the feet of the opium user, certainly through the 1920’s attitudes towards cannabis hardened. Reports such as one from South Africa, which had appeared in *The Press* (March 30, 1921:10) would have contributed to the drug’s negative profile. Describing *dagga* smoking among indigenes, a picture of social disorder, mental and physical infirmity, and the passivity of the user, was portrayed. Ecclesiastical and temperance conferences in that country passed condemnatory resolutions and in 1923 the League of Nations received from South Africa a request to classify Indian hemp with opium.37 As Yska (1990:23) comments, concern over the use of the substance grew, with Britain declaring it a poison and Canada scheduling it in the Opium and Narcotic Act 1923. This latter move received significant prompting by Canadian police magistrate and juvenile court judge, Mrs Emily Murphy, who authored a series of magazine articles collated into a book titled *The Black Candle*. Amongst the quotes she collected was one from a Los Angeles police chief regarding Hindu use of cannabis:

36 The phrase was mentioned in a report by Dr Frengley of the Health Department. See (1927) 212 NZPD 643.
37 This South African perspective on cannabis is in interesting contrast to that noted in Chapter One, where mine workers were allegedly allowed cannabis ‘coffee breaks’ which apparently reinvigorated them (Brecher, Ibid.).
Persons using this narcotic smoke the dry leaves of the plant, which has the effect of driving them completely insane. The addict loses all sense of moral responsibility. Addicts to this drug, while under its influence, are immune to pain. While in this condition they become raving maniacs and are liable to kill or indulge in any form of violence to other persons.\textsuperscript{38}

Yska remarks that New Zealand endorsed the view that cannabis was harmful and this position was duly communicated to the League of Nations with the result that by 1925 approval had been obtained from active League members for the inclusion of Indian hemp extracts and tinctures within legislation relating to the international control of opium (Yska 1990:23). The New Zealand legislation passed two years later mirrored both the Geneva Conference and British law, except for the latter’s penalties, which were generally twice those of New Zealand.

This consideration of the reasons contributing to Indian hemp’s inclusion in the Dangerous Drugs Bill underscores Foucault’s caveat to “eschew the model of Leviathan in the study of power” (Ibid.:102). Therefore, the pre-existing but developing discourse on addiction, a generic conceptualisation of narcotics as inclusive of all illicit drugs in popular and legislative discourse, and an intermittent but escalating focus by media on drug addiction and related issues were factors enabling the rapid adoption of cannabis to the family of dangerous drugs. Yet, while elements of these discursive practices all predated the 1927 Bill, they were not solely responsible for its entry into the legislation, and nor were they necessarily culpable for the inclusion of Indian hemp. In this sense the Foucaultian analysis becomes problematic, where it emphasises distinctions between ‘above’ (macro, i.e. legislative expressions of power) and ‘below’ (capillary or personal), privileging the latter in the field of power.\textsuperscript{39} The relationship between these nodes of power is complex, dialectical. Perhaps ultimately the distinction is unhelpful and should be collapsed, if, as Foucaultian theory suggests, the human subject is produced as an effect within the constraints of the field of power. For this reason it is argued that in New Zealand’s case, cannabis’ initial inclusion in prohibitive legislation set in position structural relationships that would subsequently generate the kinds of capillary processes capable of fabricating the cannabis user initially existing only in parliamentary acts, periodic media reports and scientific articles and, very occasionally, in court records.

\textsuperscript{38} Excerpt from Murphy, E. (1922) \textit{The Black Candle}. Toronto: Thomas Allen, cited in Yska (Ibid.:23).

In one way, the example of court records again undermines Dawkins’ argument against the existence of cannabis use, and therefore cannabis crime, at the time of prohibition’s legislative enactment. He states that between 1928 and 1961 there were no reported cannabis offences (2001:43). However, Yska (1990:17-19) follows in detail the trial and eventual prosecution in Auckland of one Harold Stanley Lodder, “charged with supplying Indian hemp, a dangerous drug, to a person not being a licencee under the Dangerous Drugs Regulations gazetted in September 1928”. Although this example might be seen as simply a lapse in attention to detail, it raises interesting points concerning perceptions of cannabis use, knowledge and the functioning of law and its supporting legislation.

The Lodder trial was enthusiastically reported in the *Auckland Star* (1929) and provides further evidence of a flourishing culture of Indian hemp use at that time, with a testifying police officer describing the substance as “selling like hot cakes” (Yska, Ibid.) prior to the recent regulations. For his part Lodder, an assistant chemist who had allegedly supplied an ounce of Indian hemp as a gift to his brother, pleaded guilty, claiming he was unaware of the recent law change.

Contrarily, however, in a sense this trial actually supports Dawkins’ thesis about the primacy of the Dangerous Drugs legislation and its unilateral imposition. If one discounts the periodic media references, there does appear to have been no popular agitation to prohibit the use or supply of cannabis at that time. Up to 1927 it was available for purchase by anyone. As pharmacy historian Reg Combs remarked, “When Indian hemp was included in the Act in 1927 we wondered why.”\(^{40}\) Nor, it seems, were there significant numbers of prosecutions after the Bill was enacted. To this extent, the new law did, at the stroke of a legislative pen, create a category of criminals where none had previously existed.

This very limited evidence of cannabis drug crime and addiction may be discerned in the Bill’s second reading. One notes the concerns of the Minister of Health, drawing on a Health Department report showing a lack of statistics or convincing evidence indicating the prevalence of drug addiction in New Zealand. The report’s author, Dr Frengley, concluded that in such an Anglo-Saxon community drug addiction would be unlikely, but that legislative measures could be seen as a necessary protection against the possibility of future drug problems. Frengley’s report quoted from an American Public Health Service report,

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\(^{40}\) Correspondence with Combs, cited in Yska (Ibid.:25). It is also interesting to observe that despite the new legislation, Indian hemp continued to be consumed up to at least 1968, its annual use peaking in 1951 at eighteen kilogrammes of resin, a substantial amount, particularly if one assumes its ostensible for use in corn pads. See Appendix XI, pp 137-8,
describing the ‘gigantic proportions’ addiction had reached in that country, and the great menace this constituted (NZPD, 1927:643).41 Frengley concluded by observing that the 1927 Bill for which his report was written did not intend to produce legislation going as far as its American equivalent. Concern over the more significant evil of drug addiction prevailed, however, with the Minister of Customs describing the greater ravages of ‘dangerous drugs’ as compared with alcohol (referred to by the Minister of Health as a narcotic), and suggesting that remedial legislation “ought to be able to go to very great lengths” (Ibid.:642). The Bill’s momentum received further impetus by the implications of ratifying the Geneva Convention of 1925, with specific reference to the role of the United States.42

These influences notwithstanding, the Bill recognized ‘three basic drugs’, including in its Schedule cocaine and “Indian hemp and its resins and extracts” along with opiates (Ibid.:645). It was successfully read and passed as the Dangerous Drugs Act 1927 and, as such, drew cannabis for the first time into the protective custody of New Zealand law.

Looking closely at the Bill confirms that the drug upon which Members principally focussed was opium. If one includes derivatives, opiates are mentioned no less than fifty-five times compared to Indian hemp’s three. Similarly, those associated with drugs are primarily ‘addicts’ or are in the thrall of addiction. Addicts are variously described as mentally and physically demoralised, as being in the grip of evil; their condition is seen as a disease: incurable, sometimes secret—even fatal. There is also discussion over the imputation that Chinese New Zealanders were disproportionately involved in both opium use and supply, with concerns expressed at the extension of police powers specifically targeting this ethne (Ibid.).43 The medical control of the addict was prescribed, as was the control by the State of

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41 ‘Effects to curb the misuse of narcotic drugs’, American Public Health Service, 12.3.1915, cited in NZPD (Ibid.). See also Musto, (Ibid.:97-116) for a critique of drug addiction rates described by the American Public Health Service.

42 Taylor (1969:171) remarks that the negotiations surrounding the 1925 Convention represented a ‘high water mark’ in United States-League of Nations relations. The otherwise often-tortured relationship between the two parties grew from more general political disagreements and issues relating specifically to drug control, with America seeing the League unprepared to mandate sweeping powers more in line with its own prohibitionist tendencies. For this latter reason, it never signed the 1925 Convention. For a comprehensive assessment of United States-League relations, see note 1, p. 146 Taylor, A. H. (1969). American diplomacy and the narcotics traffic, 1900-1939: A study in international humanitarian reform. Durham, N. C.: Duke University Press.

addictive drugs, the substances that ‘form’ addicts. Despite their incurable nature, the State was seen to recognize its responsibility for the addict and even the possibility of ‘reclaiming’ them. In echoing Dr Frengley’s assessment of New Zealand’s Anglo-Saxon heritage, while the growing evil of addiction was acknowledged, it was argued by some that the country’s proportion of addicted was relatively small and that despite recognition that the laws controlling dangerous drugs might previously have been lax, relatively few people had succumbed (NZPD, Ibid.:644). In general, one gains the impression that, as has been suggested above, an established discourse on the addictive properties of opiates underpinned the Bill’s debate and that the addict-subject, the object of the Bill’s concern, was the opiate addict. There is no mention of an Indian hemp addict, or even a user.

The implications of these developments are, however, best understood within the socio-political context surrounding them and, in order to anchor this, certain international events prior to the enactment of New Zealand’s dangerous drugs legislation in 1927 require discussion.

2.4 Seeds from America

The early twentieth century rise of United States’ global economic interests and the simultaneous conflicts between federal and state concerns within that country over the control of the production, sale and use of substances with the potential for abuse have been linked with globalized drug control policies (Cohen, 1993; Musto, 1987). Musto (Ibid.) argues that the first two decades of last century saw a mingling of United States domestic and international policy aimed at establishing credibility for United States drug control as a means to it furthering America’s global economic aspirations. He further suggests that by establishing international drug protocols the United States’ Federal Government sought to exert control over disparate state legislation regarding the manufacture, supply and use of drugs.44

By convening the First International Opium Commission of 1909 to consider opium traffic between nations, the United States endeavoured to protect its domestic welfare, develop

44 There is a substantial literature on control of substances and their perceived misuse in America in the nineteenth and early twentieth centuries. Musto (Ibid.:65) examines these issues in detail, describing the historical expressions of concern over these matters felt by Americans, suggesting Americans are ‘naturally predisposed to drug taking’. See his note 37 (Ibid.:304) and references including: Beard, G. (1881). American Nervousness: Its origins and consequences. New York, Putnam.
control of international narcotic trade shipments of crude narcotics to manufacturers and markets, and to establish trade with the potentially huge Chinese market (Musto 1987:4). The United States’ strategy stemmed from a desire to placate the Chinese for future investment by being seen as providing international moral leadership, as well as responsibility in relation to the domestic welfare of its large Chinese workforce. Musto argues this interest in China marked an early peak of American imperialism and followed the seizure, from Spain, of the Philippine Islands in 1898. Spain had regulated opium sales in the Philippine Islands and early American reformers such as missionary Charles Henry Brent established themselves at the forefront of the anti-narcotic movement there (Musto, 1987:25). On the eve of the conference, however, the United States discovered it had no domestic opium restrictions. Congress therefore enacted the 1909 Smoking Opium Exclusion Act, expedited by the racially motivated domestic perception of opium use as a Chinese vice; ironic, as one of the Commission’s main motivations was to placate China’s resentment at the treatment of Chinese (Musto, Ibid.:4). 46 Importantly for America, enacting this legislation at the federal level, because of ‘international obligations’, had the added bonus of providing legal momentum justifying federal intervention in state affairs over the control of ‘abused’ substances.

From the 1909 International Opium Commission an array of American domestic and international drug control legislation developed around recreational drug use. Hotly contested federal legislation such as The Harrison Act (1914) and the subsequent Marijuana Tax Act (1937) broadened the scope of anti-drug laws with moralistic and medicalising rationales intended to transcend national boundaries. Charles Brent, by 1909 a bishop and Commission Chairman, proclaimed,

Therefore recreational use of narcotics should be prohibited, their traffic curtailed on a world scale, and a scourge eliminated from the Earth (Musto, 1987:12).47

Although much genuine concern was directed at the ravages of the opium trade on China, other substances were subsumed within the legislative ambit. This was the case with ‘Indian hemp’, which both Italy and the United States pushed for the inclusion of during the next meeting, the first International Opium Conference, convened at The Hague in 1911. While

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45 For a more optimistic assessment of American interest in global drug control policy see chapter twelve of Taylor (Ibid.).
46 As discussed above, this legislation and associated perception that opium use was a peculiarly Chinese vice is not unique to America. See supra note 43.
delegates initially opposed hemp’s inclusion an addendum was adopted, the Protocol of Cloture, noting unanimity of the need to scientifically assess hemp with the view to regulation if necessary. In discussing this proposed study, however, Dawkins (Ibid.:51) notes a lack of any evidence indicating it was carried out, that the significant British study of Indian hemp completed in 1894 was ignored,48 and that evidence justifying international controls in 1925 “seems to have been largely confined to anecdotal reports about the effects of the chronic use of hashish in Egypt” (Ibid.:40).

Certainly this study initially included in the Cloture Protocol seems all but invisible. Bonnie and Whitebread (1970:1020-21) acknowledge it as being introduced by Italy and adopted as an addendum but remark that it received no further mention either during the 1911 conference or until just prior to the Geneva Convention in 1925, in relation to South African concerns.49 These authors are also critical of the Egyptian evidence, remarking there appeared to have been no scientific attempts to assess validity of claims or suspicions about the dangers of hashish. They highlight the following passage:

The illicit use of hashish is the principal cause of most of the cases of insanity occurring in Egypt. In support of this contention, it may be observed that there are three times as many cases of mental alienation among men as among women, and it is an established fact that men are much more addicted to hashish than women.50

Bonnie and Whitebread conclude their assessment of the evidence presented at the 1925 Geneva Convention by suggesting:

Instead [the convention] relied on lurid and often unfounded accounts of marijuana’s dangers as presented in what little newspaper coverage the drug received. It simply assumed that cannabis was addictive and would have engendered the same evil effects as opium and cocaine (Ibid., my emphasis).

Their remarks regarding newspaper coverage add weight to the argument that while the impetus for cannabis prohibition in New Zealand occurred significantly at the legislative level, this was prompted by international rather than domestic concern. Similarly, Musto (1987:52) remarks

47 Musto makes the point (Ibid.:24) that the initial us push for international drug control protocols was significantly dominated by missionaries qua reformers, particularly as they provided almost all of the penetration into China at that time.


49 The Protocol itself receives mention in the minutes of both subsequent Hague Opium Conferences held in 1913 and 1914 respectively. See Taylor (Ibid.:112-119).
that during the early years of the twentieth century, most of the contracting powers attempted to use their newly constructed ‘obligations’ to control their own traffic via domestic legislation but that the apparent failure to achieve this led to the Geneva Opium Convention in 1925, thus shifting control to international restraints. It was to these obligations that the New Zealand House of Representatives responded with the Dangerous Drugs Act 1927 and, despite New Zealand labouring under United Kingdom pressure to produce a ‘kinder’ Act than the earlier British one of the same name, the seeds of this legislation had their origin in America.

2.5 Developing Legislative Control

Webb (1999b) notes the paucity of literature on the history of illicit drugs and their control in New Zealand (1999:14). He mentions Eldred-Grigg’s (1984) description of the colonial scene, which concludes in 1915, and the Board of Health Committee’s First Report (1970), which contains an appendix by Chief Public Health Pharmacist J. I. Ashforth (1970, in Ibid.) on the New Zealand history of drug ‘abuse and drug abuse control’. Of the latter, two significant points may be noted; first, that the article fails to mention cannabis at all, and second, it reinforces Webb’s remarks in acknowledging the difficulty of accessing such a history. According to Ashforth, most of the history is in non-official media, the time lapse in accessing it means much has been lost or forgotten and what was collated during the first half of the twentieth century was reduced significantly due to paper salvaging for the war effort in 1942. He mentions too, the wide dispersal of such information with a variety of authorities (Ibid.:111). From a legal perspective New Zealand’s legislative history as it relates specifically to cannabis is similarly spare, with the significant exception of Dawkins (2001), whose analysis provides the following discussion with both a framework and a point of critical departure.

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52 Board of Health Committee. (Ibid.).
53 This is curious as Ashforth, employed in 1970 as public health pharmacist, had circulated in 1964 a reprimand against so-called articles of public interest in the Health Department’s in-house magazine Health. The reprimand concerned a cannabis article, which had previously been cleared by the police. Subsequent articles were to be “blunt, to the point, and referring only to criminal or deleterious factors,” (Yska, Ibid.:70). This indicates not only that New Zealand cannabis use was already identified as an issue in the early 1960’s but also the degree of control the Health Department expected to have over knowledge about the phenomena of use and the substance.
New Zealand declined the 1925 Convention’s recommendation of differentiating the various forms of cannabis with varying penalties. Instead, it adopted the general definition of ‘Indian hemp’, resulting in the plant, resin, its extracts, tinctures and preparations being classified as dangerous drugs and grouped with opium, morphine, heroin and cocaine. Remarks Dawkins “So began the quite inappropriate statutory assimilation of cannabis with much more harmful substances.” (2001:42).

The 1927 Act’s second departure from the general tenor of the Convention involved the establishing of prohibition as the all-purpose control strategy, rather than incorporating the range of discretionary options proposed in Geneva. These included the option of actually de-scheduling a listed drug if it was subsequently found not to have the dangerous properties originally ascribed to it, an option also referred to in the second Board of Health report some forty-three years later. Thus, the resultant combination of the 1927 Act and subsequent Dangerous Drugs Regulations 1928 created “new offences of importing, exporting, manufacturing, producing, selling, supplying, delivering and procuring cannabis and its derivatives” (Dawkins, Ibid.).

In offering an explanation for the harshness of the New Zealand approach and its immediate adoption of a prohibition model, Dawkins suggests two possibilities. The United Kingdom’s Dangerous Drug Acts of 1920 and 1925 may have influenced legislators, as the ‘template’ they provided would have appealed to New Zealand legislators. Although the structure of the Bill undoubtedly reflected British legislation, during the Bill’s second reading one notes considerable dissention by Members over what they considered to be not only excessive British penalties (legislators in fact opted for half the UK maximums) but also the possible negative consequences of extending police powers (NZPD, 1927:639-641).

Dawkins’ second explanation of the New Zealand legislation reflects the concerns regarding opium discussed above, resulting in the opium control policy shifting its emphasis from regulation to prohibition and in so doing, also capturing cannabis.  

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55 He mentions the Sale of Poisons Acts 1866 and 1871 and the Customs Law Consolidation Act 1882 (Dawkins, note 18, Ibid.). Regarding prohibition, the Opium Act 1908 and Opium Amendment Act 1910 consolidated opium prohibition to the extent that it became an offence to import, sell, consume or possess the drug (Dawkins, note 19, Ibid.).
Two further points arise from this. In the shift to prohibition one observes the legislative focus moving from concerns over public order *per se*, to the health of the individual. Evidence of such a change in focus may be seen in the nineteenth century’s greater interest in the control of alcohol than of opium. Issues of social order were particularly salient in the second half of that century due to the colony’s constrained law and order resources, and lax legislation. Concomitantly, one must also acknowledge the incomplete understanding at that time of the potential for substances to produce physical dependence and the ready availability of opiates, thus limiting the necessity for dependence-related crime. As Eldred-Grigg remarks, opium users are unlikely to riot (1984:110). This is not to suggest a lack of concern over social disorder or that problematic behaviour was not attributed to prohibited substances; one only has to recall the media commentary referred to above. In the Lodder case, for instance, Magistrate Hunt remarked that, “those who take [hashish] often get murderous. It is a dangerous drug” (Yska 1990:19). Thus, while the problem of non-medical drug use had yet to be constructed as the issue it is today (i.e. in relation to widespread recreational use), the discourse on its consequences occurred at numerous sites and included concerns over the behaviour and health of individuals. The conflation of these two areas of concern encouraged structural health entities (i.e. legislature and associated bureaucracies) to combine with those of the judicial system to more accurately control and monitor the individual, creating a powerful nexus of technologies applicable to the body.

The developing capacity and desire to identify and control certain types of drug user reflected changing drug consumption patterns in New Zealand and a more global altered perception of drugs at the close of the nineteenth century. Eldred-Grigg depicts a general shift in New Zealand away from narcotics in favour of milder teas, coffee and aerated water drinks (Ibid.:246). In America a contemporaneous increasing public antipathy towards the generic ‘narcotic’ arising from initial medical and law enforcement disdain for ‘addictive’ substances is described by Bonnie and Whitebread (1974). For the public, these authors suggest, this concern was linked with assumptions about narcotics, their criminogenic effects, prejudices about who might be using narcotic substances and that these were alien to mainstream American culture. Similarly, in New Zealand one clearly discerns an aura of ‘otherness’ about drugs not traditionally consumed and those consuming. Whether it be opium or cannabis, Hindu, Arab or Chinese, discourses on the alienness of habit and habitué are explicit and implicit. Hence, as Chapter One demonstrated, historically it was not the psychotropic

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56 For an example of the implicit, see the article titled ‘Prohibition: Dean Inge opposed’: “but it would not affect him, as he intended to stay only three weeks”, in the Christchurch Press, and referring to US Prohibition of alcohol, published one
experience *per se* that was constructed as objectionable, but whether or not a substance acceptable in the predominant culture—for example alcohol—was involved (Bonnie and Whitebread, Ibid.:28-9).57

Finally, the Western aversion to non-traditional substances is seen in the disinclination of authorities of the time to consider evidence of the potential for their safe use. As Kendell (2003:149-150) has noted, by the time of the 1925 Convention one of the most thorough studies ever carried out into the health effects of cannabis had been in existence for over thirty years.58 However, although Dawkins’ himself cites this report, he implies that the information it contained was possibly unlikely to have reached New Zealand. There may be some justification in thinking this as Kendell (Ibid.:150) suggests information able to rebut alarmist claims against the negative health effects of cannabis was purposefully withheld from delegates at the Geneva Conference by the British delegation. Therefore, as Dawkins (Ibid.:43) observes, the progressive prohibitionism applied to New Zealand opium policy tainted the Dangerous Drugs Act 1927 with regard to cannabis’ inclusion. This is despite little evidence to support such concerns or in fact any extant culture of problematic use at that time or until the 1960’s.

### 2.6 Law and Medicine: Hybridising Bio-power’s Technologies

The adoption of the 1961 Single Convention on Narcotic Drugs extended prohibitionism, significantly expanding global interdictions against illicit substances. It linked cannabis production, distribution, trade in, use and possession “exclusively to medical and scientific purposes [and] to ensure that cannabis possession was permitted only under legal authority” (Dawkins, Ibid.:44). Additionally, cannabis was yoked with actual narcotics (including heroin) in a separate schedule subject to special control measures, “having regard to [their] particularly dangerous properties”.59 New obligations were also imposed on signatories to prohibit cultivation and use. Hence this international convention reiterated the 1925

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57 Others would go further, suggesting that the psychotropic experience itself is problematic for Western cultures. See Room, R. (1985). Dependence and Society. *British Journal of Addiction*, 80, 133-139. and Hannifin, J. (1994). Drug Issues in a Social Context. In P. F. Green (Ed.), *Studies in New Zealand Social Problems* (2nd ed., pp. 216-230). Palmerston North, New Zealand: Dunmore Press. At the least, it may be suggested that such experiences in the West must be disguised by legitimating factors such as alcohol having an existing culture of use or being seen also as food. For a discussion on alcohol as food, see Schivelbusch (Ibid.:22-38).

58 Ibid., supra note 48.

convention’s language in ensuring control of illicit substances by medical science, something Courtwright (2001) notes as the object of all international drug legislation.

New Zealand’s 1963 ratification of the Single Convention led to further consolidation and revision of drug control legislation manifested in the Narcotics Act 1965. Although ‘cannabis’ replaced ‘Indian hemp’, a single schedule of controlled substances prevailed, under the term ‘narcotic’, which Dawkins identifies as being incorrect from a pharmacological perspective. This classification reinforces Bonnie and Whitebread’s (1974) contention that the term ‘narcotic’ had gained a social meaning transcending its scientific application, a point that could be made no clearer than by the following explanation from New Zealand’s first Board of Health report:

The legal definition of narcotics takes into consideration not only the technical pharmacological effects of a drug but also the effects on the individual as a person and the social effects of its misuse (1970:18).

The difficulty associated with this expanded definition of ‘narcotics’ is acknowledged as producing confusion by the report’s authors and is not, as Dawkins suggests, a simple error. The somewhat tautological definition of “narcotics being legally those drugs declared to be narcotics by the Narcotics Act 1965” (Dawkins, Ibid.:14) seems to imply in this instance the privileging of a legal over a scientific definition to achieve a “precise statutory meaning” (Dawkins, Ibid.) in New Zealand law. This was a technical inaccuracy Fastier, the Board of Health Committee’s expert pharmacological member, expressed unease about.60 Significantly, however, this example provides additional evidence of the integration of these two ‘technologies of control’ and of their generative power regarding the categorisation of both substances and classes of individuals. It also speaks directly to issues of control over the social body by expanding the definition of a term already identified as having significant generalised moral connotations in the public mind.

Further, the arbitrariness of the term ‘narcotic’s’ application reflects the arbitrariness of the categories licit/illicit. Hence, the rationale applying interdictions against certain drugs and particular styles and contexts of use pervades those discourses dominating the field of power relations associated with medical science and law. A dialogue of scientific practice, evidence and proof asserts that prevailing laws and legislation reflect a logical, rational, coherent, caring and generally accepted response to perceived threats against individual and

60 Fastier, F. (2003). Personal communication with author. Dunedin, 24.11.03.
collective/social wellbeing. With the prohibition of cannabis, this vision achieves its expression through the marriage of medical power with the coercive power of the law. In remarking on the hybridity of Foucault’s disciplinary power Butchart (1998) notes not only its constant and automatic nature, but also the compatibility of ‘the gaze’ with coercion. This emergence of a ‘new complex of calculable sovereignty’ allows,

the analytic gaze of discipline [to produce] as visible objects those individuals and groups on whom the dramatic spectacles of sovereignty could then be selectively visited (Butchart:1998:30).

This complicity of medical and legal processes in these issues is considered by Foucault where he describes the judge as thinking “of [them]self as a therapist of the social body, a worker in the field of ‘public health’ in the larger sense” (Lotringer, 1989:166). As Robert Badinter observes (Ibid.:167), however, the assumption of treatment and rehabilitation so often conflated with such moments of social justice (e.g. diversion to treatment) is readily undermined by the punitive system with which the convicted is coerced to engage. In the courtroom, this results in the mere witnessing of “the political exploitation of the fight against crime” by systems unlikely either to be inclined or able to provide the means for such assistance (Ibid.). Certainly in New Zealand this is the case. While the first Board of Health report (1970:89) and the subsequent Misuse of Drugs Act 1975 were at pains to emphasise that a major effort must be directed into treatment and rehabilitation (NZPD, 1974:3154), the lion’s share of resources has always been retained by that State sector enforcing prohibition, arguably the least effective component of strategies combating drug harm (e.g. MacCoun & Reuter 2001; Erickson, 1980; 1989).61

In responding to Badinter, Foucault takes this courtroom collusion between medical and legal structures further by positing an anxiety felt by judges qua arbiters of normality/deviancy. He describes their concerns as being ‘modulated’ by the presence of medical knowledge, perhaps literally present in the form of a medical expert, authorising a particular morality in uncertain times (Ibid.:177-178). With specific regard to narcotics, a further possibility resulting from this incorporation of the social into a technically pharmacological term involves a double protection. Here medicine and law collude in mutual support of a process (the control of drug using populations) extending beyond their individual fields. Thus new scientific evidence potentially modifying the perceived dangerousness of a substance may be undermined by the

61 Chapter Four (i.e. section 4.5) discusses this in detail.
broader legal and political implications associated with the ‘location’ and perception of that substance in the judico-legal framework.\textsuperscript{62}

This broad acceptance of ‘narcotic’ reinforces Room’s (1985) argument regarding the historically and socially constructed nature of concepts such as ‘addiction’, ‘drug dependence’ and ‘drug abuse’. Hence for Bonnie and Whitebread (Ibid.), the term is perceived to have had a general meaning for both the public and those medical and legal professionals involved in its application in legislation. To this extent an arbitrariness is reflected in the classifications and associated reasoning whereby a specialized pharmacological term describing a specific substance is applied to depict the effects of various pharmacologically unrelated substances on individuals and entire societies. What is particularly interesting in the case of ‘narcotic’ is the acceptance of the generalized term by agents charged with framing a judico-medical response to a perceived problem. Traditionally, medicine and law are seen as disciplines eschewing vagueness and generality in favour of specific details and verifiable facts. They are also typically defined by their use of specific and technical styles of language.

Hannifin (1994:217) considers this ‘constructivist’ approach crucial to locating these issues within the broader societal discourse on substance use. He refers to the dramatised nature of drug facts, describing them as “hyperbole dressed up as reality” and as being “believed by the actors because these ‘facts’ come to fit their own beliefs, fears and ideologies.” Both he and Room (Ibid.) note the importance of placing contemporary perceptions of psychoactive drug use in context, calling attention to its culturalist nature in Western society and suggesting other societies have traditions accommodating the psychotropic experience for its own sake. This phenomenological blind spot is particularly evident in a passage in the second Board of Health report, where, despite the report’s acknowledgement of the significance of the social in drug use, cannabis is unfavourably compared with alcohol due to the latter’s various attributes including value as a food, a thirst-slaker (‘after a hot day in the garden’), and alcohol being easily detectable and therefore controllable:

With cannabis, on the other hand, the aim is an altered state of consciousness. Hence there is no need to consider unobjectionable uses, as with alcohol (1973:88).

\textsuperscript{62} This occurred recently in New Zealand in regard to LSD, where an Expert Advisory Committee assessment of the drug as potentially less dangerous than its current ‘Class A’ scheduling suggested was countered by a subsequent report supplied by the National Drug Intelligence Bureau. The following reports were released under New Zealand’s Official Information Act: Expert Advisory Committee on Drugs. (2003b). Preliminary Re-assessment of Lysergic Acid Diethylamide. Wellington: Ministry of Health. and National Drug Intelligence Bureau. (2003). Advice to the Expert Advisory Committee on Drugs on LSD (\textit{D-Lysergic Acid Diethylamide}). Wellington: Office of the Police Commissioner.
These quotes from the Board of Health reports, New Zealand’s first formal assessment of drug use issues, neatly encapsulate Foucault’s (1977) assertions regarding the adoption, by such apparatuses as the judiciary and medico-scientific entities, of the controlling and punishing disciplines: classification of substances, specification of use, dosages, behaviours. In short, the collusion of medicine and law is seen in the application of these technologies to individuals and the social body, again illuminating the productive capacity of power in creating categories of social deviants.

Thus, we may consider Dawkins’ concluding comments (Ibid.:44) regarding the Narcotics Act 1965. He notes its creation of further new offences involving smoking paraphernalia, the provision for mandatory imprisonment and a collapsing of the distinction between supplying minors and adults, resulting in the possibility of fourteen years imprisonment as a dealing offence for the “non-profit transfer of a cannabis cigarette to an adult”.

* * *

The year 1968 marks a watershed in the New Zealand history of drug control, with the recreational drug-taking landscape poised on the brink of a massive transformation. Newbold (2000) and Yska (1990) have described the significant shift in New Zealand drug-taking behaviour at this time, attributing the burgeoning drug use to international youth culture, particularly in America, even going so far as to specify an association with phenomena surrounding popular music (Newbold, 1992:115). A more sophisticated assessment by Courtwright (2001:45) notes not only the role of popular culture and in particular a handful of what he describes as ‘vice entrepreneurs’, but also the significance of demographics, which he portrays as a critical precondition to the mass uptake of recreational drugs. He notes the steadily increasing birth rates through the twentieth century after the depression years and especially post World War Two. By 1960, almost a third of the world’s three billion people were between their fifth and twentieth birthdays. Thus, at this crucial period, these ‘susceptibles’ would either enter their teens or twenties.

2.7 Post-1960’s Policy: Navigating a Shifting Landscape

Aware of the changing climate, the government established in 1968 a Board of Health Committee charged with examining drug abuse and drug dependency in New Zealand. Their interim report (Board of Health, 1970:92) recommended no relaxation in cannabis control on account of the
available knowledge of its properties, considered legislation then in place ‘enlightened’ and that adopting a more permissive attitude would be to “invite escalation” (Ibid.:89).

The Committee’s second publication described its First Report as establishing a baseline from which to observe subsequent developments (Board of Health, 1973:5). In adopting this observational approach, it recognized the rapidly changing landscape of New Zealand drug use and prepared for further research, committing in particular to developing a more comprehensive understanding of cannabis. To facilitate this it reviewed several previous overseas reports but still concluded in favour of maintaining prohibition “so long as this can be shown to be largely effective” (Ibid.:89).63 Despite settling on the extant prohibitory regime, the Committee did suggest a number of recommendations, including: separating supply from possession, grading forms of cannabis in terms of potential harm, revising drug quantity thresholds to determine dealing, and classifying different drugs in terms of their potential harms, thereby replacing the general category with ‘classes’ of drugs (Board of Health, 1973:37 et passim). Dawkins notes (Ibid.:45) that wider use of police discretionary diversion was advised.

Based partially on the Committee’s recommendations, the 1974 Drugs (Prevention of Misuse) Bill consolidated previous drug control regulations resulting in the Misuse of Drugs Act 1975 (NZPD, 1974:1277). Also contributing to the content of this Act were new international control measures under the 1971 Convention on Psychotropic Substances, this latter specifying drug components such as tetrahydrocannabinol (THC), cannabis’ most active psychotropic component. As with the 1961 Convention, THC was grouped with other hallucinogens such as LSD and mescaline in Schedule I.64

With the Misuse of Drugs Act 1975, the technically ambiguous term ‘narcotics’ was replaced by ‘controlled drugs’, these substances being classified to one of three schedules corresponding to their perceived potential for harm. As Dawkins remarks (Ibid.:46) “Sensibly,


64 It is interesting to speculate on the reasoning behind the selection of those substances comprising the first schedule. They are all hallucinogens, approximately half of them are naturally occurring and, with the established cultural use of at least mescaline, psilocin, psilocybin and THC, arguments for stringent control due to dependence, danger and abuse seem less compelling than the culturalist arguments advanced by Room (Ibid) and Hennifin (Ibid). For an extended discussion of hallucinogen use as an established cultural practice see Duer, H. P. (1985). Dreamtime: concerning the boundary between wilderness and civilization. Oxford [Oxfordshire]; New York, NY: B. Blackwell.
the cannabis plant, cannabis fruit and cannabis seed were assigned to the least harmful category of Class C controlled drugs in the Third Schedule” and, where not occurring naturally, “cannabis resin and extracts and tinctures of cannabis were included in the intermediate category of Class B...under the Second Schedule.” Non-naturally occurring THC, originally a Class A substance in the First Schedule with heroin and LSD, was re-categorized to Schedule II, Class B, with the Misuse of Drugs Amendment Act 1996.

Initially, it was intended the 1975 Act embody reduced penalties for use and possession of cannabis in its natural form, a position advocated by the Ministers of Health and Justice (Yska, 1990). This position had received its momentum from recommendations in the second Board of Health Report (1973), which criticized legal sanctions against youth that might cause more harm than the drug from which they were being protected. The Second Report (Ibid.:49-53) also emphasised a preference for non-punitive sentences in relation to minor cases of use and possession. However, as Dawkins (Ibid.) and Yska (Ibid.:135-7) note, a subsequently-discredited report from America’s Colombia University, receiving front page space in Wellington’s Dominion newspaper and alleging cell damage from cannabis use,65 criticized the Schafer Report,66 a key support of the Second Report. With the newspaper’s claims being repeated in Parliament and the Health Minister unable to produce for assessment a copy of the erroneous research, the Drugs (Prevention of Misuse) Bill 1974 was presented with only minimal reduction in penalties.

Dismissing 5 years of intensive scrutiny of pot by the Blake-Palmer committees, [Tizard] told Parliament that plans to lower penalties would be abandoned because his copy of the Columbia research had not yet arrived (Yska, 1990:137).

Dawkins (Ibid.:47) makes the point that compared with international legislation the 1975 Act was reasonably progressive. He also notes, however, that the opportunity to introduce more innovative legislation had been missed, all the more surprising as an amendment to the 1961 Single Convention introduced in 1972 had made provision for “measures of treatment, education, after-care, rehabilitation, and social integration” for drug offences.67 He suggests the Dominion newspaper report may have contributed to this less sanguine outcome. Certain

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65 Dominion February 18, 1974, p. 1, in Yska (Ibid.).
66 Supra note 63.
official reporting obligations associated with the amendment to the 1961 Single Convention may also have been influential.\textsuperscript{68}

An examination of the parliamentary debate of this legislation supports the above commentary. Certainly international obligations and political rivalries are apparent, though also there appears broad agreement on the ‘scourge’ of the drug habit. For parliamentarians the world of drug use is populated by traffickers, peddlers and addicts, these types reviled and pitied respectively. What also emerges is that the optimistic watershed of the late 1960’s-early 1970’s, which entertained the possibility of some form of controlled availability of cannabis, has been replaced by a growing awareness that the opportunity to control illicit drug use was slipping away. Cannabis use became viewed less naively as the complexities of drug issues become more apparent.

The absent Columbia University report bears significantly on the debate, indicating not only a reliance on expert knowledge but also an uncritical acceptance of it, with the Minister of Health declining the Board of Health’s Second Report recommendation regarding lighter sentences due to the alleged harmful assessment by the missing document. Exemptions from the prohibition of controlled drugs included medical doctors, dentists and those conducting research. Although introduced by the incumbent Labour government, the leader of the opposition (National) party agreed generally with the Bill’s provisions, acknowledging the upsurge in use, and the necessity of increased police powers of warrantless search as: “people addicted to drugs...use almost any measure to satisfy their craving” (NZPD, 1974:1277-1280). Noting the issue’s complexities, it was decided to have the Bill discussed in committee (including members of Health, Justice and Police) and to be reported back on prior to its second reading.

By the time of the Bill’s Second Reading (1975), the inefficacy of prohibition is already apparent as problems with organised crime exploiting the drug black market are acknowledged. One committee member, Dr Wall (Porirua), notes how many of the public submissions held positive views of the cannabis experience, asking the substance be treated similarly to other legal intoxicants due to its already established use (NZPD, 1975:3142-3157). In talking then about the harms of LSD, he links these to cannabis and suggests that due, therefore, to potential harm of the latter, prohibition should be maintained. He admits to having twenty years experience dealing with addictive disorders and makes the following

\textsuperscript{68} Although signing the Amendment in 1972, New Zealand felt unsure about its ability to furnish reports to the International Narcotics Control Board on opium poppy cultivation and therefore did not ratify the signing until 1990 (Dawkins,
remarks regarding the effects of drugs on the mental processes, in relation to ‘over-inflated artistic sense’:

It is quite extraordinary that many [cannabis] users have developed their self-expression in these ways after their introduction to marijuana, who before its use did not have those interests. I am not condemning the social effect of the development of arts and crafts which has undoubtedly occurred because of this association, but this sort of artificial stimulant cannot be reconciled with good human development; it is something that is artificially stimulated and not resulting from the true educational development of the human personality, either in its social context or its individual application (Ibid.:3149).

Wall continues by discussing the putative relationship between cannabis and pacifism by relating an anecdote about a group of ‘bikies’ who successfully forsook alcohol in favour of cannabis to avoid problems with violence, eventually receiving plaudits from the local police:

No matter how immediately socially desirable it might be to improve [such behaviour] doing this chemically, or accepting [such a chemical alteration] is the right approach, represents a considerable danger. It reinforces the idea—which is so destructive in our society—that the answer to one of our social problems is the chemical answer. The inherent danger to our society if we try to bring about good order by use of drugs is tremendously great. Marijuana does induce behaviour which is seen by the pacifist and the dropout group to be socially attractive – the pleasing amenability to other opinions, a diminution of aggressive tendencies, and a reluctance to be involved in physical violence…the easy compliant approach…[such compliance is] a denial of everything we are striving for in the promotion of our society. Our aggressive tendencies have their attractive aspects. Their control is undoubtedly good and proper if done in the proper way, but their reduction and abolition by the use of drugs of any sort whatsoever is to me fraught with very great hazard (Ibid.:3149-3150).

Wall then immediately notes the appropriateness of the Bill’s changes regarding the linkage of penalties “in accordance with the public’s desire to ensure the good order of New Zealand” (Ibid.:3150). These quotes, though the opinion of only one person, encapsulate the arbitrariness, ambiguities and constructedness of the legislative, legalistic and medical perspectives of cannabis as argued thus far.

A similarly equivocal conception of drug use comes from Harrison (Hawke’s Bay), who is pleased to see chemical solutions to problems not pursued: “Indeed, there is no chemical solution to people’s problems. They must sort out their problems for themselves, with the aid of chemicals only in certain circumstances”. He continues, blurring the differences between

Ibid.:48).
drugs and conflating dependence with use in observing that in the United States, “there are estimated to be 25,000,000 alcoholics and 28,000,000 users of marijuana or cannabis. In Thailand it is estimated there are 300,000 heroin addicts.” He also remarks that in 1972 Parliament was informed of “the 140,000,000 doses of valium [prescribed annually by NZ doctors]…such a large number of doses is simply not necessary for such healthy people as we have in this country.” (Ibid.:3150-51, my emphasis). Despite his undifferentiated view of drug types and user status, Harrison concludes by noting his concerns about poor drug education and the need to adopt a more ‘mature and civilized’ attitude towards the use of substances (Ibid.:3153).

Munro (Invercargill) concurs with Harrison but draws attention to the ambiguous nature of drug user perceptions, noting how users and particularly ‘pushers’ of illicit substances are perceived as criminals but that “[i]n past years we have tended to deal with some of the pushers of alcohol by giving them knighthoods.” He also acknowledges the chemical nature of contemporary society, the naïveté of cannabis as harmless and the testimony before the committee of ‘eminent scientists’ claiming cannabis use results in “massive damage or potential damage to the whole cellular process, the reproductive system, and to the respiratory system…evidence also pointed to the serious possibility of irreversible brain damage and genetic change” (Ibid.:3153-54). He concludes by noting how the unemployed are so often convicted of cannabis use (Ibid.:3156).

The Bill, by this time named the Misuse of Drugs Bill, received its final reading in October 1975. In presenting the ultimate version, the Hon. T M McGuigan (Minister of Health), remarked that its aim was to protect youth “from the activities of an unscrupulous few who would impose their will”, thus emphasising the focus on trafficking and the need to protect youth from ‘this social disease’ (NZPD[402], 1975: 5347). Implicit in his statement, however, is the denial that the majority of users were actively pursuing the use of cannabis. Users’ voices, then, as now, were significantly absent from the debate.

The various perspectives aired during the Parliamentary debate surrounding The Misuse of Drugs Amendment Bill 1978 are of interest because of their diversity. Their complexities were recognised as the Minister of Health introduced the Bill, acknowledging in the debating chamber for the first time the pleasure motivating many users, as well as that despite the moderate drinking of many New Zealanders, alcoholics numbered at least 53,000 with perhaps ten times that number affected. Regarding cannabis, increasing scientific knowledge
portrays a drawing aside of the veil of naïveté surrounding the consequences of use with the phenomenon being described as a rising epidemic. The growing black market is also acknowledged. While the usual drug peddler, pusher, Mr Big clichés obtain, there was, nonetheless, concern over infringement of civil liberties resulting from increased Police surveillance powers (NZPD, 1978:3167-3174). In responding to these concerns, the Customs Minister invoked the increasingly standard spectre of the international dealer but emphasised that education and rehabilitation were also a focus of the Bill, thus it was not entirely a punitive Bill. Despite this he acknowledged that “it has been considered necessary…to impinge on a number of personal freedoms in the areas of personal searches, telephone tapping, listening devices, tougher imprisonment penalties, and restrictions on bail” (NZPD [421], 1978:4211).

2.8 Effective Policy or Deviance Amplification?

This mesh of drug control legislation (Appendix III) implies the aim and ability of the State to have power over every aspect of cannabis use. Restricting availability through border interception and control of domestic cultivation, the suffocation of large-scale illicit markets and their networks, the shutting down of profits to traffickers; one would imagine these all to be accounted for under such a regime. As a minimum, prohibition should have reduced demand, not merely through legal deterrents and criminal sanctions, but also practically and economically by controlling supply and demand to the extent that cannabis becomes difficult to obtain and prohibitively expensive.

Some of these aims have been achieved, at least to an extent. As Dawkins (2001) remarks, however, if the legislation’s success is measured against the critical objective of prevalence reduction, one must describe the law’s effect as ‘singularly unsuccessful’. The years since 1970 have seen cannabis use in New Zealand expand to where use ever, amongst the 15-45 age group has been conservatively estimated at fifty-two percent (Wilkins, 2002) and use ever up to the age of 26 years is reported to exceed seventy percent and described as ‘normal’ for that age group (Fergusson & Horwood, 2000; Poulton, R. G., Moffitt, T. E., Harrington, H. Milne, B. J. & Caspi, A., 2001).

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69 This lack of policy success regarding cannabis is reflected in a similar consensus concerning the international control of all illicit substances. The Drug Policy Forum Trust, in noting American resistance to international drug control policy changes, remarks that a United Nations/US consensus on prohibition is “the more astonishing for surviving the almost universal verdict that the strategy of drug prohibition has failed…” The real drug war: why the US won’t let Australia
The demand for cannabis has been met by supply from various sources, initially from overseas, and subsequently, in response to successful enforcement at New Zealand borders, by the development of a huge domestic cultivation, production and supply network apparently dominated by criminal gangs. While Dawkins’ assertion (Ibid.) that these gangs control the market is arguable, there is no question that they are significant players. Prohibition has directly involved gangs in the production and supply of cannabis (Webb, 1999:34), and has promoted criminogenic effects such as gangs’ utilization of violence and their linking ‘soft’ and ‘hard’ drug markets (Anderson & O’Connell, 2002).70 There is also an important relationship between gangs and their affiliates, and certain New Zealand communities, such as in Northland, where the illicit market plays a major role in the formal economy, thus entrenching both use and market structures in the wider—and not necessarily cannabis-using—community (Walker, 1998).

As the following shows, this legislation and the process of prohibition per se, have been hugely productive of classes of drug criminals and of police powers to control this burgeoning class of deviants.

New Zealand enthusiasm for cannabis use is reflected in police figures for reported drug offences in the years 1961-1975, with offences growing from four (1961) to 2092 in 1975 (Dawkins, Ibid.:52). Parallelling increased legislative complexity were a variety of police detection measures aimed to increase enforcement penetration. These included the reorganisation of vice squads in 1965, the later establishment of specialist drug squads, the creation of the National Drug Intelligence Bureau in 1972 and the development of undercover operations (Dawkins, Ibid., note 75). On a related front, New Zealand Customs enhanced its enforcement through the creation of ‘flying’ squads, reorganising the Preventive Service, establishing an Enforcement Division and introducing specialist detection measures such as drug dogs and x-ray equipment. The above, along with the collapse of major drug-running syndicates such as the so-called ‘Mr Asia’ gang, resulted in both increased domestic and border seizures of cannabis, and in influencing a shift from importation to domestic cultivation. These

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70 By 2003 there was considerable acknowledgement of the links between so-called ‘soft’ drugs such as cannabis and ‘hard’ drugs like methamphetamine or its putative pure form, ‘P’, through their distribution via ‘Tinny Houses’, a form of drug distribution unique to New Zealand. See Wilkins, C., Casswell, S., Bhatta, K., & McPherson, M. (2003, June). Drug use by young people (13-17) in New Zealand: Findings from the 2001 National Drugs Survey. Paper presented at the 4th International Youth and Drugs Conference, Wellington, New Zealand.
developments are reflected in expanding record annual seizures of cannabis products, e.g. from 767 grams in 1968 to 103733 in 1976 (Dawkins, Ibid.:53; see also note 80, Ibid.).

This establishment of cannabis as the most widely used of all controlled drugs had taken little more than a decade from the 1960’s, despite a significant accretion of legislature and considerably expanded enforcement practices aimed specifically at inhibiting its growth. It is not unreasonable to argue, in fact that, as with the amplification of deviancy and increased police powers, legislation and enforcement have certainly influenced and actually facilitated the formation of the illicit market, both in terms of supply and demand.

Clearly, the flourishing cannabis market of 1980’s New Zealand indicated the failure of the strict enforcement regime implemented over a decade earlier. In response, a ‘more realistic supply and demand reduction strategy’, described by Webb (1999:16) as the “next major development” in enforcement policy was adopted. It occurred with the Minister of Health’s appointment, in 1980, of a standing Drugs Advisory Committee (DAC) whose role was to provide expert advice on drug issues.71 Dawkins observes, however, that this too proved unsuccessful in stemming the still-expanding cannabis market. This is reflected in police statistics describing a peak at 73% of all reported drug offences in 1977, with these briefly dipping to 41% in 1978 before reaching a new high of just over 90% by 1983 (Ibid.:54).72

Gathering momentum through the 1980’s, large-scale commercial ventures led to the New Zealand cannabis market’s self-sufficiency, supported by national and regional wholesaling and retailing networks, and even the suggestion of price manipulation between regions (National Drug Intelligence Bureau, 2000). Increasing crop size and grower expertise was reflected in the appearance of locally produced cannabis oil (Yska, 1990:159) and the escalation in seizures of most forms of cannabis, these increasing six-fold between 1980-89.73

The 1990’s offence levels remained both relatively stable and on a par with those of the previous decade, while lifetime prevalence of use for the 15-45 age group increased by almost

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71 This change in policy direction is discussed more fully in Chapter Four (section 4.3).
73 Dawkins notes that some of this increase in plant seizures would have been due to streamlining of police procedures. The National Drug Intelligence Bureau coordinates the operation over a three month summer period prior to plants being harvested, physically gathering them in the South Island but, since November 1998, using aerial spraying of North Island crops (see Dawkins, note 86, Ibid.:54-55).
twenty percent from 42% to 50% through the decade (Field & Casswell, 1999), something the authors ascribe at least in part to a cohort effect. What noticeable changes that do occur involve sentencing patterns, with dealing offences increasing by 60% and the slight fall in possession and use being offset by a 118% increase across the decade for paraphernalia and other minor offences (Spier, 1999:17, cited in Dawkins, Ibid.). This latter is interesting, not only for the magnitude of its effect, but also as a further example of the creation of offences and concomitant populations to which these can be applied. Webb (1999a:438) notes the Minister of Health in 1999 describing “the most important features of the NDP [National Drug Policy] work programme” in the context of harm minimization as including a “[p]rogressive ban on the importation and supply of drug-related paraphernalia”. While convictions for these new offences were suffered by an increasing number of individuals there appears to have been no associated decrease in cannabis use. In fact, as Dawkins notes (Ibid.:56), at over 200,000 plants per annum during the 1990’s, the average yearly seizure of plants by police during that decade was double the 1980’s figure.

In reviewing his position, Dawkins describes the impact of prohibition in New Zealand as:

fail[ing] to have any significant effect on a resilient cannabis economy which is now well established throughout the country…The drug has become an economic commodity traded on a black market governed by the same principles of supply and demand as underpin the lawful exchange of goods within the formal economy. Gangs now have a monopoly on the market, integrating their profits into the financial system by money laundering or channelling them into other illicit activities such as trafficking in harder drugs (Dawkins, Ibid.:57).

While ethnographic material in subsequent chapters will show that gangs do not hold a monopoly over the cannabis market, they are often inextricably involved with both licit and illicit economies and, in the case of the north of the North Island, their presence and activities have structural implications for the region’s economy (Walker, 1998).

To end this section on the history of legal interdiction against cannabis use in New Zealand, to the evidence of its failure may be added the argument that as a policy, enforcement legislation is actively criminogenic. It creates the environment and incentives for the development and

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74 The work of the Alcohol and Public Health Research Unit and its subsequently re-named entity, The Centre for Social and Health Outcomes Research and Evaluation (SHORE), particularly its methodology and the implication of that for data production, is critically assessed in Chapter Four (section 4.5).


expansion of an illicit drug market with all its attendant negative outcomes. This assessment of enforcement’s complicity in drug problems is widely held and forms a core criticism of current legislation in subsequent chapters.\footnote{Internationally, the benchmark analysis in this regard is MacCoun, R., & Reuter, P. (2001). Drug War Heresies: Learning from other vices, times and places: Cambridge University Press.}

Finally, from a Foucaultian perspective and as argued above, the application and collusion of medico-scientific and judicial technologies to the ‘problem’ of drug use has been immensely productive of knowledge, categories of criminals and the sick, and of sites, about and within which the power of surveillance, enforcement, judging and classification occurs. Thus, far from being merely a repressive regime, the web of technologies with prohibition as their nexus, may be seen as significantly creative in its application to the social body, an attribute Butchart (1998:10) refers to as expressing the genealogical method’s inversion of power.

In summary, by the end of the twentieth century, cannabis users in New Zealand were subject to the interdictions of three international conventions, a redefined drug control Act—the Misuse of Drugs Act 1975 (itself the consequence of two preceding Acts and their amendments), two committees of inquiry, and numerous subsequent amendments to the 1975 Act. By 2000, annual cannabis-related apprehensions topped 20,000, prosecutions exceeded 18,000 (Dawkins, Ibid.), and over ninety percent of all annual drug crime and twelve percent of all criminal prosecutions were attributable to cannabis (Webb, 1999b). Webb (Ibid.) sets direct policing costs of enforcing cannabis laws in 1998 at $22 million and a fuller Treasury assessment for 2003-2004 provides a figure of $64.8 million.\footnote{The economics are complicated, however, with gaps in police records and split costs for sentence administration being found in other departments and Crown Owned Enterprises, for instance Justice, Work and Income New Zealand. The Treasury analysis categorizes drug offences as victimless. Thus costs are calculated on “those borne by the criminal justices system in prevention, detection, resolution and sanction” (p. 25). Roper, T. & Thompson, A. (2006). Estimating the costs of crime in New Zealand in 2003/04. (Working Paper 06/04). Wellington: New Zealand Treasury. See also Chapter Four, section 4.5.}

Thus citizens may be stopped and searched for using cannabis or for suspicion of use to the extent that an internal body search may be demanded; cars, houses and other property can be entered and searched anytime day or night, and, depending on the extent of cannabis use, supply or production, confiscated if prosecution succeeds. Phones may be tapped, mail opened, email intercepted. Those convicted may be ‘diverted’ into treatment, have fines, suspended sentences or community service imposed upon them; they may be imprisoned. Therefore, while the cannabis user of the twenty-first century may still suffer the taint of
addiction as did the opioid-users of 1927, they are also significantly more than this. They have become the possessor, cultivator, supplier of Class B and C drugs. They are a money launderer, a professional criminal, a gang member, a black marketeer, a trafficker; an accessory. They may be linked with terrorism.

2.9 Summary

This chapter has followed the process whereby cannabis and the cannabis user came to be redefined and controlled by the law in New Zealand. It was argued that this process did not stem from historical concerns about cannabis users or their behaviour. Rather, factors of political economy and popular discourse were involved. These included: the development of global drug control policy—itself nurtured by the agendas of the contracting parties; a generalised popular discourse concerning the use of substances seen as non-traditional, relying in part on stereotypical perceptions of users; a developing awareness of the medical consequences of substance use; and, a shift to less intoxicating substances more compatible with the exigencies of then contemporary life. In conjunction with the latter, the chapter extended Chapter One’s underlying theme regarding the culturally specific nature of the concepts licit/illicit.

The preceding discussion adopted a Foucaultian (e.g. 1977) perspective, whereby technologies of medical and legal categorization emerging during the eighteenth century came to be applied to the body as a means of social ordering in the context of developing cultural and economic structures. This “technology of power over the body” (Ibid. 1977:27) is implicit in the Minister of Health’s quote heading this chapter, and explicit in the raft of drug prohibition legislation subsequent to the 1927 Act. Consequently the application of the law constructed cannabis users as criminals and deviants and, in conjunction with notions of health, as dependents and addicts. Legislation’s reconstituting of cannabis users was followed through the 1970’s, where categories of use and user expanded as the law was applied in an

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79 The contemporary cannabis ‘misuser’ is less likely to be referred to as an addict than as a cannabis ‘dependent’ or ‘abuser’, as discussed in Chapter Three.

80 These are the principal categories of prosecution, and classes of cannabis, as set out in the Misuse of Drugs Act, 1975. Possession and use are considered minor cannabis charges, while cultivation and supply are more significant and consequently carry greater penalties. Class B cannabis includes any form of processed cannabis, for example, cannabis baked in a cake. It also includes hash oil and resin. Class B cannabis contains greater amounts of Δ9-tetrahydrocannabinol (THC), the substance’s most psychoactive compound, resulting in an assumption of greater danger and therefore requiring greater penalties.

81 Recently-passed counter terrorism legislation necessitated an amendment to the Misuse of Drugs Act, specifying that evidence of a “prescribed cannabis offence” may be acted upon if discovered whilst individuals are being investigated for suspicion of terrorist-related activities. See Misuse of Drugs Amendment Act (No 2) 2003, 26 (1) (h) (2003).
increasingly elaborate network of control. However, rather than being solely a repressive regime, the law’s application was shown, on the one hand, to have largely failed to control use, and yet on the other, to have been productive of categories of user and behaviour against which it might in the future be deployed. Finally, legislation was also seen to be crimenogenic in its facilitation of black markets for cannabis and other drugs.

Chapter Three will extend this analysis by considering the construction of the user from a health perspective via public health discourses, as well as examining contemporary drug use-related legislation and policy.

\[\text{See Appendix III}\]
CHAPTER 3.0

CANNABIS AND NEW ZEALAND PUBLIC HEALTH:
FULL AND PERFECT POWER

3.1 Introduction

In this chapter New Zealand public health is described in the context of its application to drug control and the implications of this for cannabis use and users. The discussion has two main parts. First, it is argued that despite the emergence of more inclusive public health practices in the twentieth century, where drug use and users are concerned, coercion and fear of contagion, themes characterising early colonial public health, have survived. The chapter’s second part considers how use and users have been constructed by public health and particularly medicine, through policy formulation from the 1960’s to the late 1990’s.

Following the outlining of early New Zealand public health, the chapter’s focus shifts to a crucial period regarding drug use, the late 1960’s-early 1970’s, when burgeoning cannabis use stimulated a government inquiry into the most appropriate public health response. A close reading of two seminal reports (Board of Health Committee, 1970; 1973) explores New Zealand’s nascent drug use epidemiology. The redefinition of users and use are examined in the context of medicine and law. It is suggested that perspectives deriving from these disciplines came to define and ultimately dominate the discourse of drug use.

3.2 Fear of Infection

In the context of the present work, public health may be defined as having emerged in the eighteenth century, and as comprising hygiene and isolation, increased effective medical procedures, and the economy of health: the improvement and integration of health, services, and health consumerism (Fabion, 1994:134-5). While the use of cannabis is readily linked with law enforcement—for example, in terms of enforcement—legislatively New Zealand cannabis control laws are deployed in the context of public health. At first glance it may appear that the Ministry of Health, and those of Police and Justice have little in common in terms of their agencies’ engagement with citizens, and indeed a tension regarding the pragmatics of their application to populations exists. However, in New Zealand the
prosecution of public health has often entailed an element of coercion, certainly of supervision, surveillance and control. In the following discussion of its history, public health is seen as a natural bedfellow of those explicitly coercive practices representing enforcement and the application of drug control laws.

MacLean (1964:36) notes that it was probably the fear of cholera that sparked the 1856 Quarantine Regulations, New Zealand’s first effective enacted public health legislation. Similarly, the promulgation of the first eponymous public health legislation, the Public Health Bill 1872, was precipitated by concerns over contagious disease and the desire of politicians of the time “to promote the greatest good for the greatest number” (NZPD, 1872:24). These Benthamite assertions invoke impressions of a determination to effectively control and suppress threats to public health and certainly this was the case in a budding isolated colony with a small and widely scattered settler population steadily coalescing into larger settlements with concomitant health issues. The 1872 Bill’s main focus was on the ability of quarantine to contain threats of contagion “by the adoption of any…means necessary for the preservation of public health” (Ibid.:25) and with “full and perfect power” (Ibid.:26).

Until the early twentieth century public health’s attention was fixed firmly on the dangers of epidemic and contagion and, as the legislation of that time attests, in the absence of effective medical procedures, surveillance, control and coercion were the regime’s principal tools. For example, clause 16 of the 1872 legislation allowed for the compulsory reporting by Medical Officers of contagious disease, e.g. smallpox, and proposed to include the compulsory reporting by householders of such disease, and the compulsory vaccination of children (Bill’s Part III, Ibid.:25-26).

The Public Health Act 1876 extended both the trend to centralise public health authority and the application of coercive and controlling measures in enforcing public health demands. At this time the provincial governments were abolished, making way for the creation of seven District Health Boards controlled by a single Central Health Board in Wellington. Boards were empowered to station special constables outside ‘diseased’ houses, disallowing entry or exit, and with levying a charge on householders to pay the constables’ wages; reminiscent, remarks MacLean, of Dafoe’s description of the plague of London. Although subsequently abandoned, thereafter for a short period, in Dunedin, the council requested affected families to place a notice on their houses if scarlet fever existed (Ibid.:124). Similarly, MacLean
(Ibid.:125) notes the Dunedin council taking legal action against a man who returned to work prior to receiving a certificate of clearance from his doctor.

To this point there appeared very little concern by public health over problems relating to drug use in New Zealand. Certainly cannabis does not feature on a landscape dominated by the fears of communicable disease and the death it spread in the nineteenth century’s last decade: tuberculosis (5,680), diphtheria (1,283), typhoid (1046), as well as influenza, smallpox and plague. What does emerge, however, is that the pragmatics of having to deal with such unforgiving phenomena allowed for the assemblage of a technology of control that, due to the exigencies of the times and the state of medical science, was able, both practically and legally, to insert itself into the lives of citizens. In certain circumstances this was in fact demanded, and was linked inextricably with powers of enforcement. Under the Chief Health Officer, the country’s seven District Health Officers (qualified medical practitioners with special training in sanitation and bacteriological science) wielded extensive powers to control infectious disease and could ‘recommend’ the carrying out of any relevant sanitary work by any local authority. Compliance could be forced with costs borne by the local authority. In cases of special emergency, of which the Officer was sole judge, they could, with Ministerial permission, exercise any functions or powers of a local authority.

In carrying out their work, District Health Officers had right of entry to any land or buildings and could incur no personal liability, something it took a further twenty years and the Dangerous Drugs Regulations 1928 to extend to police (Parliament, 1928). Public health employees also had the right to arrest ‘defaulters’ of public health regulations, a power only denied them with the Narcotics Amendment Act 1969. A similar regime relevant to that for districts applied to owners of private property, with costs borne by them (MacLean, Ibid.:429-30).

From this brief analysis of the apparatus of early New Zealand public health emerge two points germane to the present work. First, the deployment of nineteenth century health power was particularly coercive, involving the invasion of property and its destruction, control over bodies and the abrogation of rights. This was quite often a very public process: people isolated on designated portions of land, constables stationed outside one’s house, signs declaring infection erected, fines payable and transgressions publicly notified. Clearly there were pragmatic reasons for this, not the least being the high mortality rates suffered by

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83 Dangerous infectious diseases were declared such by notice in the Gazette. Thus, as MacLean (p. 429) notes, on January 16, 1902 leprosy, bubonic plague and smallpox were so gazetted. See MacLean, F. S. (1964). *Challenge For Health: A History of Public Health in New Zealand*. Wellington: R. E. Owen, Government Printer.
populations yet to experience the advantages of more effective or advanced medical techniques. The process itself, however, does have an almost ritual humiliation aspect about it, its exercise arguably akin to the application of Foucault’s sovereign power with its display of force deemed necessary to create the useful example (Foucault, 1977:49).

The second point, therefore, is that the uncompromising response of public health initiatives was defined by their target, infectious disease, or more specifically, the fear of contagion, and the application of any means necessary to deal with it. This chapter argues that fear of contagion has survived the nineteenth century in the form of a metaphor as applied to drug use and users. If this is so, one would expect to see a similar relentlessness in contemporary public health regarding its identification and containment of drug use problems.

3.3 The New Public Health

Given the development of efficacious medical interventions, the concomitant demise of much infectious disease and the seeming determination by health systems to engage in ‘inclusive practice’ (e.g. regarding informed consent and cultural sensitivity), one might imagine there to be little room in contemporary public health for either coercion or fear of the epidemic. As Peterson and Lupton (1996) note, however, the particular assemblage of health processes—including expert knowledges such as virology, cell biology, pathology and bacteriology, as well as health promotion, epidemiology, intersectoralism, community action programmes—referred to as the New Public Health, embodies sophisticated notions of selfhood and citizenship which, while appearing open and consensual, nonetheless constrain individuals within prescribed patterns of acceptable health. They argue (Ibid.:iix) that the New Public Health is at its core a moral enterprise, involving individual and collective prescriptions from ‘objective’ scientists privileging certain perspectives as ‘natural’ and ‘logical’. Therefore they see the project as a modernist one and suggest, after Foucault, that rather than overt coercive force, control is exercised through the creation of expert knowledges of people and societies. These forms constrain and influence ‘healthful’ actions, with experts playing a crucial role in constructing the ‘normal’ person.

While many of the critical points raised by Peterson and Lupton (Ibid.) are especially relevant to the analysis of New Zealand’s public health response to cannabis use, it is argued that the explicit application of coercion is also a characteristic defining public health’s relationship with illicit drug use and users. This approach receives its traction in part from how use and
users are portrayed. For example, although infectious disease *per se* is less the dreaded spectre it once was, the *metaphor* of dangerous infection is readily applied in public health and the fear it generates harnessed for compliance with preferred parameters of healthful conduct. Nowhere is this more obvious than in association with illicit drug use, cannabis being a prime example. The constant projection of otherness upon drug users, especially users of illicit drugs, sets up a binarism of the good and bad citizen:

In these discourses, people designated as ‘alcoholics’ or ‘addicts’ are often described as ‘the enemy’. Those who use certain kinds of drugs are viewed with contempt because they fail to conform to the hegemonic assumptions that one must ‘face the real world’ without the use of drugs. They become the repository of a sense of lack of control and dependency exhibited by such ‘folk devils’ (Peterson & Lupton, Ibid.:55).

Further, that regarding infection:

[U]sers and dealers are like virulent pathogens in the body politic, destroying the morally good order from within (Peterson & Lupton, Ibid.:56).

This metaphorical use of ‘dangerous infection’ sits comfortably with contemporary public health architecture, which, despite its alleged ‘newness’, may be seen as a rediscovery of the ‘old public health’ project of the nineteenth century, with its focus on infectious disease and illness as negatively impacting on urban production (Peterson & Lupton, Ibid.:2). Because of this close fit between the deployment of the old and new public health technologies, and in particular the latter’s reference to illicit drug use, the extent to which coercion has been removed from the armory of the new public health is arguable. This is not to deny the subtlety of many of the processes set in motion by the various technologies and power relations illuminated by Foucaultian analysis, illustrating his thesis that sovereign power (i.e. explicit coercion) has given way to bio-power (i.e. technologies of surveillance and normalisation; Foucault, 1977). One should recall, however, the battery of explicitly coercive applications of power awaiting those in default of New Zealand’s drug laws as outlined in the previous chapter.

3.4 **Hiatus**

As Chapter Two discussed, the period of the late 1960’s-early 1970’s marks both a watershed in the development of New Zealand drug control legislation and the period during which
recreational drug taking, particularly of cannabis, commenced in earnest, especially amongst the country’s youth. For these reasons the era is a significant one for public health in New Zealand, a point punctuated by the production of two Board of Health reports, known popularly and respectively as the First and Second Blake-Palmer reports.\footnote{Board of Health Committee (1970) Drug dependency and drug abuse in New Zealand: First Report. \textit{New Zealand. Board of Health. Report series; no. 14.} Wellington, Department of Health; Board of Health Committee (1973) Drug dependency and drug abuse in New Zealand: Second Report. \textit{Board of Health report series; no. 18.} Wellington, Department of Health. Hereafter referred to as Board of Health Committee, First Report and Second Reports.}

Aside from their publication covering a transitional period in the history of New Zealand illicit drug use, the reports are significant for several reasons. The time of their writing represented, both internationally and domestically, a brief period of openness regarding the possibilities offered by use of non-traditional recreational psychoactive substances.\footnote{This refers to both the popular perception of the advantages of using substances for ‘personal growth’ and clinical applications of drugs such as LSD. For a history of the latter, see Lee, M. A. & Shlain, B. (1985) \textit{Acid Dreams: The Complete Social History of LSD, The CIA, The Sixties, And Beyond}, New York, Grove/Atlantic Inc.} Certainly, there remained concern over the use of the ‘new’ illicits,\footnote{As Chapter One has shown, ‘new’ is really a misleading term, as many of these substances had been known of for decades, and, in the case of cannabis, millennia. Even the more contemporary substance ecstasy (3,4 methylene-dioxy-methamphetamine [MDMA]) was first synthesised by the German pharmaceutical company Merck, in 1912. Here, ‘new’ is used subjectively in the context of their recreational use in Western and contemporary European cultures post World War 2.} particularly LSD. However, with their growing recreational use, significantly as a consequence of global expansion of American youth culture (Courtwright, 2001:45, Lenson, 1995, Newbold, 1992:115) and the popularising of the substances in clinical practice and experimentation by ‘respectable’ scientists such as LSD’s developer, Albert Hoffmann, and ‘maverick’ academics like Timothy Leary (Courtwright, 2001, Stephens, 1987, Lee & Shlain, 1985), social constraints on the use of recreational psychoactives were reduced. This atmosphere of experimentation was echoed by the openness of a number of polities to the prospect of considering the issues of drug control reform on their merits. Consequently, the period of the late 1960's-early 1970’s saw the publication of a number of detailed studies, and the revisiting of others, several of which, as Dawkins (2001:45) has noted, focussed specifically on cannabis.\footnote{Supra note 63, Chapter Two.}

It was in this context that the Board of Health Committee reports were produced, and the innovation of the times is reflected in the Committee’s personnel, their language, varied perspectives and, to a lesser extent, their recommendations. Of particular significance is their engagement with philosophico-legal arguments exploring the tensions between personal freedom and utilitarianism in the context of the right to the non-medical use of drugs. This
discourse is unique in the history of bodies formally charged with advising New Zealand drug policy; it stands in stark contrast to contemporary documents addressing related concerns. It also frames the moment in New Zealand history when the emergence of popular recreational drug use and its implications were first glimpsed. For these reasons and for their impact on subsequent legislation, the reports deserve detailed examination. In the context of contemporary policy analysis the Reports’ discursive characteristics also underscore the value of Foucault’s collapsing of primary and secondary sources in the genealogical method, as Armstrong (1990:1226) has remarked regarding “recognizing and taking seriously the cultural and temporal specificity of concepts of discourse”, and as discussed in the previous chapter.

3.5 The Board of Health Committee Reports

It is interesting to compare the Committee’s personnel and brief, and expert committees of today. Its formation requested by then Minister of Health, Hon. D. N. McKay in April 1968 to explore the implications of emerging recreational drug use, Committee personnel included anthropologist Joan Metge, educationalist David Ross and a religious representative with a background in social services (Walter Hurst). Medical scientists, physicians and a high-ranking police officer occupied the remaining nine positions. Despite the significant skew in favour of medical science, pharmacologist and former committee member, Professor Fred Fastier has claimed the bulk of the committee’s reports resulted from a collaboration between himself, Professor Metge and Mr Ross.88 Certainly the framing of much of the reports in a social context bears this out:

Quite early in the course of its enquiry the Committee recognised the necessity of directing considerable attention to the broad sociological background to the upsurge of interest and involvement in drug abuse, a field that has received much less attention in New Zealand than the medical, legal, penal, and pharmacological aspects of the problem (First Report 1970:10).

Undoubtedly any comparison with committees of today is difficult, with foci and functions differing. However, against the background of expert advice to drug policy one may expect certain commonalities. Thus, the National Drug Policy’s Expert Advisory Committee on Drugs [EACD] classification of illicit drugs is “based on the risk of harm to individuals or

88 Personal communication with Professor Fastier, October 2003.
society” (Ministry of Health, 2000:1). A committee of eleven, the EACD’s members are all either medical scientists or personnel concerned with enforcement, e.g. a Ministry of Health Advisor, a Ministry of Justice representative, police and customs officers. There is one ‘consumer representative’. As is discussed below, this shift away from the social analysis of health towards its redefinition by professional and specifically medical experts is emblematic of the new public health commented upon by Peterson and Lupton (Ibid.:5), and is symptomatic of the contemporary application of public health policy in New Zealand, particularly in relation to drug use, where medical discourse’s focus on a deficit model predominates, though does not exist unchallenged.

3.5.1 Language as a Technology of Control

The Board of Health Committee’s definition of vocabulary and terminology is of considerable relevance in the context of how drug users and their behaviours in New Zealand came to be constructed. This is particularly the case as its reports impacted significantly on subsequent drug control legislation. Along with defining drug-related terminology, i.e. what constitutes ‘a drug’, notions of use, user, misuse and types of problematic user such as ‘addict’, ‘dependent’ and ‘abuser’, the Committee set out to locate the use of drugs within a medical framework. Different types of drug and their effects were categorized, as were the apparatuses necessary for their management. Finally, the Committee explored the complicated relationship between medicine and law, leading to a definition of cannabis harm that, they believed, would be applicable in the context of both disciplines.

As shall be seen, however, the reliance on law to defend their position reinforces notions of coercion discussed above regarding the application of the medical control of drugs and behaviour. Further, though invoking the rationality of science, a close reading of the Committee’s deliberations reveals a preference for a culturally-determined way of thinking about substance use, and of evaluating the place of particular substances in the society of the day.

89 The Misuse of Drugs Amendment Act 2000 established the Expert Advisory Committee on Drugs (EACD) to provide expert advice to the Minister of Health regarding drug classification issues.

First, however, it is appropriate to consider the Committee’s attempts to apply a broadly medical lexicon to the language of drugs and the implications of their use:

Many words commonly used in the vocabulary of drug dependency, drug abuse, and licit and illicit usage of medicinal preparations have widely different meanings in both technical and popular usage. This applies particularly to such widely used words as “drug”, “addiction” and “dependence” (First Report, 1970:11).

For the purposes of their report they note the term drug as being legally defined in New Zealand by the Food and Drug Act 1969, thus:

It clearly indicates that a drug is a “medicine”-in other words, any substance used to cure, alleviate, diagnose, or prevent disease. This is to be contrasted with the popular use of “drug” to mean an agent with a powerful and possibly sinister action on the brain (Ibid., my emphasis).

The above quote plainly locates the use of drugs in a medical framework, and their use outside of this as problematic. What is perhaps more interesting is that it achieves this almost by proxy through its use of legal statutes, a process commented upon in the previous chapter and reflecting what Foucault (Lotringer, 1989:157-78) has described as the ‘anxiety of judging’, whereby medicine and law collude to bolster the legitimacy of their shared position. Here, it might be suggested, it is the physicians who are anxious. Manderson (1994:240) proposes this anxiety was reduced by the use of the word ‘narcotics’ as a medical term with a legal definition, thus creating the issue of drug taking as a medical issue rather than a moral one. We have previously noted the acceptance of this legislative ‘sleight-of-hand’ by the general population, resulting in a consensus in the illusion of a scientific basis to legal policy (Bonnie & Whitebread, 1974). Of equal interest is the juxtaposing of the clinical medical language of ‘cure, alleviate, diagnose’ with the ‘popular’ use of the term drug and its sinister action; an opposing of the civilized and the wild, ‘us’ and ‘the other’, an issue further discussed in Chapter Eight (section 8.5.4).^91

Having defined drugs as legitimately inhabiting the preserve of medicine, seemingly exclusively, it is logical to consider their abuse as that which involves use beyond this context:

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^91 As noted in Chapter One, this opposition in the context of drug use is given full historical and cultural expression in Duerr (Ibid.) supra note 64, Chapter Two.
*Drug abuse* can be taken in this report to mean the misuse of drugs outside accepted medical practice, with the connotation of serious harm to the individual and to society. The drugs which may be involved in drug abuse are those that induce drug dependence…and other substances which may be taken only occasionally by thrill seekers. The drug abuser engages in self-medication for reasons other than the sake of his health: the motive for his drug taking is to be found in the pleasurable or thrilling sensations which he hopes it will provide, or the unpleasant situation he hopes he may avoid (First Report, Ibid., emphasis original).

Again, there are a number of interesting points in the above quote. The first sentence’s definition seems consistent with application to a medico-scientific analysis, and yet the inclusion of ‘connotation’ suggests some additional set of potentially subjective characteristics. This sense of ambiguity—a constant theme where illicit drug use is concerned—is reinforced in the passage’s second part with the conflation of ‘dependence’ and other substances ‘only occasionally’ used by ‘thrill seekers’. Similarly, the phrase ‘drug abuser engages in self-medication…for pleasurable or thrilling sensations’ smacks of a disapproval one might associate with the lonely pleasures so disapproved of by the Victorians (Foucault, 1978). It is not clear why pleasurable or thrilling sensations should be inherently dangerous to either the individual or society.

Further, the phrase ‘self-medication’ is problematic as used by the Committee. Does self-medication reflect the Committee’s terminology for non-medical use or is it suggested this is a user term and is therefore incorrect? If self-medication is the user’s phrase, then it might be argued that the passage’s subsequent assertions about pleasure represent an analysis imposed by the Committee. Certainly many cannabis users, as discussed in Chapter Eight (section 8.6.1), consider they use for medicinal purposes. Concerning this problematic usage, it is perhaps relevant to note that in relation to prescription drugs, self-medication, as defined in the Poisons Act 1960, is illegal. This reinforces that medication qua treatment, is tightly controlled by the organs of medical power.

Other terms receiving the Committee’s attention include drug *misuse*, largely synonymous with abuse (Ibid.), though with possibly less harm involved but potentially significantly impacting on the misuser’s companions, and *dependence*. This latter’s definition is borrowed from the World Health Organisation, describing a ‘psychic’, sometimes physical, state resulting from the interaction between a drug and an organism with a compulsion for taking a substance or the desire to avoid the discomfort of its absence. The Report notes the general
nature of the term, its applicability to ‘various types of drug abuse’ and that it always involves some degree of *psychic dependence* (Ibid.:11-12).

Psychic dependence is an intriguing term, with its definition cited by the Committee from WHO’s ‘expert committees’:

> All these drugs...are capable of creating a state of mind in certain individuals which is termed psychic dependence. This is a psychic drive which requires periodic or chronic administration of the drug for pleasure or to avoid discomfort. Indeed it is the most powerful of all the factors involved...[w]ith certain types of drugs it may be the only factor involved.\(^\text{92}\)

Also referred to as *psychological* dependence, the term adopted by the Committee, of special interest here is again the emphasis on pleasure, that this psychological component may be the only indicator of dependence and that actual administration of a drug might only be ‘periodic’. When coupled with the other definitions above it becomes apparent that the application of these terms to drug taking behaviour, initially described as required due to “the widely different meanings in both technical and popular usage” (Ibid.:11), in no way conforms to some strict, defined and exclusive taxonomy. The definitions do, however, allow for the co-opting of all such behaviour and use into the realm of medical science and, thereby, legal control. There is also operating here a kind of dual essentialism, whereby all psychotropic drugs are considered to have the ability to awaken in users a powerful ‘psychic drive’, suggestive of some basic, almost universal primality. Thus the locus of control and explanation for drug use problems may be variously shifted between individual and substance,\(^\text{93}\) again blunting the medical instrument, but allowing medical science’s broad and defensible application.

Appearing less equivocal is the definition of *physical* dependence with reference to empirical criteria for its definition, including a battery of such medico-scientific constructs as antagonist, withdrawal, symptom, sign, pharmacological action, and concluding with the reassurance that “simple physical dependence can be treated more readily than...psychological dependence” (Ibid.:12).

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Having defined its territory in general terms, the Report then proceeds to populate this terra nullius with a description of drug *addiction*, noting that while the addict is popularly assumed to suffer physical addiction, this is a misleading and over-simplified definition if it fails to accommodate the psychological component, thereby emphasizing the addict’s enthrallment:

A state of addiction is literally one in which the victim is “at the call” of a master. A slave in ancient Rome was *ad dictum* (in other words “at the call” of his master)...Addiction to [morphine-like] drugs has both medical and socio-legal aspects...[w]hereas a medical expert’s attention is focused on the biological phenomena of drug addiction, such persons as legislators and magistrates must be concerned chiefly with its moral and social consequences (Ibid.:12-13).

This desire to encapsulate medical and socio-legal drug use problems led to the Committee giving up ‘addiction’ in favour of the terms *drug dependence* and *drug abuse*. Hence the Board of Health’s two Reports were titled *Drug Dependency and Drug Abuse in New Zealand*, and in so doing the Committee’s authority framed not only the territory of the country’s illicit drug culture but also its inhabitants. These outcomes may not have been among the originally intended aims of the Committee’s endeavour. However, they remain in its wake, sometimes submerged but still visible from the vantage of subsequent legislation.

The First Report describes (Ibid.:13) drugs with the potential for abuse as falling under four categories:

- **Central depressants** – drugs unselectively depressing brain and central nervous system action, e.g. alcohol; barbiturates.
- **Central stimulants** – drugs stimulating parts of the brain, dispelling fatigue, e.g. amphetamines, Ritalin.
- **Hallucinogens** – drugs producing sensory hallucinations, e.g. cannabis, LSD, psilocybin (sic, e.g. psilocybin).
- **Opium derivatives** – the ‘true’ narcotic, producing sleep or stupor, e.g. opium, morphine, heroin

A point arising from the above taxonomy concerns the previous chapter’s discussion of the term ‘narcotic’, which the authors note has both a ‘precise statutory meaning in New Zealand’ (Ibid.:14) and a pharmacological meaning. Acknowledging this, they plump for the former, reinforcing for the purposes of the current text, the argument of collusion between law and medical science, with each acting in support of the other where questions of legitimacy might
arise, thus generating the category of the *legally defined narcotic* and attributing to it the following five characteristics (Ibid.:18):

- Psychological dependence
- Harm to the individual
- Harm to society
- Physical dependence
- Tolerance

For those drugs liable to abuse but not falling under the description ‘narcotics’ there existed in New Zealand at the time of the Report’s publication the Poisons Act 1960, and the Poisons Regulations 1964 and its amendments. Amphetamines and barbiturates were drugs categorized therein, described as *prescription poisons* (Ibid.:19).

3.5.2 Medical Bureaucracy: A Site of Capillary Power

Controlling the use of these categories of drugs of abuse, the *legally defined narcotic* and the *prescription poison*, are what the Report describes as “the normal channels for the distribution of important drugs liable to abuse”. These include registered medical practitioners, dentists and veterinarians, responsible for determining drug needs, proper use and quantities. Pharmacists dispense drugs and “act as a further check against error”. The Report notes the significance of ‘professional responsibility and ethics’ as the “ultimate control regarding legal and proper possession and use” of drugs (Ibid.).

The categories of drug and the structures facilitating their use describe a technology controlling both drug use and user. By definition, those using substances in a fashion incompatible with this technology are drug abusers or drug dependent. For those with ‘special needs’ (established dependence, or unwilling or incapable of engaging voluntarily with treatment) the Alcoholism and Drug Addiction Act 1966 provided treatment, either voluntary or enforced committal. This process was overseen by a Magistrate of the Court, with the committal order remaining in force for two years “within which surveillance [could] be exercised rather than a fixed term of treatment” (Ibid.:19-20, my emphasis).

The willingness of those structures accommodating the ‘channels of drug distribution’ to rely on the ‘professional responsibility and ethics’ of medical personnel as the ‘ultimate control’
over the appropriate handling of substances also reminds us that those inhabiting medical and legal structures are no less constrained than those subject to the processes they oversee. And, while professional training may be seen as a bulwark against unethical behaviour, professionals are nonetheless vulnerable to inappropriate or mistaken practice. Chappell, Reitsma, O’Connell and Strang (1996:121) writing about British heroin maintenance, note the success of such programmes up to the 1960’s, with only a few hundred addicts requiring regular and controlled supply of their drug. However, over-prescribing by a few naïve or unscrupulous doctors to a small number of users and dealers undermined the entire system.

Having acknowledged such pitfalls it is nonetheless viable, as the above example suggests, for training and the enculturation of a professional perspective to maintain its stability and positional knowledge. Hence, the Report states pre-emptively in the section, New Zealand ‘History of Drug Use and Misuse’, “Cannabis has no purpose in medicine. It was removed from the British Pharmacopoeia in 1932” (First Report, Ibid.:22). Such statements locate themselves historically, i.e. today such unequivocal remarks regarding cannabis’ medicinal inefficacy would be considered contentious given developments in cannabinoid pharmacology since the late 1980’s (Smith, 2002). More significantly, perhaps, these statements, so couched as they are in medico-scientific certainty, explain to some extent the rationale informing the Committee’s perspective on cannabis and those professing enthusiasm for its use. They also provide an example of the chimera of scientific truth and therefore the paradox of its intransigence in the light of its vulnerability.

Finally, as we read through the First Report and then the Second, with the ever-increasing significance of cannabis becoming apparent, the degree to which the Committee was prepared to consider the broadest social implications of use becomes more obvious. Thus as will be seen, the Committee’s final recommendations and remarks, pragmatically cautious yet also open to change, despite being based on a belief that cannabis has no medical benefits, place contemporary public health and policy machinations in sharp relief.

3.5.3 Epidemiology: An Emergent Technology

In their discussion of public health, Peterson and Lupton (1996:27) note the central role played by epidemiology, “the study of disease and illness and their risk factors as they occur in groups rather than in individuals”. Commenting on its significance, particularly in monitoring populations, they question its supposedly neutral science—based on measurement
and quantification—remarking that it is rarely critiqued. Consequently, they suggest, the construction of epidemiological ‘facts’ invite close examination. Creation of deviant populations, attribution of causation of illnesses to unhealthy lifestyles and, above all else, the discourse of risk are definitive elements within epidemiology. While one finds evidence of a number of these requisites in the Board of Health Committee’s statistics, what is intriguing is the nascent development of some and the absence of others. The impression gained is of an emerging New Zealand epidemiology of drug use, a point that is particularly evident when these early accumulations of data are held up against contemporary statistics.

Partially, the emergent nature of the Committee’s drug data is simply a consequence of illicit drug use being at an early phase of its development in 1970’s New Zealand. The information available was limited to three sets of national statistics: those supplied by the Police Department; figures of ‘known addicts’ from the Health Department as a consequence of compliance with United Nations drug use returns; and thirdly, Health Department figures on hospital admissions of those diagnosed as drug dependent. Each of these had its limitations, but in noting this, one also observes the productive capacity of epidemiological data in creating ‘types’ of drug user.

Police statistics concerned offences under the Narcotics and Poisons Acts, “These only deal with drug abuse and do not distinguish between offenders who are dependent on drugs and those who are not” (First Report, Ibid.:24, emphasis original). The numbers were very small, not exceeding 200 per annum, mostly involved Chinese and opiate use, and were held in check with the introduction of police squads focusing on drug abuse.

The Health Department’s ‘known addicts’ figures supplied to the United Nations dealt “only with persons dependent on the drugs classified as ‘narcotics’ under the Narcotics Act…[with] a distinction between those ‘addicts’ who obtain and use drugs by licit means under medical supervision and those engaged in misuse for non-therapeutic purposes” (Ibid.:25, emphasis original). Thus there are those who are solely ‘addicts’ and those who are ‘addicts’ and ‘misusers’. The latter, between 1961-1968, showed an increase from 4% to 18% of the annual total. With regard to dependence, Medical Officers of Health in each area would decide this based on their examination of ‘the evidence’.

By combining all data streams, demographically, two trends become noticeable as one moves to the end of the 1960’s. The first is a reversal of gender dominance, with women, who had
previously predominated as ‘known addicts’ making up proportionately less of this category by 1968. As the decade concluded younger ‘abusers’ also increased in number, e.g. by a factor of five for those under twenty years, between 1965-68. In general, younger males are seen to be ‘abusing’ drugs in greater numbers than was previously the case (First Report, Ibid.). One final point concerns the involvement of Māori in these data, where figures indicate (First Report, Ibid.:28) the reported incidence of Māori drug abuse does not proportionately exceed their numbers in the general population. This represents a considerable contrast to their situation thirty years on, with Māori use relative to their numbers exceeding similar statistics for non-Māori.94 Perhaps more telling, Māori, making up 14.5% of the population, receive 43% of the cannabis use convictions and 55% of dealing convictions (Health Select Committee, 2003:28).95

The First Report summed up its impressions by noting three points about drug use patterns: misusers were likely to be poly-users (more than one substance), they tended to group association, and availability was a major determinant of drug choice. Having described this pattern, the Report also indicates a tendency amongst some marijuana users to avoid other drugs and mix in their own circles.96 In relation to the latter remark, the Report posits the existence of “the unknown number of secret abusers” (Ibid.:29). Again, in a more general sense, the Report observes the significance of age as a determinant of use patterns, with older abusers showing discretion and preference for drugs of choice while younger abusers demonstrate a more catholic taste and willingness for experimentation (Ibid.:29-30).

Collectively, the Committee’s observations appear curious in the light of some of the more recent literature on the culture of drug use. For example, Parker, Aldridge and Measham (1998) propose that a culture of ‘illegal leisure’ involving illicit drug use has really only developed significantly since the 1990’s as a consequence of the ‘Rave’ or electronic music scene in Europe and especially Britain. In the present work it is argued, however, that while this may be the case for certain types of drugs and environments, one may discern a much

94 Use during the last year for non-Māori—20%; for Māori—24%. Health Select Committee (Ibid.), supra note 43, Chapter Two.
95 Regarding Māori, there are numerous and complex processes here including policing practices, access to justice and broader socio-economic issues, which are dealt with subsequently. Police figures have been used in this instance as at the time of the Board of Health Committee’s reporting, there were no national drug survey data available. For contemporary prevalence rates, see Wilkins, C. (2002). Drug use in New Zealand: national surveys comparison 1998 & 2001. [Auckland, N.Z.]: University of Auckland, Alcohol & Public Health Research Unit. Cannabis-alone figures are used as police statistics indicated that until recently cannabis crime consistently averaged 94% of all drug crime. See Webb (Ibid.:25), supra note 41, Chapter Two. However, by June 2007, this had dropped to 69%, with the category ‘New Drugs’ accounting for 22% of offences. Police National Headquarters. (2007). New Zealand Crime Statistics 2006/2007: A Summary of Recorded and Resolved Offence Statistics. Wellington.
96 ‘Marijuana’, and ‘cannabis’ are terms used interchangeably in the Board of Health Committee’s two reports. The differing choice possibly reflects the preferences of the different writers, for example the sociological and medical
lengthier history of popular recreational use of illicits, certainly back into the 1970’s. The historical extent of this ‘culture’, its association primarily with youth and the increased period of time youth are involved in it due to the extension of this phase of life in ‘developed’ societies (Berger, Berger, & Kellner, 1974) are significant points in the current analysis and are subsequently commented upon.

In returning to the First Report, certain other generalizations resulting from the Committee’s analysis of New Zealand drug use are notable. An almost clichéd observation relates to drug ‘abuser’s personal hygiene:

Whatever the drugs used, in whatever company, sustained abuse is usually associated with deterioration in cleanliness and care both of the person and the environment. Elementary hygiene is almost totally disregarded and there is rarely sufficient food in stock even for the next meal. Those whose abuse is periodic rather than sustained may show similar characteristics during a drug spree (Ibid.:30, emphasis added).

Following these remarks is a comment reinforcing the requirement of expert diagnosis of dependence, acknowledgement that in New Zealand numbers of abusers having reached this ‘advanced stage’ are limited and reference to the forty using participants interviewed for the Report. It appears that it was significantly on the basis of this limited number of interviews that the above remarks were based, along with subsequent observations in reference to drug user characteristics such as “[t]hey generally maintain that they are not ‘hooked’ or ‘addicted’” (Ibid., emphasis original), which the authors acknowledge as technically true in the case of physical dependence.

Many of these comments seem unremarkable, at least expected, given their temporal specificity. Widespread illicit drug use is in its infancy, terminology is being developed: the dependent; the abuser; the misuser, who may or may not be coupled with either of the preceding terms; the habitual user; the spree user. And, while addiction has given way to dependency and abuse, there are still ‘addicts’, indicating the newness of the former terms; there are legally defined narcotics which may or may not be pharmacological narcotics; prescription poisons with medicinal value; and, despite a determination to apply as rigorously as possible the ‘expert gaze’ of medical science, there are hints of a moral disapproval at such

respectively. However, the former would have been consistent with the popular usage of the time as well as being preferred contemporarily by users and aficionados as possibly less ‘official’. Both terms are used in this section.
behaviour—quotes from Christian philosophers and stereotypical observations of populations based on small samples.

It is important to note here that in terms of drugs used and attributes of users, the Report readily slips between the pharmacological types outlined above, i.e. depressants, stimulants, hallucinogens and opiates. This has the effect of collapsing distinctions between users and drugs used, presenting a homogenous image of the ‘drug user’ and, similarly, conflating problems as well as required responses. A phenomenon noted in the previous chapter, its antithesis—heterogeneity of user characteristics—subsequently emerges as a major organising principle of the present analysis (e.g. section 7.3; Figure 13). This stereotyping of users, without specific reference to their drug of preference, is also highly at odds with the complex taxonomy of substances, especially those in medical use, noted by the Committee. Perhaps what is reflected here is the relatively lengthy history of medical use and the experience of those commenting on it, compared with an emergent classification of a newly recognized population. This is indeed the cradle of drug use epidemiology in New Zealand. And certainly there appears an implicit portrayal of self and other in some of the less medical observations; we might discern in the terms ‘abuser’, ‘dependent’, ‘misuser’ and their enumeration in tables, no matter how limited, the beginnings of, as Hacking describes it “a technology of defining norms and deviations from the norm”.97

There are, however, currents in the First Report which suggest a perspective lacking in contemporary drug use epidemiological data, at least as it is officially presented. At the beginning of this section it was observed with regard to the Committee’s make-up that the realm of expertise was not limited to that of medical science, something evident in the following:

*The people involved.* Drug abuse is essentially a human problem, with effects on both individuals and society as a whole. To deal with it justly and effectively it is necessary to know and understand not only the properties and effects of the drugs but as much as possible about the people involved; to try and see through their eyes and listen to what they have to say (Ibid.:31, emphasis original).

This recognition of the complexity of drug use issues and the adoption of a method encompassing both medical and social science perspectives is quite different from that informing contemporary epidemiology, with its focus on economics, health promotion and
technologies for atomising the body (Peterson and Lupton, 1996:xi). While in the First Report misuse, dependency and abuse stand in the place of recreational use, the latter concept is reflected in comments of those users, described as witnesses, whose voices are actively sought.\(^98\) Similarly, the term *risk*, so prominent in the lexicon of twenty-first century epidemiology and essential to any discussion of the new public health, appears only once (Second Report, 1973:92) in the Committee’s two Reports. The application of this term is also of interest; it not being applied carte blanche to groups such as Māori or youth, but rather, in the context of these groups’ behaviour. In this way, young people seeking work in large cities or those of any age suffering stress might be deemed at risk of drug misuse.

Thus, there is, at this significant moment in the history of New Zealand drug use, not so much a concern over contagion, as with regaining health. Hence the Reports’ remedial emphasis is on treatment, rehabilitation; there is not the fear to discipline and punish. The ‘other’, glimpsed infrequently through the eyes of the Committee in their less objective moments, is not yet the infected alien, the inverted unhealthy citizen defining the border of the new public health. The latter is yet to emerge and so redefine identities “as people respond to fears of contagion and stigma, as they adopt strategies to protect themselves from *implication*, that is, symbolic connection to ‘infected’ others and the negative characteristics ascribed to them” (Crawford, 1994:1348, emphasis original).

Likewise, the pull of causation, with its web of risk and protective factors, and ever present danger of subsuming the individual into statistics (Peterson & Lupton, Ibid.:xiv, et passim), is resisted. Therefore, while Frankenberg (1993:326) notes the centrality of power relations in the focusing on and prioritizing of risk factors in the new public health, the Committee’s broader perspective kept causation at arm’s length:

The features and patterns which occur with such striking frequency among the drug abusers interviewed are obviously correlated with drug abuse, but *correlation must not be confused with causation*. In many cases limited achievement, residential and employment mobility, criminal activities, and difficulties with personal relations, cannot be seen as either cause or effect of drug abuse but stem, along with it, from *more fundamental causes* (Ibid.:36, my emphasis).

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\(^98\) Members of the Committee interviewed some forty ‘user witnesses’ drawn from psychiatric institutions and prisons, as well as ‘volunteers’.
In concluding this section of their report, the authors seek these fundamentals in a variety of phenomena, from drug availability and user networks, to personality traits and other personal difficulties. They even posit a bio-chemical predisposition to abuse. Perhaps more salient, however, is the suggestion that problems of abuse reside in “a value system that approves (or does not reject) the non-therapeutic use of drugs or is too weakly developed to provide effective resistance” (Ibid.:38). While this speculation is implicitly judged, it is revisited in the section’s final words with the Gordian entreaty to, “…greater emphasis on sound values, and a greater willingness on the part of the majority to re-examine established values and forms of social organization” (Ibid.:39).

Much of the rest of the First Report examines in greater detail issues covered to this point. By way of a summary a number of these will be further commented upon, noting themes familiar to the Foucaultian schema: categorization as construction; coercion; surveillance; the application of judicial and medico-scientific technologies; madness; the place of pleasure.

3.5.4 Technology of the Medical Gaze

In setting out to map the terrain of New Zealand drug misuse the Committee recognized a need to clarify from its perspective and for the benefit those to whom their report was directed, the nature of the drug use problem and the characteristics of those involved. In so doing, by the application of its language, methods and rationality, it created or at least brought into focus the characteristics describing those which it considered to have drug use problems. We have already noted the principal categories of abuser, misuser and dependent. With regard to the latter, in the context of ‘assessment’—the application of that important medical device, the examination—the dependent is characterized not only in terms of the body’s physical and psychological dependence on a substance, but also by their relationship with assessment and treatment processes. Thus the dependent is distinguished as having two stages, moderate and advanced—and two types: one with physical and psychological dependence; and one with psychological only. These four categories may be further subdivided: the strongly motivated to achieve cure through treatment; or strongly motivated to resist cure; and then those with motivation weak in each direction (Ibid.:54). The resultant categories are defined then, not by direct physical or psychological factors connecting users with drugs but by their relation to treatment, as physical and psychological factors potentially inhibiting treatment have already been accounted for in the first two categories of dependence.
Assessment extends beyond treatment and even after ‘cure’ where it merges with surveillance in the form of proposed periodic “bio-chemical tests (thin-layer chromatography)” (Ibid.:55, parentheses original). Despite the use of a technology suggesting the neutral and impartial application of a scientific technique to assess a drug user released from treatment for integration back into the community, the following evaluation of the patient’s character implies a less objective perspective:

The [patients] often find this an uphill job because of public attitudes on the one hand and, on the other, the work-shyness of many drug users and their inclination to nonconformity in dress and behaviour (Ibid.:56).

It is apposite also to comment on the above reference to ‘cure’, signifying as it does, the powerful self-belief of science and the progressivism of its modernist enterprise. As Peterson and Lupton (Ibid.:38) note, however, the application of such an absolute term often hides a conflict of opinions and a manufacturing of outcomes. This too is evident in the First Report, with Appendix XIII offering a number of differing medical opinions. Of interest here are remarks by Professor Basil James, Department of Psychological Medicine, University of Otago (Ibid.:215-217), lamenting the conspicuously unsuccessful outcomes of drug treatment, and the subsequent alteration of his clinical language: understanding, not diagnosis; management, not treatment. With his plea for more time managing the person and less time preoccupied with the drug, he sees dependence as merely “the final common pathway” (Ibid.:216). His comments are in contradistinction to the certainty of those of the preceding quote, and undermine the uniform perspective suggested by the Report’s discussion of treatment options, outcomes and the processes by which these are to be achieved.

Aside from the coercive element in the formal committal process described previously, assessment and treatment, delivered through the medical examination, could be applied more forcefully through the courts with the Report noting a tendency for Magistrates to order the medical examination of drug offenders. This marrying of law and medicine was seen as entirely appropriate by the Committee, who considered it “eminently desirable, if not essential, during a remand in custody; or if considered expedient during remand on bail” (Ibid.:49). Such an approach, legislated in Section 10 of the Criminal Justice Amendment Act 1969, was deemed necessary due the unaccountable aversion of drug users for such examinations:

Whatever the state of their health, the majority of those who illicitly use drugs are reluctant to seek medical attention, even though this action would not, in fact, place them in the hands of the law (Ibid.).
This concern with ‘protecting’ drug users is linked with the suspicion of madness, particularly in the case of prescription poisons, where a person “may well be in need of psychiatric treatment as a result of misuse of these and other drugs” (Ibid.:51). The diagnosis of madness is explicit in the Committee’s discussion of the effects of cannabis, referring to the transient psychotic state occasionally endured by users imbibing a particularly strong dose as “a passing mental illness” (Ibid.:70). Thus, if a drug user courts madness by using, how does one characterize those wishing, against this ubiquitous discourse, to use drugs recreationally?

The Report similarly identifies and characterizes a number of problematic substances, some of these licit and inextricably part of the prevailing medico-scientific and socio-medical paradigms being applied to the Committee’s analysis; others illicit, emergent, perceived as hostile to the aims of medical science and alien to the society in which, for the first time, they were being used. Chief among the latter are the hallucinogens: LSD for its extreme effects, and cannabis for its unknown potential, the perception of it as a ‘soft’ drug and its increasing acceptance by youth.

In the Committee’s analysis of the hallucinogens, and cannabis in particular, one finds the above themes—medico-scientific judgement, the positioned expert, myth, madness, ambiguity—in concentrated form. The use of hallucinogens is acknowledged in other cultures with reference to Mexican use of peyote, which “in their estimation” allows the gaining of mystical insights, and of Viking use of *Aminita muscaria* “knowing this would drive them into an insane fury”. Writer Aldous Huxley’s remarks regarding the non-toxicity of LSD are criticized and its ‘mind enhancing’ properties (‘no evidence of this’) characterized as ‘derangement’ (Ibid.:65). W. D. M. Patton, at that time Professor of Pharmacology at Oxford University, and quoted in the Report, describes these ideas as having,

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99 This point is interesting for at least two reasons. First, the reference to the dangers of occasional encounters with particularly strong cannabis reflects contemporary debates about this phenomenon but also supports the contention that there have always been strong strains of cannabis. Secondly, the Committee’s comments regarding a ‘temporary mental illness’ also reference earlier work on the psychomimetic properties of psychotropics and the notion that altered states might typically be assumed to represent a psychotic state. This implies an assumption of pathology, reflecting Western conceptions of drug use, for any altered state. For this latter point, note Room’s arguments on the cultural construction of intoxication and addiction, see Room (Ibid.), supra note 57, Chapter Two. For a discussion of early and contemporary work with psychotropics see, respectively Lee & Shlain (Ibid.), and Griffiths, P., Richards, W., McCann, U., & Jesse, R. (2006). Psilocybin can occasion mystical-type experiences having substantial and sustained personal meaning and spiritual significance. *Psychopharmacology, 187*(3), 268-283.

100 As discussed in Chapter One (supra note 23) Inglis (Ibid.) describes sub-artic-dwelling Siberians as reporting a more sanguine experience with the fly agaric than is suggested here.

101 The ‘toxicity’ of LSD was grossly exaggerated by the 1960’s hysteria accompanying its early use. The rate of ‘flashbacks’ of clinical significance was very low. Personal communication with Prof. Doug Sellman, Director, National Addiction Centre, Christchurch, New Zealand, September 2007. Regarding the ‘enhancing’ properties of hallucinogens, recent work (Griffiths et al, Ibid.) provides evidence of lasting benefits from their use in relation to spiritual development.
led to the further claim that cannabis enhances creative activity. I think this may be one of the frauds of the age...the insights brought back from these voyages have always been trivial (Ibid.:67).

The Committee’s principal concern regarding cannabis appears to have been the substance’s increasing popularity and assumed safety despite their recognition that little was actually understood about its biochemical and pharmacological properties. Of particular concern was the prospect of the availability of unusually strong forms of cannabis, evidenced by several references (Ibid.:70-76) to the dangers of alcohol and water tinctures in which cannabis’ active ingredients would be concentrated for easy absorption, something the Committee described as “a very serious hazard” (Ibid.:70). While acknowledging they had no way of knowing their fears were ungrounded, it is interesting to juxtapose the Committee’s untested concerns regarding dangerous, and to that point unsighted in New Zealand, tinctures with their negative framing of ‘unobjective’ evidence, “procedures too ill-defined to permit competent observers to check the original findings” (Ibid.:71), and their reliance on supporting statements from ‘positioned’ medical scientists:

Why do our ‘progressives’ and ‘do-gooders’ amongst whom I am sad to note appear to be members of the medical profession, make statements to [the media regarding limited harms] when they have little or no experience of its effect in a Society? (Dr K. J. Dunlop, physician based in Assam, India, cited in Ibid.:75, parentheses original)

The above is a response to the British Wootton Report which the Committee acknowledged with reservations about its portrayal of cannabis as a relatively safe drug, with British users’ voices echoing the attitudes of those interviewed in New Zealand, “[a]part from relaxation, the main sensations looked for were euphoria, tolerance of environment, and—at a more intellectual level—heightened awareness of self” (Ibid.). This ‘users-voice perspective’, negatively depicted in the Report, contrasts markedly with the preceding quote and also the following perceptions of user behaviour and characteristics, included in the Report from a World Health Organization Bulletin, noting the attraction of cannabis to,

102 The Committee could not know that their speculations about the pharmacokinetics (the dynamics of a drug’s movements to the relevant brain or body areas) of cannabis were incorrect and that in actual fact a central nervous system (CNS) receptor system specific to cannabinoids exists, thus largely undermining concerns about the dangers of some supposed forms of cannabis not directly introduced into the blood or inhaled. Receptors were first identified in 1988, twenty years after the Committee began its inquiries. See Mechoulam, R., Devane, W. A., Breuer, A., & Zahalka, J. (1991). A Random Walk Through a Cannabis Field. Pharmacology Biochemistry & Behaviour, 40, 461-464., See also Smith, P. F. (2002). Cannabis on the brain. Palmerston North, N.Z.: Dunmore Press.
103 Supra note 50, Chapter Two.  
certain psychologically, socially, maladjusted persons who have difficulty in conforming to usual social means…they include frustrated non-conformists and curious thrill seeking adolescents and young adults (Ibid.).

The theme of non-conformity is consistently referred to throughout both Reports and the significance of its symbolism, particularly in relation to social processes occurring at that time has not escaped more recent commentators. By 1970 non-medical use of drugs was clearly being seen as a danger to established order, a compelling threat to “absolute medical power and potent legal sanctions…challeng[ing] both medical sovereignty and legal authority alike” (Manderson, 1994:241).

It is clear, however, that despite its concerns over the potential for harm from cannabis, the Committee acknowledged the depth of alternative opinions, including the moral ambiguity investing perceptions of cannabis at that time. It even suggested that locating cannabis as a vice might be inappropriate:

It is very unlikely, however, that the general public would describe the possession of cannabis as a vice, or consider it a more immoral act than say, committing a serious assault—an offence not dealt with by the Vice Squad (Ibid.:50).

Conversely, the equation of cannabis use with serious assault appears curiously at odds with the perspective of users noted in the Wootton Report and reinforced by the Committee’s ‘witnesses’. Evidently the Committee perceived the use of cannabis to have some criminal component or to be so serious as to warrant the action of appropriate authorities. The perception of the aesthetics of drug use, so crucial to this discussion, is commented upon by Manderson (Ibid.:236) in his noting that even the law of possession automatically associates drug users with “the possession of machine guns, stolen property or state secrets”. In relation to New Zealand, we may also note references to cannabis in the recently enacted counter-terrorism legislation.105 However, again in regard to the Wootton Report, the Committee acknowledged the retaining of legal sanctions against cannabis use might lead to the involvement of organised crime in developing a cannabis black market,106 in the light of subsequent trends as discussed in Chapter Two a somewhat prescient observation.107

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105 Supra note 81, Chapter Two.
106 Here they refer to remarks from Wootton Committee member Mr P E Brodie, cited in Board of Health (1970:77).
3.5.5 First Report Conclusions and Section Summary

The Committee concludes its First Report with a discussion that sums up the ambiguities gleaned during the inquiry, the transitional nature of New Zealand society regarding drug use, and the argument developed here that, as a public health document, it reflects a perspective unlikely to be repeated within a new public health environment. Commencing with the observation that through the 1960’s New Zealand drug misuse involved a small minority of individuals, predominantly from dysfunctional familial and social environments, the Committee noted that realistically such an argument was no longer tenable, that it,

takes no account of the possibility, which then seemed quite remote, that some people who do meet the canons of reasonable mental health might decide that it is quite proper to use drugs for pleasure in private, and that, as a result, the number of people using psychoactive drugs for this purpose could rise to a level at which it would challenge the accepted social code. In fact, of course, this is precisely what has happened in some countries, mainly over the use of such hallucinogenic drugs as marijuana (Ibid.:83).

The present work argues this is also precisely what has happened in New Zealand. Writing in 1970, the Committee observed a singular shift in the attitudes of New Zealanders towards recreational substance use. This alternative perspective was initially essentially a generational one, something acknowledged by the Committee, who noted the principal involvement of youth, therefore decreasing the likelihood that availability of drugs is the prime determinant of the recent trends (Ibid.). They suggested other youth-orientated factors included a period of rapid social change affecting youth in their relations with older generations, resulting in: younger independent living; awareness/consciousness of youth as comprising an ‘important social group’, and awareness of peers’ behaviour; more questioning of established community values; and, less guidance from parents regarding behaviour resulting in a vulnerability to peer pressure with concomitant lack of parental guidance. They note this “more permissive attitude towards the use of drugs for pleasure...[among] ‘ordinary’ New Zealanders” and the inability of society to insulate itself from such influences (Ibid.:83-84). With these, and other factors such as overseas travel and contact with drug-taking youth cultures, media influence and lack of legitimate and believable drug education, the Committee predicted a possible end to the efficacy of drug control law, affecting youth in particular.

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3.6 The Responsible Citizen and the Governance of Pleasure

The significance of the Committee’s prediction lies not merely in its accuracy, but in the use of the language, the openness of their discussion and its prominent place in the text. The juxtaposition of young and old traditions further highlights the centrality of morality in this analysis—specifically its subjectivity—and no more so than in its entanglement with relations of power. Foucault has discussed this apropos the Victorian repression of [sexual] pleasure:

[I]f sex is so rigorously repressed, this is because it is incompatible with a general and intensive work imperative...how could [labour’s] capacity be allowed to dissipate itself in pleasurable pursuits, except those—reduced to a minimum—that enabled it to reproduce itself? (Foucault, 1978:6)

For our purposes we might replace sex with drugs, a not infrequent coupling, and one having a clear symmetry with Foucault’s argument above regarding the needs of capital, as well as to perceived and actual drug use practices with their implications of loss of control, obsession, abandonment and desire. Lenson (1995:xix), for example, describes civilization and desire as being a fault line at the heart of the drug question, seeing sobriety as created for a politico-economic agenda and being the consequence of a century of social engineering (Ibid.:6). The war on drugs, he suggests, is a war against desire (Ibid.:133). With cannabis and sex, however, there is an ambivalence in the shifting perspectives of the nature of their direct relationship. This is seen in the association of cannabis with sexual licence from the 1930’s–1960’s, as compared with concerns, emerging in the 1970’s, about the negative consequences of cannabis use on male sexual potency (Manderson, 1994:243). This perverse ability of cannabis to invert its threatening capabilities may be viewed, in the Foucaultian schema, as a double jeopardy, with either or both of these potentials a threat to economic processes. Of course, the list of cannabis’ negative attributes extends well beyond a mere binarism, with many of these equally threatening to the forces and relations of production. As Foucault (1978:1) suggests, however, at the beginning of the seventeenth century “one had a tolerant familiarity with the illicit”. Hence, what appeared to the Committee as something new, an emergent trend to recreational drug use, might in fact have been the re-emergence of something that had previously existed in the public domain but had, for a period, been suppressed. The widespread use of substances, including cannabis, in New Zealand’s colonial past would support this (Eldred-Grigg, 1984; Yska, 1990).

In any case, if a preference for pleasure and excitement over the more Presbyterian passions of New Zealand differentiate generations and drug users from ‘responsible people’, where
does this leave those most likely to indulge their desires? Despite the Committee’s major focus on the rehabilitation and treatment of drug misusers, and its entreaty to actively involve youth “in as many aspects as possible of the research, treatment, and education” (Ibid.:87), the voices of those most likely ‘at risk’—a phrase used only parsimoniously in the two reports—are singularly absent in the preponderance of policy outcomes associated with subsequent drug legislation.

3.7 The Second Report

Having established a baseline for New Zealand drug abuse and dependence, and delineated the problems seen to be arising from this situation, the Committee set out in its Second Report (1973) to review existing legislation, examine the needs of misusers, assess treatment and rehabilitation, and consider the health education needs of the community. Several useful studies were generated to inform the Committee’s work, and the themes of moral ambiguity and recreational drug use, considered briefly at the First Report’s conclusion, were significantly developed as the authors strove to engage with issues arising from non-medical drug use. That they felt compelled to explore legal and social possibilities hitherto not associated with a specifically medical discourse on substance use is a reflection of the unique times in which they found themselves working.

In matters of definition the Committee had mapped out in their First Report a typology of drug users, relying principally on the terms drug ‘abuser’ and ‘dependent’. Early in the Second Report they alter their schema slightly by explicitly replacing ‘abuse’ with ‘misuse’, noting that while both imply clear value judgement, the latter “suggests a more general and less emotive term” (1973:14), resulting in the following definition of drug use as:

[T]he proper use of drugs involves either use under competent medical supervision or use in accord with the principles of healthy living and medical practice currently accepted and propounded by health and medical authorities (Ibid.).

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108 Of particular value were a study of drug offence sentencing patterns, a thirteen-year assessment of medical practitioners prescribing patterns carried out by Dr A W S Thompson, and an analysis of two years of media coverage on drug use issues. See Board of Health (1973), including Appendices VII and XII.

109 Public interest in the Committee’s activities is evidenced by the need for a second print run of the First Report after the initial 10,000 copies were distributed to various official, industry and professional bodies and individuals, both domestically and internationally. The second run of 2,000 copies was succeeded by a further run, available through Government bookshops, to meet local demand.
They note also that a few drugs—alcohol, tobacco, caffeine—are legitimately used recreationally, hence they avoid the term ‘non-medical use’ (Ibid.:15). This allows them to accept a clear distinction between legal and illegal drugs, and to place illegal drug use in a context of harm. However, having slightly reconfigured their drug use taxonomy, they then reintroduce the ideological ambivalence characterizing both reports by acknowledging a problematic mix between values, professional expertise and human emotions. Thus, just as there will be debate over the ‘proper’ use of legal medicines, so there will be discussion over the use of illegal drugs; therefore, “it behoves us to take a careful look at our own drug use and to ask whether at least some of it may not come uncomfortably close to misuse” (Ibid.).

These issues, then, are explored in the remainder of the report: further description of the mechanisms of control and surveillance, and consequently, an emphasizing of alternatives to the bulwark of enforcement, this latter considered always as the last resort; the licit and illicit—and thereby an excursion into legal and moral philosophy; and, a discussion of the harms of various drugs via an opposing of what constitutes their characteristics and safe use in relation to legitimately used drugs, especially alcohol.

### 3.7.1 Polytoxicomania

Two issues raised by the First Report but previously undiscussed concern the increasing use of prescribed mood altering substances from the 1950’s, and the consequences of this for both the general populace and those administering and administrating these prescription drugs. Appendix XII of the Second Report (Ibid.:172-192) comprises an assessment of thirteen years (1958-1971) of prescribing mood altering hypnotics, tranquillisers and stimulants in New Zealand. Its author, A. W. S. Thompson, Director, Clinical Services, New Zealand Department of Health, notes that in the period studied, the prescribing of hypnotics and the later introduced minor tranquillisers more than doubled, from 25,000 to 56,000 people. He comments also on the varying prescribing patterns of doctors, both in terms of ordering and dispensing drugs, thus drawing attention to the web of surveillance that extends not only outward over patients, but also in to the very network responsible for creating and identifying patients as drug users (Ibid.:172-3). The Committee acknowledged this, noting the preference

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110 This neologism from 1972 was offered with typically Gallic flair in a personal communication to the Committee from Medecin-Colonel P. De Carfort, Condominium Chief Medical Officer, Port Vila, New Hebrides. See Appendix II, Board of Health (1973).
of the citizenry for chemical answers to their problems (Ibid.:9) and hence also the need to maintain surveillance of prescribing physicians.

Thus was promoted the idea of cross-departmental coordination, a nascent intersectoralism, as a means of dealing with what it saw as an urgent problem. Specifically, the Committee suggested the National Drug Information Service be linked with appropriate Department of Health divisions, as well as educational, medical, and scientific and industrial entities (Ibid.:98). Regarding narcotics, the Committee noted that in 1972 attention was drawn to “disturbing figures for ‘consumption’” in several centres, resulting in increased attention by medical officers of health to particular physicians “who have directed attention to themselves” (Ibid.:10).

Therefore, those deploying the medical gaze are nonetheless vulnerable to its examination. While the technologies of surveillance may be seen to serve the interests of some more than others, they are, ultimately, unaligned with the individual. From this perspective, personnel inhabiting medical structures should be seen as neither a homogenous group, nor holding an unassailably privileged position in their relations with power. This is perhaps a weakness of Foucault’s analysis (e.g. 1989c), where he tends to present an undifferentiated vision of the medical edifice and associated technologies of control and normalisation. For Foucault, there seems to be a singular medicalizing gaze applied to the patient-body, while the technologies of surveillance, which he readily applies to the prison-body (Foucault, 1977), seem not to transfer to the physician.

Having noted a lack of absolute privilege, there is, nevertheless, a relative hierarchy of vulnerability, where a patient is more likely to be blamed than the prescribing doctor. Consequently, as the Committee notes, New Zealand law more readily than other countries draws a distinction between the legitimate patient and the illicit drug user. Responsibility is incumbent on the patient to inform a prescribing doctor of prescriptions from other physicians, as well as for the ‘correct’ use of the prescribed drug. Failure to exercise this responsibility “may amount to an offence under one of several Acts and thus exposure to prosecution” (Ibid.:28).111

111 In some circumstances the implications of this responsibility may extend considerably further. A 2004 inquest into the death by methadone overdose of a remand prisoner at Christchurch’s Women’s Prison in 2000 noted how a series of conversations between the prisoner and her doctor, as well as with other unspecified medical sources about the prisoner’s medication dosage resulted in a prison nurse administering an overdose. Christchurch Coroner Richard McElrea ruled the death accidental. The Press. (2004). INMATE DIES AFTER METHADONE DOSE. Retrieved November 26, 2007, from http://www.mapinc.org/drugnews/v04/n227/a09.html?100092
The notion of licit/illicit is pivotal in any consideration of the control of drug use. With particular reference to this section’s assessment of the development of New Zealand public health legislature and associated Acts, discussion of this issue reached its apotheosis in the Committee’s Second Report. Despite the preceding chapter’s examination of law and health in the context of criminality, it is worth revisiting this issue in the context of health, as the basis of exercising both legal power in general and a prohibition against some drug use behaviour rests with the prevention of harm, whether to others or to oneself (Ibid.:38). As with harm, so too with the utilitarianism of the greatest good, public health in general—and the new public health in particular.

To complete the linkages between law, harms, utilitarianism and public health we may note that, while the law might arguably be seen to reach its limits where social behaviour makes contact with private morality, accepting private moral conduct “is to emphasize the personal and private responsibility of the individual for his own actions” (Board of Health, 1973:39). Here we perceive a tension between personal morality and putative social harm. The Committee recognized this, being concerned to emphasise a positive morality, potentially enforceable by law, while seeing the need to protect the individual from too extensive an intrusion into their private lives by criminal law. This tension notwithstanding, potential for harm becomes the key criterion. Yet it remains a malleable one, requiring amongst other considerations, those relating to “socio-economic status, educational background [and] personal ideology” (Ibid.:41).

Before more fully considering the Committee’s analysis of potential for harm, it is useful to recall two points. First, the Report’s detailed discussion of law and morality as it relates to drug use reminds us that the Committee’s deliberations occurred within a significantly different environment to that which prevails today. As discussed below, the convoluted legal-philosophical conversation undertaken within the pages of the Second Report is now almost stilled, its concerns over individual freedom and morality barely whispered in the most recent inquiry into the legal status of cannabis and its public health implications (Health Select Committee, 2003). While it might be argued that this near silence results from a resolution of these issues, we have already noted the slippage of categories of harm and public interests, and the acknowledgement—and evidence—that the scientific information of the time as it related to drug function and effect, information vital to the Committee’s final position, was limited.
The second point relates to the assessment of potential for harm from given drugs. It is that despite an ambivalence demonstrated by the Committee regarding its assessment of the philosophical grounds for applying the law to resolve issues of drug use, its ultimate reliance on a medico-scientific analysis of harm neatly short circuits the moral conundrum posed by the law’s abridging of personal freedoms.

3.7.3 Potential for Harm

The assessing of drug use harm potential was, for the Committee, a matter for medical science. The confidence of medico-scientific rationality is evident in its self-proclaimed ability to identify and consider ‘all’ processes germane to the analysis of relevant phenomena: “the potential harmfulness of each drug can be meaningfully assessed only in the total context of its use” (Board of Health Committee, Ibid.:41, my emphasis).

As the following indicates, however, this ‘total’ context is a medically bounded one, constructed by a self-referencing medical vision of the world. Hence the Committee’s total context was delimited by: pharmacological properties, dosage, method and frequency of administration, condition of the subject, ‘his’ medication, tolerance etc. “Most important of all, it also involves the aim, knowledge and identity of the administrator, that is whether he is a qualified doctor or not” (Ibid.):

Finally, the potential for harm of any drug, even an opiate, is greatly reduced when it is controlled by the knowledge, professional standards, and good judgement of a doctor…the patient takes no part in the decision-making but, if he is wise and well served, accepts the doctor’s judgement as to when to take the drug and when to stop. But when drugs are used outside medical supervision for non-medical purposes, these safeguards and restraints are removed, as indeed they are in those cases where medical judgement is at fault (Ibid.:42).

The Committee did acknowledge, however, that use outside a medical context might involve only limited harms. For example the smoking of cannabis in groups for enjoyment and interaction had a reduced potential for harm.

Harms that would today be described as secondary or incidental, i.e. those relating to the social implications of use (e.g. MacCoun & Reuter, 2001) were also acknowledged, along

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112 It is worth recalling the ruling of Accidental Death in the case of the methadone-taking prisoner, (supra note 111), and what roles the linkages between medicine and justice play in vitiating processes of accountability which are portrayed as rigorous and exact.
with psychological dependence resulting from the drug lifestyle, impediments to physical and mental maturation for young users, negative consequences for family members and associates, injuries resulting from use, and negative consequences for public interests due to loss of productivity and concomitant pressure on health and welfare services (Board of Health, Ibid.:43). The Committee further commented that assessing the real amount of harm is complicated by the hidden nature of use combined with other harm-producing phenomena including poly-drug use (Ibid.).

The Committee’s exploration of secondary harms included the undermining of respect for the law due to the drug’s statutory association with recognizably more dangerous substances such as opiates. In an irony that is reflected in the cynicism of drug reformers over the ensuing thirty years, the Committee suggested that two arguments for the retention of legal sanctions were the danger of the illicit drug market becoming attractive to organised crime, and the need to protect youth from commercial exploitation where they fail to see the consequences of use (Ibid.:45). That such a commercial environment with links to organised crime did not exist at the time of the Second Report’s publication is further evidence of the pivotal and transitional period during which their work was undertaken. Similarly, that interdictive legislation resulting from the Committee’s recommendations both failed to halt the development of the illegal market and in fact actively contributed to it (Dawkins 2001, Webb 1999b) and the concomitant harms of unregulated drug use is indicative of the Committee’s failure to engage with the ‘total context’ of the problem. In actuality the limitations of applying a medico-scientific perspective to such issues were recognized by the Committee towards the end of their Second Report when they wrote “[t]here are considerable dangers in applying a medical analogy to the field of social behaviour” (Ibid.:97).

Significantly, and in relation to the impact of drug control legislation, the Committee cites the Le Dain Commission’s concerns regarding the costs of criminal law: the impact of convictions on young lives; the economic costs associated with such policies; barriers to

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114 A point which seems to have escaped the notice of those responsible for organising contemporary committees involved in this area. See section 3.4 regarding the current personnel comprising the Expert Advisory Committee On Drugs.
treatment, education and lifestyle change resulting from the criminalizing of drug use; and, linking the cannabis market to that of more dangerous drugs.\(^{115}\)

Despite acknowledging what have come to be known as the secondary harms of policy, and for those reasons noted above, the Committee plumped for the retention of the prohibition of cannabis, with certain provisos stated formally as recommendations. In so doing, at this point in their report they again emphasized the educative, treatment and rehabilitative options as preceding criminal sanctions in dealing with drug users: “[t]here is a clear need for measures which place more emphasis on persuasion and co-operation than on coercion” (Ibid.:50). These emphases are obviously grounded in medical science, though ultimately backed up by the necessity “to maintain unceasing vigilance, adequate and effective sanctions, and full recourse to the courts” (Ibid.:52). One is again reminded of Manderson’s observations (1994:241) regarding an established isomorphism between users and misusers, and that the associated legislation is not just controlling drugs but their misuse by legal subjects.

Because of its escalating use and the significant public perception of it as a safe or ‘soft’ drug, cannabis was acknowledged by the Committee (Ibid.:96) as the principal point of conflict over legal control. For these reasons it was held to be a symbol for the socially disaffected, a rallying point for those wishing to challenge authority (Ibid.:88). Equally, cannabis was a symbol of no change for those seeing themselves ‘in authority’ and representing an established order, be that professional, economic and/or political. However, in locating cannabis with other dangerous drugs and in characterizing its users as the criminal, mad or dependent, a problem of legitimacy had clearly arisen. A careful reading of the Board of Health reports reveals that medical science had been required to labour intensively to portray the substance as particularly threatening. Many of the stated dangers concerned future events: the arrival of hazardous tinctures; the ballooning use and concomitant crime resulting from yet-to-be relaxed legislation; and, the inability to recover lost ground after jettisoning such ill-conceived laws. Thus, suggested the Committee, “[o]ther grounds must be sought for maintaining strong legal sanctions against the use of cannabis if these sanctions are to be respected by most of the community. There are several.” (Ibid.:87).

\(^{115}\) Indicative of the global interest in cannabis at that time are the four reports released during the last two years of the Second Report’s compilation, and cited in (Board of Health Committee, Ibid.:79-80), these being: The Le Dain and Schaffer reports (supra note 63, Chapter Two); Marijuana and Health. First annual report to Congress from the Secretary of Health, Education, and Welfare. Washington, 1971; The Use of Cannabis. Report of a WHO scientific group. World Health Organisation. Geneva, 1971.
These ‘several grounds’, representing as they do the Committee’s final assessment of cannabis’ potential for harm, may alternatively be seen as less the result of considered medico-scientific and legal reasoning than an argument for preference, in this instance, significantly one that is framed in the context of a comparison with alcohol and the control measures associated with that drug.

The difficulty to detect and prevent cannabis use due to its greater potency per weight (and therefore smaller effective doses) than alcohol is portrayed as a major problem. Similarly, the Committee was concerned that it would be difficult to standardize any dose with the resultant problem of accidental over-intoxication. Further, stopping cannabis abuse would be problematic as it is difficult to control production and supply given the plant’s heady growth in New Zealand. Finally, the Committee suggested cannabis is not like alcohol because the latter is not only a drug; it has other uses. Alcoholic drinks,

have wide appeal because of their savour...few eyebrows would be raised by someone claiming that after a hot day in the garden he found nothing slid down the gullet more pleasantly than cool beer. Only a minority of persons taking wine with a meal do so with the intention of becoming ‘intoxicated’...[w]ith cannabis, on the other hand, the aim is an altered state of consciousness. Hence there is no need to consider unobjectionable uses (Ibid.:87-88, my emphasis)

The above examples thus represent a hegemonic perspective, a privileging of substances and thus a construction of their hierarchy, and a way of thinking about substances and intoxication. This ‘drugness’ of cannabis has in the present chapter been referenced through Room’s (1985:136) observations on the cultural construction of drug taking norms, and examined more broadly in Chapter One. Constructivism and the preference by various cultures for describing different drugs as food have likewise been noted by Sullivan and Hagen (2002). However, while one might claim that these counter interpretations derive from more recent work in the area of drug use, as Chapter Two argued, an advantage of Foucault’s genealogical method adopted here is its collapsing of the distinction between primary and


118 A point fully developed in the penultimate chapter (section 8.5.4), this is particularly evident in the light of alcohol’s frequent identification as a dangerous and problematic drug, a fact referenced by Parliamentarians at the time of the Committee’s deliberations (see Chapter Two, section 2.6). For a recent assessment of the dangers of alcohol relative to other substances including cannabis see Nutt et al (Ibid), supra note 27, Chapter One.
secondary sources, thereby illuminating the epistemes of a given period,\textsuperscript{119} and thus highlighting the temporal specificity of ideas.

Then again, our close reading of the Board of Health reports has shown, in both the Committee’s estimation and in those moments when the voices of actual users are heard, that at that time cannabis was not observed to be typically consumed to concerning levels of intoxication. Hence, if we are to consider the scientific validity of the ‘other grounds’ for maintaining strong legal sanctions, then the Committee’s own caveat of “typical forms of illegal use” (Ibid.:42, emphasis original) must be applied in judgement. Thus, and to borrow from Manderson, the Committee’s final position on cannabis represents a preferred aesthetic. However, while he specifically contemplates the language of drug control legislation, we may consider his remarks relevant also to the general conversation of medical scientists:

Here, then, we see the power of the language…to construct a reality, to expropriate authority by the use of persuasive words, and to redefine a social event—the consumption of cannabis, for example—by placing it within a frame so that it becomes seen to be scientifically dangerous and medically unjustifiable (1994:240-1).

\textbf{3.8 Summary}

This chapter has argued that in responding to illicit drug use and users, modern public health harnesses historic strategies incorporating notions of fear and contagion as metaphor, thereby constructing categories of normative, deviant and risky people, lifestyles and practices. While the technologies of public health were described, in their infancy, as relying on overtly coercive techniques, subtler forms of control have developed in association with medical power (Peterson & Lupton, 1997; Armstrong, 1990; Foucault, 1977). However, where illicit drugs are concerned, the subtleties of medical power are regularly supported by more forceful means as evidenced by linkages between medicine, and police and the judico-legal system.

Following the discussion of coercion and fear as metaphor as expressed in colonial New Zealand public health, the chapter explored how cannabis use and users were redefined during the 1970’s, a period encompassing both the rapid uptake of recreational cannabis use, and the re-examination of drug-use practices at a time of relative liberalism. A close reading of two

\textsuperscript{119} The total set of relations uniting the discursive practices of a given period, in other words, the accepted and ‘constructed’ truths of an age. For examples see pp 92-3, Palmer, D. (1997). \textit{Structuralism and Poststructuralism For Beginners}. New
reports generated by a government committee framed this process, exploring the redefinition of language, the categorization of users and the re-contextualizing of cannabis harm. It was argued that the rational discussion constructing drug use was underpinned by culturally relative preferences for certain behaviours and substances.

In concluding this analysis, however, and in the spirit of openness characterising much of the Board of Health Committee’s reasoning, it is important to emphasise that while informing the subsequent Misuse of Drugs Act 1975, the Reports were never considered by their authors to be the last word on options for dealing with drugs in New Zealand and cannabis in particular. As a policy, cannabis prohibition was recommended to be continued only “so long as this can be shown to be largely effective” (Board of Health Committee, 1973:89) and that these restrictions, a “most volatile issue” had “no absolute validity” (Ibid.:96). Indeed, Committee members Fastier and Metge, significant contributors to the writing of the reports, subsequently acknowledged that further consideration of the issue might be more successfully engaged with by “a younger generation”.120 In the next chapter, an analysis of post-1970’s drug policy development suggests this is yet to happen.

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120 Personal communication with Professor Fastier, 24.11.03.
CHAPTER 4.0

NEW ZEALAND’S NATIONAL DRUG POLICY:
A BALANCED STRATEGY OR HARM MINIMISATION IN RETREAT?

4.1 Introduction

This chapter considers the development, structure and functionality of New Zealand’s National Drug Policy (NDP) in relation to cannabis subsequent to the Misuse of Drugs Act 1975. To gain a broader perspective an analysis of recent and contemporary policy documents has been augmented with interviews with policy personnel from multi-sector or ‘intersectoral’ government committees. It is argued that despite the policy’s official basis in harm minimisation, tensions inherent in balancing strategies of supply control, demand and harm reduction have resulted in a conflicted process. This has lead to a disjunction between policy and practice, and a privileging of strategies of prohibition over the policy’s guiding principle of harm minimisation.

At the core of this conflict is the philosophical tension between harm minimisation and antithetical use reduction strategies emphasising abstinence and drug-free messages. Evidence of this is seen in the historical development of the NDP, where a pre-existing culture of drug control, hostile to harm minimisation, has existed. Tensions are further reflected in interactions and operational practices at the intersectoral level, where constituent members of key government structures create, focus and guide NDP development. In terms of outcomes, these constraints are evidenced by policy’s inefficacy in curbing cannabis harm, enforcement’s failure to significantly reduce supply, prohibition’s generation of consequential harms, and the incumbent government’s resistance to evidence of these inadequacies. This perspective receives further support where cannabis users respond to the need for education and demands for medicinal cannabis use by developing their own information sources, and philosophies, strategies and networks of supply.

After a brief description of harm minimisation, the chapter explores the process leading up to the 1998 release of the NDP. Following this, interviews with government drug committee
officials are used to show how differing perspectives on drug control and harm minimisation have constrained the development of effective policy. Further evidence of policy tensions is considered with a review of resources deployed in favour of enforcement over education and treatment. The chapter concludes by examining cannabis users’ responses to policy, thereby supporting Chapter Two’s (e.g. section 2.8), argument that rather than power merely being repressive, its application also has generative or productive—though unintended—consequences (Foucault, 1980).

4.2 Harm Minimisation: a contested philosophy

A brief comment on harm minimisation is useful as the approach is not without its confusions. Wodak and Saunders (1995) note the often-ambiguous application of the term, describing it as one “in search of a meaning”, with it being attributed to strategies spanning the full spectrum of drug policy. They suggest differentiating reduction of harm from harm reduction, with the former covering any measure decreasing drug harm. However, they propose harm reduction could be reserved for “those specific measures which prevent the baleful consequences of drug use without setting out to achieve this objective by interfering with drug consumption” (1995:269). Similar issues are raised by Single (1995:288) in noting harm reduction’s focus on practical rather than idealized goals, as well as problems with gaining consensus for the term’s definition, something discussed below in greater detail regarding its application in New Zealand.

Indeed, New Zealand’s navigation between the Scylla of harm reduction and the Charybdis of prohibition/enforcement reflects Single’s own difficult passage and his crucial question explored below: “is there a fundamental contradiction between harm reduction and prohibition?” (1995:289). In their discussion of harm reduction in Australia and Canada, Lenton and Single (1998:216) argue that while supply and use reduction are compatible with harm reduction when employed as strategies, if deployed as a goal they would undermine harm reduction. For Single, the potential for contradiction is evident where he denies a place for the use of criminal law in harm reduction while simultaneously advocating neutrality over

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drug law reform, a position which provides for the maintenance of harm producing legislation (1995:290). As with Single, neither has this issue been resolved in New Zealand.

4.3 The Path to a Formal Policy

Despite an ever-increasing raft of drug control legislation, New Zealand had no formal drug policy until the release of the National Drug Policy, Part 1, in 1996 (Ministry of Health, 1996b). Originally intended to encapsulate all drugs, the policy was split, with Part 1 ultimately restricted to tobacco and alcohol. Part 2, Illicit and Other Drugs, was developed separately from the former and released in 1998. Closely examining this process and the events leading up to the policy’s release reveals a powerfully political procedure where lines of preference are drawn between different drugs, entrenched political agendas and competing philosophies. Reflecting these processes, the resultant policy, while enshrining harm minimisation as its guiding principle, nevertheless incorporates the tripartite ‘balanced approach’ to drug policy encouraged by the United Nations and the World Health Organization. However, whether “the need for strong law enforcement (to control supply of drugs)” (Ministry of Health, 1998:iii) is pragmatically compatible with demand reduction (education) and problem limitation (treatment) initiatives—essentially the core of harm minimisation—is the crucial question, and one on which the viability of such an approach depends.

Harm minimisation has been espoused for illicit drug policy in New Zealand since the formation of the Drugs Advisory Committee (DAC), a ministerial body established in 1980. Yet, despite a determination to frame policy in this manner, discussions have been characterized by little national coordination, and resistances to a single policy, as well as to serious consideration of alternative legislative options and to any formal analysis of prohibition’s negative consequences (Abel & Casswell, 1998:75). These historic tensions associated with constructing an illicit drugs policy compound problems already inherent in developing health legislation, a policy area renowned for its lack of order or restraint. As Hutt and Howden-Chapman observe in their analysis of early 1990’s public health policy, “Boards, managers and policy analysts are participants in continuing power contests and shifting

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122 The strategy proposes an approach ‘balancing’ or giving equal weight to three components of drug policy: supply reduction (enforcement), demand reduction (use) and harm reduction or treatment. What has emerged, however, is a tension between the first of these—supply reduction, and the latter two, collectively considered to comprise ‘harm reduction’. In this sense the conflict argued for here in New Zealand drug policy between these two approaches is mirrored in debates at the international level. For a history of this see Jelsma, M. (2003). Drugs in the UN system: the unwritten history of the 1998 United Nations General Assembly Special Session on drugs. International Journal of Drug Policy, 14, 181-195.
coalitions.” (1998:8-9). Regarding drugs, although increasing awareness of health issues associated with cannabis raised the pressure for education and treatment, early on the debate had polarized to the extent that education initiatives not explicitly criticizing use were derailed by those advocating prohibition. This happened in 1993 when a Ministry of Education cannabis information kit for secondary schools titled *Cannabis in Context* (Shaw, 1993) was restricted in circulation due to pressure from lobbyists, including the School Principals’ Association and at least one contemporary Labour MP (Hutchison, 2004). Regardless of such resistances, DAC continued to advocate harm minimisation, organizing a national cannabis conference with the Drug Policy Forum Trust, a pro-reform lobby group of health professionals, in 1993. DAC was disestablished in 1996.

The tendency to fracture drug policy initiatives and privilege prohibition had been apparent in the early nineties. Although policy coordination was advocated by the Labour-established Ministerial Cabinet Committee on Drugs in 1990, a 1991 Department of Health Working Group on Drugs proposed splitting the policy into licit and illicit at the national level. While noting the advantages of a combined policy for treatment they instead chose to emphasize the legal disadvantages of combining all substances in one policy because of the licit/illicit dichotomy. The Working Group further suggested a three-part structure dealing with alcohol, tobacco and illicits respectively, overseen by a Ministerial Advisory Committee on Drugs (Abel and Casswell, 1998:76-77). Although not established at that time, an iteration of this body subsequently emerged in 1998 as the current Ministerial Committee on Drug Policy (MCDP), one of the three committees presently inputting to the NDP.

This seesawing between singular and divided policies continued when, in 1994, the Government advocated a single NDP under the Mental Health Strategy by releasing an issues paper for public comment, resulting in a draft single policy document. Cabinet, however, declined the combined policy, releasing instead a Part 1 dealing with tobacco and alcohol in June 1996. Opinions are divided as to the reasons for this. Former NDP Project Leader at the Ministry of Health, Michael Webb, claims that the splitting of the policy document and the delayed release of Part 2, Illicit and Other Drugs, were due to the looming 1996 election and reshuffling of Ministerial responsibilities and delegations. He describes as “speculations”, suggestions by “some commentators” (e.g. Abel and Casswell in their 1998 paper), that bureaucratic conflict had influenced the policy’s final shape. He does, however, acknowledge

that enforcement, and abstinence and drug-free messages were ultimately privileged over harm minimisation (Webb, 1999a:436).

As Abel and Casswell observe in their scrutiny of the documentation leading up to the release of Part 1 in 1996, submissions responding to the issues paper indicate that the alcohol industry under the guise of the ‘Quay Group’ made significant efforts in lobbying for the separation of licit and illicit drugs:

[T]he description of beer, wine and spirits as drugs is inappropriate. These goods are lawfully marketed. The Quay Group takes strong exception to this linkage (Quay Group submission to 1995 issues paper, reported in Abel and Casswell, 1998:77).

The liquor industry’s vigorous approach to debating public health policy has been previously commented upon by others (Hutt and Howden-Chapman, 1998:1-8).

More germane, however, to this paper’s argument regarding the tension between harm minimisation and enforcement, are the changes occurring in the four Drafts of Part 2 of the NDP document (released under the Official Information Act and here referred to as Drafts 1-4) prepared between 1996-1997. A careful examination of the shifting focus over the four Drafts and final document reveals the extent to which major planks of a harm minimisation strategy were steadily stripped from the policy document and replaced by the standard mechanisms and rhetoric of enforcement and prohibition. The outcome is a policy strategy significantly weighted in favour of enforcement despite its claim to be guided by the principles of harm minimisation as defined above by Lenton and Single (1998).

Drafts 1 and 3 are very similar. Of significance in both are the unequivocal privileging of harm minimisation principles and the need for a cost-benefit analysis of enforcement practices in relation to cannabis. They also each acknowledge that harms resulting from ‘cannabis-related enforcement activity’ are clearly recognized by advocates of cannabis decriminalisation, and include a paragraph noting the need for police to be trained in the health risks and consequences of drug use so that their work does not conflict with that of health sector staff “using harm reduction approaches” (p. 28, Ministry of Health, 1996c; 1997a). Of note, however, is the subtle shift in the wording of Draft 3’s more qualified reference to “advocates for the limited decriminalization of cannabis”, compared with Draft 1’s “those who argue for the decriminalization of cannabis” (Ibid., my emphasis).
In comparison, Draft 2 (Ministry of Health, 1996d) bears little resemblance to the policy previously developed through the numerous stages of consultation and negotiation. Considerably shorter, empty of much of the harm minimisation and health promotion content, devoid of cost-benefit analyses but replete with references to workplace drug testing and increased law enforcement initiatives, the job of re-writing had been unilaterally contracted to an independent consultant by Ministry of Health staff prior to the October 1996 election. Perhaps two points can usefully be made about this. First, it had been rejected by the Director General of Health (Ministry of Health, 1996e) due to its incompatibility in style and content with Part 1, Tobacco and Alcohol (Ministry of Health, 1996b), thus its origins and thrust were clearly marked as alien to the process it represented. More significantly, the fact that a document so out of step with previous consultation could be produced in flagrant disregard of protocol reinforces earlier observations about the intensely political nature of public health policy processes in general. Thus, while response to its content and style echoes Webb’s (1999a) explanation regarding timing of the policy and the impending election, the explanations for this document having caused officials to prevaricate over the policy’s release extend beyond mere timing, again reinforce the idea that health policy construction occurs in a contested field.

Comparing Drafts 3 (Ministry of Health, 1997a) and 4 (Ministry of Health, 1997b) makes explicit the tensions between harm minimisation and enforcement as these have been conceptualized in New Zealand’s NDP. These two drafts are fundamentally different in their approaches, with the final published document (Ministry of Health, 1998), only superficially different from Draft 4. The policy’s purpose is more clearly defined in Draft 4, with an emphasis on intersectoral processes. The danger of illicits is emphasized over education, as is criminality and the consequent need for increased law enforcement initiatives over evaluation of these. Significantly, in relation to the latter, the early emphasis on a cost-benefit analysis of enforcement practices and the need to assess enforcement-generated or ‘consequential’ harms, a major plank in any policy aiming to effectively apply harm minimisation carte blanche, are absent from Draft 4 on. Similarly, the enforcement and legislation sections of Drafts 3 and 4, and the successive major issues section send a very clear signal that the NDP’s version of harm minimisation is one clearly bounded by the exigencies of policing and enforced drug control.

Regarding cannabis, a range of negative attributes are discussed, followed by a paragraph linking “drugs like cannabis” with dependence and $1000 per week criminal behaviours
The section continues, discussing enforcement, “the need to be vigilant in the area of narcotic drugs” (Ibid.:16), cannabis dependence and dual diagnosis, and crime. Other notable relevant changes from Draft 3 include a paragraph from the key groups section—*young people*—where harm minimisation practices for drug-using school children has been deleted (Draft 3:22). Towards the end of the document it is noted that “harm minimisation need not be incompatible with modern policing practices if appropriate training is provided to law enforcement officers” (Draft 4:28). This acknowledgement of potential conflict is interesting, not the least because no other reference to appropriate training of police for obviating conflict is to be found in the document despite the significant increase in Draft 4 enforcement initiatives. Finally, a brief health promotion discussion of the concept of “whole communities” and therefore the need for strategies relating to “understandable and enforceable legislation” (Draft 3:27) has been excised.

Concerning comparisons between Draft 4 and the final published policy document (Ministry of Health, 1998), the only significant difference is the inclusion of a definition of harm minimisation in the latter’s glossary. The definition is notable, implying harm minimisation targets specific groups, e.g. those unable “to stop their drug using immediately. The primary goal…is a net reduction in drug-related harm rather than becoming drug-free overnight” (Ibid.:48; my italics). With such specifications, this definition exemplifies the difficulty inherent in hybridizing harm minimisation to include abstinence and drug-free models, particularly where these latter two rely significantly on enforcement. Reinforcing this, we find included in the glossary the paragraph on safe-use practices (Draft 3, Ministry of Health, 1997a:22) missing from Draft 4’s *key groups-young people* section. Although acceptance of harm minimisation by government agencies is “priority one” for the policy on illicit and other

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124 The reference here is to opiates. It is difficult to contend that these are ‘like cannabis’, with significant differences between the two classes of drugs in pharmacology, pharmacokinetics, routes of administration, toxicity, morbidity, clinical management, and price to name a few of the distinguishing criteria. Presumably the perceived similarity relates to the fact that both classes of drugs are illegal.


126 Subsequent to this analysis, and just prior to this dissertation’s completion, the Ministry of Health released the next generation NDP (Ministerial Committee on Drug Policy, 2007). In the context of the present discussion of harm minimisation, its content was relatively unchanged. For example, on page 4, listed under ‘Objectives’ (iv) is: “to prevent or reduce the supply and use of illegal drugs and other harmful use”. On page 5, harm minimisation is listed as the NDP’s first principal, with its aim of improving “social, economic and health outcomes”, and further that it “does not condone harmful or illegal drug use. The most effective way to minimise harm from drugs is not to use them.” and, “Harm minimisation encompasses a wide range of approaches, including abstinence-oriented strategies and initiatives for people who use drugs”. Thus harm minimisation’s fundamental aim—to reduce harm—remains subjugated to strategies aimed at reducing use. Similarly, Demand Reduction is described (page 5) as focusing on “initiatives that aim to delay or prevent uptake, encourage drug-free lifestyles or create awareness of the risks involved with drug use.” Nowhere is there any reference to safe use practices. See Ministerial Committee on Drug Policy (2007) National Drug Policy 2007-2012, Wellington, Ministry of Health.
drugs (Ministry of Health 1998:30), safe use has been removed from the section it relates to but incorporated in the formal definition of harm minimisation.

Questions are also begged of the numerous significant omissions relating to harm minimisation throughout the final document. To this point, although an awareness of the need for a national drug policy and a determination by politicians and agencies to develop this had existed explicitly from at least the early 1990’s, its structure and philosophical thrust had been in dispute. Harm minimisation, although meshing with public health in its broadest application, represents a complex approach potentially in conflict with the practical application of various stakeholders’ briefs. Hence, with an early decision to adopt an intersectoral strategy and to embrace a ‘balanced approach’ in formulating the policy, it should come as no surprise that differing positions on harm minimisation should be reflected in the policy’s final content. The above analysis echoes this as well as providing evidence supporting the argument that an underlying hostility to the application of harm minimisation existed within policy formulation processes. However, leaving unresolved for the moment these vexed philosophical issues, one area where general agreement seems to have obtained is in the adoption of intersectoralism in pursuit of the policy. It is to an assessment of intersectoral functionality that we now turn.

4.4 Intersectoralism: Integrated Process or Problematic Pastiche?

The vision of a process benefitting from intersectoral input had been expressed unchanged across all drafts of the NDP policy document. Consequently, a two tier structure (Figure 1) comprising discrete committees of ministerial and agency stakeholders respectively was implemented in 1998 with the release of the Part 2 NDP document.

The Ministerial Committee on Drug Policy (MCDP), chaired by Health, reviews progress and decides on which policy developments will be recommended to Government. The Inter-Agency Committee on Drugs (IACD) has a monitoring role, receiving agency reports, seeking these where appropriate and ensuring “policies and programmes throughout government are consistent and mutually supportive” (Ministry of Health1998:11). From these it makes recommendations to the MCDP. As with the latter, the IACD is chaired by Health, the ministry also charged with providing the Secretariat for the entire NDP process. Stakeholders in both committees include Health, Justice, Police / Customs / National Drug Intelligence
Crown Entities such as the Alcohol Advisory Council (ALAC) and the Land Transit Safety Authority (LTSA). In total sixteen agencies comprise the IACD. Where necessary, there is also provision for attendance by NGO’s. To complete the NDP structure, following an amendment to the Misuse of Drugs Act (1975) in 2000, a third committee, the Expert Advisory Committee on Drugs (EACD), was created to classify drugs as to their threat to individual and societal safety in accordance with section 3A of the Misuse of Drugs Act 1975. Harms are classified as class A (very high; A1), class B (high; B1, B2) and class C (moderate; C1-C6) in terms of risk, with these three classes further divided, producing a total of nine levels of categorisation.

Having thus noted, on the one hand, consistent support for the idea of an intersectoral approach to formulating drug policy, and on the other, a constant tension between two major strategies of this policy, the question must be asked: to what extent is such a process viable in terms of producing effective, consistent and practicable policy? One way to explore this question is by directly engaging with personnel participating in these structures through in-depth interviews.

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127 These three are grouped as they each bring representatives to the IACD but collectively represent the interests of enforcement.
In a small democracy like New Zealand (population 4.2 million), with a relatively centralized government structure, it is refreshingly easy for private citizens to access an intermediate level of bureaucracy. Notwithstanding the formalized negotiations characteristic of all bureaucratic encounters (Herzfeld, 1992), entrée is further facilitated by adopting the lineaments of academic and researcher. Regarding the present study, approaches were made to the two government committees most closely involved with drug policy development—the MCDP and IACD.

With its upper-level position in the bureaucratic hierarchy the MCDP was accessible to this researcher only through the private secretaries of its personnel. The Committee’s Chair, Associate Health Minister Jim Anderton, was contacted in this fashion and after some negotiation a number of questions were submitted in written form (Appendix IV). Though generic, the Minister’s responses reflected the NDP’s ostensible function. He acknowledged the importance of evidence-based processes, identifying the effectiveness of New Zealand harm minimisation as exemplifying this, and that the NDP was “work[ing] very well within current New Zealand controlled-drug legislation” (Anderton, 2004b, April 22). The Minister supported this contention with specific mention of two successful harm minimisation programmes, based on community action and judicial intervention. He also acknowledged that many drug problems are caused by deeper socio-economic factors more difficult to resolve. Intersectoralism was referenced as a “coherent whole-of-government framework” and New Zealand as priding “itself on its democratic freedoms and liberal values” (Anderton, 2004a:2–6).

As, however, Minister Anderton is the NDP’s principal, his description of a robustly functioning NDP deserves critical evaluation. This caution is reinforced when one recalls the international tensions associated with drug control debates and policy formulation (Jelsma, 2003; Room, 1999) along with the contested nature of health policy’s development in New Zealand (Hutt & Howden-Chapman, 1998).

With sixteen standing participants and potential for a broader membership through inclusion of NGO’s and other parties, the IACD arguably represents the engine room of New Zealand’s NDP. If there is anywhere that information, ideas, experience, and knowledge might coalesce to successfully engage with the complexities of contemporary drug issues, one would imagine it to be here. Those involved bring an array of skills: analysts, some of whom have published in drug scholarship and public policy journals, others with professional qualifications
specifically in policy, law, public health and related fields; personnel working at the coalface of drug use, sworn police and customs officers; and, members with grassroots connections to communities where drug issues are everyday phenomena. As the circle widens, so does the range of experience.

The advantages of accumulated expertise notwithstanding, multi-member committees also bring with them the disadvantages of competing agendas and factionalism. Thus the IACD is no less enmeshed in the field of conflicted policy negotiation than the structures discussed by Hutt and Howden-Chapman (1998). A variety of factors feed into this. Committee members are not working solely on matters related to the IACD. They will be responsible for a number of portfolios. Some, such as enforcement personnel, will have been seconded from active duty while others, particularly analysts, have moved laterally through various agencies. When still within the orbit of the IACD Committee members’ experience of multiple organisations doubtless confers a broader understanding of issues. However, many will ultimately move beyond the influence of drug policy’s gravity, with their places being taken by potentially less knowledgeable individuals. In such instances some of those remaining may feel a sense of ownership to issues they believe other colleagues on the Committee lack due to their relatively short membership.

4.4.1 A Trip to Capital City

The following quotes are from face-to-face interviews carried out with IACD members (both current and former) between April and June 2003. Although most participated as official spokespeople for their respective organizations’ IACD perspective, it was considered appropriate to present opinions anonymously. The New Zealand Public Service is not huge, and those participants, many offering frank descriptions of their working relationships, are part of this discrete community. The position titles ascribed to participants are as at the time of their interviews.

The first issue to be explored concerns the perception of some Committee members, noted above, that colleagues may exhibit differing degrees of experience and expertise, and consequently their views and positions may be seen as less legitimate:

It seems to me that these harm minimisation arguments are pretty much thought up by junior policy analysts in the Ministry of Health, and what they say goes. And they’re people who come and go, they might be in Health for a year or two or
three, and then they go to some other department. They don’t know anything about the people we’re dealing with. We’ve had twenty years of dealing with them and we will be here in another fifteen years’ time to take the consequence of their policy, you know.


The validity of these remarks have since been reinforced by the movement of several participants to other agencies within the governmental bureaucracy since interviews took place, including the apparent disbanding of the entire Ministry of Health NDP team in June-July 2004.

Complicating intersectoral processes are the specific agendas brought to the forum and the degree to which these might be seen to be conflicting with one another. As previously argued, a clear example of this concerns the differences between the aims of harm minimisation and enforcement:

The New Zealand [policy], which was written by health analysts…pushed harm minimisation as the overriding policy, which is not in my view, the right thing to do. There needs to be more balance. Harm minimisation should not dominate the other issues.


In relation to harm minimisation, one of the principal arguments for emphasis on intersectoralism in creating coherent policy is the value of synergies resulting from combining the perspectives of various stakeholder organizations. However, to what extent are synergies possible when engaging with a process (intersectoralism), which, by the nature of its functioning, tends to place interfacing organizations in opposition to each other? One response is for organizations participating in collective action over specific issues to respond from their individual perspective without reaching a single, consensus-based position.

Thus, each agency may have its own ‘take’ on harm minimisation as a concept. However, in not challenging any residing ambiguities in its definition, an agency runs the risk of applying harm minimisation to their sector in a version unique to their agency and its affiliates. Further, if those responsible for the governance of the overarching process (e.g. in this instance, the Ministry of Health) do not push to resolve ambiguities, then to the extent that each agency implements some version of the named concept, it can be said that the concept itself does loosely underpin the collective strategy and is generally embraced by all participants. In the IACD’s case, the issue of consequential harms—those generated by enforcement /
prohibition—represents a problematic case in point. As previously noted, reference to these and provision for their audit was removed from draft NDP documents by version 4 (Ministry of Health, 1997b). The NDP’s disinclination to engage with consequential harms despite recognition of their existence (see Webb, 1999b:34), while simultaneously claiming a broad definition of health and the aim of a net harm reduction, is difficult to understand unless one posits the ambiguous definition of a core concept. This ambiguity surrounding harm minimisation is explicit in the following quote:

[T]he approach that Health takes…cannabis is an illegal controlled drug, a lot of our approach is [illegality] doesn’t actually make a lot of difference, because we’re looking at health. So…the whole response to prohibition for us [is] we take very similar approaches to alcohol and to illicit drugs, because a lot of the problems are the same…So I don’t think there is an inherent contradiction between harm minimisation and prohibition…basically, harm minimisation’s a pretty flexible term…But you’re going to accept some harms to try and minimise the whole.

_IACD and Secretariat Official (2003)_

It is also difficult to understand how a net reduction in harms could be identified when the cost-benefit analysis of enforcement, included in the NDP draft documents up to Draft 3 (Ministry of Health, 1997a), was subsequently removed (see above, section 4.3).

Perhaps an added impediment to the NDP’s effective functioning is its focus on fiscal neutrality. Initiatives relating to specific agencies must seek funding from within their own budgets. Having a complex policy area devoid of dedicated funds not only dampens agencies’ enthusiasm for a uniform approach but also affords them the discretion to fund aspects of the policy they feel most comfortable with:

The National Drug Policy doesn’t come with a specific pot of money for Health…it’s gotta come out of whatever agency’s base line funding. It is [a problem] because we found that we were continuing to and needing to give agencies a bit of a kick to think about drug policy because it is not necessarily their core business and you sort of can’t blame them for that.

 Former IACD & Secretariat Official (2003)  

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128 Otherwise referred to as secondary harms. See below (section 4.5) and MacCoun & Reuter (Ibid), supra note 77, Chapter Two. MacCoun and Reuter identify forty-eight drug harms, of which thirty-six result from prohibition (Ibid.:60).

129 In 2006 I attended a review forum for the up-and-coming deployment of the revised NDP (subsequently released in 2007). I asked the moderator, Dr Ashley Bloomfield—at the time of writing, Chair of the IACD—about the disappearance of the cost-benefit analysis. He suggested it must have been ‘overlooked’. Personal Communication with Dr. Ashley Bloomfield, Chair, IACD, May, 2006.

130 Strictly speaking the NDP is funded. In 2004 (following the completion of the interviews reported in this chapter) the contestable NDP Grants Fund (http://www.ndp.govt.nz/moh.nsf/indexcm/ndp-committees-fund) was set up to facilitate
This is something other agencies are keenly aware of, particularly those whose operational costs are directly affected by decisions relating to the NDP’s activities. The significance of resource allocation in this area is not lost on personnel, especially when comparisons with political neighbours are readily available:

Now Australia funded their drug policy to the tune of a hundred and sixteen or a hundred and eight million dollars over five…or seven years, and a lot of that is to law enforcement with customs…their successes have been spectacular…and that comes directly out of the funding they’ve had.

*Police Official #1 (2003)*

In combination, these factors make intersectoral construction of policy a complex matter, and one at odds with the description of a smooth-flowing process offered above by the policy’s overseer, Associate Minister of Health, Jim Anderton. As a senior official observed:

>[T]he vision was for this high level committee to steer action and make sure everyone was moving in the same harm minimisation direction. You might be interested to observe how the IACD is currently configured and the types of officials which turn up to these meetings. I think the original architects of the IACD/MCDP might be a little disappointed to see the way in which these meetings are currently conducted, and the level of debate.

*Police Official #2 (2003)*

This view of intersectoral work as a difficult process and one subject to the competing agendas of agencies and the differing attitudes of personnel is shared by other actors:

Interviewer: So *[organization]* has considerable access to the IACD?

RESPONDENT: Pretty good access to the IACD.

Interviewer: Do you get excluded from some things?

RESPONDENT: Yeah. The Cabinet papers. Which we shouldn’t do. But this is where the Ministry of Health gets this real power thing going. And thinks that they’re the only ones that can do it. And that *[organizations]* aren’t allowed to see Cabinet papers, well actually we are allowed to see them. Not only are we allowed to see them, but we’re allowed to put our comments in them.

Interviewer: So how does that play out?

RESPONDENT: Well with a lot of difficulty. The *[example]* one, they didn’t even tell me…that they were doing the Cabinet paper. Not only did they not tell me,
but when I turned up to the meeting I had the wrong paper and so did our Minister, cause they hadn’t told him either...So he’s sitting there at this table and he’s got the wrong paper...And he turned round to me and said: what’s going on? And I said: I don’t know…and that sort of thing happens…you can imagine what it does to relationships with one another.


However, as the NDP claims evidence as its compass following Government guidelines for evidence-based practice (Ministry of Social Development, 1993:30), possibly a more objective means of assessing the policy’s functionality and efficacy is to consider it in the light of the preceding data on use patterns and harms (i.e as discussed in Chapters Two and Three), including those resulting from policy.

4.5 Weighing the Evidence

Since the 1990’s cannabis use and its consequences have been the focus of escalating analysis and discussion in New Zealand. An increasingly sophisticated effort to gather drug use statistics (Field, S., Casswell, S. & APHRU, 1999; Fergusson & Horwood, 2000; Poulton et al., 2001; Wilkins et al., 2003; Ministry of Health, 2007) has fed into and been supplemented by two significant government inquiries.131 Prompted by calls from the Drug Policy Forum Trust in 1997 (Abel and Casswell 1998:79), the Government established the Inquiry into the Mental Health Effects of Cannabis (Health Select Committee, 1998). As a direct result of the latter’s recommendations, in 2000 a second Select Committee Inquiry (Health Select Committee, 2003) was established to consider effective public health strategies and the most appropriate legal status of cannabis.

As Chapter Two showed (section 2.8), New Zealanders are enthusiastic cannabis consumers despite the barrage of interdictory legislation and practices. It is well recognized, however, that accurate rates of illicit drug use are difficult to collect and report due to distortion by users (e.g. both under and over reporting, inconsistencies in collection and the agendas of those agencies involved; Wilkins, 1999:30-32; Earleywine, 2000). Consequently the New Zealand data, at least, should be viewed as conservative. For example, Wilkins’ figures, reported in Table 1, derive from the National Drug Survey carried out through computer-assisted telephone interviews conducted

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131 APHRU—Alcohol and Public Health Research Unit. In the late 1990 the Unit changed its name to the Centre for Social and Health Outcomes Research and Evaluation (SHORE) though it remains affiliated with Massey University’s Auckland campus.
by Massey University’s Centre for Social and Health Outcomes Research and Evaluation

Table 1: Lifetime and last year cannabis use prevalence rates at 2001

<table>
<thead>
<tr>
<th>Country</th>
<th>Age Surveyed</th>
<th>% Ever used</th>
<th>% Use Last Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Zealand</td>
<td>15-45</td>
<td>52</td>
<td>20</td>
</tr>
<tr>
<td>United States</td>
<td>&gt;12</td>
<td>34</td>
<td>8</td>
</tr>
<tr>
<td>Australia</td>
<td>&gt;14</td>
<td>33</td>
<td>13</td>
</tr>
<tr>
<td>UK</td>
<td>16-59</td>
<td>27</td>
<td>9</td>
</tr>
<tr>
<td>Netherlands</td>
<td>&gt;12</td>
<td>17</td>
<td>3</td>
</tr>
</tbody>
</table>

(SHORE). These differ significantly from data obtained by two longitudinal studies running in New Zealand since the early to mid 1970’s, as is seen by comparing the latter’s cumulative age group usage with SHORE’s ‘snap shot’ data (Figure 2). It seems likely that the long-term studies take advantage of greater levels of trust engendered through life-long involvement with their participants and the use of face-to-face contact when interviewing, as well as substantially lower refusal rates and hence greater representativeness. It is probable, therefore, that New Zealand cannabis use rates are higher than reported in the National Drug referred to as low to moderate (Health Select Committee, 1998; 2003), a larger proportion of the population than reported is likely exposed to a significant range of negative consequences.

Many problems not traditionally considered health related are encapsulated in an array of consequential harms (MacCoun & Reuter, 2001) generated by current policy and its

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133 The Dunedin Multidisciplinary Health and Development Study (DMHDS) and the Christchurch Health and Development Study (CHDS). The data contrasted with Wilkins’ and represented in Figure 4.2 are from the former. See Poulton, R. G., & Moffitt, T. E. (2001). Cannbais use findings from the Dunedin Multidisciplinary Health and Development Study (DMHDS) (Submission to Health Select Committee No. UR68): University of Otago, Health Sciences.
enforcement of drug control laws. The 2003 inquiry (Health Select Committee, 2003) emphasized these consequential harms resulting from cannabis prohibition, noting:

high conviction rates for a relatively minor offence, which inhibits people’s education, travel and employment opportunities. Prohibition makes targeting education, prevention, harm minimisation and treatment measures difficult because users fear prosecution. It also facilitates the black market and potentially exposes users to harder drugs. (Health Select Committee, 2003:56).

Both Health Select Committees recognized the low to moderate ‘health risk for users—particularly compared with alcohol and tobacco; the failure of prohibition and police enforcement to reduce use rates; the ineffectiveness of public education programmes (especially those within school environments) and the need to employ evidence-based harm minimisation strategies, including the consideration of alternative policy regimes in the light of the current policy’s failures (Health Select Committee, 1998:15-40; 2003:13-36).

As a result of having the world’s highest cannabis arrest rate at 349/100,000 of population (Police National Headquarters, 2007), the likelihood of arrest per annum for a minor cannabis offence in New Zealand is 4%, twice the US percentage and well in excess of Australia at 1.25% (Health Select Committee 2003:32). This high comparative rate of interdiction may to some extent be explained by the ease of surveillance in a country with such a small population and that, on available data, New Zealand’s cannabis use prevalence rate is also one of the world’s highest (Table 1),\(^\text{134}\) despite, as Wilkins (2002) reports, some 69% of those claiming to have tried the drug subsequently giving up.

Amplifying the negative impact on New Zealanders’ wellbeing is an apparent discriminatory policing practice with Māori being disproportionately apprehended and criminalized for cannabis-related offences compared with the general population. Although Māori current cannabis user rates (40.8%) are significantly higher than those of non-Māori (32.3%) for ages 13-65 (Ministry of Health, 2007) as noted in Chapter Two, this imbalance is more clearly inferred from enforcement statistics. For example, data from the Christchurch long-term study (CHDS) indicate perception of ethnicity as a major determinant of police interdiction, with

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\(^\text{134}\) In the developed world the United Nations—Office on Drugs and Crime. (2006). World Drug Report 2006 Volume 2: Statistics. Vienna: United Nations.—reports that Canada (16.8% people between 15-64, lifetime use; 2004 figures) ranks ahead of New Zealand (13.4%; 2001 figures). However, the New Zealand figures are most likely those of the National Drug Survey—Wilkins, C. (2002). Drug use in New Zealand: national surveys comparison 1998 & 2001. [Auckland, N.Z.]: University of Auckland, Alcohol & Public Health Research Unit.—who surveyed people aged 15-45 (the UN does not specify its sources). Oceania is also identified in the same UN report as having the world’s highest user rates. Note also Wilkins’ 2006 data (44% lifetime use), supra note 133.
Māori five times more likely to be arrested than non-Māori, and six times more likely to suffer conviction (Health Select Committee, 2003:29).

While considering New Zealanders’ exposure to primary and consequential cannabis harms it is appropriate to evaluate the resources allocated to the NDP’s three foci: enforcement (supply reduction); education (demand reduction); and treatment (harm or problem limitation). In so doing, the incompleteness of data must be acknowledged. For example it is extremely difficult to separate out cannabis-related education and, specifically, cannabis treatment figures due, on the one hand, to the individualized nature of sector providers (e.g. schools and treatment facilities) and, on the other, to their undifferentiated reporting of outputs within sectors. Having noted these problems, Figure 3 offers a crude picture of relative sector resourcing.

![Figure 3: NDP Sector resourcing per $ million](image)

It is clear that drug policy resources allocated specifically to cannabis are dominated by the enforcement sector. Therefore, despite the NDP ostensibly operating under a harm minimisation rubric in concert with a balanced strategy of enforcement, education and treatment initiatives guided by evidence-informed best practice, the reality is that an unsuccessful arm of this strategy—enforcement—not only applies significantly greater resourcing from a core level, but also appreciably amplifies the negative consequences of use. As Murdoch observes, the inability of prohibition to minimise harms is its strongest criticism, a fault compounded by the inadequate funding of education and treatment for users. She comments “it is irresponsible to assert that criminal prohibition is the correct policy,

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135 Dawkins (Ibid.:85; supra note 48, Chapter Two) suggests a maximum of $3 million is spent a year on youth drug education. A significant component of this is the DARE programme, run by the New Zealand police and comprising 34,924 of their operational hours in 2001 or 10% ($2.6 million) of their cannabis-related output costs. The Health Select Committee suggested education from an alternative ministry would be more appropriate. Health Select Committee. (Ibid.:46-7; supra note 43, Chapter Two). Subsequent to Dawkins’ analysis has been the deployment of a demand reduction strategy, the Community Action on Youth, Alcohol and Drugs programme (CAYAD). Commencing with five sites, the programme was expanded to fifteen in 2003-4 and twenty-five by 2007, with associated funding of $2.6 million. Hence the total funding for education is approximately $5.6 million, though not all of the DARE or CAYAD funding is dedicated to cannabis. Personal communication with the NDP communications team, November 20, 2007.

136 In Chapter Two it was argued that despite high levels of interdiction against supply (including crop seizures) New Zealand’s consistently high cannabis use prevalence rate suggests enforcement is not particularly effective. A similar argument could be made against arrest and conviction of cannabis users for simple possession and use. For example Erickson suggests that 95% of arrested / convicted users continue to use. See Erickson, P. G. (1989). Living With
while failing to investigate alternatives when there is evidence of fundamental ineffectiveness and cost” (2003:49). This analysis makes it difficult to defend claims of balance where it seems that the strategy of prohibition, a component of the general policy, overshadows the NDP’s guiding principle of harm minimisation. This reinforces arguments of a conflicted policy resulting from unresolved tensions between core concepts.

Further, while demand reduction strategies have more recently been developed (e.g. the Community Action on Youth, Alcohol and Drugs [CAYAD] programme noted above), the level of government commitment is questionable. For example, while the annual budget for the CAYAD’s was increased to $2.6 million following the programme’s expansion from the initial five sites to fifteen in 2003, funding has since remained static despite the number of sites further increasing to twenty-four. This limited resourcing appears to have impeded the implementation of CAYAD strategies at the community level and has generated some criticism (SHORE, 2006).

Contrarily, legislation strengthening the effectiveness of the Needle and Syringe Exchange Programme (NSEP) for intravenous drug users (IDU’s) has gained traction through dismantling previously punitive components of health and enforcement legislation. This has been achieved through relocating a legal defence for possessing ‘approved’ injecting equipment within more relevant legislation, as well as reversing the onus of proof so that police are now required to prove that equipment is not ‘approved’ if they are to successfully prosecute. Clearly this initiative is guided by the harm minimization ethos, and has benefited from the support of the Minister responsible for the NDP, Jim Anderton (Anderton, 2003).

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138 Interestingly, despite the obvious congruence of this response with the NDP’s guiding principle of harm minimisation, the proposed changes occasioned considerable debate within the IACD prior to implementation, with the Police arguing against Health’s pro-reform position. Initially the Police were not in opposition but a change in their personnel brought a different stance, with Police disinclined to lose what they perceived as enforcement leverage by removing the offence. Its shift to the MODA was suggested as a compromise between Health and Police. Interview with a former Health, Police and Secretariat / IACD official (June 2003).
4.6 Resistances in the Field of Power: A Response to the Subjugation of User Praxis

Cannabis-user responses to the development and deployment of the policies discussed above are of interest not merely because of their origins, motivations and innovation. They may also be characterized as ‘resistances’ within a field of power relations where alternative preferences are negated by a dominating set of beliefs or discourse. Resistances stand against the extant hierarchy of knowledge where they are “disqualified as inadequate to their task or insufficiently elaborated: naïve knowledges located low down on the hierarchy, beneath the required level of cognition or scientificity” (Foucault, 1980:82).

In this instance user-responses show, as previously discussed, the productive capacity of power where coercion, surveillance and the pathologizing of cannabis culture generate opportunities for resistances rather than merely repressing alternatives. Describing this production of opportunity, Foucault (1980:81) proposes an ‘insurrection of subjugated knowledges’, offering as examples the experiences and struggles associated with the oppression of the “psychiatric patient, of the ill person, of the nurse and the delinquent” (1980:82). To these we may add the recreational drug user.

In the following examples, information regarded by users as necessary and appropriate for their continued safe use of cannabis is made available via informal sources, cultural sites (e.g. user-produced literature such as the quarterly NORML News) and other user networks. The provision of this information, due in part to what users perceive as its absence, unreliability or limited availability in the formal structures charged with minimising drug harms, is consonant with the practice of harm reduction as defined above by Wodak and Saunders (1995; section 4.2).

Tensions within the NDP resulting from the privileging of enforcement strategies over those of education/treatment are reflected in the limited official provision of pragmatic safe-use advice. Although sources considered useful by users do exist, there is a tendency to limit descriptions of safe-use practices as such information is seen as promoting drug use,

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frequently encapsulated in the phrase ‘sending the wrong message’. Fastier (1998:39) has suggested this claim would carry more weight if the ‘right’ message were currently being sent, his reference being to the legal availability of alcohol, a substance responsible for producing much greater levels of harm.

That the awareness of, and need for, such information is not being met via official sources is suggested by demand for it at numerous counter-culture sites throughout the country. Retail outlets have information available as well as employing staff knowledgeable in the pitfalls as well as benefits of drug consumption. Whilst visiting an Auckland outlet in 2003, this author was informed that staff spent considerable time advising would-be users on a variety of drugs as well as allaying concerns resulting from recent experiences. During the forty-five minute visit four phone calls were fielded where drug use information was requested, with conversations lasting between five and fifteen minutes. The outlet also hosted NORML’s ‘Bustline’, a free service providing information on how to deal with being prosecuted for cannabis offences, one of the most frequently neglected negative consequences of cannabis use (Lenton, 2000).

The provision of safe-use information finds a ready home in the pro-cannabis NORML NEWS magazine, 40,000 copies of which are distributed free nation-wide on a quarterly basis. Specifically serving the interests of cannabis users and those aligned with cannabis culture, along with informing on a range of cannabis topics the magazine addresses numerous risk-related issues, from the legal consequences of use to a variety of risk management strategies regarding actual use, in terms of behaviour while under the influence, and ingesting. For example, the autumn 2004 issue carried articles on cannabis and driving, curing cannabis and vaporizing, and a guide to civil rights in relation to police searches (Fowlie, 2004). Both magazine and website advocate responsible use and have formulated a set of principles, published in each issue, to emphasize this.

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142 Jelsma (Ibid.:188) cites a WHO (2001) report which notes the comparative harms of illicits vs licits, where these are responsible respectively for 0.6% vs 6.1% of “Lost Disability-Adjusted Life Years”. In a more recent comparative analysis of various drugs’ potential for harm, alcohol is ranked fifth of twenty drugs, tobacco ninth and cannabis eleventh. See Nutt et al (Ibid.).

143 The magazine is funded through a combination of advertising and annual subscriptions to NORML.

144 Improperly cured cannabis can lead to the growth of fungus which, once inhaled, may result in fungal infections in the lung. See Smith (Ibid.) supra note 102, Chapter Three.

In general, as sites related to New Zealand cannabis culture, *NORML News* and the counterculture shops act as more than a conduit for safe-use information. They represent a point of resistance in a social landscape dominated by the moral and legal structures of an NDP constrained by prohibition and influenced by the concerns of public health authorities tied into a particular view of the healthy and productive citizen (see Petersen & Lupton, 1996). In Foucault’s terms the information they provide represents ‘subjugated knowledge’, reflecting the conflict engaged in by groups marginalised by others whose experiences and preferences are accorded the status of licit, legitimate and ‘normal’. In so doing, these resistances show both the determination of formal structures to eschew change, and their vulnerability to it. Sites of resistance and the knowledge they embody indicate specifically “where change is possible and desirable” (Foucault & Rabinow, 1986:46).

### 4.6.1 Cannabis as Medicine

In New Zealand the issue of medicinal cannabis is a subject occasioning considerable debate.\(^{146}\) The recent HSC inquiry recommended the use of clinically tested cannabis products (Health Select Committee, 2003:6) with the coalition Labour Government responding that should these become available internationally their use would be considered domestically. Leaving aside the complex debate surrounding cannabis’ medicinal efficacy,\(^{147}\) significant numbers of New Zealanders are seen as potentially benefiting from medicinal use and are increasingly demanding their right to use natural forms of cannabis,\(^{148}\) something steadfastly refused by Government. For its part, the Government regularly invokes coalition agreements guaranteeing no legislative change for cannabis in exchange for confidence and supply support by minor coalition partners. In response to this, several groups within what could be broadly described as the cannabis-using community have collectively developed strategies to facilitate the supply of cannabis for medicinal use. Groups include GreenCross, the Ethical Growers Guild and commercial suppliers of legitimately available equipment that can be used for growing cannabis.

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\(^{146}\) At the time of writing (June 2007) a Private Members’ Bill seeking to decriminalize cannabis for medicinal use has been drawn from the New Zealand Parliamentary Ballot. Its advocate, Green Party MP Meteria Turei, is awaiting the most propitious time for presenting it to Parliament. Personal communication with Meteria Turei, June, 2007.


GreenCross is a medicinal-cannabis users’ group.\textsuperscript{149} Registered as an Incorporated Society in 2003, it aims to facilitate access to medicinal cannabis for members suffering from a range of conditions whose negative symptoms, while not unresponsive to standard treatments and medicines, may be further ameliorated by the use of natural cannabis. In some cases the treatments themselves cause symptoms relieved by cannabis, e.g. the nausea resulting from certain chemotherapy and AIDS medications. Members (over thirty at the time of writing) are required to have signed forms from their medical practitioners attesting to the benefit of cannabis for their condition.

Although promoting education and the reform of laws to the point where medicinal cannabis is legally available, in practice the organization is also concerned to see its members able to safely access their preferred ‘medicine’.\textsuperscript{150} By linking members with (mostly local) growers and suppliers, GreenCross aims to facilitate access to good quality cannabis for little or no cost, as well as assisting members in avoiding the pitfalls of the black market and the attentions of the police, these latter with numerous attendant harms. The process is convoluted, as GreenCross itself does not provide cannabis. Instead, its efforts are initiated through linkages with cannabis-use organizations such as a voluntary grouping of New

\textsuperscript{149} GreenCross (Ibid.).

\textsuperscript{150} As Cohen and colleagues argue, viewing the use of drugs for medicine as ‘rational’, only if sanctioned by a physician, does not account for those ‘legitimate rationalities’, which see the need for using a substance with medicinal properties. They suggest the application of the ‘rational use’ paradigm is therefore inadequate for understanding the social place of medicines. See Cohen, D., McCubbin, M., Collin, J., & Perodeu, G. (2001). Medications as Social Phenomena. \textit{Health}, 5(4), 441-469.
Zealand cannabis growers / suppliers known as the Ethical Growers Guild. An informal grouping, this entity offers the following criteria for defining members:

What is an ethical grower?, hard and fast rules have yet to be fully settled on but as a rough guideline:

No supplying people under the age of 18
No involvement in real criminal activities\(^{151}\)
No offering to supply other drugs (apart from hash and tinctures)
No violence towards others

As well as the above conditions there would also be rules about growing mj [medical marijuana] and these could include

No pesticides in the last 8 weeks of the plants’ growth
No chemical manipulation of the plant
Proper drying and curing of the cannabis

And I would also like ethical growers to try and spread their best genetics to other growers by giving away clones or seeds.\(^{152}\)

With initial contacts established through cannabis law reform networks, a series of protocols (Figure 4) have been developed to link medical-cannabis users with suppliers. Through GreenCross, members’ details are shared between ethical growers / suppliers and users at the local level. Parties then work out the details of supply and any payment. Involvement of certain cannabis-related equipment supply shops has also been mooted, with these potentially offering discounts to customers identifying themselves with the scheme. Although on paper the process looks relatively stable, in practice it is complicated by numerous barriers, including the wellness of GreenCross members, the necessarily clandestine nature of any communications and resulting informal structure, and the often-interrupted supply of cannabis due to seasonality, commercial demand and police activity.\(^{153}\)

As Soar (2004) indicates, the exigencies of facilitating the supply of medicinal cannabis under a regime of prohibition are numerous, complicated and carry significant personal and social costs. Clearly those advocating use, whether from personal experience or professional capacity (e.g. supporting physicians of GreenCross members), see a range of positive health

\(^{151}\) This reference to ‘real crime’ is interesting in that it represents a perspective typical of cannabis users whereby they differentiate criminal and morally wrong behaviour, seeing their use of cannabis as not being a moral transgression. This issue is considered more fully in Chapters Seven and Eight (i.e section 8.4.1.1).

\(^{152}\) Personal communication from Guild ‘Coordinator’, 17.9.03

\(^{153}\) These difficulties were expressed in a communication from former GreenCross coordinator Greg Soar, emailed to several cannabis-user, reform and action e-groups during 2004 (Appendix IV; Soar, G. (2004). A Plea To Cannabis Suppliers. Retrieved July 24, 2004.)
outcomes augmenting those offered by traditional medical science. And, while GreenCross is currently struggling to achieve these benefits for members, the organisation’s existence implies both a perceived unmet need and may be seen to represent a point of resistance in the hegemony of drug politics, policy and discourse. Significantly, GreenCross and related phenomena stand in contradistinction to an extant policy regime ostensibly specifically and formally guided by the principles of harm minimisation, and generally applied in the name of public health.

4.7 Summary

This chapter has examined recent and contemporary New Zealand drug policy strategies, specifically those associated with the National Drug Policy (NDP) and with reference to cannabis. It was argued that despite harm minimisation underpinning the policy’s philosophical orientation, a history of tension in the deployment of this approach has impeded its successful and consistent application.

Evidence of this impedance was observed in the policy processes preceding the establishment of a formal drug policy in 1998, where differing positions of policy makers were noted regarding the appropriateness of harm minimisation and the combining of policies for licit and illicit drugs. These tensions continued through the development of New Zealand’s first formal drug policy. A close examination of policy drafts revealed the steady eroding of harm minimisation strategies and their replacement with the rhetoric of drug free and abstinence approaches to drug issues.

The tensions noted in the above process were also observed structurally, where the whole-of-government or intersectoral approach was applied to develop policy. Interviews with policy analysts from two committees and a variety of stakeholder agencies suggested that, a) competing agency agendas provided points of conflict in the process of developing a joint strategy around drug policy and, b) different stakeholder perspectives tended to align agencies with differing interpretations of harm minimisation. This latter was exacerbated by there being no clear consensus on a single definition of harm minimisation, with the result that some strategies had the potential to generate harms. This situation was compounded by a lack of a total audit of harms, including those potentially arising from policy (i.e. secondary or consequential harms).
Further evidence of structural tensions within the policy was found in the skewed resourcing of the three components comprising the ‘balanced approach’ to drug policy: supply reduction (enforcement), demand reduction (education) and harm reduction (treatment). It was seen that the largest proportion of resources were deployed by supply reduction initiatives, arguably the least effective of the three components.

The chapter concluded by considering user responses to policy, arguing that policy’s inadequacies, as perceived by users, has promoted the formation of a number of cultural structures and sites. While some of these are directly aligned with the philosophical core of harm minimisation, many, if not all, are ‘pro-use’, and thereby stand in opposition to much of drug policy structure and strategy. They represent, in this sense, a resistance to the hegemony of appropriate drug use, as constructed by dominating discourse informing policy, and therefore as expressed in New Zealand’s NDP.

*     *     *

The present chapter and those preceding it have examined the use of cannabis, culturally and historically, arguing that perceptions of use echo the socio-political specificities of the time. Further, a particular way of looking at the phenomena associated with use has prevailed. Thus the cannabis user has come to be described through medicine, science and law, and this description or ‘construction’ reflects the preoccupations of these disciplines. However, it has also become apparent that these processes are generally applied to the user as a passive subject; the user is therefore both a recipient of these disciplines, and a product of them. For these reasons notions of use seldom incorporate an explicitly user-perspective. It is now time to determine how the present study might extend our understanding of these phenomena, and the most appropriate means to achieve this.
CHAPTER 5.0

METHOD

5.1 Introduction

The chapter consists of three principal sections, the first beginning with an explanation of the rationale for choosing a ‘mixed method’ or ‘methodological pragmatist’ approach. This choice of pragmatism necessitates a discussion of its advantages over what has been described (Maxcy, 2003) as the formalist position, where entrenched views on methodology prescribe either a quantitative ‘postpositivist’ approach or a qualitative ‘constructivist’ one. These two approaches are also critiqued from a Foucaultian perspective. A discussion of ethnographic method concludes this section.

Following from this theoretical discussion a description of the present study’s specific design and its antecedents is provided. Included are an adaptation of John Booth Davies’ (1997b) ‘Drugspeak’ analysis, and the selection and preparation of a Dutch / American (e.g. as deployed by Reinarman, C., Cohen, P. D. A. & Hendrien, L. K., 2004) Cannabis Use Questionnaire (hereafter CUQ).

The processes leading up to the selection of participants prior to entry into the field completes the chapter. These include ethical considerations and the preparation of the ethics application; sample size; technical (IT) issues; focus groups and the framing of initial questions; negotiations with government officials for non-user interviews; a mid-study change of academic Departments and its implications for the project’s method; and, discussions with various parties regarding the locating and interviewing of user-participants.

5.2 Theory and Mixed Methods: The Departure from Formalism

As the preceding chapters have shown, construction of cannabis use and users is framed by medical scientific, legal and policy discursive practices. It has been argued that these processes tend to pathologize user and use, and that the style of language predominating
reflects both the technical and quantizing foci of these disciplines. Thus, along with the application of technical language associated with science and law, the actual data relating to users is dominated by epidemiological and related data sets, indicating a preoccupation with user-prevalence rates, demographics, quantities of cannabis consumed, arrest and prosecution rates, public health and enforcement outcomes. However, while these data construct a picture of some facets of use, such accounts generally avoids input from users themselves, other than descriptions of use patterns, and negative health outcomes (see e.g. Fergusson & Horwood, 2000; Fergusson, Horwood, & Ridder, 2005; Poulton et al., 2001; Taylor, Fergusson, Milne, Horwood, Moffitt, Sears et al., 2002; Wilkins, 1999; 2002; Wilkins et al., 2002; Wilkins & Casswell, 2002; Wilkins et al., 2003; Wilkins, Reilly, & Casswell, 2005). Hence, the subjective meaningfulness of use and user cultures remains significantly unexamined.

As discussed in Chapter Four data collection on illicit drug use is also acknowledged to be fraught with problems (Earleywine, 2002; Wilkins, 1999). It is significant that even in studies where a high degree of trust has been established between participants and researchers, such as with the two New Zealand longitudinal studies (DMDHS, CHDS), researchers believe it likely that a degree of under-reporting of illicit drug use still occurs. Therefore, while the type of cannabis data available in New Zealand, and methods adopted to collect these may appear coherent, their quality is not necessarily assured. Neither are these data likely to provide either a holistic picture of cannabis use and users, or meaningful explanations for users’ intransigence in the face of mechanisms directly challenging their use. It was specifically for these reasons that the current study was undertaken, and the original ethnographic emphasis on subjective meaning adopted.

Having noted the initial preference for a qualitative method, it should also be clear from preceding chapters that such an approach is rare, particularly in New Zealand (examples are limited to Board of Health, 1970; 1973; McFerran, 1972; Dentice, 2001), and is similarly hamstrung by prohibition, such that accurate ethnographic data collection also faces many of the problems outlined above. Difficulties associated with researching illicit substance use are amplified by the prejudices and stigma connected with the topic, these responses extant in academic circles, as well as in society in general (see Becker, 1963; Goffman, 1990). Lenson (1995) has commented upon this, in noting institutional preferences for studies assuming a

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154 Numerical and statistical representation of data. See section 5.3.2 below for the incorporation of these in Mixed Methods.
155 Personal communication with Associate Professor Ritchie Poulton, Director, Dunedin Multi-Disciplinary Health and Development Study, July, 2003. Professor Poulton considered his study’s statistics were likely to exhibit approximately 5% under-reporting.
pathologized view of drug users and, as will be discussed below, the present study’s direction—certainly its method—was significantly influenced by such concerns.

A further consideration regarding choice of method involves possibilities of data complementarity and the potential advantages for a study afforded by, for example, data triangulation (Denzin & Lincoln, 2000). As previously described, the great majority of New Zealand cannabis data have resulted from quantitative studies. Hence, it seems both practical and advantageous to consider the benefits of adopting a method capable of integrating data deriving from both methods of inquiry. However, as the following discussion shows, entering into the hybrid landscape of mixed methods is not a journey to be undertaken without preparation.

5.2.1 The Move to Pragmatism

Recent analysis (Bryman 2006) suggests an increasing acceptance of mixed methods research. Nevertheless others (Johnson & Onwuegbuzie, 2004; Teddlie & Tashakkori, 2003; Tashakkori and Teddlie, 1998) have noted the historical dispute between researchers favouring quantitative or qualitative methods. These authors have characterized the dispute as a ‘paradigm war’ between postpositivists and constructivists. Central to the dispute is the notion of the incompatibility of combining the two methodologies in some kind of methodological hybrid. By contrast, advocates of mixed methods avoid the impasse resulting from methodological purism, offering instead a third option referred to as methodological pragmatism (e.g. Howe, 1988). Pragmatists suggest that while mixed method research is not without its unresolved issues, the combination is based on there being more similarities of purpose between the two pure methodological forms than there are differences, thus allowing a progression of research. This amalgamation of methods and subsequent progression is achieved by privileging the research question over method per se, thereby allowing the question to determine selection of the most useful attributes from each of the pure methodological forms (Tashakkori & Teddlie, 1998:21). Thus, following Johnson and Turner (2003:299), mixed method research’s fundamental principle involves the collection of “multiple data using different strategies, approaches, and methods [to] result in complementary strengths and nonoverlapping weaknesses”.

156 This difficult point is further examined below. See section 5.2.4

The origins of ‘positivism’ (also called Logical Positivism), suggesting that knowledge is solely based on observable facts, date to the nineteenth-century, though, as Lincoln and Guba (1985:20-24) assert, its beginnings are contested. These authors (Ibid.:19) define positivism as comprising those philosophies having “an extremely positive evaluation of science and scientific method”. They suggest several axioms (see Table 2 below) may be ascribed to it.

Dissatisfaction with these axioms (especially ontology, epistemology and axiology) gave rise to postpositivist analyses, with exemplars including the works of Hanson (1958) and Popper (1959) gaining widespread credibility throughout the social scientific community.157

Postpositivism may be characterized by agreement with the following:

- **Value-ladenness of inquiry**, i.e. the values of researchers influence research
- **Theory-ladenness of facts**, investigator theories, hypotheses or frameworks influence research
- **Nature of reality**, we ‘construct’ our reality

While the postpositivist philosophy is evident in much post-1960’s quantitative research,158 such work still privileged ‘methodological correctness’, with design emphasis remaining characteristic of traditional positivism. Thus experimental work is preferred, with a significant focus on internal validity and the possibility of causal inferences.

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5.2.2 The Constructivist Critique and Resultant ‘Paradigm Wars’

Along with the postpositivist response to the critique of positivism, more ‘radical’ paradigms obtained. The most popular of these is ‘constructivism’, although ‘interpretivism’ and ‘naturalism’ also have their staunch advocates. Borrowing from postpositivism as well as adding their own innovations, some of these theorists (e.g. Lincoln and Guba, 1985) set up a series of contrasts between postpositivism and their version of constructivism—‘Naturalism’, whereby any ‘marriage’ between the two methods would be impossible. These tensions are summarised in Table 2 and exemplify what has become known as the ‘incompatibility thesis’. Smith (1983:12, cited in Tashakkori & Teddlie, 1998:11) observes:

One approach takes a subject-object position in relation to the subject matter; the other takes a subject-subject position. One separates facts and values, while the other sees them as inextricably mixed. One searches for laws, and the other seeks understanding. These positions do not seem compatible.

Thus for purists there can be no common ground.

<table>
<thead>
<tr>
<th>Positivism / Postpositivism</th>
<th>Constructivism (Naturalism)</th>
</tr>
</thead>
<tbody>
<tr>
<td>the nature of reality is singular</td>
<td>the nature of reality is plural</td>
</tr>
<tr>
<td>the knower and known are independent of each other</td>
<td>the relationship between knower and known is believed to be inseparable</td>
</tr>
<tr>
<td>inquiry is value-free</td>
<td>inquiry is value-bound</td>
</tr>
<tr>
<td>it is possible to have time and context-free generalizations</td>
<td>time and context-free generalizations are impossible</td>
</tr>
<tr>
<td>real causes are seen to be temporally precedent to or simultaneous with effects</td>
<td>Causal linkages</td>
</tr>
<tr>
<td>positivism emphasizes arguing from the general to the specific via emphasis on a priori hypotheses or theory (added by Tashakkori and Teddlie, Ibid.)</td>
<td>Deductive logic (Positivism) vs Inductive Logic (Naturalism)</td>
</tr>
<tr>
<td>argument proceeds from the specific to the general, with an emphasis on ‘grounded theory’</td>
<td></td>
</tr>
</tbody>
</table>

5.2.3 The Pragmatic Response

In arguing for what has become known as methodological pragmatism, Tashakkori and Teddlie (Ibid.:11-13) note numerous researchers have stated that the supposed differences between the two purist paradigms are overblown. House (1994:20-21, cited in Tashakkori &
Teddlie, Ibid.:11) has described this dichotomization as springing from a “misunderstanding of science” given the two approaches’ strengths and weaknesses, and that there “is no guaranteed methodological path to the promised land”. In support, Tashakkori and Teddlie (Ibid.) reference five practical reasons proposed by Datta’s (1994) for the two pure methods’ and their underlying paradigms’ coexistence:

i. both have been used for years
ii. many evaluators/researchers have stated a preference for using both paradigms
iii. funding agencies have supported both
iv. both paradigms have influenced policy
v. so much has been taught by both paradigms

Admittedly the above do not engage with epistemological issues underpinning concerns over paradigmatic compatibility. These, however, have been responded to by Howe (1988), who emphasised the value of philosophical pragmatism. Tashakkori and Teddlie (Ibid.:12) suggest pragmatism’s roots may be traced to thinkers such as C. S. Peirce, William James and John Dewey. In this regard Maxcy (2003:54) cites Sleeper’s (1986:8-9) definition of ‘pragmatism’ as “a philosophy rooted in common sense and dedicated to the transformation of culture, to the resolution of the conflicts that divide us”. However, while the residing interest of American scholars has seen pragmatism neglected by their European counterparts, who instead privilege metaphysical concepts such as truth (e.g. see Nielson, 1991, and Rorty, 1990; cited in Tashakkori and Teddlie, Ibid.), pragmatists, by contrast, argue a preference for ‘what works’. Howe (1988:15) comments:

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159 Rorty (2000) observes that there is considerable discussion over which doctrines are central to pragmatism. However, he does identify these thinkers as the three ‘classical pragmatists’. Of them, he suggests the contribution of James and Dewey was their critique of the notion of an accepted ‘reality’ and thereby the implication that it might be substituted by the imagination, in as much as this might more profitably engage with descriptions of ourselves and our environment. See Rorty, R. (2000). Pragmatism. International Journal of Psycho-Analysis, 81, 819-823.

160 Although unclear, the reference here to ‘common sense’ is likely that informed by the philosophical tradition of thinkers such as Scottish Realist Thomas Reid (whose ideas also informed those of the aforementioned Peirce) and German historicist Dilthey, where thoughts of which one is conscious of, or having ‘pretheoretical’ notions of the world informed by one’s senses, inform the definition. For a history and critique of the notion of common sense in philosophy and sociology, see Mathisen, J. A. (1989). A Further Look At "Common Sense" In Introductory Sociology. Teaching Sociology, 17, 307-315.

161 Interestingly, while acknowledging this European disinterest, Schermer and Keulartz (2003:24) argue that, philosophically speaking, there are certain familial resemblances between pragmatism and the postmodern work of Foucault and Derrida. See Schermer, M., & Keulartz, J. (2003). Pragmatism As A Research Paradigm—A Reply To Arras. Theoretical Medicine, 24, 19-29.
Much of pragmatic philosophy (e.g. Davidson, 1973; Rorty, 1982; Wittgenstein, 1958) is deconstructive - an attempt to get philosophers to stop taking concepts such as “truth,” “reality,” and “conceptual scheme,” turning them into superconcepts such as “Truth,” “Reality,” “Conceptual Scheme,” and generating insoluble pseudoproblems in the process.

For Howe, then, the two ‘pure’ methods are compatible, and researchers should be able to make use of each in their investigations. Howe’s argument is essentially that methodological differences arise out of differences in research interests and how to pursue these, and that method should be driven by how paradigms inform and are informed by efficacious research practice (Howe, Ibid.:10). This position is further supported by Reichardt and Rallis (1994), who see similarities between the two methods, including: “belief in the value-ladenness of inquiry, belief in the theory-ladenness of facts, belief that reality is multiple and constructed, belief in the fallibility of knowledge, and belief in the underdetermination of theory by fact” (cited in Tashakkori & Teddlie, Ibid.:13). Regarding the last two of these commonalities is Reichardt and Rallis’ (1994:88, cited in Tashakkori & Teddlie, Ibid.) assertion that theories and causal propositions cannot be proved (i.e. they can only be disproved), and that regarding the underdetermination of theory by fact, many theories can explain a given set of data. Thus, suggest Tashakkori and Teddlie (Ibid.):

[It] can be argued that there is a common set of beliefs that many social and behavioral scientists have that undergird a paradigm distinct from positivism or postpositivism or constructivism, which has been labelled pragmatism. This paradigm allows for the use of mixed methods in social and behavioural research.

A final point in support of this position is seen in the work of Niglas (1999, cited in Greene & Caracelli, 2003), who reviewed all forty-six studies in The British Educational Journal for the years 1997-1999 regarding their methods. She asked: Do studies follow one or two broad methods or do they combine / mix these in one study? She classified six selected aspects,

i. research aims
ii. overall strategy
iii. sample type
iv. methods for data gathering, recording, analysis
v. validation methods
vi. types of claims (QUAL, QUAN, MM or ‘other’)

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162 This references the idea that one cannot prove the null hypothesis. In the context of statistics, see p 175, Kinnear, P., & Gray, C. D. (2005). *SPSS 12 Made Simple*. Hove: Psychology Press.
Niglas (in Greene & Caracelli, Ibid.:106) to discover whether these derived from a particular method (ie QUAN or QUAL), and whether there was paradigmatic consistency among the six aspects. Her results indicated that while two thirds had clear QUAL or QUAN data collection, recording, analysis, by contrast, the remaining third, had mixed gathering, recording, and analysis. “There was more clear mixing of methods than of research intentions and overall strategies (and sampling) in these studies (Ibid.)”. Niglas concluded (1999:15-16, in Greene & Caracelli, Ibid.):

- research commonly blends / mixes features of different paradigmatic traditions, thus different paradigms are not incommensurable
- further, it is the concrete research problem rather than the philosophical position that determines methods
- within each method / strategy the same or mixed method approaches are possibilities, i.e. the question and not the method should drive research
- QUAL and QUAN may be used within each strategy / method regardless of overall strategy/method or concrete data gathering techniques

Overall, Niglas (1999, in Greene & Caracelli, Ibid.:106) disputed the idea of necessary coherence among paradigmatic beliefs. This is a similar conclusion to House (1994:17, in Green & Caracelli, Ibid.:107), who noted that even when methods are distinct, “the findings from them blend into one another in content”, thus QUAL and QUAN are mixed. Similarly, Bryman (2006:108) found that even where researchers set out to apply a mixed method approach, the rationale for adopting this approach did not necessarily correspond with research practice. However, Greene and Caracelli, (Ibid.:106) observe that Niglas (1999:17, emphasis original), concluded by recognizing concerns over methodological eclecticism “where the primary concern is fitness of purpose”. She acknowledged this approach “ignores critical differences in underlying worldviews and value commitments, both between major traditions such as interpretivism and postpositivism and within them”. Consequently there is a need to consider in greater detail some of the complexities of the hermeneutic tradition and the implications of mixing methods.

5.2.4 Pragmatism, Hermeneutics and Genealogy: Method as a Work in Progress

As previously noted, in accepting the viability of methodological pragmatism, the research question is privileged over selection of method in terms of guiding project design. However,
before formulating questions central to the present project—and thereby opening the gate to choosing a specific combination of methods—it is necessary to note that, theoretically speaking, methodological pragmatism represents a means by which the Gordian Knot of opposing methods is cut. Further, while Tashakkori and Teddlie (1998:21) make reference to the method of hermeneutics, a mainstay of ethnography and constructivism, their definition of it (note 1, Ibid.:39, quoting Kneller, 1984:66) as the “philosophic study of understanding” which is “considered as interpretive”, is far from convincing as a means of dismissing the problematic ‘paradigm-methodology’ nexus.\textsuperscript{163} Thus, while adopting methodological pragmatism implies a tacit acknowledgment of mixed methods as having advantages over ‘pure’ methodological forms, it is recognized that for methodological pragmatism “[m]uch work remains to be undertaken in the area of mixed methods research regarding its philosophical positions, designs, data analysis, validity strategies, mixing and integration procedures, and rationales, among other things” (Johnson & Onwuegbuzie, 2004:15). Given this caveat, and the considerable influence of Foucaultian theory on the present study, it is appropriate to consider how that analytic framework stands in relation to method, and in particular, the Foucaultian perspective on qualitative and quantitative analyses.

Armstrong (1990:1225) describes qualitative methods in the sociology of medicine as allowing the patient to speak, an approach he sees as currently dominating in social science. He also observes, however, that qualitative as well as quantitative method is implicated in the creation of its own object, the former examining “the subtleties of personal meanings and subjective experience...[able to] be explored as the machinery through which the subject is enabled to confess and thus be constituted as an experiential object...[hence] method does not so much illuminate as fabricate; method does not discover but it invents...[thus] these accounts themselves must be open to an analysis of their own productive force (Ibid.:1227).” Butchart (1998:8) explains further:

Quantitative methodologies trace the extent in society of a given object of interest such as income, age or disease. Qualitative methods provide a means of demonstrating the subjective impact and meaning that a particular income, a certain age or particular disease have upon people and groups. However, by elevating to primacy their objects of study and ignoring their own presence in the analytic field, both approaches eliminate themselves from this field. As a result their objects of enquiry appear as given, their existence and form independent of the methods used to define, describe and explain them.

Armstrong (Ibid.) continues that the corollary of these approaches is that perceived changes in the object appear intrinsic to it (the developing person or mutating disease) or the consequence of improved scientific methods of analysis (more accurate recording or improved technology) revealing the object’s ‘always present’ but previously hidden ‘reality’. The problem, comments Butchart (Ibid.), is that by ignoring method’s collusion with its ‘created’ object, observers become unwittingly enmeshed in an explanatory universe of their own construction.

Foucault’s use of genealogy, his means of overcoming this problem of ‘explanatory anachronicity’, draws upon Nietzsche and the central notions of descent and emergence. The former denies the legitimacy of method to establish some historically located “unique or fundamental or irruptive point...where everything is begun or completed again” (Foucault, in Kritzman 1988:35, cited in Bouchart, Ibid.). Similarly, descent makes no claims over restoring in the past some ‘unbroken continuity’ (Foucault, 1977:146, in Bouchart, Ibid.). For Armstrong (Ibid.:1225) then, Foucault’s genealogy may be defined as not observing or listening to subjects, rather exploring the relationship between subjects’ utterances and the method used to elicit these, i.e. the link between object of method and method itself. Here the analytic focus is on the productive nature of power as expressed in medical technologies appearing over the last 200 years, where survey and examination technologies ‘produce’ the objects they seek to assess. The implications for method of this new form of power require, according to Foucault, an analysis of the articulation of power at its extremities, where it becomes ‘capillary’ (see Foucault, 1980). Thus the traditional fare of traditional history—the works of ‘great men’, or the medical profession, or of other macro-processes, is eschewed in favour of regional and local forms and institutions. Therefore, suggests Armstrong (Ibid.:1226), when the doctor examines the patient and sees the ‘inflamed joint’, this is when the phenomenon/illness/deviancy is produced; it is this moment that requires examination “to tease out the circumstances surrounding the production of [addiction/deviancy/illness etc]”.

Armstrong (Ibid.) notes that the above mirrors much of ethnomethodological work, except that the latter does not give power a central role. He comments that with the traditional analytic approach, a recent category (e.g. chronic illness) is used to explain itself. For example, acute illnesses’ demise in eighteenth and nineteenth centuries led to an increased role for chronic illness. Instead, Foucault would suggest that rather than improved medicine or techniques, it is the ‘technologies’ of the application of medicine, e.g. the “closely typed pages of a questionnaire” which establish the existence of phenomena:
Chronic illness was uncovered by morbidity surveys of the community: it was the socio-medical researcher asking a community ‘Are you ill?’ which produced the category of chronic illness and gave it its specific characteristics. (Armstrong, Ibid.:1226).

Armstrong observes the productive potential of such surveys in fabricating phenomena, e.g. ‘do you have a long-standing...?’ ‘in the last two weeks have you...?’ By plotting this process, one can map the shifting substance of a given category and identify its patterns. Having charted these, one links such new procedures (e.g. the health questionnaire) to related ‘technologies’, for example, to the broadly developed medical gaze: gaze-mapped individual bodies; questionnaire-mapped communities and their characteristics (Ibid.:1226-7).

Clearly these observations have relevance not only for the application of method within a medical context, where discursive practices ‘produce’ objects, but also for method’s broader application in social science and for the method of the current study. As Armstrong (Ibid.:1227) remarks, “and here, in a web of a new form of illness and its analysis, probably lies the cradle of medical social science”. Armstrong then notes the deployment of quantitative analysis, but more powerfully, the use of qualitative method (from, for example, Goffman, 1984, to more recent naturalistic techniques), especially that focusing on the experiential component of chronic illness (including, it is suggested here, addiction and dependence). But Armstrong describes how these new methods also created their own objects, which they claimed to have found: studying stigma ‘creates stigma’. “In effect the genealogical method does not stop at disciplinary boundaries but explores all the analytic techniques, from whatever source, which constitute the reality of chronic illness (Armstrong, Ibid.:1227)”.

5.2.5 Ethnography: The Qualitative Heartland

Ethnography’s application in drug use studies is long and celebrated (Carlson, Siegal, & Falck, 1995; Moore, 2005; Power, 1989). As Moore remarks, this approach, which is distinguished from more general qualitative research by its focus on researchers’ interactions with drug users in their daily practice, has played prominent roles in numerous areas of drug research, including: explications of seemingly ‘irrational’ drug-related behaviour; documenting the negative impact of poorly-designed and implemented policy; provision of data on ‘hidden populations’; challenging conventional policy and practice; and, provision/production of multi-disciplinary and innovative harm reduction strategies (Moore, Ibid.: 433-434).
Thus, we are reminded that the power of drug user narratives offers unique possibilities of explanation in the “largely evidence-free zone of drug policy” (McKeganey, 2003:123). Having noted this, however, it is also necessary to acknowledge that as a method of social inquiry ethnography is not without its problems, both in the context of drug studies (see Grund, Kaplan, & Adriaans, 1991) and in its general application (see Clifford & Marcus, 1986), the latter being beyond the scope of the present work. Hence, the preceding discussion on methodological pragmatism will suffice, along with a critical assessment of its value and relevance for the present study.

Grund et al (1991:1602-1603) note the advantages of ethnographic field observations in overcoming the limitations of questionnaires and formal interviews, as well as the problems encountered with what anthropologist Clifford Geertz (1976, cited in Moore, Ibid.:434) would call ‘experience-near’ research, e.g. that the researcher’s presence can alter the study group’s responses. While Power (1989:44) concurs that researcher bias and the non-random nature of participants involved in ethnographic studies can skew results, Grund et al (Ibid.) suggest that although a research context may be constrained by the researcher’s presence, extant tradition generally prevails, and that data validity can be further enhanced through appropriate site and subject selection, observational and data recording protocols, and the development of trust between participants and researchers.

The issue of trust, and its perhaps more refined sibling ‘rapport’, is of central importance to any ethnographic endeavour, and no more so than in the context of drug use studies. Agar (1977, cited in Carlson et al., 1995:10), referencing Bateson’s (1972) distinction between symmetrical and complimentary relationships, argues for ethnographers to develop the latter with their participants. By this, the ethnographer enters a group, not with a list of

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164 Recall the plea to cannabis growers by former GreenCross coordinator Gregg Soar in the previous chapter (section 4.6.1; Appendix IV).

165 I refer here to the complex debate, particularly within American anthropology, surrounding the methodological and ethical implications of ethnography as the centrepiece of anthropological practice. Of particular relevance is the almost hyper-reflexive nature of contemporary anthropological practice as it agonizes over its role in the post-colonial context. One consequence of this is the tendency for contemporary ethnographies to be carried out within the researcher’s own culture, and often over a number of sites. This multi-sitedness, it has been argued, further erodes what are seen as the traditional strengths of classic ethnography: that the pursuit of ‘thick description’ in the studying of cultural phenomena requires such research should occur in a culture and/or language group distinct from the researcher’s own, and within a strictly bounded single site. See Marcus, G. (1998). *Ethnography through thick and thin*. Princeton, N.J.: Princeton University Press.

166 There is, of course, a difference between the subjective reporting of experiences by participants and its analysis by the ethnographer, and poorly carried out fieldwork which misrepresents results through skewed data collection and analysis. These issues are subsequently discussed (section 7.2).

questions and hypotheses, but rather to learn what the participants define as significant variables, and the relations between these.

But in the context of researching illicit activity, how does one gain trust? Marcus (1998), in his searching examination of ethnography in its general application, notes the emphasis placed by anthropologist Clifford Geertz on achieving rapport with participants. Referring to a famous incident during Geertz’s Balinese fieldwork, Marcus (Ibid.:105-6) describes how the local villagers’ indifference to the researcher and his wife dissolved upon their having to flee during a police raid on an illegal cockfight the researchers had attended; subsequent to the raid, the researchers were vigorously defended by the village chief from police inquiries. Thus, an act of complicity engendered the vital element of rapport with participants. While Marcus, however, is quick to distance himself from complicity’s “dark connotations” (Ibid.;107), he acknowledges its significance in the complex negotiations required between ethnographer and participant, particularly where contemporary ethnography in multi-sited contexts finds the ethnographer engaging with participants from a variety of social strata and institutional roles, as is the case with the present study. In this regard, the pragmatic advantages, visible to Geertz, of presenting oneself as vulnerable by being on the side of the village against the State and its agents, are significantly problematized by the multiple jeopardies one buys into in attempting rapport and complicity with drug user populations and those agents of the state charged with responding to illicit drug use. Thus the practicalities of drug use ethnography, while potentially providing the researcher access to unique and highly productive data (Power, 1989:44), require their walking of a fine and precarious line.

Similarly, and in returning generally to methodological pragmatism, we might conclude by noting a final comment. Howe (1988:13) remarks that it is necessary for pragmatists to eschew the “tyranny…of the epistemological over the practical, of the conceptual over the empirical [, rather] a mutual adjustment between the two such that practice is neither static nor unreflective nor subject to the one-way dictates of a wholly abstract paradigm”.

5.2.6 Sections Summary

The preceding sections have argued the need for a mixed method approach to studying the social use of drugs. Commencing with the current state of much drug use research, it was noted that data are principally gathered via quantitative means and that this approach may be productively augmented by the application of qualitative designs. Despite possible advantages
in combining these two approaches, it was also noted that traditionally there has been a resistance to doing so.

More recent developments, however, have demonstrated the viability of mixed methods, particularly with the divergence from positivism to postpositivism, and the acknowledgement of the implications of a reflexive relationship between scientific knowledge and practice (e.g. Armstrong, 1990). The pragmatist or mixed method response to arguments against combining methods is to consider commonalities in practice between modalities and the employment of informal versions of the mixed method approach (e.g. Niglas, 1999, cited in Green & Caracelli, 2003).

Having thus negotiated a place for qualitative analysis in a largely quantitative field, the case was made for the use of ethnography as qualitative approach inclusive of user perspectives. However, the preceding discussion emphasized that a combination of methods is not without its tensions. In the following section strategies for overcoming these tensions are discussed, beginning with the notion of privileging the research question over preference for a specific method, thus drawing on the complimentary strengths of both modalities.

5.3 Design

This section details design options for the present study, describing the rationale for the final selection of a mixed method QUAL→quan sequential study, where QUAL refers to a dominant qualitative component (interview) followed by (→) a significant though subordinate quan or quantitative component (questionnaire). As the order of deploying these two data collection methods is specific per individual participant, the study method is sequential. The section concludes with a discussion of the history and development of, and a description of the Cannabis Use Questionnaire, the quantitative instrument chosen to compliment the study’s qualitative component of in-depth open-ended interviews.
5.3.1 Choosing a Research Strategy: Privileging the Question

The initial impetus for this study came from an uninformed but ‘commonsense’ perception of there being a ‘gap’ between the ‘dominant’ portrayal of cannabis use and users, and users’ actual experiences in the context of ‘normative’ use. As Davies’ (1997c:x) comments:

At the present moment, the standard line taken by a majority of people in the media, in treatment agencies, in government and elsewhere, hinges around notions of the helpless addict who has no power over his/her behaviour; and the evil pusher lurking on street corners, trying to ensnare the nation’s youth. They are joined together in a deadly game by a variety of pharmacologically active substances whose addictive powers are so great that to try them is to become addicted almost at once. Thereafter, life becomes a nightmare of withdrawal symptoms, involuntary theft, and a compulsive need for drugs which cannot be controlled. In fact, not one of these things is, or rather needs to be, true.

Others (Hannifin, 1994; Room, 1985) reference the fear, incited in the non-using populace, of users of ‘non-traditional consensual vices’ as ‘out of control’. Room (2003) has also discussed the notion of the cultural framing of addiction, whereby behaviours described in medical-scientific literature as compulsive may in other cultures, through alternative analysis, be explained as normal, non-deviant and non-maladaptive. A familiarity with this literature makes the ‘gap’ between the dominant portrayal, or ‘construction’ of use/user, and the varying perspectives more palpable. In the present work, from this broader viewpoint, notions of imposed pathology, silenced voices, heterogeneous culture, and the play of hegemonic forces prompted the posing of questions with which the study would engage.

5.3.2 Exploratory Hypotheses—Research Questions

1. To what extent do cannabis users represent a deviant population, exhibiting lack of control regarding their use of a putatively dangerous and destructive substance?

2. How do cannabis users view their behaviour, i.e. what subjective meanings do they ascribe to it?

3. To what extent is it possible to talk about ‘a cannabis user’, i.e. how varied are patterns of cannabis use?

168 See supra note 160.
4. To what processes might be attributed the predominance of one perspective over others, i.e. how and why, are cannabis users constructed as above?

In applying Tashakkori and Teddlie’s (1998:36) taxonomy, the above questions would be described as exploratory, rather than as experimental. Thus while the present study proposes questions, it does not specifically test a hypothesis; rather, it presents a case study. Hence a qualitative approach would have greatest affinity with the data likely arising from this study. Having noted this, however, it does become possible to see that portions of the questions posed above are amenable to being informed and analysed by quantitative methods. This provides options as to how such a mixed analysis should be assembled. It also echoes Johnson & Turner’s (2003:299) fundamental principle of mixed research noted previously: that the collection of multiple data using different strategies, approaches and methods is more likely to result in “complimentary strengths and nonoverlapping weaknesses”.

5.3.3 Refining a Mixed Method Analysis

With a variety of mixed research options following from the above, it is necessary also to note that Johnson & Onwuegbuzie (2004:15) distinguish between mixed model and mixed method designs. Regarding the former, qualitative and quantitative components within and across stages of the research are mixed. For the mixed method design, however, one may also consider the dimension of paradigm emphasis, i.e. one paradigm may dominate over the other. In the mixed method instance, crossing of paradigm emphasis, and time ordering of qualitative and quantitative phases occurs. Possible options include:

- degree of mixture
- where mixing should occur (e.g. in objectives, methods of data collection, during data analysis, during interpretation)
- whether to take a critical theory/transformative-emancipatory approach or a less explicitly ideological approach

The above and other possibilities lead Johnson & Onwuegbuzie (Ibid.:20) to suggest up to nine potential combinations for a mixed method approach. Initially, however, the researcher must make two decisions:

1. Whether to operate primarily within a dominant paradigm or not
2. Whether to conduct the phases concurrently or sequentially.

Johnson & Onwuegbuzie (Ibid.) note that in contrast to mixed-model designs, the mixed method approach is likened to qualitative and quantitative mini studies combined in one overall research study. However, findings must be mixed or integrated at some point, e.g. the qualitative might inform the quantitative, sequentially, or if these are concurrent the findings must, at least, be integrated during interpretation. They also note that many other options may obtain, depending on what the researcher wishes. For example, the design may emerge during the study (something occurring in the present case; see below). The emphasis is that the design should be compatible with the research question, and, if necessary, the question too, may be revised where needed (Johnson & Onwuegbuzie, Ibid.:21).

Johnson & Onwuegbuzie (Ibid.:21-22) extend their mixed method approach through the enumeration of eight steps, three of which—design, analysis and legitimation—are further broken down; the former two into five and seven steps respectively. Their final component—legitimation—is developed is deployed through the application of two instruments comprising fifty and twenty-nine sources of invalidity respectively (Ibid:22).

For the present study, however, Miles and Huberman’s (1994) thirteen-step strategy was preferred. It was considered less cumbersome than the alternative, with the thirteen steps compartmentalized into four sequential categories, i.e. representativeness, reactivity, reliability, and replicability. These categories fitted well with the study’s overall design, engaging explicitly with concerns of particular interest to examining illicit drug use (e.g. representativeness). They also integrated with Miles and Huberman’s thirteen-step process for generating meaning from thematic analyses (Ibid.:245-262), a process adopted to provide a transparent framework for evaluation of the present study’s discursive data. These two sets of strategies (meaning generation and legitimation) are fully explained in Chapter Seven (section 7.3) as both (Armstrong, 1990) and Miles and Huberman (Ibid.) argue that method should be open to an analysis of its own productive force. For Miles and Huberman (Ibid.:245), in fact, thematic legitimacy is conferred in part through the explication of the method by which thematic categories were arrived at, at the same time as the actual generation of categories.

(see also section 7.4 on data validity). Thus method’s explication, and analysis occur simultaneously, providing a transparent process.

5.3.4 A Mixed Method Design for Studying the Perception of Cannabis Use and Users in New Zealand

The discussion so far (e.g. 5.2.1-5.2.3) has considered general design and research strategies for mixed methods. By privileging the research question for the present study, it was proposed that a mixed method design emphasizing a qualitative, sequenced approach would be most appropriate. The remaining subsections (5.3.4-5) describe such a design, as well as the history and characteristics of a quantitative instrument specifically developed to examine cannabis use. First considered is Davies’ (1997a; 1997b) design response to how the researcher’s perspective and the researcher-participant relationship construct notions of use and user. His study’s design rationale extends the implications for design in deploying combined qualitative (interview) and quantitative (questionnaire) methods. Following this, we consider the history and application of a questionnaire specifically developed for studying cannabis use in a non-marginalised context (Cohen & Kaal, 2001; Cohen & Sas, 1998). In combination these sections set out the method and means by which the present study aims to examine cannabis use and perceptions of users in contemporary Aotearoa.

In Drugspeak Davies (1997b) emphasizes the problematic nature of verbal reports as scientific data, acknowledging the difficulties of combining qualitative and quantitative methods, as well as what he refers to (Ibid.:47) as the ‘unprincipled’ (e.g. Potter & Weatherall, 1994; Miles & Huberman, 1984, cited in Davies, Ibid.) utilizing of qualitative data where assumptions are made about its meaning by both participants and researchers.171 Here Davies’ concerns echo those of other critics of postpositivism in noting that the choice of method influences both participant and researcher. His suggestion (Ibid.:48) that commenting on the variability between the results of the two methods when applied to the same research question might provide useful data, both forms the basis of this section’s argument favouring the adoption of Davies’ design, and validates the mixed method approach described above.

In his study of 548 ‘minimally cued’ drug user conversations, Davies (Ibid.) transferred the psychophysics concept of ‘signal detection theory’ (see also Davies & Best, 1996) to verbal reporting in social science. In its original application Davies (1997b:51-2) describes signal theory as measuring verbal reports by using three continua: the *stimulus* (where sound is invariant); the *response* (where the physiological varies), and; the *judgment* (the subjective verbal report). However, in applying this concept to the reporting of verbal statements in a social science setting, where meaning is to be examined, Davies emphasizes that verbal statements cannot be taken as perfect representations of internal states, and that “they vary as a function of motivational factors extrinsic to the aims of the…study” (Ibid.:56). He continues that, while these issues have been dealt with in psychophysics in relation to physical stimuli, they have not been resolved in drug studies where “a great deal may hang on whether a subject says one thing or another…Instead we have the notion that verbal reports correlate perfectly with…meaning, attitude, beliefs” (Davies, Ibid.:57). Contrarily, because Davies (Ibid.:59-61) acknowledges the world as existing as a ‘linguistically-mediated social construction’, with discourse contextually bound, anything written about it is similarly bound. Therefore people are motivated to achieve certain aims or goals through performative language, with accounts varying according to the function of an utterance (Ibid.:63-4). Thus, argues Davies, the ‘signal’ in signal theory may be seen as analogous to utterance/language “by using the notion of signal-strength as an indicant of the researcher’s motivation to find out certain things rather than others” (Ibid.:65; emphasis original). For this reason, he suggests, verbal reports will be sensitive to differences in method and context.

Davies extends his analogy of signal to language in a discussion of signal *strength*, where he describes the researcher’s aims, or ‘priming motivations’ (1997b:69), as the signals whose strength may be varied by the researcher. He suggests that, if specific events are sought, a quantitative approach sending the strongest signals would be appropriate; conversely, discursive questioning (qualitative) provides ‘less of the researcher’, hence a weaker signal. In this regard, the method of questioning becomes a measure of the researcher’s motivation (Ibid.:71):

The notion of signal strength thus becomes crucial to social criterion theory\(^{172}\) since the methodology used could in principle give a measure of the researcher’s own motivation in carrying out the study.

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Davies (Ibid.:75) further suggests that a variation in data between the application of two methods (i.e. strong signal/quantitative and weak signal/qualitative) implies a signal variation. Therefore there is not so much a difference in subjects’ motivations; rather the data are not robust across the two methods.

Davies (Ibid.:75) also discusses the implications of ‘order effects’, what mixed method theorists control with ‘sequencing’. In noting that order effects do not appear to be reflexive (i.e. strong→weak does not generate the same effects as weak→strong), Davies (Ibid.) comments that weak (open interview/qualitative)→strong (questionnaire/quantitative) is the appropriate sequence as the alternative order would generate a teaching or ‘practice’ effect, whereby participants interviewed after answering a questionnaire could spontaneously produce responses ‘cued’ by the questionnaire.

In turning to the specifics of drug use discourse, Davies (Ibid.:80) notes how the natural history and functions of such discourse are seldom described. For Davies, a central theme of his work concerns the functionality to users of drug use self-reports. This phenomenological component of Social Criterion Theory, where data are derived from personal experience, suggests that change in discourse might vary according how participants construe advantages, threats and opportunities in different situations. Here, the ‘criterion’ refers to the attribution of the participant,173 of whom, as Davies remarks (Ibid.:81-4), researchers will have a particular view. In contrasting the researcher’s assumed view of the participant with a theoretical need to critically engage with the researcher’s motivations, Davies remarks that “[a]cceptable and largely middle-class self-delusions supported by data that have the veneer of scientific credibility do not make a sound basis for public policy” (Ibid.:84). Hence, in drug studies, where the potential for the researcher’s biases to intrude may be intensified, Davies emphasizes data ‘robustness’ over measurement, with robustness defined as having resistance to change under varying conditions of context and method (Ibid.:85). Therefore the degree of data variability becomes significant and productive.

Davies’ theoretical and practical work outlined above compliment the processes described in the previous sections (5.3.1-3). For example, by noting the implications for data robustness, of variability between data collection methods, Davies strengthens arguments for the viability of

173 In The Myth of Addiction (Ibid.:1-22, supra note 93, Chapter Three) Davies outlines the history and development of ‘Attribution Theory’, thus laying the foundations for that work’s thesis regarding the functionality of the concept of addiction, and its basis in the conversational and ideational needs, both of drug users and those working in the field of substance use.
mixed methods and their facility to legitimate data quality. Thus Davies acknowledges a marriage between quantitative and qualitative methods (1997b:88) as desirable. Further, though Davies (Ibid.:57,88) expressed, at the time of his work reported here, some disquiet regarding mixed methods’ theoretical underdevelopment, the present work argues such concerns may now be allayed due to the more recent practical and theoretical developments outlined in the preceding sections (e.g. Onwuegbuzie & Teddlie, 2003; 1998; Teddlie & Tashakkori, 2003). Davies in fact notes elsewhere (1997a:55) regarding researcher motivations, that that issue had been engaged with by critiques of postpositivism. Finally, of relevance to Davies’ own design for his study described here is Niglas’ (1999) methodological review of The British Educational Journal (cited in Green and Caracelli, 2003), where she noted a proportion of studies adopting mixed method designs without formally engaging with a mixed method protocol (see 5.1.3).

It is for the above reasons, and Davies’ (1997b:55) reference to the subjective validity of his participants’ utterances, that the present study’s design was significantly influenced by Davies’ example. In following his (1997b; 1997c) project, the decision was made in the early stages of the present study to use a sequential approach in combining ethnographic work with a quantitative tool—Reinarman and Cohen’s CUQ (see Cohen & Kaal, 2001; Reinarman et al., 2004), whereby the ‘weak signal’ interview (Davies, 1997b) was carried out for each participant prior to the administration of the ‘strong signal’ questionnaire. Given that these decisions were taken, as noted above (5.2) the present study would be described in Johnson & Onwuegbuzie’s (2004) terms as a mixed method QUAL→quan sequential study.

However, before moving to consider some of the more pragmatic steps in the study’s preparation, a brief description of the Cannabis Use Questionnaire and the rationale for its application in this study is appropriate.

5.3.5 The Cannabis Use Questionnaire: Avoiding the Context of Marginalisation

The Cannabis Use Questionnaire (CUQ; see Appendix II) had been developed and refined over a number of years (see, for example, Cohen & Sas, 1998). The instrument was subsequently used by Cohen and Kaal (2001) in an international comparative study (Amsterdam in Holland, Bremen in Germany, and San Francisco in the United States).\textsuperscript{174} Its

\textsuperscript{174} Described as the ‘Three Cities Study’, see Cohen, P. D. A., & Kaal, H. L. (2001). The Irrelevance of Drug Policy: Patterns and careers of experienced cannabis use in the populations of Amsterdam, San Francisco and Bremen. Amsterdam: CEDRO Centrum voor Drugsonderzoek, Universiteit van Amsterdam. Details of this research have
suitability for the present study was further demonstrated with its deployment by Hathaway (2004) in Canadian research paralleling the European and American studies. These previous administrations of the CUQ are relevant to the present study due to, as is discussed at the conclusion of this section, their indicating a robustness of data across differing policy and cultural contexts. This robustness reinforces the points Cohen and Kaal (Ibid.) make in favour of their instrument, and echoes the methodological issues raised by Davies (1997b), particularly in relation to researcher motivations and signal theory, and the ideological influences impacting on drug research and perceptions of drug use referenced above (section 5.3.1; Davies, 1997a).

In developing an effective survey instrument, Cohen (1996:1) notes the utility of collecting good local data, suggesting if these are comprehensive, then an accurate national picture is likely to emerge. He also observes that the kind of data collected will to some extent be influenced by prevailing policy, with ‘repressive’ (prohibition), harm reduction, and cultural integration policies each providing the impetus for collecting different data sets. Thus, “[o]n a higher level of abstraction one could say, that almost in all countries some sort of local construction of the drug problem is made” (Cohen, Ibid.:1-2). In echoing Davies’ (1997b) concerns regarding researcher motivation, Cohen is here referring to the types of issues defined as problems, their associated causal attributions, the policy responses to ‘doing something about’ these, and the types of expertise drawn upon (Cohen, Ibid.). These ‘interests’ are likely to be reflected in the technologies applied to researching drug use; hence, extant research instruments are not neutral.

Along with Davies (1997b:75), Cohen observes (Ibid.:3) that if measurements (e.g. of prevalence) vary considerably, then precision is likely to be a problem. Cohen (1997:1) focuses further on this and the above factors in proposing the researcher must choose what population they will direct their attentions to (e.g. the general population, those in treatment, or experienced users), and what data will be sought from the chosen population. For example, is prevalence only to be targeted? What about use patterns, continuance/discontinuance, drug use career length, other drug use? Here Abraham (1998:1-2) reiterates the trap of looking solely at prevalence rates in noting their superficiality in comparison with continuance rates. She proposes targeting those using in the preceding twelve months and last thirty days,
suggesting these groups will provide a more accurate reflection of current patterns of use. Thus *use patterns* and *social context* provide data more able to locate drug use in a web of contemporary social meaning.

These descriptions of the most productive data and the means to access them bring us to the CUQ. Cohen and Kaal (2001:13) observe that to gather meaningful data on a commonly used drug such as cannabis one must as much as possible avoid researching within the context of marginalisation. One of the main emphases, then, is to construct an instrument that reflects *normative* use. Accompanying this is the effort made (commensurate with resources) to apply the instrument to a *representative* population of *experienced* users; in other words, those with a career of use, rather than those experimenting once or twice. Here the aim is in part to limit as much as possible ideological biases, for example, the assumed pathology of drug use, where harms, risks, deviancy and criminality are focused upon. In this regard Cohen and Kaal (Ibid.:15) also note their inclusion of benefits perceived by users. For these reasons and those discussed above, Cohen and Kaal (Ibid.:14) divided the CUQ’s examination of cannabis using careers into twelve topics:

- initiation into cannabis use
- level of use through time
- patterns of use through time
- quitting and diminishing of use
- the use of other drugs and combinations of drugs
- buying cannabis
- contexts of cannabis use
- advantages and disadvantages
- prevalence of effects of use (more than 100 potential effects are mentioned)
- attitudes about cannabis and other users
- cannabis ‘dependence’ both from a subjective angle and according to DSM-IV
- use of cannabis at work

Thus, they attempted to create as neutral an instrument as possible. Whilst Cohen and Kaal (Ibid.) acknowledge absolute neutrality is impossible, they propose that by encompassing a broad range of use contexts, their instrument avoids many of the pitfalls typical of standard

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questionnaires. These authors note also the consistency of their instrument’s data, with its detection of almost identical consumption patterns when administered under the varying drug policy regimes of three different countries. They claim such an instrument is rare in the annals of drug studies, observing that while the respected Jamaican research (Rubin, 1976) of the mid 1970’s adopted a similar approach regarding its structure, their own work deals with western industrialized nations, with their instrument designed specifically for this context (Cohen and Kaal, Ibid.).

Having noted the attempts at reducing bias in their instrument, it remains to briefly discuss Cohen and Kaal’s (Ibid.:17-20) sampling,

176 where every effort was made to access a population both representative of experienced cannabis users and of the general populations of the three cities where the study was carried out. Randomized samples from city population registers (or equivalent), and comparison of response with non-response groups were used to check for cohort representativeness. As an example, the Amsterdam sample did not require weighting, and with the response/non-response comparison occurring across twelve demographic and drug use variables, only two—education and last year prevalence of cannabis use (both slightly higher in the ‘response’ group)—were found to differ (Cohen and Kaal, Ibid.:18).

In summary then, the CUQ as developed by Cohen and colleagues, represents a well-trialed, reflexive, drug-use survey instrument seemingly capable of producing robust data across a range of prevalence, use patterns, social context indices and cultural environments. Its focus on normative use, its amenability to generating quantitative and qualitizable data, the ease of adapting it to local conditions, the possibilities for internal validity/inference legitimation and data triangulation, and the facility of comparing results from its application in Aotearoa with those from elsewhere make it ideally suited for use in the present study.

177 It could also be argued that, if data derived from the present study’s application of the instrument were shown to be statistically comparable to those produced from its deployment elsewhere, then concerns over the present study’s sampling could, albeit cautiously, be ameliorated, as respondents in the American and European studies were selected using more robust sampling techniques (see Cohen & Kaal, 2001:16-31; Reinarman et al., 2004:837). Finally, we may note that the analyses already carried out with data derived from this instrument (Cohen & Kaal, 2001; Hathaway, 2004; Reinarman et al., 2004) potentially provide a template by which to assess

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175 See supra note 169 regarding normativeness.
176 See below for an expanded discussion of this in relation to the present study
this project’s quantitative data, as well as offering significant possibilities for future international and cross cultural collaborative research.

5.3.5.1 Abuse and Dependence: A Brief Note

Issues concerning the validity of instruments used to diagnose abuse and dependence notwithstanding (e.g. Cohen & Sas, 1998; 2003; Earleywine, 2002; Room, 2006), due to their wide application, these constructs provide a further useful means by which to characterise the sample, and to gauge its representativeness. Cohen and Sas’ (Ibid.:91-93) comments regarding the CUQ’s qualified use of DSM-IV, and its limitations, are relevant to the present study in that they recognize the potential for the DSM to be misapplied in a non-clinical setting, and because their version of DSM-IV criteria generated the present study’s data. While Cohen and Sas (Ibid.) combined two DSM diagnostic categories (dependence and abuse), represented by four and three questions respectively, the present study attempted to increase sensitivity to dependence diagnosis by including DSM-IV criterion 5 “A great deal of time spent in activities necessary to obtain, use or recover from the effects of cannabis”. Data approximating this criterion were generated by including data from those of the sample reporting both ‘daily use’ and ‘use all day’. For abuse, a proxy measure of risk was constructed using data on cannabis use and driving, with an arbitrary level of 30% under the influence of cannabis being set. However, this level does not allow for measurement of how ‘high’ a person would be, and thus the likely level of impairment. For example, driving with a very low BAC is not generally regarded as hazardous.

As with Reinarman et al’s (2004) application of the CUQ, the measures were applied for lifetime use. Given the reduced dependence criteria (i.e. five questions rather than six) the threshold for a dependence diagnosis was ‘yes’ to two questions (not three, i.e. the clinical threshold; Babor, 2006). With abuse criterion ‘4’ being a proxy (i.e. applied for one category of hazardous use only—driving), a diagnosis for abuse required a single affirmative. Thus the data presented in Chapter 6 (section 6.2.1.3) are both approximate and conservative.

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177 The CUQ also required very little adaptation to New Zealand conditions, with only user vernacular for measures of cannabis (e.g. ‘tinny’, ‘$50 bag’, ‘$100 bag’) replacing original terms. A section on driving and cannabis use was also added to the CUQ’s section VII ‘Sets and Settings of Use’. See Appendix II.

178 See pages 45-6, CUQ, Appendix II. Clinically abuse and dependence are separate diagnostic categories of the DSM, with abuse using four criteria relevant to the previous twelve months and dependence seven. For cannabis, however, physiological dependence/withdrawal is not a necessary condition of dependence. Thus for cannabis dependence, six criteria or questions...
5.4 Preparation for the Field

This section details the processes and events leading up to entry into the field. The ethics application, technical issues, focus groups, negotiations with government officials qua participants, and discussions with various parties affiliated with the study are described.

5.4.1 Ethics

Regarding ethical issues in drug studies, Carlson et al. (1995:12) note three main points: participants must explicitly be made aware of the research purposes and attendant risks; the researcher must determine that no harm can befall individual participants; and, researchers must determine that study results and publications will not negatively impact on participants as a group. With New Zealand’s per capita cannabis arrest rate of 349 / 100,000 people the world’s highest (see Chapter Four, section 4.5), such ethical considerations relating to participants in the present study are highly salient. To the concerns noted above, we may add issues of professional practice as these might impinge on the researcher’s academic department and host institution, matters relevant to the present study and dramatically impacting on it as discussed in the Preface. Principally, however, the researcher’s obligations are to their participants (Association of Social Anthropologists of Aotearoa/New Zealand, 1987).

In returning to the safety of participants, it is worth noting that, as is the case in Australia, the status of qualitative research into illicit drug use in New Zealand vis à vis the law is yet to be fully reconciled. In considering these issues in Western Australia, Loxley, Hawks and Bevan (1997) note the conflict of interest faced by researchers regarding their legal responsibilities to police, where their work might involve them in abetting a crime, e.g. if the researcher is present during illicit drug taking or purchase. These authors note the absence of legislation relevant to this area, and that the introduction of such would be of benefit as, for example, with the United States’ practice of issuing a Certificate of Confidentiality for each study. At the least, as was the case with the present study, participants require being informed that they are in fact placing themselves at risk, and that they must consider this in deciding to participate (Ibid.:1084-1085). While this was more obviously the case with user participants in the present study, it was also an issue for the officials, whose perceptions of policy and its formulation, was discussed in Chapter Four. Both groups were required to read information may be specified. See Babor, T. (2006). The Diagnosis of Cannabis Dependence. In R. A. Roffman & R. Stephens (Eds.), Cannabis Dependence: Its Nature, Consequences and Treatment (pp. 21-36). Cambridge: Cambridge University Press.
sheets and either record consent verbally (user participants) or sign consent forms in accordance with the University’s Ethics Committee criteria (see Appendix 1).

5.4.2 Technical Issues

5.4.2.1 Sample Size and Statistical Analysis

The issue of sample size offers a prime example of the tensions in mixed method analyses. In the present case these were exacerbated by a change of department and supervision in the middle of the project, resulting in a move from Arts to Sciences and re-orientating the study towards a formal mixed method approach. However, decisions about sample size had been made prior to this change, and in fact the fieldwork had been completed. Consequently, though initially informed by the necessity to engage with predominating data streams (i.e. medico-scientific data), the awareness of the advantages of a relatively large cohort of users to facilitate meaningful statistical analysis was not principally guided by the needs of quantitative analysis. Rather, with the primary focus being qualitative, the choice of sample size was initially directed by the requirements of that method, these being substantially different from the principles informing sample size selection for quantitative analyses.

In qualitative analysis sample size is significantly determined by data saturation, or as Marshall (1996) describes it, what is required to meaningfully answer the question. In other words, when new themes, ideas or perspectives cease to emerge the sample is complete. Thus sample size determination is very much a matter of experience and judgment, where the quality of information must be set against the purposes for its collection. Here, the key is to know when to stop. Therefore, as Sandelowski (1995) observes, one must find a balance between a minimal size to achieve informational redundancy and theoretical saturation, and too much information which would deny the deep case-oriented analysis required of qualitative method.

By contrast, the use of statistical analyses in quantitative method clearly defines parameters for deciding sample size. Important criteria include sample characteristics (e.g. the existence of outliers or whether there are equivalent numbers in prospective groups), type of analysis (e.g. t-test), effect size and, most importantly, the power to detect significance. While Kinnear and Gray (2005:164) suggest moderate violations of these criteria will not undermine statistical validity, for example regarding t-tests, they also note the delimiting of sample sizes based on the preferred power of tests. Hence some authors publish tables (e.g. Clark-Carter
1997, cited in Ibid.:178) and software packages (e.g. GPOWER; see Erdfelder, Faul, & Buchner, 1996) showing the varying power of tests as determined by differing numbers of participants. Based on the latter, 100 participants might have yielded more robust data for the present study than the 80 selected, a matter to be recalled when considering quantitative results in the next chapter. As noted above, however, sample size was mediated by the original qualitative focus.

Finally, the choice of a relatively large qualitative sample reflected two further factors. First, it is accepted that by definition qualitative data will vary in ‘quality’ (Marshall, 1996). Thus while saturation might have been achieved earlier, in the present study the decision to interview all 80 participants was validated when it became apparent that some of the last-contacted respondents provided superior (i.e. more detailed) descriptions of facets of cannabis use. Further, a theoretical justification existed for this, in that gaining the trust of participants so as to gather the best data possible was considered vital. The interview’s hour-long conversation was thus considered a means by which to achieve this trust, as it was hoped all participants would complete the CUQ. Second, it was anticipated that the qualitative component of the study would include a deeper analysis of a sub-sample of participants, thereby allowing a more detailed analysis of material.

5.4.2.2 Transcription

In settling on eighty participants, it was appreciated that for practical purposes this would require mobilizing a large amount of resources for data management. In particular, there was the concern about the time-consuming process of transcribing interviews. Although many ethnographers claim that the ‘time spent with data’ during transcription facilitates a greater understanding of it (e.g. Carlson et al., 1995:15), conversations with supervisors of the time and fellow students suggested that more productive time could be spent with the data than that consumed by transcription. Thus funding was obtained to cover transcription costs. It was decided to record interviews directly onto a laptop hard-drive. A software programme allowing the digital altering of interviewee’s voices completed this process and boosted participant anonymity.

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180 SoundEditII™
5.4.2.3 Computer Assisted Data Analysis

A second application of computer technology involved the use of computer assisted qualitative data analysis software (CAQDAS, or QDA for short), in my own case, NUD*IST™, and for the quantitative data, SPSS. As Barry (1998:1.3) and (Krueger, 1997:24-26) remark, the desire to process large amounts of qualitative data more efficiently and creatively has driven an interest in QDA analyses, and their rapid recent development. Further advantages include the technology’s ability to ‘qualitize’ quantitative data and ‘quantitize’ qualitative data (i.e. transforming quantitative data into qualitative data and vice versa), and to integrate or ‘fuse’ these two data modalities (Bazeley, 2003:385), clearly commensurate with a mixed methods approach as discussed above (section 5.3.2).

In a discussion on the pros and cons of the application of this technology, Bazeley argues that the utilization of QDA software represents an extension of mixed method analyses, suggesting that while many ascribe ‘qualitative’ and ‘quantitative’ to different types of methods, these terms are more appropriately applied to types of data (Ibid.:387), and that the pragmatic approach discussed above does not preclude or privilege one data modality over another (Ibid.:389). Regarding advantages, he observes how the integration of QDA qualitative and quantitative analyses is a further iteration of data triangulation (thus emphasizing internal validity of data), and that with their application potentially generating discrepant results, the possibility of a deeper understanding of the combined data, where integration is ‘multi-directional’, is enhanced (citing Jick, 1979, in Bazeley Ibid.:394). Bazeley notes (Ibid.:416) that in dealing with data where their integration is truly ‘fused’, the critical issue becomes determining specifically which qualitative data will be integrated with a quantitative programme such as SPSS, as once qualitative codes are given a numerical value, these then become categorical, with the shades of meaning possible in textural analysis not available numerically. This problem, he suggests (Ibid.), can be overcome by ‘on-coding’, where categories with multiple elements, e.g. rules for cannabis use, are given multiple codes.

Bazeley also notes (Ibid.) difficulties for quantitative analysis with qualitative studies where N<20 and samples are non-random, and for qualitative analysis where samples are large (e.g. N>100) and the potential for superficial textual analysis exists. He offers two options for dealing with the latter problem, with the first using a small random sample of documents supplemented by further purposeful sampling within the pool until theoretical saturation is

\[\text{With the use of SPSS being well established, this discussion will focus principally on QDA software.}\]
reached (he suggests this is typically around twenty to twenty-five cases). Once achieved, rapid reading and text searches are employed to verify procedures and check for deviance in remaining cases. The alternative approach, and the one adopted by this study, is to apply automatic coding to the entire sample and subsequently identify a targeted sample to complete a more detailed analysis on.

Bazeley (Ibid.:417-418) concludes his discussion on the merits of QDA analysis by noting that in writing up mixed method studies, there is a temptation to deal first with one data modality and then the other before drawing the two together. He suggests that if data are truly fused, then the various elements are best presented as “a logical chain of evidence” (Ibid.:418). This does, however, make it difficult to separate presentation and interpretation of results. Therefore, he proposes (Ibid.) that exploratory research be depicted as a voyage of discovery, with literature, other data and evidence being presented where relevant. This approach is particularly suited to studies emphasizing the qualitative, where validity arises less out of correlation with external criteria than from an argument’s potency, clarity and completeness.

5.4.3 Focus Groups

By the end of the study’s first calendar year (December 2002), and having settled on Davies’ Drugspeak method (1997b) in combination with Cohen and Kaal’s (2001) questionnaire, it was decided to trial the approach with a sample of cannabis users before formally entering the field. Consequently eight people (known through previous employment in the youth arts and entertainment sector) were recruited into two focus groups for early December 2002. Of the eight, one female failed to show, leaving seven participants in two groups of four and three people respectively, with only one female remaining.182

Krueger (1997:19-30) notes a number of advantages in tightening one’s research plan through the use of focus groups. These include avoiding being locked into one way of thinking about the project (Ibid.:22); moving beyond the assumptions that only verbal responses constitute legitimate information, and that one’s carefully thought out questions are not confusing (Ibid.:23). These observations proved fruitful for the study’s development as both focus

182 The literature suggests the principal determinants of cannabis use are age and gender, with young males most likely to use; see for example Earleywine (Ibid., supra note 21, Chapter One); and in New Zealand Wilkins (Ibid., supra note 13, Chapter Three). For evidence that female use is trending upward, note the latter, but also Swift, W., Copeland, J., & Lenton, S. (2000). Cannabis and harm reduction. Drug and Alcohol Review, 19, 101-112.
groups, responding to questions previously identified as relevant, made useful clarifications, for example, between the initial focus on generalized policy, and the greater salience to users of prohibition.

Perhaps more significantly, both groups noted an emphasis in prepared questions, on those pathologizing use over ‘normative’ use. This was subsequently corrected with more critical reading around Cohen and Kaal’s (2001) work. Similarly, the initial emphasis on a single cannabis ‘culture’ was questioned by several of the groups’ members.

Further, in reviewing notes taken during the group meetings, and subsequently listening to the recordings, it became apparent both that relevant issues to be canvassed, and not previously appreciated as significant, seemed to be spontaneously raised. This was particularly significant as it suggested that open-ended interviews would generate acceptable data without significant prompting required, thus validating the sequencing of Davies’ (1997b; 1997c) ‘weak signal→strong signal’ approach. Indeed, this became the mode under which the face-to-face interviews were subsequently carried out. Each typically commenced with a simple question: “so what does it mean to you to be a cannabis user?” Usually, the interview would flow quite naturally from that point. As issues were raised, points would be noted but subsequently returned to when there was no risk of interrupting the flow of conversation. Occasionally matters arising during the ‘warm up’ conversation prior to formally commencing the interview would be used to begin proceedings.

5.4.4 The Second Site: Entering the Bureaucratic Space and ‘Studying Up’

As noted previously, the present study is a multi-sited one, considering not only the perspectives of cannabis users but also those within officialdom, specifically the opinions of bureaucrats and politicians on the three government committees responsible for formulating and directing cannabis policy: the IACD (Inter-Agency Committee On Drugs); the EACD (Expert Advisory Committee on Drugs); and, the MCDP (Ministerial Committee on Drug Policy).183 As the earlier discussion of ethnography suggested,184 this contemporary tendency to multi-sited studies within the researcher’s own culture frequently brings one into contact with members of such power elites and their gatekeepers. However, as Marcus has remarked (1998:85), one should not mistake the shift from a centralizing focus on the subaltern as

183 Refer to Chapter Four’s discussion of these committee’s functionality.
184 See above, supra note 165.
solely an attempt by researchers to ‘study up’ for mere completeness. Rather, this new object of study provides an opportunity within a “fractured, discontinuous plane…to posit logics of relationship, translation, and association among these sites” (Ibid.:86). In other words, these contrasting fields of social construction must be fully engaged with if one wishes to provide a holistic analysis of a phenomenon (Ibid.:90). Nevertheless, accessing these alternative, official contexts, brings an array of issues to the fore, including those noted above regarding ethical implications: there will be those who want to know what the ethnographer knows, or wants to know.

In approaching these phenomena, the researcher finds that by necessity their identity must shift. Herzfeld (1992:2) engages with this in criticizing the ‘language of absolute identity’, something observable not only in the fieldworker, but also within bureaucracy. He cites Britan’s (1981:11, in Herzfeld, Ibid.:3) remarks that “the most basic goal of any bureaucrat or bureaucracy is not rational efficiency, but individual and organisational survival”. In the case of the latter two, survival instincts are manifested in protocols for contact and gatekeeping.

While much of Herzfeld’s discussion of bureaucracy focuses on its response to individuals as ‘clients’, my own situation was somewhat different as I wished to draw officials into my study. However, certain commonalities of practice appeared to exist for both clients and researchers. For example, the commodity of time and its contestable manipulation meant that responses to my enquiries were in some cases initially met with “I’m too busy” (Ibid.:163). It is possible that as an inexperienced researcher, early enthusiastic contacts broke unspoken protocols, and that in seeking to too rapidly confirm meetings ‘too much’ (Ibid.:171) was being asked. This is particularly the case where communication by email occurred: no letterheads, an initial friendly informality on both parts, and a reliance on a meaningless student email moniker, something amended by negotiating with the original academic Department’s bureaucracy for a more respectable identity. It was soon realized that, despite the ostensible ready availability of many bureaucrats through on-line access to Government Departments, initial approaches should remain formal, and that subsequent contacts should be made with caution.

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185 Those subjects positioned as systematically dominated, ultimately by powers traceable to, and articulated by, capitalistic and colonialist political economy.

In regard to the above, Herzfeld’s observations on hospitality as a means to converting outsiders to insiders, but with attendant responsibilities (Ibid.:174) are germane. In November 2002 I had combined my attendance at the annual Cannabis Coalition Law Reform Hui, held that year in Wellington, with a round of meetings with potential bureaucrat participants. Dressed in my best, I trod the blustery streets of the capital, visiting first this Department, then that Ministry; each time hoping to negotiate a future formal interview. Meetings mostly occurred in offices or small conference rooms, where folders were produced evidencing our collective and cumulative communications; tea and coffee were sometimes offered. The meeting with police representatives (both career bureaucrats and non-sworn officers) from the Inter-Agency Committee was somewhat different, however, in that while the meeting initially occurred at their office, it was immediately adjourned to a chic, dimly lit café, filled with loud music and the overpowering smell of strong coffee. My hosts ordered for us without delay, and amidst the aromas and music proceeded to question me on my project and my reasons for undertaking it. At one point my ‘official’ police file was produced and while not being shown it I was asked to verify details (the file’s contents proved to be wildly inaccurate). Upon returning to the officials’ office, one produced, ‘as a cautionary tale’, an article about a drug researcher who had ‘crossed the line’ and commenced consuming the heroin whose users he was studying (Smallwood, 2002). As Herzfeld remarks (Ibid.:175), “In both the government office and at a stranger’s house, the ideals of friendly service disguise mutual dependence, which may, in turn, entail a complex negotiation of relative status.” It should be noted that these two officials proved equally informative and frank in their subsequent interviews.

A final issue reinforcing both the negotiations required of a researcher ‘studying up’, and the ultimately unequal balance of power inherent in such relationships, concerns the matter of gatekeeping. Although New Zealand has three government committees involved in developing drug policy, this study’s access to these was significantly limited in the case of two: the MCDP (Ministerial Committee), and the EACD (Expert Advisory Committee). Probably with the former this was unsurprising given committee members are senior politicians (see section 4.4).

Perhaps less expected was the response of the EACD, a group comprised principally of medical-scientific experts, and supplemented at that time by a consumer advocate, a Police

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187 Apparently something all residents of New Zealand have.
188 In an amendment to the Misuse of Drugs Act 1975 in 2004 there was talk of adding a legal representative from the Ministry of Justice. Although this was initially seen as unnecessary by the Committee members as discussed in their June 2005 meeting, a Justice member was subsequently included. See p. 4, Expert Advisory Committee on Drugs. (2005).
representative and a Customs representative. After protracted negotiations interviews were granted with the committee’s Chair, and the Ministry of Health’s Secretariat link person. However, due in part to supervisory problems, delays in committing to interviews meant that by the time these were able to be scheduled the Ministry of Health’s Secretariat link person had taken up a new position. The subsequent Secretariat reshuffle resulted, after some further negotiation, in the scheduling of two interviews: one with the Committee’s Chair, and a second with a junior member of the Secretariat. This latter was a consequence of a determined effort to contact the senior Secretariat official who initially declined to return emails or phone calls. Thus, despite requests being officially sanctioned by the Committee (Expert Advisory Committee on Drugs, 2003), and problems generated within the original Department notwithstanding, the process of gaining access as arranged bureaucratically was both formally structured and ad hoc in its final nature. As Herzfeld (Ibid.:47) remarks, bureaucratic space represents an “ultimately uncontrollable zone where the very fixity of symbolic form provides a cover for the tactics of power-grabbing, humiliation and indifference”.

5.4.5 Method, Stigma and the Academy

David Lenson’s (1995) observation that drug researchers focusing on the culture of use, rather than solely users’ pathology risk the disapprobation of their peers and institutions, is directly relevant to the present study, particularly regarding the final structure of its method. This was alluded to in the Preface, where reasons for the change of Departments were noted. Lenson’s concerns reflect the well-established literature on the stigmatizing effects of drug use (for example Becker, 1963; Erickson, 1980; and Goffman, 1990). Of equal relevance is Goode and Ben-Yehuda’s argument regarding ‘disproportionality’ in their examination of moral panics, i.e. that fears regarding a phenomenon are disproportionate to dangers posed by it (1994:36-42). Although in the context of cannabis use the latter’s argument (Ibid.:99-100) contrasts actual use with disproportionate perceptions of resultant harm, vis-à-vis the present research the harm feared by the Department initially supervising the thesis appears to have been that of association with a stigmatizing research topic, with the perceived risk of undermining Departmental and staff reputations.

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189 See the discussion below on the problem of stigma in relation to drug research.
190 Even here the argument has been made that merely choosing to treat ‘drug addicts’ exposes one to the effects of stigma. See Avery, J. (2003). Discrimination, thy name is stigma. *Addiction Professional, 1*(2), 8-10.
Thus, the construction of cannabis use and users speaks to deep-seated cultural, social, ideological and moral concerns, and hence a rational engagement with evidence is only one component, and not necessarily the most powerful means, by which people—individually and collectively—make sense of the phenomenon. Therefore, and as Lenson (Ibid.) reminds us, being part of a research community confers no immunity from these influences, whether as the person researching, or as colleagues and associates responding to the powerful play of forces set in motion by any engagement with the phenomena of drug use. Finally, this flow of forces has the potential, as in the present case, to directly influence how such research is carried out, and whether or not it even occurs in certain environments.

5.4.6 Negotiations and Confessions

A curious artefact of negotiations with a number of ancillary organizations was also likely connected to the subject of the research. During and subsequent to interviews a number of participants remarked how grateful they felt for the opportunity to talk about their use of cannabis. This desire for ‘confession’ is a significant component of Foucault’s later work (e.g. 1978). Thus it is interesting to note that whilst negotiating with the Ethics Committee, the University’s Marketing and Communications group (responsible for vetting the study’s advertisement as to style and content, and ultimately for designing and producing it), and The Star community newspaper, personnel from each of these organizations confessed their use of cannabis, one of them even subsequently participating in the study.

Regarding use of the advertisement to generate a cohort, Kemper, Stringfield and Teddlie (2003:273-4) note, while unlimited resources might allow the accessing of an entire population, the actuality of sampling is a case of the hard realities of time and resources impacting on theory, with the result that pragmatic choices are forced. Choice of sampling technique was further influenced by the dominant qualitative emphasis of the study. Hence, the community newspaper had been chosen because, as the only free publication of its type
distributed to all Dunedin households, and with a circulation of 42,000, it was seen as representing a viable means of accessing a broad spectrum of Dunedin residents who might also be representative of cannabis users in general. Although generally purposive, the advertisement’s wording “do you use marijuana” (Figure 5) clearly defines the target population, therefore it is perhaps more accurate to describe the approach as one of judgment or purposeful sampling, where certain criteria set the sampling frame (Marshall, 1996). Such an approach hopelessly avoids the common pitfall of simple convenience sampling, i.e. a skewed sample producing unrepresentative results and poor inferences (Kemper et al., Ibid.:280). It also leaves the option of subsequently using a stratified purposive technique to compare intra-cohort differences with data derived from the both interviews and the CUQ, for example contrasting high use/low use participants with DSM scores and attitudes to use. Finally, it should be noted that the incorporation of the CUQ (Cohen & Kaal, 2001), with its validity having been previously demonstrated by administration to more rigorously selected samples (see above, 5.2.5), provides a further opportunity for triangulation, a means by which to legitimate data.

5.5 The Field

This section briefly describes the five research activities undertaken in the study, these being:

- policy and regulation review
- methods adopted in interviewing the government officials or ‘key informants’
- methods adopted in interviewing the 80 Dunedin cannabis users
- methods adopted in deploying the CUQ
- selection of the 20 transcripts for deeper analysis

5.5.1 Policy Regulation and Review

As discussed above (section 5.4.3) one outcome from the focus groups was the realization that perceptions of policy and use were of different interest, depending on the perspective of the individual. For example, the project’s initial thrust had been to consider user perspectives of cannabis policy. For users, however, this area was of less interest than the phenomena of actual use and that of prohibition. These different focuses notwithstanding, for the overall project, the development of policy remained an important area to examine.

As Chapters Three and Four discussed, the existence of formalized drug policy in New Zealand is relatively recent (see sections 3.5 and 3.7). Thus there are a limited number of
personnel and documents to consider in such an analysis. The decisions around which documents to examine were therefore mediated by this scarcity and by an understanding that this policy document review would form part of a larger analysis which ultimately would focus principally on users as well as some officials involved in policy formulation.

For the above reasons, two periods of policy documentation were considered. These included the initial policy considerations examined in the Board of Health Committee reports (1970, 1973) and the more recent developments commencing in 1996, with the formulation of the National Drug Policy (NDP), as discussed in Chapter Four. Both of these collections of documentation directly informed policy formulation, the principal criterion for their selection for analysis. In each of them, emergent ideas and themes were tracked, along with changes to these. Thus in the case of the NDP documents, the shift from a harm minimisation to a prohibitionist stance was plotted (see section 4.3). To provide a developmental and theoretical perspective for their consideration, some academic literature was also considered (e.g. Abel & Casswell, 1998). As noted previously (section 3.4), the two principal groups of documents (the Board of Health Committee literature and that tracking the development of the NDP) were each considered as primary source documents. This reflects Foucault’s strategy of collapsing primary and secondary sources in the context of the genealogical method, thereby recognizing the temporal specificity of concepts of discourse (Armstrong, 1990:1226).

5.5.2 Engaging With Government Officials

The following describes contacts with members of the three government committees associated with the development of drug policy in New Zealand (MCDP, IACD, EACD). Some of these details have been covered in previous sections (e.g. 4.4, 4.4.1, 5.4.4). However, further information in the context of method may be informative.

The initial impetus to include drug policy officials came in part from a desire to offer a balanced critique of a policy area, which many, including the present writer, would consider to be less than successful. This issue of ‘positionality’ is central to the reflexive project or, as reflexive researchers would argue, to any research. As previously discussed (e.g. sections 5.2.1 and 5.2.2) it impacts on the choices of whom to involve and what to ask. In the present case, given officials’ inclusion in the study was principally mediated by their governmental roles, the researcher’s perspective would have been most strongly felt in questions asked and the interpretation of these. Thus an interest in alternative policy regimes and the awareness of
policy tensions around these, such as noted previously (e.g. section 4.2) shaped interviews (see also the discussion referencing Lyotard, 1988, section 5.3.3).

With the exception of Minister Anderton, Chair of the MCDP, all officials were liaised with directly via email following contact with the relevant secretariats. Subsequently some officials were visited personally during conference attendances in Wellington during 2002/3. It was considered that this formal approach would facilitate more fruitful interactions in the ensuing interviews.

Decisions about whom to interview were mediated by several factors, although principally the committee membership of prospective participants. As Associate Minister of Health, Chair of the MCDP and Minister responsible for drug policy, Minister Anderton was an obvious choice. However, as with the EACD, the gatekeeping mechanisms of bureaucracy (Herzfeld, 1992) allowed that access to some personnel was limited. Thus, Minister Anderton responded by writing to questions submitted to his private secretary (Appendix IV). The EACD was accessed via the NDP’s secretariat, with subsequent interviews being carried out with its Chair, Dr Bob Boyd, and a junior official, as described previously (section 5.4.4).

Contrarily, access to the IACD was more open. As noted in section 4.4, the present study considered this committee the ‘engine room’ of New Zealand drug policy development, with approximately fourteen stakeholder parties represented. By the time of the interviews a sense of which stakeholders would be most productively interviewed had been formed through close readings of drug policy documents. The Ministries of Health, Justice, Police, Customs, Education and Social Development were amongst these. Others included State Owned Enterprises. In all, nine of the twelve officials completing interviews represented views associated with their involvement with the IACD.

Interviews typically took place in officials’ offices, principally to facilitate clear and accurate recording of data. Sometimes a small conference room was provided and on one occasion, an official (Police) made the point of moving to a colleague’s office so as to forestall the researcher making assumptions about his personal views. To some extent, questions were mediated by the role of the individual concerned. For example, those asked of health and customs officials would differ, being related to specific areas of operation and knowledge. However, certain questions were also asked of all officials. For example, issues around knowledge of cannabis harms, what sources of information would most likely be accessed if
cannabis-related information was sought, to what degree was drug policy effective and whether the official perceived any tensions in policy formulation, for example between harm minimisation and enforcement.

The transcripts having been read, points of commonality and difference were looked for. This process was guided by issues highlighted during the analysis of policy development documents. For example, the changing approach of the NDP had signaled divergent opinions around harm minimisation and resourcing of drug policy. These issues were also represented in officials’ responses. Similarly, officials held differing opinions about how to approach policy development, and who should be involved. These issues were noted in Chapter Four (e.g. 4.3) and have been discussed in broader policy development contexts (e.g. Hutt and Howden-Chapman, 1998).

5.5.3 Engaging With Cannabis-Using Participants

A common problem in contemporary ethnography where this is carried out in developed societies is accessing a productive number of participants. One might imagine this to be even more of an issue when exploring an illegal activity, particularly one as stigmatized as drug use, and where a relatively large sample is sought. As implied above (section 4.5.6) this was not the case in the present study.

The rationale for settling on 80 participants has been discussed previously (section 5.4.2.1), and brief mention has been made of the use of an advertisement (Figure 5, above). As noted, the newspaper advertisement, placed in a free community paper, was aimed at accessing a cross section of participants and not just those willing to pay for a publication. Surprisingly, two consecutive insertions were enough to garner almost 160 responses. As Figure 5 shows, ‘experiences of marijuana users’ were sought, and a free phone number and email address were supplied. Recruitment was offset by snowballing with participants and by random contacts, with the researcher not infrequently hitchhiking locally, and mentioning the study when appropriate. In six weeks the required 80 participants were secured.

Initially some prospective participants were lost, as the researcher possibly appeared too enthusiastic about recruitment, for example by asking for contact details too early on during first contact. As he learned to be more patient, these lost opportunities diminished. At all times anonymity was emphasized, along with the need for participants to feel comfortable
with their decision to become involved. An initial contact at a place of the participant’s choice would be arranged, information sheets would either be mailed out or handed over and follow-up contacts agreed upon. The interview site would then be negotiated, this typically being either a private room in a neutral Department, a university library cubicle, or the participant’s home.

Upon meeting, the researcher would engage in general conversation with the participant, this continuing while setting up the laptop, onto which the interview would be recorded. These conversations often provided a point of commencement for the interview. For example, if the participant had discussed their family, the first question might be posed as: “So, you mentioned you don’t talk about cannabis with your partner?” Prior to each interview, participants would also be asked to read the consent form rather than sign it. Collectively, these actions commonly warmed participants to their task. As noted above (section 5.4.3) on other occasions, the interview would commence with a simple, neutrally-formulated question: “So, what does it mean to you to be a cannabis user?” Thus the interviews were almost completely unstructured. The researcher would take notes and when a natural lull in the conversation occurred, would direct the participant back to one of their previous comments, suggesting: “So, earlier you mentioned…” Possible exceptions to this approach included the researcher asking about cannabis harms and drug policy, the latter specifically (and typically) at the interview’s conclusion so as not to skew the conversation.

Not infrequently participants would ask the researcher if he had used cannabis or what his opinion of use and/or policy was. At all times the researcher would answer honestly about his own experiences. These conversations facilitated the interview process, with most participants being remarkably candid about their experiences. It is likely part of this openness resulted from a desire to confess.

As previously noted (section 5.4.6) even in preparing to enter the field, individuals not actually participating in the study would confess their use. This is a particularly important phenomenon, especially so in the present case, where issues of coercion and distress might well be considered to be at play in the process of data collection. Indeed, the issue’s complexity may be glimpsed via the writing of Lyotard, who explores the intricacies of clear and accurate communication in *The Differend* (1988). He discusses, amongst other matters, the significance of the ‘well formed expression’ (Ibid.:17). Lyotard argues that accurate conversation and exchange of ideas must occur through the sharing of harmonious phrase
universes, where rules of conversation and meaning are agreed. Thus the referent (that which is being discussed—the case), the sense (what is being signified), the addressee (that to which is signified about the case) and the addressor (that through which is signified about the case) are all elements of a phrase universe, and must be in agreement (Ibid.:13). The ability of participants, therefore, to gauge the researcher’s honesty thus potentially builds a bridge of trust, one that is potentially reinforced through complicity via the sharing of knowledge and anecdotes during the interview. This complicity is a recognized and useful ethnographic tool, as was discussed previously with reference to Marcus (1998; see section 5.2.5).

### 5.5.4 Methods Adopted in Deploying the CUQ

Section 5.3.5 has dealt with most of the information relevant to the decision to use the CUQ. Further, section 5.3.4 discusses the rationale behind the sequencing of interview, then questionnaire, as per Davies (1997b) work with Drugspeak.

For the present study, this sequence was of course important. However, due to the exigencies of managing a relatively large sample, the time lapse between interview and questionnaire per participant varied. By the end of the fieldwork, this had reduced from three weeks to a single week. Nonetheless the sequence was maintained, with interviews always preceding questionnaires.

An interesting artefact of this sequenced design was its potential to provide a second opportunity for participants to interact with the researcher. In some cases, this facilitated openness of communication, with very personal information being supplied. An example of this concerns a 21 year-old female participant who acknowledged that she had exchanged sex for cannabis. Although this was a standard question in the CUQ (see Appendix II, p. 45), the researcher was surprised at the participant’s openness. That she felt comfortable discussing this issue suggests that the data gathered was of good quality, i.e. that she was prepared to answer honestly.

### 5.5.5 Selection of the 20 Transcripts for Deeper Analysis

As with the CUQ, the processes leading to the selection of the 20 transcripts for deeper analysis are more fully discussed elsewhere (section 8.2). Although this process was technically a methodological one, as Miles and Huberman (1994:57) caution, inherent problems in selecting data for analysis and discussion require a transparency of process. For
this reason the methodological considerations associated with selecting these data for deeper analysis are appropriately located with the actual analysis. This is also the case for the general analysis of the 80 transcripts (see section 7.2).

One point possibly requiring clarification, however, concerns the linkages between Chapter Eight’s analysis and Foucault’s (e.g. 1977) genealogical method as explicated by Armstrong (1990). As the latter notes (Ibid.:1225) this process is more aligned with exploring the interstices of method than with listening to subjects per se, i.e. by examining the relationship between subjects’ utterances and the method used to elicit these. In the present case the reader might consider that the emphasis on allowing the participants their voice tends to ignore the genealogical process. It is for this reason that the emphasis on transparency has been maintained and that the explanations regarding the analysis’ productioini have been located with the narratives concerned. As was noted in the two preceding sections, the present study placed a premium on the levels of trust and empathy engendered between participant and researcher through the project’s fieldwork protocols, and subsequently through those associated with analysis.

5.6 Summary

This chapter has described the study’s method, including theoretical concerns, issues shaping its final structure, and problems encountered in preparing to apply the method to the field. An explanation of methodological pragmatism was provided for this choice as the study’s method. In including a brief discussion of ethnography, the aim was to not only draw attention to the complex and potentially conflicting components of mixed methods analysis, but also to acknowledge that the discussion of its validity remains open and unresolved. Having sketched the theoretical basis of methodological pragmatism, the specific choice of a mixed method QUAL→quan sequential study was explained, whereby Davies’ (1997a; 1997b) incorporation of signal theory and his analysis of drug discourse was combined with Cohen and Kaal’s (2001) questionnaire examining normative use. The chapter’s final section detailed events encountered in preparing to enter the field. While a number of these were procedural, theoretical issues were also suggested to be relevant, as in the case of responses to the phenomenon of cannabis use, for example that of the original academic Department. That Department’s concern over the direction of the project resulted in its relocation to Psychological Medicine and thus a shift from Arts to Sciences, precipitating the formal
embracing of a mixed method model. We now enter the field to engage with the perceptions of cannabis use and users.
CHAPTER 6.0
RESULTS: INTRODUCING THE PARTICIPANTS AS A SAMPLE

6.1 Introduction

This chapter is split into two parts reporting predominantly quantitative data for epidemiological and cultural aspects of use respectively. All data are derived from the Cannabis Use Questionnaire [CUQ] (Reinarman et al., 2004). While quantitative and qualitative data will subsequently be integrated to collectively inform the thesis, their initial separate reporting facilitates a discrete introduction of the sample through, for example, descriptive statistics, as well as offering an overview of cultural practices and themes more thoroughly explored in Chapters Seven and Eight.

The first part, reporting demographic and use-pattern data, provides an opportunity to introduce the sample through commonly used epidemiological descriptors. There are three principal aims in doing this: first, there is a need to determine how representative the sample is, and representative of what; second, the data derived from the CUQ are broad ranging and therefore offer the opportunity to describe numerous characteristics of the respondents as users, while also providing targeted information able to be matched with existing data sources; finally, as the CUQ was developed with the examination of ‘normative’ use in mind, the data potentially offer the opportunity to compare and contrast quantitative data with the study’s qualitative component, a major plank in the application of mixed method analysis.

The chapter’s second part, that reporting quantitative data reflecting cultural practices, provides the opportunity for a brief but broad examination of practices which may subsequently be aligned with the thematic analysis of interviews comprising Chapters Seven and Eight.
6.2 Epidemiological Data

6.2.1 Representativeness

What is known about cannabis users is principally informed by epidemiological data, with construction of user characteristics and patterns of use typically generalised from these. However, the problems inherent in gathering data on users of illicit drugs (e.g. Wilkins, 1999; Earleywine, 2002) have also been noted. Therefore if the intention is to make substantive statements about cannabis use based upon a specific sample of users, one must be clear about the nature of the sample: specifically, whether the sample is representative of the group one is describing. For example, on the basis of this study, is it possible to discuss New Zealand cannabis use in general and to locate it within the Dunedin or New Zealand population? Does the sample represent all Dunedin cannabis users? Or does this study report on a unique subset of users within Dunedin’s cannabis-using population? In order to answer these questions a range of variables were examined, including general population demographics, use patterns such as frequency, intensity and duration, and known diagnostic markers such as levels of dependence and abuse. Comparisons were also made with four New Zealand data streams (DMHDS, CHDS, SHORE, Ministry of Health intelligence data; see below 6.1.1.4) and with the results from an international study by the CUQ’s developers (Reinarman et al., 2004).

6.2.1.1 Demographics

Data were sought on a range of general demographics including age, income, gender, ethnicity, education, and employment status. These are summarised below in Table 3. As can be seen, the sample includes individuals from a broad range of cultural and socio-economic categories. The sample’s age and income range is similarly diverse.

A comparison (Tables 4 and 5) between these data and the respective figures from Dunedin’s general population (Statistics New Zealand, 2001c) indicates that with the exception of gender ratios, the sample’s demographic data do not differ significantly from those of the city’s overall population. This comparison extends to those who were parents (46%), either married or in a de facto relationship (42%), separated or divorced (16%) and single (31%) (Statistics New Zealand, 2001b).
Table 3: Sample general demographics, n=76

<table>
<thead>
<tr>
<th>Gender</th>
<th>%</th>
<th>Ethnicity</th>
<th>%</th>
<th>Education Level</th>
<th>%</th>
<th>Employment Status</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>68</td>
<td>NZ Caucasian</td>
<td>65</td>
<td>Primary</td>
<td>11</td>
<td>Full-time</td>
<td>30</td>
</tr>
<tr>
<td>Female</td>
<td>32</td>
<td>Māori</td>
<td>13</td>
<td>Secondary</td>
<td>45</td>
<td>Part-time</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other Caucasian</td>
<td>12</td>
<td>Tech. /Trade</td>
<td>18</td>
<td>Study+part-time</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NZ Chinese</td>
<td>1</td>
<td>Tertiary (undergrad)</td>
<td>13</td>
<td>Study+unwaged</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unspecified</td>
<td>9</td>
<td>Tertiary (postgrad)</td>
<td>11</td>
<td>House Spouse</td>
<td>1</td>
</tr>
</tbody>
</table>

Range | Median | Mean
---|---|---
Age | 18-64 | 33 |
Income (net/month) | <$600>-$6000 | $600-$1600 | $2880.00

Table 4: Comparing ages of sample (observed) with Dunedin population (expected), n=76

<table>
<thead>
<tr>
<th>Age</th>
<th>Observed</th>
<th>Expected</th>
<th>Chisq (df)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>23</td>
<td>16.8</td>
<td>6.09</td>
<td>0.1923</td>
</tr>
<tr>
<td>25-34</td>
<td>19</td>
<td>15.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35-44</td>
<td>15</td>
<td>17.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45-54</td>
<td>15</td>
<td>15.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55-64</td>
<td>4</td>
<td>10.5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 5: Comparing education, employment, ethnicity & gender between sample (observed) and Dunedin population (expected); Chi-square, goodness of fit, n=76

<table>
<thead>
<tr>
<th>Variable</th>
<th>%</th>
<th>Observed</th>
<th>Expected</th>
<th>Chisq (df)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>10.5</td>
<td>unemployed†</td>
<td>8</td>
<td>6.5</td>
<td>0.00 (1)</td>
</tr>
<tr>
<td></td>
<td>89.5</td>
<td>not unemployed</td>
<td>68</td>
<td>69.5</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td>5.7</td>
<td>Māori</td>
<td>7</td>
<td>4.3</td>
<td>1.15 (1)</td>
</tr>
<tr>
<td></td>
<td>94.3</td>
<td>non-Māori</td>
<td>69</td>
<td>71.6</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>48.9</td>
<td>male</td>
<td>52</td>
<td>37.1</td>
<td>10.83 (1)</td>
</tr>
<tr>
<td></td>
<td>51.0</td>
<td>female</td>
<td>24</td>
<td>38.8</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>23</td>
<td>primary</td>
<td>9</td>
<td>17.4</td>
<td>5.44 (2)</td>
</tr>
<tr>
<td></td>
<td>42</td>
<td>secondary</td>
<td>33</td>
<td>31.9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>35</td>
<td>all tertiary</td>
<td>34</td>
<td>26.6</td>
<td></td>
</tr>
<tr>
<td>(Tertiary Education)</td>
<td>19</td>
<td>university</td>
<td>20</td>
<td>14.4</td>
<td>2.19 (1)</td>
</tr>
<tr>
<td></td>
<td>81</td>
<td>not university</td>
<td>56</td>
<td>61.5</td>
<td></td>
</tr>
</tbody>
</table>

* p<0.01; † Refers to officially registered as unemployed

191 Health (7%) and Teaching (4%) professions were most prominently represented.
Further, while there appears to be a divergence between the sample and the Dunedin population’s sex ratios, this difference is to be expected as cannabis-using populations typically contain more males than females, with male gender predicting use (Boden, Fergusson & Horwood, 2006; Coffey, Lynskey, Wolfe & Patton, 2000; Cohen & Sas, 1998; Wilkins, 2002).

6.2.1.2 Duration, Frequency and Intensity of Use

As Table 6 indicates, with a median of 17 years using, the study appears to have accessed a group of generally experienced cannabis users. However, actual characteristics of the sample vary considerably, as indicated by the high range values for the five Table 6 variables. This hinted-at heterogeneity is an important characteristic of use and will subsequently be commented upon in greater detail.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Median</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years using</td>
<td>17.6</td>
<td>17</td>
<td>1-41</td>
</tr>
<tr>
<td>Age at commencing first use</td>
<td>16.5</td>
<td>16</td>
<td>11-30</td>
</tr>
<tr>
<td>Age at commencing regular use (≥monthly)</td>
<td>18.8</td>
<td>17.5</td>
<td>12-45</td>
</tr>
<tr>
<td>Age at commencing maximum use</td>
<td>23.7</td>
<td>21</td>
<td>15-44</td>
</tr>
<tr>
<td>Duration of maximum use period (months)</td>
<td>50.9</td>
<td>24</td>
<td>1-372</td>
</tr>
</tbody>
</table>

Table 6: Overall pattern of cannabis use, n=76

Table 7, summarising frequency of use over months, weeks and during the day, highlights two interesting points. During their heaviest period, users reported overwhelmingly (87%) imbibing at least daily. For almost half the sample (42%) this was still the case in the last three months. Similarly, during the heaviest period of use, most participants (88%) used equally on the weekends and during the week. This pattern also prevails for a majority of the sample (63%) over the last three months, a clear increase over the first year of use, when the majority (68%) preferred to use only on weekends or more on the weekends, than during the week. However, if the pattern of daily use is considered, when using at their heaviest, a clear majority (59%) reported they were intoxicated ‘all day’, but for use over the last three months, the proportion citing this pattern (16%) is not dissimilar to that reported in the first year (11%). Thus, while the greater proportion of participants (63.1%) no longer differentiate between week and weekend as they did in their early careers (26.3%), they do make distinctions regarding the time of day, with a majority (51.4%) preferring evening and night, as was the case during their first year of use (59.2%). These data compliment the ethnographic
material as, in their interviews occurring prior to the CUQ’s administration, many participants reported they preferred using cannabis after the day’s work, much as other citizens might enjoy a drink of alcohol. This notion of rules governing acceptable patterns of use is more fully developed below, and in the remaining chapters (e.g. Figure 9 and section 8.4.3) examining user themes.

Table 7: Pattern of cannabis use during 1st year of use, heaviest period of use and during last 3 months, n=76

<table>
<thead>
<tr>
<th>Variable</th>
<th>First Year %</th>
<th>Heaviest Period %</th>
<th>Last 3 Months %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly Pattern</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily</td>
<td>6.6</td>
<td>86.9</td>
<td>42.1</td>
</tr>
<tr>
<td>Not daily but &gt; once a week</td>
<td>36.8</td>
<td>10.5</td>
<td>28.9</td>
</tr>
<tr>
<td>Once a week</td>
<td>25.0</td>
<td>1.3</td>
<td>9.2</td>
</tr>
<tr>
<td>&lt; 1 x/week but ≥ 1 x/month</td>
<td>26.3</td>
<td>—</td>
<td>10.5</td>
</tr>
<tr>
<td>Did not use at least once a month</td>
<td>5.3</td>
<td>—</td>
<td>5.3</td>
</tr>
<tr>
<td>None</td>
<td>—</td>
<td>—</td>
<td>3.9</td>
</tr>
<tr>
<td>Missing data</td>
<td>—</td>
<td>1.3</td>
<td></td>
</tr>
<tr>
<td><strong>Weekly Pattern</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only on weekends</td>
<td>23.7</td>
<td>2.6</td>
<td>5.3</td>
</tr>
<tr>
<td>&gt; on weekends than during week</td>
<td>44.8</td>
<td>6.6</td>
<td>22.4</td>
</tr>
<tr>
<td>Equally on weekends and week</td>
<td>26.3</td>
<td>88.2</td>
<td>63.1</td>
</tr>
<tr>
<td>&gt; during week than weekends</td>
<td>1.3</td>
<td>1.3</td>
<td>5.3</td>
</tr>
<tr>
<td>Don't remember</td>
<td>2.6</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>No use in last three months</td>
<td>1.3</td>
<td>3.9</td>
<td></td>
</tr>
<tr>
<td>Missing data</td>
<td>1.3</td>
<td>1.3</td>
<td></td>
</tr>
<tr>
<td><strong>Daily Pattern</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morning</td>
<td>6.6</td>
<td>9.2</td>
<td>10.5</td>
</tr>
<tr>
<td>Afternoon</td>
<td>21.1</td>
<td>14.5</td>
<td>18.4</td>
</tr>
<tr>
<td>Evening</td>
<td>43.4</td>
<td>14.5</td>
<td>38.2</td>
</tr>
<tr>
<td>Night</td>
<td>15.8</td>
<td>1.3</td>
<td>13.2</td>
</tr>
<tr>
<td>All day</td>
<td>10.5</td>
<td>59.2</td>
<td>15.8</td>
</tr>
<tr>
<td>Don’t remember</td>
<td>1.3</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>No use in last three months</td>
<td>—</td>
<td>—</td>
<td>3.9</td>
</tr>
<tr>
<td>Missing data</td>
<td>1.3</td>
<td>1.3</td>
<td>—</td>
</tr>
</tbody>
</table>

Intensity of ‘high’ (drug effect) is summarised in Table 8. The proportion of the sample reporting greatest intensity of high over the three periods, trends downwards from the first year to the last three months.
Table 8: Intensity of ‘high’ during 1st year, heaviest use & last 3 months as measured by a Likert scale (1-6), n=76

<table>
<thead>
<tr>
<th></th>
<th>First Year %</th>
<th>Heaviest Period %</th>
<th>Last 3 Months %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Light buzz</td>
<td>1.3</td>
<td>—</td>
<td>1.3</td>
</tr>
<tr>
<td>1.5</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>2</td>
<td>2.6</td>
<td>1.3</td>
<td>5.3</td>
</tr>
<tr>
<td>2.5</td>
<td>2.6</td>
<td>2.6</td>
<td>2.6</td>
</tr>
<tr>
<td>3</td>
<td>11.8</td>
<td>7.9</td>
<td>26.3</td>
</tr>
<tr>
<td>3.5</td>
<td>—</td>
<td>5.3</td>
<td>5.3</td>
</tr>
<tr>
<td>4</td>
<td>18.4</td>
<td>17.1</td>
<td>18.4</td>
</tr>
<tr>
<td>4.5</td>
<td>2.6</td>
<td>1.3</td>
<td>3.9</td>
</tr>
<tr>
<td>5</td>
<td>26.3</td>
<td>30.3</td>
<td>19.7</td>
</tr>
<tr>
<td>5.5</td>
<td>—</td>
<td>1.3</td>
<td>—</td>
</tr>
<tr>
<td>Very high</td>
<td>32.9</td>
<td>31.6</td>
<td>13.2</td>
</tr>
<tr>
<td>No use</td>
<td>—</td>
<td>—</td>
<td>3.9</td>
</tr>
<tr>
<td>Missing</td>
<td>1.3</td>
<td>1.3</td>
<td>—</td>
</tr>
</tbody>
</table>

Similarly, Tables 9 and 10, summarising (respectively) duration of high and grams used per month over the same three periods, suggest a trend away from increasing consumption or the sustaining of consumption at high levels. Table 9 shows that the duration of ‘high’ was shorter during the heaviest period than the first year of use, an effect possibly reflecting tolerance and which is discussed subsequently. It also shows a reduction of time spent high in the most recent reporting period, in fact a similarity between the first year and last three-month period. This pattern is repeated in Table 10. When grams consumed per month are summed, the amounts used for first year of regular use and the last three months are approximately a quarter of that for monthly consumption over the heaviest use period.

Table 9: Duration of ‘high’ during 1st year, heaviest use & last 3 months, n=76

<table>
<thead>
<tr>
<th></th>
<th>First Year %</th>
<th>Heaviest Period %</th>
<th>Last 3 Months %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 2 hours</td>
<td>10.5</td>
<td>26.3</td>
<td>15.8</td>
</tr>
<tr>
<td>2-3 hours</td>
<td>50.0</td>
<td>35.5</td>
<td>55.3</td>
</tr>
<tr>
<td>4+ hours</td>
<td>34.2</td>
<td>34.2</td>
<td>25.0</td>
</tr>
<tr>
<td>Don't know</td>
<td>5.3</td>
<td>3.9</td>
<td>—</td>
</tr>
<tr>
<td>Did not use</td>
<td>—</td>
<td>—</td>
<td>3.9</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 10: Grams consumed per month: 1st year, heaviest period, last 3 months, n=76

<table>
<thead>
<tr>
<th></th>
<th>1st Year</th>
<th>Heaviest Period</th>
<th>Last 3 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>12.6</td>
<td>45.2</td>
<td>12.8</td>
</tr>
<tr>
<td>Median</td>
<td>8.0</td>
<td>28.0</td>
<td>9.0</td>
</tr>
<tr>
<td>Range</td>
<td>0.8-112</td>
<td>1-392</td>
<td>0-112</td>
</tr>
<tr>
<td>Total / month for all users</td>
<td>897.6</td>
<td>3257.8</td>
<td>936.5</td>
</tr>
<tr>
<td>Did not use</td>
<td>—</td>
<td>—</td>
<td>3</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1</td>
<td>2</td>
<td>—</td>
</tr>
<tr>
<td>Missing</td>
<td>4</td>
<td>2</td>
<td>—</td>
</tr>
</tbody>
</table>

6.2.1.3 Abuse and Dependence

As Table 11 indicates, a significant proportion of the sample meeting various lifetime cannabis dependence and abuse criteria as defined by the DSM-IV. Using larger amounts than intended (65%) and spending a great deal of time obtaining, using and recovering from the effects of cannabis (55%) were most common, with lesser percentages of the sample clustered around failing to cut down on use (38%), continued use despite associated problems (30%), and reduced social and work activities attributed to use (24%). Criterion 5, time spent obtaining, using and recovering, was closely associated with users’ earlier careers, particularly their heaviest use periods. However, despite over 40% of users currently describing their present use pattern as their heaviest, only 9% met criterion ‘5’ for the last three months, possibly indicating that it may be less robust than the other criteria due to its ad hoc (i.e. combined questions and proxy measures) construction in the present research. However, if those whose current period is their heaviest are a less severe group the 9% might be essentially correct. Alternatively, participants’ recall of their earlier periods of use might be questioned, as the twelve-month figure for this criterion (5.3%) is even lower than the three-month figure.

Regarding abuse criteria, mostly lower figures obtain, excluding the fourth, which was the proxy measure of risk (38%). The criterion threshold of 30% of driving while affected by cannabis is arbitrary (as noted in the methods chapter), and if set lower would have yielded much higher figures. For example, if the threshold was set at 10% of driving, 73% of participants would have met this criterion. Similarly, abuse criterion ‘2’, regarding legal problems qualified as ‘recurring’ indicated only 11% of the sample had experienced this due to their cannabis use. However, if the criterion is expanded to include any arrest or conviction for possession or use, figures double (25% and 21% respectively). This shows how cannabis harms can be constructed by the DSM (a medical instrument), i.e. typically as circumscribed conceptions of health, which exclude, in this case, the potential impact of even a single
prosecution for a cannabis offence.\textsuperscript{192} As will be seen in Chapter Eight (sections 8.4.1.1 and 8.7.4.1), this issue was very salient for participants.

Table 11: Percentage of sample meeting DSM-IV* cannabis dependence and abuse criteria (lifetime), $n=76$

<table>
<thead>
<tr>
<th>Cannabis Dependence Criteria</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. felt a desire to cut down or tried unsuccessfully</td>
<td>38</td>
</tr>
<tr>
<td>2. used larger amounts or used for longer than intended</td>
<td>65</td>
</tr>
<tr>
<td>3. stopped / reduced social, recreational, work activities</td>
<td>24</td>
</tr>
<tr>
<td>4. kept using despite psychological / physical problems caused or worsened by marijuana</td>
<td>30</td>
</tr>
<tr>
<td>5. spent much time obtaining, using, recovering from effects of marijuana</td>
<td>55</td>
</tr>
</tbody>
</table>

Cannabis Abuse Criteria

1. not meet work, school, home obligations                                                   | 18 |
2. had recurring legal problems b/c of your marijuana use                                      | 11 |
3. kept using despite social / interpersonal problems caused / worsened by marijuana          | 25 |
4. more than thirty percent of driving while under influence of cannabis (a proxy measure of risk) | 38 |

*Criteria 1-4 adapted from DSM-IV (American Psychiatric Association, 1994:181) by Cohen & Sas (1998:93).\textsuperscript{192} Criterion 5 is a proxy-measure from combined questions of the present study.

Table 12 provides an indication of the proportions of participants meeting DSM-IV criteria for cannabis dependence (59%) and abuse (58%). With the lower threshold for an abuse diagnosis a higher figure relative to dependence would be expected. As noted above, however, that this was not the case may be explained due to the under-sensitivity of dependence criterion 5 (the proxy measure which is very conservatively defined—see section 5.3.5.1), thus under-estimating the diagnosis. Further, the adoption of two rather than three criteria as the diagnostic threshold (in the absence of a measure of two of the full seven criteria) risks over-estimating the diagnostic rate. Therefore, 36% meeting three or more dependence criteria represents a conservative diagnosis rate while 59% is less conservative but may under-estimate the true rate due to the problem with criterion 5 outlined above.

Table 12: Percentage of sample meeting cumulative DSM-IV criteria, with diagnosis, $n=76$

<table>
<thead>
<tr>
<th>Cumulative number of criteria</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Diagnosis %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependence: ≥ 2 criteria = diagnosis</td>
<td>15</td>
<td>26</td>
<td>23</td>
<td>17</td>
<td>9</td>
<td>10</td>
<td>59</td>
</tr>
<tr>
<td>Abuse: ≥ 1 criterion = diagnosis</td>
<td>42</td>
<td>36</td>
<td>13</td>
<td>9</td>
<td>0</td>
<td></td>
<td>58</td>
</tr>
</tbody>
</table>

There is, however, also the issue of respondents’ age. As Table 13 shows, if the sample is split by age into quintiles, the 30-35 age group includes a disproportionate number with cannabis

\textsuperscript{192} Earleywine’s discussion and critique of the DSM is informative in this instance. He notes that clinicians’ strict application of, and reliance on its definitive criteria may potentially disguise problems whose frequencies may not reach the instrument’s threshold. See Earleywine (Ibid.:37-47), supra note 21, Chapter One.
dependence compared with the other groups. This might suggest dependence rates increase up to the age of 30 then transition before declining in middle age.

Table 13: DSM-IV diagnosis of dependence by age group, n=76

<table>
<thead>
<tr>
<th>Age group</th>
<th>N in age group</th>
<th>% of sample</th>
<th>% diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 - 21</td>
<td>14</td>
<td>18</td>
<td>50.0</td>
</tr>
<tr>
<td>22 - 29</td>
<td>16</td>
<td>21</td>
<td>55.2</td>
</tr>
<tr>
<td>30 - 35</td>
<td>17</td>
<td>23</td>
<td>89.2</td>
</tr>
<tr>
<td>36 - 46</td>
<td>14</td>
<td>18</td>
<td>42.9</td>
</tr>
<tr>
<td>47 - 64</td>
<td>15</td>
<td>20</td>
<td>53.3</td>
</tr>
</tbody>
</table>

6.2.1.4 Comparing the Sample with Other Data Sets

As a final measure of representativeness, six data sets were chosen with which to compare results of the present study. These consisted of a New Zealand general population survey incorporating cannabis use data (Ministry of Health, 2004), two New Zealand longitudinal studies (Dunedin Multidisciplinary Health and Development Study—DMHDS; and the Christchurch Health and Development Study—CHDS), a New Zealand study of regular cannabis users (Wilkins, Girling, Sweetsur & Butler, 2005 [SHORE]), and a study reporting on the administration of the CUQ to two samples by that instrument’s authors (Reinarman et al., 2004). The rationale for these comparisons is based on the notions that (a) comparison of the study’s data with other known New Zealand data will provide a metric by which to locate results of the present study within the New Zealand context, and (b) comparison of the CUQ’s New Zealand application with Reinarman et al’s (2004) results will potentially offer a means by which to assess the validity of the New Zealand data set’s selection process, as well as providing the opportunity for comparison between these two countries which may prove to have differing cannabis use subcultures and norms. Tables 14-16 illustrate these comparisons.

In Table 14, the present study and those noted above are compared across age of initiation, frequency of use, and quitting. The first point of interest is the lower mean age of initiation evidenced in the SHORE sample, a group specifically chosen to represent heavier users. Available data for the remaining samples range between 16-17 years. Similarly, the proportion of the heavy-user SHORE sample, using daily (47%), is considerably greater than the Ministry of Health, Christchurch longitudinal study, and the international samples

---

(respectively 17.1%, 12.6% and 16%/10%). However, a high proportion of daily users (39.5%) is also seen in the present study. A further similarity between the SHORE sample and the present study is observed in the proportions of those users reporting they did not use over the last year, with small numbers (SHORE—0% and the present study—5.2%) clearly contrasting with the remaining studies in which at least a quarter of users reported they had quit (26.8% - 44.2%).

Table 14: Comparison of cannabis users across five studies (one international) of last year, regular & daily use, age of first use, and proportion of users quitting

<table>
<thead>
<tr>
<th>Study</th>
<th>MoH</th>
<th>SHORE</th>
<th>CHDS</th>
<th>DMHDS*</th>
<th>Am†</th>
<th>SF†</th>
<th>Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>12,929</td>
<td>69</td>
<td>457</td>
<td>646</td>
<td>216</td>
<td>266</td>
<td>76</td>
</tr>
<tr>
<td>Frequency of use (NZ)</td>
<td>≥ 12/yr</td>
<td>≥ 6/yr</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age (range/mean**)</td>
<td>15-64</td>
<td>17-56</td>
<td>25</td>
<td>32</td>
<td>34**</td>
<td>31**</td>
<td>18-64;34**</td>
</tr>
<tr>
<td>Age of 1st use</td>
<td>—</td>
<td>15</td>
<td>16</td>
<td>&lt; 18</td>
<td>17</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>Use last year</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Quit</td>
<td>14.2</td>
<td>100</td>
<td>72.2</td>
<td>55.8</td>
<td>62</td>
<td>68</td>
<td>94.7</td>
</tr>
<tr>
<td>% of last year users:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily use</td>
<td>17.1</td>
<td>47</td>
<td>12.6</td>
<td>—</td>
<td>16</td>
<td>10</td>
<td>39.5</td>
</tr>
<tr>
<td>Regular use, not daily</td>
<td>45.9</td>
<td>53</td>
<td>49.2</td>
<td>60.3</td>
<td>52</td>
<td>61</td>
<td>55.2</td>
</tr>
</tbody>
</table>

†Amsterdam / San Francisco (Reinarman et al’s [2004] comparison study)
*DMHDS & CHDS data are derived differently, i.e. with 646 DMHDS subjects reporting any regular use (defined as ≥ 6 times /yr by age 32). Table 15’s data are extrapolated from these figures.

In examining solely New Zealand data, Table 15 offers comparisons of demographic and risk variables. The present study’s data for gender (68.4%) and ethnicity (NZ European—65% and Māori—13%) are comparable with those of the general population and regular users surveys.
(respectively, Ministry of Health, 2004, and SHORE 2005), and with the two longitudinal studies. Similarly, all studies for which there are data show high levels of lifetime use of other illicits. By contrast, two areas where the present study’s data diverge from the other studies are those of DSM-IV diagnosis of dependence (59% [41%]), and arrest/conviction (25% / 21%) rates for possession or use of cannabis. Of these, the former is potentially inflated due to requiring two of five rather than three of seven diagnostic criteria. Thus, employing the less conservative figure of 41% (using data from the previous twelve months) draws the present study closer to the longitudinal studies, bearing in mind it represents the whole sample (age range 18-64), whereas the longitudinal data from CHDS and DMHDS represent diagnoses for years 25 and 26 respectively.

A less ambiguous case for a difference between the present study’s sample and those of the other studies is seen with the arrest and conviction rates, which in the former (respectively 25% / 21%) are at least double those of the latter (range 3%-11% / 7%). The significance for users, of arrest and conviction for cannabis use or possession, becomes apparent when the ethnographic data are considered (e.g. sections 8.4.1.1 and 8.7.4.1).

Table 15: Comparing cannabis users across four New Zealand studies, on demographic, arrest / conviction rates for possession / use of cannabis, & lifetime use of other illicits

<table>
<thead>
<tr>
<th>Study</th>
<th>MoH</th>
<th>SHORE</th>
<th>CHDS</th>
<th>DMHDS</th>
<th>Present</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n=12,929</td>
<td>n=69</td>
<td>n=457</td>
<td>n=333*</td>
<td>n=76</td>
</tr>
<tr>
<td>Age (range/mean)</td>
<td>15-64</td>
<td>17-56</td>
<td>25 yrs</td>
<td>26 yrs</td>
<td>18-64, 34</td>
</tr>
<tr>
<td>Gender (male)</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Ethnicity: Euro/Māori</td>
<td>63.7</td>
<td>69</td>
<td>58.9</td>
<td>68.1</td>
<td>68.4</td>
</tr>
<tr>
<td>DSM-IV Cannabis Dependence</td>
<td>—</td>
<td>—</td>
<td>30 (lifetime)</td>
<td>28</td>
<td>59</td>
</tr>
<tr>
<td>Arrest/convict for use/posses</td>
<td>—</td>
<td>16/3†</td>
<td>11/7</td>
<td>—</td>
<td>25/21</td>
</tr>
<tr>
<td>Ever used other illicits</td>
<td>—</td>
<td>+74††</td>
<td>78</td>
<td>59</td>
<td>82</td>
</tr>
</tbody>
</table>

*Regular use reported in last 12 months
**non-Māori
†Imprisonment / arrest; not specified if for drugs or cannabis specifically
†† 74% of the SHORE sample reported using LSD. Illicit use ranged 1-17 (Wilkins et al., Ibid.:29).

196 Regarding ethnicity, of the sample’s remainder 12 identified as ‘Other Caucasian’, 1 as ‘NZ Chinese’, and 9 did not specify (see Table 6.1).
As a final means of gauging the sample’s general representativeness, useful comparisons may be made between the present sample and data reported by Reinarman et al. (2004) in their application of the CUQ to populations in Amsterdam and San Francisco.

Table 16 indicates that, with the exception of the Amsterdam sample’s lower mean age (31 vs 34), many of the three samples’ early-use age characteristics are similar. The other exception here is the Dunedin sample’s higher mean age (23.8 vs 21.5/22) of first heaviest use. Use patterns over careers are also generally consistent between studies, with pattern 4 (gradual increased use and then sustained decline) being most commonly identified in all three samples (Amsterdam 48% / San Francisco 50% / Dunedin 38%), followed by pattern 6 (wide variation over time; respectively Amsterdam 24% / San Francisco 25% / Dunedin 32%).

Table 16: Comparing demographics, frequency & use patterns between Amsterdam /San Francisco and Dunedin, using Reinarman et al.’s (2004) CUQ

<table>
<thead>
<tr>
<th>Study</th>
<th>Amsterdam</th>
<th>San Francisco</th>
<th>Dunedin</th>
</tr>
</thead>
<tbody>
<tr>
<td>n=216</td>
<td>n=266</td>
<td>n=76</td>
<td></td>
</tr>
<tr>
<td>Age (mean)</td>
<td>31</td>
<td>34</td>
<td>34</td>
</tr>
<tr>
<td>Age of first use (mean)</td>
<td>17</td>
<td>16.4</td>
<td>16.5</td>
</tr>
<tr>
<td>Age at starting regular use (mean)</td>
<td>19.1</td>
<td>18.8</td>
<td>18.8</td>
</tr>
<tr>
<td>Age starting max. use (mean; + yrs max. use)</td>
<td>21.46 (≤3)</td>
<td>21.98 (≤3)</td>
<td>23.75 (≤3)</td>
</tr>
<tr>
<td>Daily use in 1st year of regular use</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Daily use in period of maximum use</td>
<td>3</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Daily use last year</td>
<td>49</td>
<td>39</td>
<td>87</td>
</tr>
<tr>
<td>&gt; 28 grams/month 1st/max./last years</td>
<td>10</td>
<td>7</td>
<td>40</td>
</tr>
<tr>
<td>≤ 4 grams /month over last year</td>
<td>63</td>
<td>72</td>
<td>22</td>
</tr>
<tr>
<td>No use over last three months</td>
<td>50</td>
<td>46</td>
<td>4</td>
</tr>
<tr>
<td>Mean intensity of stone 1st yr / max</td>
<td>3.5 / 3.9</td>
<td>3.9 / 4.4</td>
<td>4.7 / 4.8</td>
</tr>
<tr>
<td>Use pattern 1: decreasing over career*</td>
<td>7.9</td>
<td>6.8</td>
<td>3.9</td>
</tr>
<tr>
<td>Use pattern 2: increasing over career</td>
<td>6</td>
<td>6.4</td>
<td>10.5</td>
</tr>
<tr>
<td>Use pattern 3: stable</td>
<td>11.1</td>
<td>1.9</td>
<td>11.8</td>
</tr>
<tr>
<td>Use pattern 4: peak and decline</td>
<td>48.1</td>
<td>50.4</td>
<td>38.2</td>
</tr>
<tr>
<td>Use pattern 5: intermittent</td>
<td>3.2</td>
<td>9.5</td>
<td>3.9</td>
</tr>
<tr>
<td>Use pattern 6: wide variation</td>
<td>23.6</td>
<td>20</td>
<td>31.6</td>
</tr>
</tbody>
</table>

*The CUQ asked respondents to identify which one of six linear use-patterns differentiating cannabis career paths most closely reflected their own use. See pages 10-11 of the CUQ, Appendix II.

Frequency and intensity of use appears to be somewhat differentiated between the two studies, with daily use during the heaviest use period (Amsterdam 49% / San Francisco 39% / Dunedin 87%) and last year (Amsterdam 10% / San Francisco 7% / Dunedin 40%) signalling a considerably higher frequency of use among the Dunedin sample. In part, this might be explained by the much lower proportion of discontinuation in the Dunedin sample over the
last three months (Amsterdam 50% / San Francisco 46% / Dunedin 4%). Nevertheless, the respective means for intensity of ‘stone’ during the first year of use and the maximum use period (Amsterdam 3.5 and 3.9 / San Francisco 3.9 and 4.4 / Dunedin 4.7 and 4.8) further suggest the Dunedin sample might represent a group inclined to heavier use, a possibility further emphasised by use pattern 2 (increasing use over career) being nominated by twice as many of the total Dunedin sample in comparison with the Amsterdam and San Francisco figures (Amsterdam 6% / San Francisco 6% / Dunedin 11%). While the heavier-use scenario for Dunedin is also reflected in the proportions using more than twenty-eight grams of cannabis per month during the maximum period of use (Amsterdam 18% / San Francisco 18% / Dunedin 32%), it is interesting to note that for this measure (i.e. > 28 grams/month), similar figures obtain for San Francisco and Dunedin during the first and last years (i.e. 5% and 4% respectively). Although the Dunedin data derive from smaller numbers, the contrast between San Francisco / Dunedin, two contexts where cannabis is totally prohibited, and Amsterdam with its more liberal policy, suggests the idea that policy may have an effect on how, rather than whether people use cannabis, deserves further consideration. We may also note that the means for both the San Francisco and Dunedin samples’ ‘intensity of stone’ are higher than those for Amsterdam, again potentially hinting at the influence of policy on intensity of use, if not on the decision to use per se.

The preceding data described some of the commonly focused-upon epidemiological markers of cannabis using populations in relation to the present and other samples. However, quantitative methods may also be used to examine phenomena more aligned with subjective meanings of use, thus providing a broader perspective of the cannabis experience and the culture of use.

### 6.3 A Culture of Use

In concluding their comparison of cannabis use in Amsterdam and San Francisco, Reinarman *et al.* (2004:841), following Becker’s (1967) notion of ‘user culture’, propose that experienced users apply their own subcultural etiquette-norms and rules to use, rather than relying on guidance from formal laws or policy. This final quantitative section considers some of these informal structures, with the aims of (a) showing the growing complexity of user culture as its members gain experience, (b) demonstrating how users aim to minimise risks of use that might interfere with normal social functioning, and (c) bridging the analytical gap between this section’s quantitative analysis of behaviour and the remaining chapters’ exploration of cultural forms. Given the data are derived from the CUQ and respond to Reinarman *et al’s*
(2004) analysis, along with a paper specifically discussing user rules (Reinarman & Cohen, 2004), the comparative approach adopted in the previous section will remain, thus further clarifying the sample’s representativeness.

6.3.1 Styles of Use

In Table 18 the most common methods of administering cannabis over the four periods of use described above are shown. There are two points of particular interest. First, the range of methods employed during these four periods increases after the initial year of regular use (from 6 to 10). This is in keeping with Becker’s (1967) remarks concerning the increasing complexity of user culture, and should be considered relevant for the individual as much as for the collective. Second, the evidence of variation in style of use also speaks to concepts of cultural heterogeneity and diversity referenced above (section 6.2.1.2) and is subsequently discussed more fully (i.e. Figure 12; section 8.6.4). Having noted the increasing variation of methods, those specifically recorded in Table 17, though consistently predominant across the four periods, evolved in terms of their popularity. The preference for joints tails off (i.e. 53% to 15%), as does the incorporation of tobacco (12% to 4%), in favour of dry pipes (19% to 38%), bongs (5% to 18%) and spotting (10% to 15%). The proportions of the sample using these methods in preference to others not listed in the table also gradually decreases, i.e. from 99% to 90%, implying an increasing breadth of practice. Detailed explanations of these trends, which relate to lived experience, historical and economic factors, and perceptions of risk management, are explored in subsequent chapters.

Table 17: Principal methods of administration over four periods of use, n=76

<table>
<thead>
<tr>
<th>Period of use</th>
<th>1st year of use</th>
<th>Heaviest period</th>
<th>Last 12 months</th>
<th>Last 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of methods used per period</td>
<td>6</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Principal methods of administration %</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>1. Smoking in cigarette without tobacco (joint)</td>
<td>53</td>
<td>28</td>
<td>16</td>
<td>15</td>
</tr>
<tr>
<td>2. Smoking in a cigarette with tobacco (spliff)</td>
<td>12</td>
<td>11</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>3. Smoking in a dry pipe</td>
<td>19</td>
<td>22</td>
<td>43</td>
<td>38</td>
</tr>
<tr>
<td>4. Smoking in a wet pipe (bong)</td>
<td>5</td>
<td>18</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td>5. Spotting (cannabis combusted on hot knives)</td>
<td>10</td>
<td>16</td>
<td>16</td>
<td>15</td>
</tr>
<tr>
<td>Sequential % of sample using methods 1-5</td>
<td>99</td>
<td>95</td>
<td>93</td>
<td>90</td>
</tr>
</tbody>
</table>

197 Methods other than those listed in Table 18: Chillum, bucket bong, eating as a sweet, vaporizer, ‘lung’ (see glossary for definition’s of these terms). These complete the percentages for the four periods discussed, along with missing data and ‘did not recall’ (heaviest use period, 1 respondent each) and, missing data / did not use (Last 3 months, 1 and 3 respondents respectively).
6.3.2 Rules and Etiquette

Following from Reinarman and Cohen (2004), a logic of ‘safe’ cultural practices for users may be discerned by asking about the situations, locations, emotional states, times of day, people and tasks most commonly or appropriately associated with use.

First, a general question regarding rules was asked, e.g. did respondents have any rules about their use of marijuana, for instance like those one might have about coffee, such as not drinking after a certain hour in the evening. Results were very similar to responses from the Amsterdam and San Francisco samples (Reinarman et al., 2004), respectively Amsterdam 69%, San Francisco 73%, Dunedin 75%. Like Reinarman and Cohen’s (2004) respondents, many in the present study reported exclusory rules as seen in Table 18. Times of work and study were significant mediators of use in all three cities (e.g. Amsterdam 39%, San Francisco 35%, Dunedin 46%). However, there was also considerable variation, for example, while Amsterdam and Dunedin users were more sensitive to times of day than those of San Francisco (29% and 26% vs 5% respectively), San Francisco and Dunedin users seemed more concerned about the implications of using in front of children than their Dutch counterparts (respectively: 17%, 18% vs 3%). A similar split, i.e. San Francisco / Dunedin vs Amsterdam (12% / 12% vs 3%) was observed for rules concerning moderation. It is interesting to speculate on the role of policy regarding these last two sets of statistics, something discussed in subsequent chapters (e.g. section 8.4.3).

Table 18: Self-imposed cannabis-using rules in Amsterdam, San Francisco* and Dunedin

<table>
<thead>
<tr>
<th>Rules and % of sample adhering</th>
<th>Amsterdam n=216</th>
<th>San Francisco n=266</th>
<th>Dunedin n=76</th>
</tr>
</thead>
<tbody>
<tr>
<td>No rules</td>
<td>31</td>
<td>27</td>
<td>25</td>
</tr>
<tr>
<td>No use before or during work / study</td>
<td>39</td>
<td>35</td>
<td>46</td>
</tr>
<tr>
<td>Not at certain times of day (morning, evening)</td>
<td>29</td>
<td>5</td>
<td>26</td>
</tr>
<tr>
<td>Not in the presence of children</td>
<td>3</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>Not if I have commitments</td>
<td>5</td>
<td>7</td>
<td>18</td>
</tr>
<tr>
<td>Not if I must be clear headed</td>
<td>7</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td>In moderation</td>
<td>3</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Only with friends or partner</td>
<td>3</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>Not in front of people it will embarrass</td>
<td>---</td>
<td>---</td>
<td>7</td>
</tr>
<tr>
<td>Not in public</td>
<td>5</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Not in combination with alcohol</td>
<td>3</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Not with relatives</td>
<td>6</td>
<td>15</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>34</td>
<td>40</td>
<td>11</td>
</tr>
</tbody>
</table>

*Amsterdam and San Francisco data from Reinarman and Cohen (2004:5)
While the Amsterdam and San Francisco samples reported slightly higher rates of rigorous compliance with rules compared with Dunedin, as Table 19 indicates, over 95% of respondents in each study admitting to having rules claimed they abided by them either rigorously or reasonably well.

Table 19: Level of adherence (%) for users reporting self-imposed rules in Amsterdam, San Francisco* and Dunedin

<table>
<thead>
<tr>
<th>% &amp; degree of adherence to rules of use</th>
<th>Amsterdam n=216</th>
<th>San Francisco n=266</th>
<th>Dunedin n=76</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, rigorously</td>
<td>65</td>
<td>70</td>
<td>54</td>
</tr>
<tr>
<td>Yes, reasonably well</td>
<td>33</td>
<td>29</td>
<td>42</td>
</tr>
<tr>
<td>Loosely</td>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Rarely or not at all</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Amsterdam and San Francisco data from Reinarman and Cohen (2004:5)

Similarly, clear majorities in each group of respondents (Table 20) identified emotional states regarded as either suitable or unsuitable for combining with cannabis use. The Dunedin sample’s higher values for this issue, respective to the other studies, may be a further indication that the sample represents a high-use group.

Table 20: Percentage of respondents identifying suitable and unsuitable emotional states for use, in Amsterdam, San Francisco* & Dunedin

<table>
<thead>
<tr>
<th>% reporting emotional states</th>
<th>Amsterdam n=216</th>
<th>San Francisco n=266</th>
<th>Dunedin n=76</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are suitable emotions for use</td>
<td>78</td>
<td>73</td>
<td>84</td>
</tr>
<tr>
<td>There are unsuitable emotions for use</td>
<td>69</td>
<td>69</td>
<td>58</td>
</tr>
</tbody>
</table>

*Amsterdam and San Francisco data from Reinarman and Cohen (2004:9)

In Table 21 the emotional states principally seen as either suitable or unsuitable to combine with cannabis are listed. Although, as Reinarman and Cohen (2004:10) observe, such data should be interpreted with caution due to potential overlap in meaning, i.e. ‘happiness’/‘feeling good’ or ‘creative’/‘inspired’, there is a consistency in the degree of significance accorded several of the principal emotions. Although ‘creativity’ (30%) topped the Dunedin list of suitable emotions, ‘happiness’, ‘being relaxed’ and ‘feeling good’ maintain their respective orders across each of the studies. As was the case in Amsterdam and
San Francisco, less than ten percent of the Dunedin sample identified ‘tensions, worries, problems’ and ‘depression, feeling bad’ as suitable emotions to combine with cannabis. Regarding the former, it is interesting that slightly more of the Dunedin sample identified ‘tensions, worries, problems’ as suitable rather than unsuitable (9% vs 7%). Similarly, in contrast to the Amsterdam and San Francisco samples, a small proportion (4%) of the Dunedin sample considered ‘anger, rage’ suitable for combining with use. Again, these data may imply a pattern of heavier use.

Table 21: Percentages of respondents self-identifying specific suitable and (unsuitable) emotions to combine with cannabis use, in Amsterdam, San Francisco* & Dunedin

<table>
<thead>
<tr>
<th>Suitable (unsuitable) emotional states</th>
<th>Amsterdam n=216</th>
<th>San Francisco n=266</th>
<th>Dunedin n=76</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling creative</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Happiness</td>
<td>37</td>
<td>41</td>
<td>22</td>
</tr>
<tr>
<td>Being relaxed</td>
<td>23</td>
<td>41</td>
<td>18</td>
</tr>
<tr>
<td>Feeling good</td>
<td>22</td>
<td>18</td>
<td>17</td>
</tr>
<tr>
<td>Feeling inspired</td>
<td>—</td>
<td>—</td>
<td>12</td>
</tr>
<tr>
<td>Philosophical</td>
<td>4</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Tensions, worries, problems</td>
<td>7 (16)</td>
<td>7 (13)</td>
<td>9 (7)</td>
</tr>
<tr>
<td>Sexual feelings</td>
<td>14</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Depression, feeling bad</td>
<td>10 (42)</td>
<td>5 (29)</td>
<td>4 (16)</td>
</tr>
<tr>
<td>Anger, rage</td>
<td>— (12)</td>
<td>— (23)</td>
<td>4 (7)</td>
</tr>
<tr>
<td>Paranoia</td>
<td>— (11)</td>
<td>— (32)</td>
<td>— (7)</td>
</tr>
</tbody>
</table>

*Amsterdam and San Francisco data from Reinarman and Cohen (2004:12)

Despite the small numbers in the latter examples, as was the case in Amsterdam and San Francisco, a majority of Dunedin respondents distinguished between suitable and unsuitable states for using cannabis, with positive emotional states generally being preferred. This was particularly evident in comparison to Amsterdam and San Francisco, where Dunedin respondents identified feeling ‘creative’ (30%) and ‘inspired’ (12%) as suitable states for use, providing further evidence of their positive disposition towards the use of cannabis. Generally, these data again suggest a set of normative rules about use and, as Reinarman and Cohen (Ibid.:11) propose, may function as a means by which ‘dysfunctional’ use is protected against.

198 Intriguingly, a recent Australian study reporting a relationship between cannabis use and increased symptoms of psychosis also found that a similar relationship did not apply to symptoms of depression. See Degenhardt, L., Tennant, C., Gilmour, S., Schofield, D., Nash, L., Hall, W., et al. (2007). The temporal dynamics of relationships between cannabis, psychosis and depression among young adults with psychotic disorders: findings from a 10-month prospective study. Psychological Medicine, 37, 927-934.
As a further means of exploring this notion of normative rules, questions were asked about the people with whom the sample used. Respondents were asked whether they used alone, and alternatively, which people, from a specified list, they had used with in the last three months. As with the Amsterdam and San Francisco samples (Reinarman & Cohen, Ibid.:12), respondents most commonly used with friends (68%). However, while in Amsterdam and San Francisco the next two most significant groups were respectively ‘spouse/partner’, followed by use ‘alone’, in the Dunedin sample this order was reversed (use alone 56%; use with spouse/partner 44%). Also, while frequency of use with coworkers (8%), parents (3%) and children (1%) reflected Amsterdam and San Francisco data, unlike the latter, Dunedin respondents reported significant use with siblings (22%).

The similarities noted above are also reflected in data where respondents were asked to identify those with whom they would definitely not want to use. In each sample, a clear majority of respondents identified such people (Amsterdam 81%, San Francisco 90%, Dunedin 88%). Table 22 lists responses in greater detail. While there were a number of differences between each sample, parents topped the list for all three groups (respectively Amsterdam 55%, San Francisco 51%, Dunedin 36%). Coworkers (Amsterdam 34%, San Francisco 29%, Dunedin 18%) and children (Amsterdam 10%, San Francisco 16%, Dunedin 18%) also featured in the top five of each sample’s selection. However, though the top five categories in the Amsterdam and Dunedin samples included non-users (Amsterdam 12%, Dunedin 17% vs San Francisco 10%), relatives were less frequently identified by Dunedin respondents compared with the other samples (Amsterdam 33%, San Francisco 18% vs Dunedin 12%). Despite these inter-sample differences, Reinarman and Cohen’s (2004:13) proposals regarding users’ preference for a relaxed context in which to use, and concern over causing offence to others would sit well with the Dunedin data. Similarly, their (Ibid.) hypothesis that differences between their two samples might implicate user-responses to drug policy receives support from the Dunedin data. For example, as with the San Francisco sample, Dunedin users more frequently identified ‘strangers’, ‘employers’ and ‘authorities’ as people with whom users preferred not to use, compared with Amsterdam respondents.
Table 22: Percentages of sample identifying specific people as ‘definitely not suitable’ for using cannabis with, in Amsterdam, San Francisco* and Dunedin

<table>
<thead>
<tr>
<th>People unsuitable for use with</th>
<th>Amsterdam n=216</th>
<th>San Francisco n=266</th>
<th>Dunedin n=76</th>
</tr>
</thead>
<tbody>
<tr>
<td>(% of sample identifying specific people)</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Parents</td>
<td>55</td>
<td>51</td>
<td>36</td>
</tr>
<tr>
<td>Authorities**</td>
<td>2</td>
<td>15</td>
<td>29</td>
</tr>
<tr>
<td>Coworkers</td>
<td>34</td>
<td>29</td>
<td>18</td>
</tr>
<tr>
<td>Children</td>
<td>10</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>Non-users</td>
<td>12</td>
<td>10</td>
<td>17</td>
</tr>
<tr>
<td>People I don’t like</td>
<td>1</td>
<td>10</td>
<td>14</td>
</tr>
<tr>
<td>Relatives</td>
<td>33</td>
<td>18</td>
<td>12</td>
</tr>
<tr>
<td>Strangers</td>
<td>9</td>
<td>21</td>
<td>12</td>
</tr>
<tr>
<td>People I don’t trust</td>
<td>—</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Acquaintances</td>
<td>3</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>Boss, employer</td>
<td>6</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>Siblings</td>
<td>6</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>Formal business contacts</td>
<td>4</td>
<td>7</td>
<td>3</td>
</tr>
</tbody>
</table>

*Amsterdam and San Francisco data from Reinarman and Cohen (2004:13)
** Dunedin respondents specifically identified police, some specifying ‘on-duty’ police.

While this latter hypothesis received further support from the Dunedin data when respondents were asked if they hide their use from anyone (Table 23), the same level of support was not apparent in the Amsterdam and San Franciscan samples. This is particularly evident where the latter samples’ respondents claimed they hide their use from no one (Amsterdam 48% and San Francisco 56% vs Dunedin 17%), and is further indicated by their lower levels of hidden use regarding coworkers/employers (Amsterdam 15% and San Francisco 19% vs Dunedin 42%), teachers (Amsterdam 7% and San Francisco 2% vs Dunedin 20%), friends (Amsterdam 7% and San Francisco 2% vs Dunedin 18%), and to a lesser extent, other family members (Amsterdam 26% and San Francisco 12% vs Dunedin 34%).

Table 23: Percentages of sample identifying specific people from whom they have hidden their use, in Amsterdam, San Francisco* and Dunedin

<table>
<thead>
<tr>
<th>I have hidden my use from</th>
<th>Amsterdam n=216</th>
<th>San Francisco n=266</th>
<th>Dunedin n=76</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coworkers / employers</td>
<td>15</td>
<td>19</td>
<td>42</td>
</tr>
<tr>
<td>Other family members</td>
<td>26</td>
<td>12</td>
<td>34</td>
</tr>
<tr>
<td>Parents</td>
<td>36</td>
<td>25</td>
<td>26</td>
</tr>
<tr>
<td>Teachers</td>
<td>7</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>Friends</td>
<td>7</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td>No one</td>
<td>48</td>
<td>56</td>
<td>17</td>
</tr>
<tr>
<td>Partner / spouse</td>
<td>4</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>15</td>
<td>24</td>
</tr>
</tbody>
</table>

*Amsterdam and San Francisco data from Reinarman and Cohen (2004:14)
A further means by which to frame user behaviour is captured by the notion of *propriety* (Reinarman and Cohen, Ibid.:14), particularly where this concerns users’ behaviour towards others. To gauge the existence of rules around propriety, respondents were asked questions relating to their dissuasion or persuasion of use towards non-users. Specifically, they were asked whether they had ever attempted to dissuade non-users *from trying* cannabis and, conversely, whether they had ever attempted to persuade non-users *to try* cannabis. They were also asked the reasons for such actions, and to identify the people to whom these actions applied. Table 24 lists responses to these questions.

<table>
<thead>
<tr>
<th>Table 24: Percentages of sample dissuading / persuading non-users from / or to use, specifying which people, and reasons, in Amsterdam, San Francisco* and Dunedin</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amsterdam</strong></td>
</tr>
<tr>
<td>n=216</td>
</tr>
<tr>
<td>% of sample dissuading non-users</td>
</tr>
<tr>
<td>% of sample persuading non-users</td>
</tr>
<tr>
<td>Persuaded friends</td>
</tr>
<tr>
<td>Persuaded family</td>
</tr>
<tr>
<td>Persuaded spouse/partner</td>
</tr>
<tr>
<td>Persuaded coworkers</td>
</tr>
</tbody>
</table>

*Amsterdam and San Francisco data from Reinarman and Cohen (2004:13)
** n = 8, therefore numbers too small for meaningful comparison
***Represents combined data from Amsterdam and San Francisco samples

As with the previous set of questions, while there is a degree of consistency across samples in some areas of the data, there are also divergences between the Dunedin and Amsterdam samples, and similarities between the Dunedin and San Francisco samples. This comparison of samples therefore potentially highlights user responses mediated by policy. Interestingly, as was the case for San Francisco, Dunedin users were less inclined to dissuade non-users from using than in Amsterdam, where one might assume use to be seen as more acceptable (Amsterdam 34% vs San Francisco 20%, Dunedin 11%). In all samples non-using friends and family dominated those most likely to be dissuaded. Similarly, in the Dunedin sample, age and/or mental immaturity of non-users was the most common reason for their being dissuaded (6 of the 8 respondents), with the perceived ‘mental fragility’ of those being dissuaded from use being a factor for one respondent. Thus, as Reinarman and Cohen (Ibid.:15) suggest, a small minority of users seem to be practicing a kind of protective etiquette in their choice of with whom to use.
In all three samples, however, users were more likely to encourage than discourage use, and again, friends and family were most commonly encouraged, with friends significantly dominating (Amsterdam 64%, San Francisco 81%, Dunedin 78%). As with the other studies, although Dunedin respondents offered a range of reasons for encouraging non-users to use, these were dominated by the perception that the experience would be an enjoyable one, and would enhance the lives of their friends and family members.

While acknowledging this tendency to proselytise use, the final set of data reported here, concerning advice to novices on moderation, return to the notion of protective or ‘best practices’ (Reinarman and Cohen, Ibid.:17) proposed above. Here, respondents were asked if they would offer advice to novice users in a number of areas (e.g. method, dose, when/where, use with other drugs, and advantages/disadvantages). In each case clear majorities of the samples proffered advice in at least one of the categories (Amsterdam 80%, San Francisco 90%, Dunedin 92%). Curiously, however, while large majorities of the Amsterdam and Dunedin samples offered advice on moderation, this was much less common among the San Francisco sample (Amsterdam 76%, Dunedin 89% vs San Francisco 12%). Without the benefit of the Dunedin comparison, Reinarman and Cohen (Ibid.:18) proposed that either greater availability of cannabis in Amsterdam, or a more developed user culture might account for this difference. These explanations seem unlikely to completely account for across-study differences in the light of the Dunedin data, though doubtless cultural variations play a part and shall be further discussed.

6.4 Chapter Summary

Data reported in this chapter’s first section indicate the sample fits within a broad range of general population demographic parameters for New Zealand and Dunedin, e.g. in terms of age distribution, ethnicity, education and income. Further, while the gender ratio is skewed towards males (68% vs 32%), this is typical for cannabis using populations, with the present study’s male:female ratio very close to much of the other New Zealand data (Table 16). Many use characteristics also reflect those of known cannabis-using groups, e.g. age of first use and age beginning regular use, lengths of peak-use careers, and use of other substances. There are, however, suggestions that the group represented in this sample use more heavily than the typical user population, for example, in the previous three months 42% of the group used daily, and there is a relatively high level of dependence (59%; though its measurement is somewhat speculative due to issues of diagnostic validity). Perhaps more telling are the high
levels of arrest and conviction for personal use and possession (25% and 21% respectively) in the sample.

In sum, these data imply that while the sample exhibits many characteristics of Dunedin’s general population and of Dunedin and New Zealand cannabis users, regarding frequency and intensity, the group appears inclined to heavier use. Additionally, it is possible that for some respondents, motivations for participating in the study may include their negative experiences with the law. These factors need to be borne in mind when considering data from the chapter’s second section, which described how participants accommodate their use socially and emotionally.

Of interest in this section were aspects of respondents’ use offering insights into their subjective experience, e.g. in relation to how and why they manage their use in specific ways, their responses to policy, and the social context of use. The sample’s varied responses implied a heterogeneity of user culture not typically engaged with by epidemiological surveillance. This was complimented by an increasing depth of cultural practice aligned with experience, i.e. expressed through more varied and efficient means of administration as tracked through use careers. It became apparent that use patterns both varied and yet, were frequently bounded by rules. For instance, 75% of the sample admitted to having rules about their use, of which 96% claimed they adhered to them either ‘rigorously’ or ‘reasonably well’. Large portions of the sample also identified emotional states as either suitable (84%) or unsuitable (58%) to combine with use.

Clarifying the cultural specificity of these rules was facilitated by comparing the Dunedin data with those generated by the CUQ from its administration in Amsterdam and San Francisco (Reinarman & Cohen, 2004). The comparison showed both similarities and differences. While significant proportions of all samples self-reported avoiding use before or during work (Amsterdam 39%, San Francisco 35%, Dunedin 46%), in the Dunedin sample there was a greater tendency to covert use. This was explicit where respondents admitted hiding their use from coworkers/employers (Amsterdam 15%, San Francisco 19%, Dunedin, 42%) and teachers (Amsterdam 7%, San Francisco 2%, Dunedin, 20%). Similarly, Dunedin respondents were more likely to see ‘Authorities’ as ‘definitely not suitable’ for using cannabis with (Amsterdam 2%, San Francisco 15%, Dunedin, 29%). Thus, following Reinarman and Cohen (2004), the notion of rules might provide a useful entrée into an analysis that locates, at its centre, the subjective meaning of use for users.
Finally, the suggestion that a high-using group regulates its consumption through rules may, arguably, conflict with the characterisation of that group as significantly dependent or exhibiting dyscontrol, i.e. as constructed through DSM criteria.

Thus, on the one hand the Dunedin sample held in common with those from Amsterdam and San Francisco a range of normative rules supporting Reinarman and Cohen’s (2004), and Becker’s (1967) notions of user culture, and yet, on the other it seems likely that the data from each sample reflect a unique set of cultural responses to participants’ use of cannabis. As Reinarman and Cohen (Ibid.:18) note, to more fully describe such a culture an ethnographic approach incorporating in-depth interviews is required. It is to this material we now turn.
CHAPTER 7.0
THEMATIC OVERVIEW

7.1 Introduction

This chapter provides an overview of the analysis of the ethnographic data obtained from face-to-face interviews with the study’s eighty cannabis-using participants. It has two general aims, the principal one being to elucidate the main themes apparent in user interviews and their interrelationships, thereby generating a thematic taxonomy of user discourse. The second aim is to make transparent the process by which this taxonomy is developed. This will be achieved through applying Miles and Huberman’s (1994:245-62) thirteen tactics for generating meaning, noted previously (section 5.3.3). As discussed in Chapter Five, it is preferable that these two aims are carried out simultaneously. Thus, the following tactics will be explained and applied to progressively structure the analysis and develop the thematic taxonomy:

1. noting patterns and themes
2. seeing plausibility
3. clustering
4. making metaphors
5. counting
6. making contrasts / comparisons
7. partitioning variables
8. subsuming particulars into the general
9. factoring
10. noting relations between variables
11. finding intervening variables
12. building a logical chain of evidence
13. making conceptual and theoretical coherence

Before unpacking the analysis, however, the chapter briefly extends arguments for transparency of method (section 7.2). The analysis then commences with a short discussion of those analytic steps leading to the present point, including the use of the discourse analysis software NUD*IST™, as well as describing how Miles and Huberman’s tactics were...
deployed (Figure 6, below). As discussed previously (section 5.3.3) these are considered as part of the analysis, rather than solely an explanation of method. The chapter concludes by extending Chapter Five’s comments on the legitimation of data through a short discussion on validity (section 7.4).

7.2 Transparency of Process

During chapter five’s discussion on method Armstrong’s entreaty was noted (1990:1227) that whether accounts of a phenomenon are achieved through quantitative or qualitative means, they “themselves must be open to an analysis of their own productive force.” This sentiment is echoed by Miles and Huberman (1994:57) who, in cautioning against the inherent selectivity of data collection, note the problems facing qualitative researchers, where often large amounts of field recordings and notes must be coded and analyzed thematically. While this style of analysis, incorporating the descriptive and inferential, and operating at multiple levels of meaning, has the astringent effect of reducing material to manageable levels, there is the potential for its process to remain obscure or to be not clearly reported. Thus the reader is left guessing at the extent to which the fieldworker has engaged critically with their material. Similarly, how far have they succumbed to ‘availability heuristics’ (Tversky, 1972, cited in Miles & Huberman, 1994:263), where ‘vivid’ rather than ‘pallid’ data are noticed, retrieved and used more frequently, or to the related traps of ‘representativeness’ and ‘weighting’ heuristics (Gilgovich, 1991, in Miles and Huberman, Ibid.). For anthropologists, these concerns are analogous to such analytic pitfalls as the holistic fallacy, where interpreted events appear more patterned and congruent than they really are; elite bias, where data from articulate, well-informed, usually high-status participants occurs; and the phenomenon of going native, with a resultant loss in perspective or ‘bracketing’ ability occurring due to the researcher taking on the perceptions and explanations of participants (Miles and Huberman, Ibid.).

Therefore, while developing the themes apparent in the ethnographic material, the remainder of this section will also explore two aspects of analysis. These involve making explicit the processes by which themes and concepts were developed, and by incorporating a discussion of validity into the analysis.
7.3 Thematic Development

In keeping with Barry’s (1998:5-6) experience, in the present study the most effective approach to analysing themes proved to be a combination of computer-assisted analysis (in this using instance NUD*IST™ to code data), word processing (when handling narrative sequences) and hand-drawn diagrams for abstracting meaning from codes. As a first step in formally commencing the process of coding, the unit of analysis must be decided, a point both noted by Miles and Huberman (1994:65) and acknowledged by the developers of NUD*IST™. While some tasks might require a line-by-line analysis, in the present instance, the use of sentence and multi-sentence chunks addressing the research questions and/or themes arising from a grounded approach seemed most appropriate. This combination represents a compromise on Glasner’s (1992, cited in Miles and Huberman, Ibid.:208) preference for abjuring “all pre-defined concepts in favour of total grounded theory”. However, as was noted in the method chapter, prior to entering the field proper, the trialing of an initial set of general interview questions/themes in two focus groups had resulted in a clearer indication of how interviews should proceed, and what issues might be encountered. Hence, it was felt the thesis’ exploratory hypotheses had already benefited from input potentially congruent with the perceptions of likely respondents. Therefore the focus group work is considered, along with early examination of the relevant literature, an initial phase of analysis.

In turning to the analysis itself, the following steps and (Figure 6) briefly describe the process prior to it being fully unpacked using thematic examples in combination with a formal strategy described by Miles and Huberman (Ibid.:245-85).

1. Two focus groups framed potential questions/themes prior to entering the field.

2. The first five transcripts of 80 user-interviews were closely read then thematically coded using NUD*IST™.

3. Based on the thematic taxonomy developed from step 2, all 80 transcripts were coded using NUD*IST’s™ automated coding.

4. The taxonomy deriving from step 3 was refined, resulting in a thematic ‘tree’ (see Appendix VI) consisting of 77 thematic codes.
Figure 6: Thematic analysis tracked through twelve steps
5. The *quantitative* data having been reviewed, all 80 transcripts were closely re-read, thereby producing a reconfiguration of codes, including a reduction in number, to 64.

6. A cognitive map was developed from the refined taxonomy of step 5, generating a meta-cluster of codes subsumed under ‘USER CULTURE’, and containing the meta-codes ‘patterns’, ‘rules’ and ‘knowledge of use’. All remaining codes from step 5 were either grouped under, or linked to these three meta-codes.

7. Four ‘summarizers’ (Miles and Huberman, 1994:70; see below), i.e.
   
   i. themes - T  
   ii. causes/explanations - CE  
   iii. relationships involving people - RiP  
   iv. emerging theoretical constructs - TC

   were applied to all the codes from step 6, of which those tagged TC were set aside as higher order conceptual codes, i.e. encapsulating individual codes and codes’ shared meanings.

8. The twenty codes most frequently cited in user-transcripts at steps 4 and 5 were isolated (i.e. of 77 and 64 codes respectively), with those common to both steps being identified, resulting in 14 congruent codes out of 20 (i.e. 70% congruency).

9. Applying the summarizers noted at step 7, the three *congruent* codes tagged TC, were redefined as *principal meta-codes*, i.e. ‘rules’, ‘patterns of use’ and ‘control’. To these three meta-codes was added the TC code ‘criminality vs morality’ (it missed congruency by only one count in step 5). Other TC codes *not* initially promoted as meta-codes, were ‘knowledge of use’, ‘advantages’, ‘personhood’ and ‘ritual’.

10. From step 9, a second cognitive map was generated, by listing under the principal meta-codes, ‘rules’ and ‘patterns of use’, all those codes previously listed under them at step 6. Meta-code ‘control’ replaced ‘knowledge’.

11. A third cognitive map re-grouped the above codes under the meta-cluster USER CULTURE, as in step 6, with ‘user knowledge’ being reinstated in the meta-code
tripartite, but considered as explanatory and therefore tagged CE. The TC meta-code ‘control’ was aligned with ‘criminality vs morality’ as these two became seen as conceptually proximate, while both being distal to the tripartite.

12. In a fourth and final cognitive map, a re-evaluation of step 11 suggested a new meta-cluster TC code—HETEROGENEITY-HOMOGENEITY—as conceptually superior to ‘USER CULTURE’, with the latter being relabelled as an explanatory (CE) summarizer, but being retained as a meta-cluster code structurally below ‘heterogeneity’. Thus, ‘heterogeneity’ captures by either congruency (i.e. all codes previously clustered under ‘user culture’, as noted in step 6) or polarity (i.e. codes clustered under or linked to ‘criminality vs morality’ and ‘control’) all codes noted at step 5. In this sense it becomes an organising principle for the entire analysis, rather than acting as a singular code.

These steps are now expanded with the aid of thematic examples. Miles and Huberman’s (1994:245) thirteen tactics for generating meaning provide the structural framework, the first five of these being:

i. noting patterns and themes
ii. seeing plausibility
iii. clustering
iv. making metaphors
v. counting

These encompass data integration, and collectively encapsulate the first five steps displayed in Figure 6. Here, the structure required of coding was obtained by drawing on the tensions existing between codes. This led to noting plausible differences between codes and themes, but also to clustering and the development of a conceptual web, in order to reduce data to manageable amounts and extract higher levels of meaning. For example in the present analysis, the theme Illegality, initially coded in NUD*IST™ at step 4 (Figure 6) by the terms ‘illegal’ and ‘illegality’, was specifically commented upon by all the respondents. However, this one-word code also acted as a clustering device, subsuming a further twenty-four codes (see Figure 7), comprising seven second-order codes, thirteen third-order codes and four

199 Thereby bringing the number of codes to 68. See Figure 13.
fourth-order codes. Thus, Illegality is both a first-order code in a hierarchical sense and a means by which the analysis is progressed as a conceptual whole.

![Taxonomic Tree](image)

Figure 7: Theme **Illegality** and associated taxonomic tree, coded by NUD*IST™ at step 4

As Miles and Huberman (Ibid.:250) warn, however, in clustering and looking for plausibility, the analyst must avoid premature closure, e.g. are the data fully representative; do outliers actually belong elsewhere? Figure 8, showing the initial four first-order codes at step 4, provides several examples of this. As will be seen, each of the initial first-order codes—Illegality, Use Patterns, Cannabis Knowledge and Benefits—was shifted through the taxonomic hierarchy as the analysis progressed. Further, referring to the example of Use Patterns, a number of subsumed codes originally clustered under first-order codes were also shifted, both vertically and horizontally, with some disappearing altogether, while others came to assume major explanatory and conceptual significance.

As a first example, due to their broader explanatory power, only Use Patterns and Cannabis Knowledge retained their highest-order positions as meta-codes in the analysis’ final iteration (step 12). By comparison, Illegality and Benefits, though still meta-codes, encompass narrower foci. This is despite Benefits being ranked by counting (i.e. the frequency of
respondents citing Benefits) as the most salient code across steps 4 and 5 (Figure 6). Here, the

Figure 8: Original taxonomic iteration (steps 2-4), showing USE PATTERNS cluster

argument sustaining the codes’ respective positions is that, while most cannabis users could be expected to see Benefits from their use and to also, by definition, have Use Patterns, the Benefits described by users were discrete in number and many were typically noted by most users. Hence there is a uniformity around Benefits. By contrast, Use Patterns, ultimately subsumed under the meta-cluster User Culture, related more directly to what became the major organising principal in the analysis, Heterogeneity.

In returning to Figure 8, and to the issues surrounding premature closure noted above, it is appropriate to consider some of the (hierarchically) lower-order codes. Several of these, i.e. Historical Use, Chemist Supply and Inconsistent with Questionnaire, were either seen initially as of potential interest (i.e. the first two) or related to data consistency (the latter). These are examples of codes that failed to survive subsequent analytic iterations, partially due to straightforward counting (a means of data verification) revealing their limited relevance. In the case of the former two, these resulted from specific references by two respondents, and while of some slight interest, were not deemed significant to the analysis. Other codes were too broad, lacking explanatory power. For example, while a close reading of texts coded to Safe Use revealed over twenty thematic elements, many of these were also coded to themes such as Secrecy, Harms and Policy. Ultimately the code, Rules, was seen to capture many of these
sub-codings. For this reason Safe Use was dropped out of subsequent iterations, though it remains a proxy for Rules, and bears further consideration.

Of greater significance are the codes Cannabis Culture and Plurality (coded twice; Figure 8). While it was initially hypothesised that most users would recognize a discrete ‘cannabis culture’, this proved not to be the case. With only sixty percent of respondents mentioning ‘culture’, and less using it with specific reference to a culture of cannabis use, there was a degree of ambivalence about this notion, with more agreement that the culture of use is extremely diverse, both in terms of practice and of those using:

I think that it’s not just one culture. I think there’s many cultures. I personally wouldn’t define myself as a particularly mainstream person in terms of general social outlook and stuff. But I know plenty of people that play a lot of rugby, go to a lot of mainstream bars and smoke a lot of pot. And then there’s your classic hippies out in Waitati that smoke themselves retarded every night and—I know plenty of people that work in chain stores that polish their shoes and put their hair in gel, they smoke probably twice as much and you know, you just can’t tell. And then there’s the people that I see at every rave and they don’t touch it. It’s just too hard to tell—there’s so many different cultures and some people, I think, ritualise it more than others. And then there’s other people, they just smoke it and put it down, put the packet away, not even think about it.
—Male, 21, pakeha, student, single, no children

However, two significant points arose out of this coding. As the analysis progressed it became apparent that not only was there diversity in perceptions of cannabis use, but also of practice. Hence the notion of cannabis culture became useful not as a means of describing a specific culture that was recognized by individual respondents, but as a means to describe a diverse set of cannabis practices, knowledge, language and beliefs, essentially the user culture described by Becker (1963). Hence, the notion of a pluralistic or diverse culture of use came to assume pre-eminence, ultimately emerging as the analysis’ conceptual glue in the concept ‘heterogeneity’, a term both engaging with a central hypothesis of the study (i.e. that a singular representation of use and users misrepresents the culture of use) and providing one of the poles by which the final thematic taxonomy is aligned.

To further focus data and move towards a more inferential and conceptual level of abstraction, comparison of the similarities of phenomena, while ignoring their differences, facilitates the emergence of new theoretical possibilities. In Figure 9, we note the original iteration of Cannabis Knowledge and its associated taxonomic network as coded within NUD*IST™ at step 4. Of particular significance here is the code, Rules, which at this first iteration has three
sub-codes. As the analysis progressed, however, the significance of Rules for users became more apparent, with an increasing array of disparate behaviours and patterns of use being defined as rule-governed. This is interesting for several reasons. On one level, rules are simply about organising one’s use, and also safety, both in terms of health and protecting oneself from the law:

I don’t like smoking in public. To me it’s asking for trouble in a way because anyone can decide that they may want to dob you in, or you know make that phone call. I don’t smoke in public. I don’t like pulling up in a car somewhere and having a pipe in the car. Basically the rules that I have are just trying to keep myself safe. I’ve tried Speed once and it was cool, I didn’t sniff it. That’s some more rules I’ve got for myself, I’d never inject…[and] like I know that if I’m driving I will have maybe one [spot of cannabis] but I won’t have anything more than that [and] I won’t drive until maybe an hour after I’ve had that session. I won’t drive immediately.
—Female, 25, pakeha, teacher, de facto, no children

However, with rules governing so many different aspects of user practice, their significance potentially suggests the notion of rules may have some greater conceptual relevance. For example, one of the major themes noted by almost all respondents (96%) at step 4 was contrast between the problems associated with consuming alcohol (e.g. aggression/violence, dyscontrol, lack of personal safety) and apparent control while using cannabis. Thus, where rules are about controlling use and its consequences (both in terms of personal affect and the social consequences of use), the notion of Control in a general sense has broader implications.
for users. For these reasons, as the analysis progressed, the code, Rules, initially seen as simply a device for protecting users from various harms, was elevated in its explanatory power (by step 12 it had nine sub-codes), becoming a theoretical concept through its affiliation with the notion of Control. Further, Control emerges as a major theoretical concept, connecting User Culture and Policy, as well as engaging with that portion of the thesis’ first research question, which interrogates the notion that users might be assumed to lack control regarding their use of a putatively dangerous and problematic substance.

To this point the analytic process has been concerned with data integration, e.g. by looking for patterns and plausible connections, clustering, comparing similarities and counting. These tactics facilitated the development of an analytic taxonomy, showed how individual codes were located in the analysis, how higher levels of meaning were abstracted, and moved the analysis towards higher-order conceptual codes such as User Culture, Control and Heterogeneity.

For the next phase, increasing data focus, Miles and Huberman (1994:254) propose two tactics:

vi. making contrasts / comparisons
vii. partitioning variables

Whereas the earlier pattern recognition or clustering phase of analysis integrated data, the tactic of making contrasts and comparisons is a means of finding meaningful differences within the data set, thereby increasing focus. As an example, it is useful staying with the meta-code Cannabis Knowledge (Figure 9) because, although this meta-code integrates data through clustering, it also emphasises contrasts internal to Cannabis Knowledge. This becomes more obvious as the analysis proceeds and Cannabis Knowledge gathers a diversity of codes (Figure 10), while retaining its ranking as a meta-code under the meta-cluster User Culture. Thus, Cannabis Knowledge and User Culture are defined by the diversity or differences they capture. In the case of Cannabis Knowledge, a meta-code with sixteen sub-codes at step 4 (Figure 6), contrasting and comparing themes resulted in it ultimately capturing thirty-eight sub-codes (step 12), with Knowledge itself splitting into Rules and Practical Knowledge, with the latter further split into General, Advantages / Benefits, Harms, Health and Policy (Figure 10). However, this sensitivity to internal contrasts within the meta-code forces the analysis to focus on unifying factors at a higher conceptual level. The
emergent significance of Control is one result of this, and the generation of Heterogeneity as an overarching conceptual structure for User Culture is another.

![Diagram of Heterogeneity and Homogeneity]

**Figure 10:** Step 12 iteration of CANNABIS KNOWLEDGE and associated taxonomic network

A further utility of contrasts and comparisons concerns their application across cases. In returning to Figure 10, under Practical Knowledge: General, a number of sub-codes are listed, including ‘different types of pot’, ‘quality/strength’, ‘growing’ and ‘economics’. These are descriptive forms of practical knowledge directly associated with the actual use of cannabis and, as such, they provide a metric by which to assess the specialised knowledge of users. As will be seen in the subsequent ethnographic section, users were by no means uniform in their possession of cannabis knowledge. Therefore, by comparing different users’ levels of knowledge, it becomes possible to differentiate users as more or less knowledgeable, and as associated with specific types of knowledge and thus positions in relation to cannabis, e.g. the grower, the dealer, the knowledgeable or casual user. Thus, regarding users’ knowledge of measures encountered when procuring cannabis, compare:

Top of the white line [of a 170 x 180 mm sandwich bag] is an ounce, bottom of the white line is a two hundy [$200], half of that is a hundy [$100], half of that is a [$]50 and half of that is a tinny.
Like a tinny in theory is an eighth I think—or it just sort of depends. It depends who you’re getting it from. Like okay I bought one tinny off a random guy and it was tiny, but it was amazingly awesome gear. So I didn’t really mind and then you can get massive ones and it’s just shit anyway, so I don’t know how it works.

The differentiation across cases / participants also occurs on a linguistic dimension, or in terms of narrative, where users may overall have different perspectives as a consequence of their experiences with cannabis, thus facilitating further contrasts. In the present analysis two examples subsequently examined in greater detail include the sample’s single quit user, and a case of a user whose narrative included a mixture of hedonic and anhedonic speech. Both are interesting as they provide examples of the negative consequences of use in a sample of generally positive discourse around cannabis use. Of these, the second case also provides a clear example of Davies’ (1997b) second stage of drug discourse, where the user, though still enjoying their use of drugs, is beginning to see their behaviour in a negative light. In the latter case the negative utterances of this participant (section 8.7.3), a twenty-two year old male, correlated with a dependence diagnosis according to the CUQ’s DSM criteria.

Partitioning variables is another means of focussing data. While this is useful in the analysis’ early phase in order to gain a ‘big picture’ perspective as with Harms (Figure 2), there are other occasions when re-clustering followed by further partitioning addresses situations where variables are inappropriately placed. Returning to Harms provides a case in point. In the initial taxonomic iteration (step 4; Figure 7), Harms acted as a useful clustering code, capturing nine hierarchically lower-order codes, including Policy and Reform (later coded as Policy; Figure 10). However, as the analysis progressed, Harms, though still working usefully as a clustering code and ranked second only to Benefits (i.e. number of times cited by participants at steps 4 and 5; Figure 6), appeared to contain counter-posed elements, suggesting some kind of partitioning might provide greater focus. For example, although all participants acknowledged harms from using cannabis, many also recognized some as being generated by Policy, i.e. referred to in the literature as ‘secondary’ harms. Overall sixty percent identified health harms (e.g. in relation to lungs, memory, dependence, accidents, amotivation and mental health) and forty-eight percent noted secondary harms (being arrested, stigma, contact with criminal elements, gateway effect resulting from criminal contact, necessity for dishonesty with friends and relatives). As Figure 11 shows, therefore, a
Figure 11: Comparing Harms cluster iterations at steps 4 and 12

more focussed clustering was achieved by partitioning Harms into those associated with Health, and those seen by participants as generated through Policy.

Regarding Education and Treatment, these are also grouped under Policy in part for convention as they, along with Enforcement, are components of Harm Minimisation’s ‘balanced approach’. However, they were also perceived as generating harm. In Figure 11, Treatment is diminished for two reasons. First, only 11% percent of participants directly commented on it, with most appearing to feel that Treatment for cannabis use was generally unnecessary:

But as far as I can see there’s no sort of treatment that is needed for it. Like you don’t need to be treated for cannabis, or cannabis addiction so to speak. You just need to—if you want to stop using it, just don’t use it anymore.
—Male, 21, pakeha, student, single, no children

Others felt Treatment actually posed a risk:
People will not seek treatment if they have a cannabis problem because they are at dire risk of—or feel at risk of being punished or penalised for using cannabis in the first place and so I think that perhaps is the worst thing about the current legal situation.

—Male, 27, Māori, health professional, single, no children

Education was mentioned somewhat more frequently than Treatment, but was also more strongly aligned with secondary harms as participants felt it was not only abstinence-focussed but also a proxy arm of enforcement:

That is one thing that has come to mind, knowing that my daughter is going to go to school soon is the awareness through friends who have children slightly older who have been at school for a few years, is the acknowledgement that the only drug education that I know of is policemen going into schools and striking fear into children and telling them that if mummy and daddy have this at home, then they’re doing something very, very terrible and that you should come and tell a teacher or tell a policeman. And I think that’s really negative.

—Male, 33, pakeha, part-time employed, single, one child

The above process of contrasting variables and partitioning them to increase focus leads to the next group of tactics proposed by Miles and Huberman (1994:256-60) for generating meaning,

viii. subsuming particulars into the general
ix. factoring
x. noting relations between variables
xi. finding intervening variables

each of these being a means to abstracting relationships. While this has to some extent already occurred in the analysis as it has been so far described, in applying these latter tactics the analysis is refined, moving towards greater coherence.

Two outcomes of these tactics, the overarching concept of Heterogeneity and the TC code, Control (Figure 10), have already been briefly touched upon. For Heterogeneity to conceptually subsume its subordinate codes, its relationship with them had to address the question: do these specific things belong to a more general class? In other words, there must be a higher-order conceptual relationship generated, rather than a solely descriptive one. For example, with the code, Rules, subordinate codes such as ‘driving’ and ‘work’ are examples of actions or behaviours where rules are applied. Heterogeneity, however, abstracts a
relationship with all those codes it subsumes. It is about an attribute of difference, of plurality and diversity that is characteristic of each subordinate code when applied across cases. In other words while the subordinate codes comprising User Culture, collectively represent all or many (e.g. in the case of Parenting) users’ experience of cannabis culture, they are simultaneously expressed uniquely by each individual. Further, as will be seen, the diversity of users’ practices and perceptions captured by User Culture stands in contra-distinction to their perceptions of the relative uniformity of those formal processes aligned with Policy in general, and Enforcement in particular.

The tactic of factoring, a second means to focus data through patterning and seeking general characteristics, is also relevant here. Miles and Huberman (Ibid.:256) observe that in seeking patterns, the analyst is arguing that disparate phenomena within the study have commonalities. In the present instance, the TC code, Control, emerged around discourse involving Alcohol, where users noted the dyscontrol induced by that substance and their preference for an alternative which they could enjoy, but in so using, still retain control. This preference for control was then generalised as a characteristic of users’ use, partially of the substance itself, but more generally as an explanation of the advantages cannabis use confers. For example, it is due to this preference that the code ‘other drugs’ is listed under Control (Figure 12):

![Diagram](https://example.com/diagram.png)
Because a lot of what I’ve seen and heard from people who use trips or acid or pills or anything else like that, the common statement is: oh it’s really cool, you just get away, you’ve lost all control, it’s great. Now, I’m a very controlled person, so to me that’s my worst nightmare, so I just don’t even want to go there.

—Female, 37, pakeha, home maker, de facto, children

The above coding and associated quote are not to imply that most users eschewed the use of other drugs. To the contrary, most (82%) had used other illicits as well as alcohol, and this profile of lifetime polyuse is in fact typical of cannabis using populations (see Table 16). The point here is that participants frequently used cannabis, often considering it their drug of choice, due to its association with feelings of being in control during a drug experience.

This generalized preference of users for a substance facilitating controllable experiences returns us to the previous discussion of Heterogeneity and Control, and a further tactic for abstracting relationships: noting relations between variables. Of relevance here is the broader sweep of patterns across the entire analysis as these relate to Control, and as represented by the bipolar coding, Heterogeneity—Homogeneity.

While the desire for a controllable drug experience is reflected in individuals’ perceptions of their cannabis use, the notion of Control also encapsulates the formal processes of Policy, a type of institutionally legitimated control. This expression of Control is characterised by an affiliation with State and policy processes, and is therefore a publicly endorsed form. As such, we could expect to see coded variables structurally connected to Control to similarly reflect policy and societal preoccupations. We may note this is indeed the case where (Figure 11) Policy, Illegality, Health, Harms and their associated variables are all either directly linked to or clustered adjacent to Control. Thus the code, Control, operates with two differing sets of meanings, i.e. with both formal or public, and private dimensions. Consequently the codes, or variables Control captures, have varying relations to it depending on their dimensionality.

Two further points should be made however. First, a majority of these variables are functionally associated with Harms. Some of these relationships are unsurprising, e.g. under Health, negative General Health consequences (lung function, mental health difficulties, impaired memory etc); and under Illegality, Stigma, Criminality, Busted and Gangs. Further, the position of others, though seemingly out of place, e.g. users’ perceptions of harms associated with drug Treatment and Education, have previously been explained. Alternatively,
as the majority of these variables are also *structurally* associated with Harms via their placement in the analysis, and as Harms are a type of Practical Knowledge (Figure 12) it could be argued that some, for example Education, Treatment or Secrecy (Figure 11) might equally be located elsewhere, perhaps with users’ General Knowledge.

What also distinguishes these variables in their structural positions, however, is that participants generally held uniform views about them. Education and Treatment were typically perceived as proxies for enforcing control, and while narratives around Secrecy responded directly to enforcement and stigma they also reflected a consistently agreed upon user perspective. Further, most of those discussing other illicits in relation to the Gateway hypothesis suggested that the principal route to other drugs was via dealers, especially criminal gangs, rather than due to the effects of cannabis per se. By contrast, User Culture is defined in terms of its heterogeneity across cases, i.e. although all users had rules, knowledge, patterns of use etc., participants’ experiences and perspectives of these varied substantially. In other words, the *diversity* perceived by participants in the variables, phenomena and perspectives encapsulated by their individual experience of use was contrasted against the perceived *uniformity* of Harms and Policy. This differentiation of variables is captured by the polarity Heterogeneity—Homogeneity, and represented in Figure 13, as the analysis’ complete and final iteration as at step 12.

With Figure 13 the analytic process has been played out. This final iteration reflects Miles and Huberman’s (Ibid.:260-262) two concluding tactics for generating meaning:

xii. building a logical chain of evidence
xiii. making conceptual and theoretical coherence

Building a logical chain of evidence is as much about analytic validity as it is about meaning per se. Figure 13 displays a process that produces something greater than the sum of its parts, i.e. a coherent explanation of the phenomena of cannabis use from a user perspective. However, the representation must also be seen to logically cohere. The thematic variables, coded from the analysis of participant interviews, have been rearranged through several iterations to reflect user culture and also a user perspective of formal processes beyond that culture. It has been argued that, in engaging with the study’s initial research questions, notions of pathology, deviancy, dyscontrol, uniformity and meaningfulness would require interrogation. As the analysis progressed, practices of subcultural etiquette-norms and rules of
use, which have been explored by Reinarman et al. (2004) and examined in the previous chapter via quantitative means, were seen to assume a significant place in users’ perceptions as described thematically.

While the prominence of rule-governed behaviour and generalised notions of propriety within user culture might be seen to challenge the dominant construct of users regarding deviance and dysfunctionality, it also speaks to higher-order notions of heterogeneity and control. These incorporate a multidimensionality, whereby coded variables relate differently to each other depending on their place in the taxonomy. Thus, while functional factors, and even simple counting, contributed to the location of many coded variables or themes, for example those listed under Illegality (Figure 13), less intuitive connections were facilitated by conceptually higher-order constructs. As noted above, the linkage of Policy, Treatment and Education with Harms, and the listing of Secrecy under Illegality rather than with Rules or General Knowledge, was explained by the unity of user perspectives around these. Hence, in Figure 13 the spectrum, Heterogeneity—Homogeneity, reflects the placement of all thematic codes, with those to the left of the diagram exhibiting the greatest diversity across cases. In this sense Heterogeneity might be more usefully thought of as an organising principle of the analysis than as a cultural theme per se, the latter being better captured by ‘diversity’. Thus, as one moves to the right of the analysis’ depiction in Figure 13, an increasingly singular user-perspective is encountered. This end of the spectrum also represents the ‘macro’ processes of policy and societal presumptions and expectations, as opposed to the spectrum’s heterogeneous end, which reflects the ‘micro’ processes and experiences of the individual.

The validation of this construct relies on a number of tactics. For example, participants with different perspectives must independently emphasise thematic links. Here we might consider the position of the theme Abstinence, coded under Patterns (Figure 13). It could be assumed that Abstinence would likely be associated with Health, as is Dependence. While this was the case at step 10 (Figure 6), the introduction of the Heterogeneity-Homogeneity spectrum at step 11 required abstinence to be reconsidered from a cross-case perspective. And the user perspective of abstinence is not a clinical one. Rather than having the singular meaning of being sought or desired as a means to reduce the negative consequences of use, for users, abstinence describes a situation of not using, but for a variety of reasons. Further, the consequences of being abstinent also vary, i.e. in relation to withdrawal. For instance, the study’s only ‘quit’ user, whose narrative was generally negative regarding cannabis, agreed with many of the participants in finding no particular difficulty in giving up. This was despite
his noting he had occasionally suffered ‘shakes’ during periods of withdrawal. Similarly, withdrawal symptoms themselves were variously represented. While 80% of participants noted at least one period of abstinence lasting greater than one month, only 16% of these reported withdrawal symptoms, the most common being insomnia. Others symptoms included loss of appetite, irritability, craving, shakes and anxiety. While this proportion reporting symptoms appears low when compared with studies of similar populations (see Budney, 2006:126), in such studies the proportion of users claiming withdrawal symptoms also varies across studies, further supporting notions of heterogeneity in cannabis using populations.

More significantly, the diversity of reasons for users being abstinent had greater impact on its location within the analysis. This point is illustrated with observations from one of the study’s three group interviews, where five young men aged twenty to twenty-one, living in shared accommodation, offered varying explanations. The first noted he had stopped for a year after being requested to do so by his then partner. Two others cited availability, though one also noted health concerns (cough), while the other cited interference with work. The fourth described an eight-month break, which he claimed to have enjoyed, and while the fifth said he had cut back because of various obligations, due to enjoying cannabis, he still used. Thus Abstinence derives its location from the diversity of user experiences and opinions associated with it, rather than from a singular perspective aligned with health and harm. And, though the concept of abstinence was clearly understood by participants, it was a notion the interviewer had to pursue, often arising around issues of availability. For this reason, Availability is closely associated with Abstinence in Figure 13.

Thus, both a congruency in the opinions of participants occupying differing positions within the study, and the varying opinions of those holding similar positions, confer analytic validity. However, countervailing evidence must also be accounted for. In returning to that section of Figure 13 mapping user perceptions of macro processes including Policy, the example of narratives concerning Education is informative. As previously noted, there was a general consistency here, with most considering education to be either poor or to be pushing for the
reduction, and ultimately elimination of use. Despite this, not all participants agreed:

There is an extreme lack of government-provided information about cannabis. Until recently. Because recently they have put out a nice yellow brochure on cannabis use, which I found to be very interesting and agreed with nearly entirely. In fact I had difficulty disagreeing with any particular portion of it. I was very satisfied with the information that was in that Ministry of Health leaflet.
—Male, 27, Māori, health professional, single, no children

This opinion is unique to the sample with regard to education. It is of further interest as not only is the person expressing it a highly trained health professional well equipped to assess the validity of the information, but also his opinion is based on direct experience due to his having seen the pamphlet. Thus, while this example appears to be at odds with the majority of the sample, it, and the position occupied by education, are actually accountable within the analysis. This is because the uniformity perceived by users regarding policy matters, particularly education and treatment, reflects these as generally being outside their personal experience. Similarly, a more nuanced and balanced construction of cannabis users and use is seldom found in medicine and science (here represented by Policy) due to those discursive practices generally not deriving from the direct experience of cannabis use, or incorporating user perspectives. This lack of engagement with the other reflects the positionality of each perspective, with each being delimited by its lack of knowledge/experience of the other. We should therefore be unsurprised that, in a theme with narratives typified by lack of experience (i.e. Education), a countervailing opinion is in fact based on the experience/knowledge of the other.

Having acknowledged this, the general lack of a more sophisticated users’ perspective regarding Policy and related themes, reflected in their undifferentiated views, does not account for their strongly homogeneous descriptions of other phenomena coded in the vicinity of the above, of which they have direct experience, e.g. those listed in Figure 13 under Illegality: Stigma, Busted, Gangs, Secrecy etc.

Illegality and its associated phenomena represent the most direct point of contact between users and New Zealand cannabis policy. These themes’ placement reflects relationships between participants and phenomena that are explicitly mediated by participants’ use of an illegal drug. Here participants’ narratives are defined through their personal experience at the fault line demarcating User Culture and society at large. It is therefore appropriate that these themes are encoded at the extreme homogeneous point of the spectrum. Their placement
brings out two significant issues. First, these themes are linked to Policy and subsequently Harms by a *generative relationship*, therefore confronting the notion that current policy embodies the most appropriate and effective means by which to engage with issues surrounding cannabis use. Second, this cluster of themes is directly linked to a major higher-order conceptual theme, Criminality vs Morality. This latter captures the conundrum faced by cannabis users who, though willingly admitting to being engaged in a criminal activity, reject completely the notion that they are criminals. These important points are discussed at length in the following chapter.

Collectively, the above discussion of thematic placement around Harms and Policy reflects Miles and Hubermans’ comments (1994:260-1) regarding the logic of the analytic process. It acknowledges that relationships must make sense, and that such a logical chain must be complete. This evidential trail represents the process of analytic induction “used in qualitative research to make a case for the necessary and sufficient causes of social behaviour” (Ibid.:261). The method can be further split, with the explanations placing Illegality and its associated themes being accounted for by the process of ‘enumerative induction’, where a number and variety of similarly orientated instances are collected. However, a second process, ‘eliminative induction’, requires a testing of hypotheses against alternatives in order to bound the generality of conclusions (Ibid.). The ‘constant comparisons’ and ‘structural corroborations’ this process employs, and the cycling between it and enumerative induction as a means to complete logical links, may be examined though the last major cluster of themes remaining to be discussed, those associated with Advantages and Benefits (Figure 13).

As noted previously, Benefits was ranked 1 in the thematic taxonomy through counting the number of participants’ utterances at steps 4 and 5. While no single benefit dominated all other themes, the range of benefits perceived by participants, and the frequency with which these were cited was such that collectively, Benefits came to prevail. During steps 2-4 (Figure 6) Control was coded under Benefits. However, because of its conceptual power, as the analysis developed Control was promoted, first to Advantages (step 6), and subsequently to its final position where, from step 7, the application of summarizers saw it labelled a TC code (Figure 13). However, despite its overarching conceptual power, Control may still be regarded as an advantage for users.

This auditing of Benefits led to the later development of the umbrella theme, Advantages. Also occurring at step 6, this modification allowed Control to be pared off from Benefits as
the latter came to be seen as clustering categories of direct advantage, e.g. Medicinal use or Stress relief. By contrast, Advantages, though subsuming Benefits, specifically captured phenomena seen as positive by users though not necessarily conferring a direct or tangible benefit, e.g. Naturalness,

> I prefer to smoke what they call ‘Bush Weed’, which yeah is outdoor pot because it has that kind of natural connotation to it. It may not be any cleaner or whatever. But yeah there is that idea that it’s more natural.  
> —Male, 35, pakeha, part-time employed, single, one child

The second theme listed under Advantages, Healthy Choice, was also initially coded under Benefits (steps 2-4) but was not spontaneously cited by participants. Instead, it was proposed to them as a comparison between using cannabis and other substances, though few agreed with cannabis use per se being healthy,

> Well I mean I hate to think it’s bad for me and like I said I’m looking at getting a vaporiser, but I think overall—yeah I wouldn’t smoke, I’d hate to be smoking [cigarettes]. Just because you’re doing it all the time, like so much more than weed. Yeah. Just seeing what it can do to you. And I don’t yeah drinking—my friend has had alcohol poisoning and stuff like that and it can do quite bad things to you.  
> —Female, 18, pakeha, student, single, no children

and

> It’s—no, it’s not a healthy choice, but my choice. Okay? It’s my choice. This is my body.  
> —Female, 40’s, pakeha, employed, married, children

Thus, while the notion of cannabis being a comparatively healthy choice has some explanatory power, this particular coding lacks cross case validity. For this reason it is not ranked in Figure 13, and tactically, provides an example of eliminative induction, where an important thematic cluster (Benefits) required interrogation to ensure its integrity and appropriate placement within the analysis. The resultant qualifying of themes associated with Benefits reduced their number, ensured the validity of this cluster and, possibly most significantly, added a critical edge to the analysis whereby participants were seen to acknowledge that their behaviour has costs, but that on balance, the advantages of using cannabis outweigh the disadvantages. This final statement progresses the analysis beyond the connection of discrete facts and the development of metaphors and constructs, to its final
phase, where a theoretical discussion capable of accommodating phenomena outside of the study per se can take place.

In order to make explicit an analysis’ conceptual and theoretical coherence, Miles and Huberman (Ibid.:262) suggest it is necessary to seek out a conceptual analogue. In so doing, a concept or theory is then grounded in a new context. This process explains patterns observed in the analysis and potentially throws new light on larger issues, as well as allowing the construct to be trained back on cases within the analysis in order to explain puzzling phenomena.

The present work’s theoretical compass was set in chapter one (sections 1.4.2-3), specifically with reference to Foucault’s (1980) notion of subjugated knowledges. Here he argues that contemporarily a hierarchy of acceptable knowledges prevails, with their apotheosis being represented by medical and scientific discursive practices, and with naïve knowledges, diminished by their lack of scientificity and thereby delegitimatized, relegated to subordinate positions. Here it is argued that the thematic patterns represented by the above analysis and summed up in Figure 13 provide an example of Foucault’s conception of such a hierarchy. And further, that the differential relations between users and their knowledge, and those processes and perceptions represented by Policy in particular and its adjacent themes, map relations of power, dominance and exclusion. When Foucault (Ibid.:85) asks, “Which speaking, discoursing subjects-which subjects of experience and knowledge-do you then want to ‘diminish’ when you say ‘I who conduct this discourse am conducting a scientific discourse, and I am a scientist’?”, he is speaking of cannabis users and their knowledge/experience, and their relationship with their reflected selves as constructed via the discourses of medicine, science, the law, policy and the media. Finally, when we review the characteristics ascribed by the above analysis to the knowledge of cannabis users, to their experience of their practice, and to their experience of societal perceptions about them, it is worth reiterating Foucault’s conceptualisation of subjugated knowledge quoted in Chapter One (section 1.4.3):

[T]hese low-ranking knowledges, these unqualified, even directly disqualified knowledges (such as that of the psychiatric patient, of the ill person...of the delinquent) and which involve...a popular knowledge though it is far from being a general commonsense knowledge, but is on the contrary a particular, local, regional knowledge, a differential knowledge incapable of unanimity and which owes its force only to the harshness with which it is opposed by everything surrounding it (Ibid.:82).
7.4 Validity: A Brief Note

Miles and Huberman (1994:262) observe that qualitative analyses “can be evocative, illuminating, masterful—and wrong.” They therefore emphasise the ‘four R’s’: representativeness, reactivity, reliability, and replicability, and further divide these into thirteen tactics for ensuring data validity and quality. As the present work is overall a mixed method analysis and, as the study’s quantitative data, in terms of method and reporting, have been discussed in chapters five and six respectively, a number of these tactics have already been deployed. *Representativeness, triangulation* and *weighting of evidence* were examined in detail in the previous chapter. Regarding more detailed ethnographic analysis, the following chapter’s choice of participants also engages with issues of data weighting (Ibid.:268), where some individuals’ contributions may be described as ‘better’ than others, and have therefore been chosen to be explored in greater depth (see also 7.2 above). Davies’ (1997b) method, i.e. where he considers the implications of signal theory for collecting data and the importance of sequencing data collection, was specifically applied with problems of researcher effects in mind. Thus, a variety of means of assuring *data quality* have already been explored.

Similarly, both the previous chapter and the present have considered examples of *outliers’ data, extreme cases* and *negative evidence*. For instance, the present chapter discussed data from the study’s sole ‘quit’ user, and noted examples of anhedonic language in a sample of cannabis users generally positive about their use. These and other atypical cases (e.g. those where the participant is known to have an extreme bias) will be explored in greater detail in the next chapter, as they represent strategies whereby conclusions about patterns may be tested by saying what they are not.

Means of critically testing a theory comprise a third cluster of validation tactics (Miles and Huberman, Ibid.:271-5). Again, some of these have already been applied to the present analysis, an example being making *‘if’ and ‘then’ tests*. In the discussion above, Control assumed theoretical significance initially through participants’ comparison of the effects of alcohol with cannabis. It was found that if cannabis users mentioned alcohol, they invariably associated dyscontrol with its effects. They then contrasted this against what they perceived as the positive effects of cannabis, encapsulated in the notion of Control. A further tactic involves seeking *rival explanations*. In the present instance, prior to completing the above discussion, several colleagues and acquaintances were invited to offer their opinions of the analysis as it is represented in Figure 13. While those involved in this ‘case analysis meeting’ were in general agreement about the analysis’ structure, an alternative to the Heterogeneous—
Homogeneous spectrum was proposed. As an organising principle the spectrum also seen to represent micro—macro processes incorporating informal illicit drug use vs the formalised use of alcohol, and the various policy positions associated with these components. This was recognized as a useful adjunct to the analysis and was therefore incorporated, as described above. An external means of seeking rival explanations, this may also be compared with the internal check of challenging participants as to their assertions regarding their perceptions of use. For example, one participant, a musician, felt his music benefited from his use of cannabis. He was asked whether this was objectively the case:

And I don’t know I can’t explain why I don’t understand it, but it just sounds so much better when you’re stoned.

INTERVIEWER: And you’re saying that like you record your stuff?

Hmm.

INTERVIEWER: And then you play it back when you’re straight and it still sounds better?

Yeah. There’s no doubt—there’s no doubt that because I’m stoned I just hear something different.

—Male, 35, Māori, tradesman, de facto, children

A final means of validation, suggest Miles and Huberman (1994:275), involves getting feedback from participants. While participants were offered the option of checking their interview transcripts for accuracy, it was always going to be difficult to get feedback from them on the analysis. This was due to ethical constraints, as it had been agreed that to protect their anonymity, no participant contact details would be retained after data collection. However, Dunedin is a small city and once again serendipity (Fine & Deegan, 1996) played a role. During the writing up of the present chapter fortuitous meetings occurred with several participants who, upon learning of the study’s progress, readily agreed to review the quantitative and qualitative analyses. As possession of this material did not implicate these participants in the study, or in any illegal activity, it was felt there had been no breach of ethical obligations. However, although enthusiastic about the analysis, participants’ feedback was not particularly critical. Of the seven participants receiving a copy of the analysis, those responding (five) described it as ‘interesting’ and ‘agreed’ with its structure and the taxonomy in general.
7.5 Summary

This chapter has sought to provide the reader with a broad view of the analysis of the ethnographic data obtained from interviewing eighty cannabis users. There have been two general aims: first, to indicate the main themes and relationships apparent in the user discourse, and second, to make clear how the process unfolded and to consider its validity.

The analysis was achieved through the application of various means, including computer-assisted coding (using NUD*IST™), word processing and graphic representation of thematic development. This process identified a large number of themes which, initially clustered into a thematic taxonomy, were subsequently grouped into more a conceptually thematic and then theoretical structure. As the analysis developed it became apparent that the major themes and resultant theoretical construct would engage closely with the research questions noted in the Introduction and Chapters Five (section 5.3.2).

That is:

i. Rather than representing a deviant population, users were broadly representative of mainstream New Zealand society in terms of their lifestyles and social preferences, for example, in terms of their wish to be otherwise law-abiding citizens, and to feel a sense of belonging in their communities. They were also seen to value rule-governed behaviour in the context of substance use, and saw cannabis as facilitating an experience which was under their control.

ii. Following from the last statement, participants considered their use of cannabis to be a rational response to their preference for using a substance for personal pleasure, and as a means to enhance their lives on a variety of planes.

iii. The notion of a heterogeneous cannabis culture emerged. This challenged both the idea that all cannabis users would recognize a singular culture of which they were part, and also the homogeneous construction of cannabis users as pathologized and marginalized.

iv. A lack of alignment between, on the one hand, the experience of cannabis users and the knowledge their experience had generated, and on the other, those discursive and structural processes constructing use and user (i.e. medical, scientific, legal, policy and media discursive practices).
Overall the participants’ expression of their experience, practices, knowledge and self-perception were seen to be congruent with Foucault’s (1980) conceptualisation of subjugated knowledges, where these represent a constellation of delegitimised experience and knowledge running counter to the dominating discursive practices seeking to ‘normalise’ the individual in contemporary society.

The chapter’s second aim, to make transparent the process by which the above was achieved, was facilitated by the adoption of Miles and Huberman’s (1994) thirteen-step template for generating a meaningful analysis. The present analysis’ twelve steps were broadly mapped onto the former. Examples of the thematic taxonomy, clusters, individual themes and developing iterations of these demonstrated the analysis’ dynamic process and its validity. A final section noted a variety of tactics used in validating the analysis and offered discrete examples of these tactics.

While this chapter has provided the reader with an overview of themes and process, the next substantiates these by examining in detail twenty representative cases, with the inclusion of findings from Chapter Six’s quantitative analysis.
CHAPTER 8.0
HIDDEN VOICES

8.1 Introduction

This chapter provides a deeper analysis of themes and constructs through a detailed examination of a sub-sample of twenty participant interviews. Key themes (Figure 14) include Deviance, Control, Rules, Meaningfulness, Diversity and aspects of policy grouped under ‘Positionality’. Participants were selected on the basis of their representing the total sample across a range of criteria determined in part by the quantitative data, but also by the subjective criterion of participants’ ability to articulate their experiences, as assessed by the researcher. Hence participants were not randomly selected. The section makes frequent use of ethnographic material, thus creating a space for participants to express the meaningfulness of their relationship with cannabis in their own terms. However, it also incorporates quantitative data, thereby meeting the requirements of a mixed method analysis as outlined in the method chapter. Prior to this extended discussion, a brief description of the sub-sample selection process and criteria is offered.

8.2 Sub-Sample Selection Process, Criteria and Characteristics

As noted in the previous chapter (section 7.2), a variety of pitfalls potentially confront the researcher in selecting cases for a qualitative analysis. While Chapters Five to Seven have argued that this study’s selection of all cases has attempted to address these problems, or identify sample skews (i.e. the relatively large proportion of daily users or those encountering legal problems; Chapter Six, section 6.2.1.4, and Table 15), the selection of a sub-sample for deeper analysis must similarly acknowledge such concerns. Further, these issues are amplified where analysis combines data modalities, as in the present chapter. Thus a tension exists in drawing a balance between applying quantifiable and qualitative criteria to the selection of a sub-group. As noted in Chapter Five (section 5.2.4), this methodological conundrum is far from resolved and neither is it the position of the present work to suggest otherwise: this is a challenge mixed methods must continue to engage with.
Bearing the above issues in mind, it was decided that to generate a sub-sample broadly representative of the study’s entire set, a range of quantifiable criteria reflecting salient characteristics of all participants would be used to vet a specific non-random selection of users. The guiding principle determining this non-random selection is inherent in the notion of qualitative data, i.e. that in any data set, certain cases will in some way provide ‘better’ data than others (Marshall, 1996). In the present case, an important characteristic sought in participants was their ability to best articulate their perceptions of cannabis-related phenomena. A second criterion saw the inclusion of participant outliers. Two of these (the sample’s only quit-user, who generally spoke negatively about cannabis, and a participant using both hedonic and anhedonic speech after the fashion discussed by Davies (1997b) were noted in Chapter Seven. These were added to by the inclusion of a Rastafarian with a potentially strong culturally embedded bias in favour of cannabis use (Hawkswood, 1983). The quantifiable criteria noted previously were deployed to counter problems associated with availability heuristics (e.g. preference for ‘vivid’ over ‘pallid’ data, elite bias) alluded to above (Miles & Huberman, 1994). These criteria are briefly commented upon and displayed in Table 25.

Chapter Six emphasised that in drug-user studies seeking to generalize from a sample, particularly a relatively small one, it is vital to be clear about whom the sample represents. Therefore attention was paid to a range of demographic criteria, with it being shown that this study’s sample exhibited characteristics comparable to those of Dunedin’s general population. These included age distribution, employment and education status, and ethnicity. For the sub-sample parenthood has been added. Chapter Six further argued that certain attributes were known of Dunedin and New Zealand cannabis users, as well as international populations. Gender ratios, rates of cannabis dependence and age of first use were relevant for such samples. The first is typically skewed towards males, while the last is consistently around sixteen years of age (see Table 15). Though varying across samples (e.g. Budney, 2006), dependence is frequently over forty percent for higher-user samples. Dependence, therefore, was considered a particularly significant criterion due to the emphasis placed upon it in medical-scientific literature, and the connotations ascribed to it in legal and media discourses, and popular culture (e.g. Cape, 2003; Blackman, 2004). Finally, Chapter Six noted certain unique attributes of this study’s total sample including its high proportion of those using daily over the last twelve months (40%), the inflated rates of arrest (25%) and conviction (21%) for cannabis offences, and the proportion of those users who were parents.
As Table 25 shows, an attempt has been made to match the sub-sample with the total sample’s proportions for each of these criteria. With some minor variations this has generally been successful. For the demographic variables, the median age is slightly reduced (from 33 to 31 years). Fulltime employed and those receiving benefits are marginally under and over represented respectively. Relative to the total sample, those completing secondary education are slightly over-represented while elementary, technical and university education proportions are marginally less. A split for age of first use into quartiles (i.e. ≤15, 16-18, 19-21, >21) suggests proportionality has generally been maintained, with the exception of range and median. The latter differences resulted principally from the exclusion of a single outlier who commenced use at age thirty. These modest anomalies aside, the sub-sample generally reflects the total sample’s characteristics.

Table 25: Comparing expected proportions of total sample (n=76) with sub-sample (n=20) across ten criteria.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Expected Numbers</th>
<th>Achieved Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male / Female</td>
<td>14 / 6</td>
<td>14 / 6</td>
</tr>
<tr>
<td>Age: Range / Median</td>
<td>18-64 / 33</td>
<td>18-60 / 31</td>
</tr>
<tr>
<td>Māori</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fulltime</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Part-time</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Student</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Beneficiary</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Education*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elementary</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Secondary</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Technical</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>University</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Postgraduate</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Parents</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Daily Use</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Age of 1st Use: Median</td>
<td>17</td>
<td>16</td>
</tr>
<tr>
<td>Dependence (lifetime)</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Law (arrested or convicted)</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

*Missing data

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200 For simplicity, numbers rather than percentages have been used. Thus the ‘Expected Numbers’ column shows numbers expected per criterion if twenty participants were chosen from the total sample of seventy-six.
8.3 Perceptions of Use and Users: thick description

The remainder of this chapter combines an analysis and discussion of twenty participant interviews, augmented by quantitative data. Whereas the previous chapter emphasized a broad description of themes, contextualizing these within the analytic framework, this section focuses on participants’ narratives. The exploratory hypotheses, briefly re-visited at the conclusion of Chapter Seven, have been adopted as a framework within which to consider user perspectives. These translate into four progressive sub-headings, each to some extent dependent on its predecessor for its explanatory power. They will be discussed in four sections, as below (and Figure 14).

1. Users as deviant, exhibiting dyscontrol: Deviancy / Control / Rules

2. Subjective meaning of use: Meaningfulness

3. Cultural heterogeneity: Diversity: benefits and practices

4. Discursive practices; dominant discourses: Positionality

<table>
<thead>
<tr>
<th>Deviancy</th>
<th>Control</th>
<th>Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>(criminality, illegality)</td>
<td>(alcohol, risk)</td>
<td>(work, parenting, moderation driving, respect)</td>
</tr>
</tbody>
</table>

\[\downarrow\] Meaningfulness

(personhood, ritual, etiquette [sharing, language, knowledge], theorizing intoxication)

\[\downarrow\] Diversity (benefits and practices)

(medicinal use, stress relief & relaxation, diversity [reflection, creativity, perspective], categorisation/subjugated knowledge [knowledge, market location, the knowledgeable user, different types of pot, the grower])

\[\downarrow\] Positionality (dominant discourses, discursive practices)

(National Drug Policy: education, treatment, enforcement [the impact of policy: risk & status, class, policy-induced harms, unintended outcomes])

Figure 14: Principal themes and order in which discussed
8.4 Deviancy, Control and Rules

8.4.1 Deviancy

The initial hypothesis posed the question: do users represent a deviant population, exhibiting lack of control regarding their use of a potentially dangerous substance? To a degree this has already been responded to, with the detailed findings in Chapter Six reiterated briefly above. In a statistical sense, the participants exhibited many demographic and clinical markers common to Dunedin’s and New Zealand’s general populations, and cannabis-using populations both in New Zealand and elsewhere. With over fifty percent of surveyed New Zealand populations having tried cannabis (Wilkins, 2002), and with use in those aged under thirty being referred to as normative (Fergusson & Horwood, 2000),\(^\text{201}\) it is arguable whether even use per se should be described as deviant. However, as Hunt (2006:84) notes, a more socially relevant statistic regarding use relates to that occurring in the previous year or last three months, which in New Zealand’s case may be conservatively estimated as being closer to twenty percent of the population between the ages of fifteen and forty-five (Wilkins, Ibid.). Therefore, if norm theory is the metric by which the extent of the present sample’s social deviancy is assessed it may be more useful to consider participants’ perceptions of agreed upon categories of deviance, for example criminality.\(^\text{202}\)

8.4.1.1 Criminality

It seems appropriate to start with the first participant interviewed.\(^\text{203}\) The third to reply to the advertisements, he was unique to the study in that he was the sample’s only quit-user, having ceased twelve months prior. He had used for twenty years, but had decided to quit after experiencing negative mental health consequences including anxiety and depression. These he attributed to his use, and in particular, as a consequence of imbibing an especially strong variety of cannabis while in Canada. His comments, mostly negative, are interesting as they represent those of an ‘outlier’ in a sample of generally pro-cannabis users. However, with regard to criminality, his position mirrored those of all participants, as his and the subsequent quote demonstrate:

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\(^{201}\) See supra note 169, Chapter Five for literature referencing a fuller discussion of the normalisation of contemporary recreational drug use.

\(^{202}\) The literature on social deviance is vast, and a detailed discussion of it well beyond the scope of the current work. For the purposes of the present discussion the following definition is offered: an act violating the norms of a particular group of people at a particular time. For a more detailed theoretical discussion, see McIntyre, L. (2006). *The Practical Skeptic: Core Concepts in Sociology* (3rd ed.). New York: McGraw-Hill. pp 161-82.

\(^{203}\) Where participants are quoted directly, they are typically described in terms of gender, age, ethnicity (self-defined by participants’ answer to Q. 66d, CUQ (Appendix II), relationship status (including children), occupation, dependence diagnosis (i.e. denoted as ‘dependent’ yes / no) and whether they have been either arrested or convicted for a cannabis offence (i.e. denoted by ‘law: yes / no’).
Well as far as if I was caught with it, I’d be pulled up before the court and some people would look in the court news in the morning and say: yes well [name] is a criminal. So from that perspective some people would think I was a criminal. But for most part I live a pretty satisfactory life without breaking the law. I don’t speed. I try and pay my parking meter. I pay my rent on time. I don’t steal from supermarkets or anything, so you know the rest of the time I obey the law, it’s just that one sector of things that’s stuck with me.

—Male, 37, pakeha, part-time student, single, no children, dependent?, law: no

and,

I’m not a criminal. I am a criminal strictly speaking because probably at least once a week except in dry times I break the law. Right now at this time of year I’m breaking the law and if I got a visit I’d be busted for cultivation. Even though I’ve only got my half a dozen plants out there, because hopefully that’s going to do me the year, but I don’t consider myself to be a criminal when it comes down to ethics and morals, I’m not hurting anybody, I’m just indulging my gardening passion and my preference to cannabis as my drug of choice.

—Female, 45, Māori, grandmother, self-employed, dependent: no, law: yes

8.4.1.2 Illegality

All users, therefore, abjured the label ‘criminal’ while willingly admitting their illegal use. They saw themselves as essentially moral people who, other than their use of an illegal drug, generally subscribed to the values of their fellow citizens. This led them to offer a range of explanations for cannabis’ illegality, commensurate with their experiences:

It’s an illegal activity. And the reason it’s illegal is because it causes damage. You know mental, emotional, physical. I suffered from depression about 12 years ago, 13 years ago when I was overseas and I distinctly remember a couple of months before getting depressed or when I was depressed I had taken some pretty serious, heavy duty skunk, And as soon as I took it, as soon as I smoked it I thought: shit this is heavy. I mean it just basically flattened me. I realised after that that I wasn’t actually improving in my mental health, I was going on a downward slide, and I think that it might have been the catalyst that actually caused that.

—Male, 37, pakeha, part-time student, single, no children, dependent? law: no

By contrast most other participants, seemingly more comfortable with their use, shied away from strictly health-orientated explanations for cannabis’ illegality. They offered a range of reasons, either merely alluding to negative consequences of use, or invoking alternative explanations, with economics often being mentioned:

204 This participant declined to answer the CUQ, possibly another measure of his engagement (or lack of) with cannabis use.
I think it is misinformation mostly. Media hype secondly. And…most of this was directed by the American government as a method of controlling Mexican immigration into Texas. And so it was like controlling the people. I think there are people in power that know that, realise that. I believe that they are aware of the economic status of it in this country and I think that until more jobs are produced and the economy works in different ways I think they will never be able to dump those people out of that green [cannabis] economy that has developed.

—Male, 31, pakeha, part-time student, single, father, dependent: no, law: yes

While these comments may appear somewhat conspiratorial, they are in fact supported by evidence, with which a number of participants appeared familiar. Many users, therefore, provided alternative explanations for cannabis’ negative connotations, thereby constructing themselves as non-deviant in a moral sense. These contrasting explanations represent an ideological function as described by Langer (1977:382) where he notes the ascription of moral validity by those indulging in stigmatised behaviour. Here the construction of alternative attitudes repudiating conventional morality minimizes the nature of moral transgressions. This reference to construction is appropriate as it also reminds us that while deviance is something often perceived as existing ‘out there’, it is actually the consequence of the interaction of humans as actors and audiences, the result of “people’s behaviour, its interpretation, and evaluation” (Pfuhl & Henry, 1993:1).

Therefore, participants’ explanations for their use of an illegal substance deflected notions of deviancy, whether these were couched in strictly moral terms, or (generally) in the broader context of health. Thus while negative health consequences were acknowledged by users, with the exception of the study’s only quit user, these were generally audited against the risks and harms of legal and socially acceptable practices, especially the consuming of alcohol, as well as against perceived benefits of cannabis use.

### 8.4.2 Control

In the previous chapter’s analysis Control emerged as a major theoretical concept. It was aligned specifically with the practicalities of using cannabis as expressed in rules. More

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206 ‘Ideology’ does not occupy a comfortable place in the Foucaultian schema as it infers that there must be some ‘real’ or ‘true’ knowledge that has been distorted for the purposes of those avowing it. In the Foucaultian project knowledge is always the product of power relations. It is therefore not possible for knowledge to manifest as ‘undistorted’. However, Foucault’s position is a contentious one, particularly for those aligned with the Marxist notion of ideology as a form of false consciousness applied to maintain the status quo in relations of production. See Sangren, P. S. (1995). “Power”
generally notions of ‘being in control’ allowed users to compare their responses to the effects of cannabis with those of other substances.

8.4.2.1 Alcohol

As Chapter Seven discussed (Figure 12 and associated text), alcohol and the lack of control it symbolised for users related to alcohol’s and cannabis’ differential effects on users as consumers, and to the broader impact of substances on communities:

I enjoy [cannabis]. And also I don’t like alcohol. And the older that I’m getting—like when I was a teenager I partied up and drank until I was spewing in the gutter and you know, had quite a few messy states, but as I get older I don’t enjoy it, I don’t like the feeling of getting drunk. I don’t enjoy the feeling of slowly losing control of what I’m saying and what I’m doing, because with alcohol the more you take, the worse you become.
—Female, 25, pakeha, part-time teacher, de facto, law: no

and,

I mean all you have to do is look in the court news any given day. People who are being had up for cannabis, they’re being had up for supply, for possession, for smoking. People who are being up on drunk charges they’re up on assaults, they’re up on murders, they’re up on car crashes - compare the two. What’s more harmful? I mean to me it seems like a basic, basic fact.
—Female, 37, pakeha, home-maker, de facto, parent, dependant: no, law: no

Thus, for many users the choice of cannabis represents a rational choice compatible with their preference for a controllable experience of intoxication. Theoretically the contradistinction between the effects of alcohol and cannabis and their respective meanings for consumers is interesting in the light of Sulkunen (2002) calling for a reflexive theory of intoxication. However, in positing the drug experience as a translation of the tension between culture (social/understood/ordered) and nature (natural/unsaid/nameless) he privileges a particular drug experience (drunkenness) from which he attempts to generalize the meaningfulness of intoxication (Sulkunen, Ibid.:266). But with various drugs providing users with different effects, and with these differences mediating users’ choices of intoxicant, it is arguable whether a unified generalization is appropriate, an issue subsequently discussed (section 8.5.4).

against Ideology: A Critique of Foucaultian Usage, Cultural Anthropology, 10(1), 3-40. In the present instance ideology is used within the context of deviance theory. See also McIntyre (Ibid.:102).
8.4.2.2 Risk

The subjective meaningfulness of intoxication returns us to control. For participants, control’s salience was not solely in response to the effects of alcohol but was also commonly aligned with their self-perception. As individuals many avoided uncontrollable or risky experiences. This is consistent with the argument that contemporary health policy’s impetus to encourage the responsible risk-averse citizen is also reflected in the choices drug takers make, whereby users differentiate between use and abuse, with the latter condemned as much by users as by abstainers (Hathaway, 2004:560). Hence, as Chapter Seven argued, the concept of control reflects participants’ experiences with cannabis on a personal, experiential dimension as well as on an ontological one:

I mean I’ve been drunk many times myself too, and it’s a completely different feeling. Like when I’m drunk I’m not in control. The morning after I look back at things I did and think: oh my-gosh, that wasn’t me. But with weed it’s different, I won’t do anything that I really don’t want to do. And I’m more cautious I think.
—Female, 18, pakeha, student, single, law: no

and

I’m a cautious sort of a person, so when I started using as a teenager back there in ‘75, what I did was I found out as much as I could about different kinds of drugs, different substances, and I made informed choices about what I would use and what I wouldn’t use and also by reading, by talking to people, by observing the people around me.
—Female, 45, Māori, grandmother, self-employed, dependant: no, law: yes

Further, the notion of control was also applied by users in a gatekeeping sense as a means to guard against the knowledge of their use reaching those individuals and institutions in the community that might not respond favourably. However, while some paid only lip service to the stigma of use, others went to extreme lengths to protect their identity as users:

I’m quite a regular user and it’s something which I feel that I shouldn’t have to be ashamed of doing. I feel that I’m happy for people to know that I use cannabis…just like I’m not trying to hide the fact from anybody. Really.
—Male, 21, pakeha, student, single, dependant: no, law: no

and

I make people very aware that nobody is to come to my house unannounced. And we’d never go to anybody else’s house unannounced. I would never want anyone
to come to my place unannounced and the people that know me, know that. And it’s the same reason I’ve got an answering machine—I like to screen my calls.

—Female, 46, pakeha, mother, separated, dependent: yes, law: no

In the second quote, the participant, a well-educated and travelled mother of two pre-teen children, had used for twenty-eight years. Despite this her parents and many close friends were unaware of her use. And, though ‘not a big smoker’, she remained determined to guard her ‘reputation’. Collectively, therefore, on a personal level as well as in the broader circumstances of one’s life, the notion of control mediates strategies for managing one’s identity, interactions and behaviour in the context of the cannabis experience. Thus some users hide their use and others do not. All of them, however, reject the moral legitimacy of the claim that they are deviant and should be stigmatised for their use. To some extent, the degree to which they are successful in this is mediated by users’ social location (e.g. income, class, ethnicity, education etc.).

8.4.3 Rules

Users’ aesthetic preference for a controlled drug experience has its practical corollary in rule-governed behaviour. As indicated above, and as assessed quantitatively in Chapter Six (sections 6.3 - 6.3.2) and thematically in Chapter Seven (i.e. Figures 9 and 12), the users in this and other studies (e.g. Becker, 1967; Hathaway, 2004; Reinarman & Cohen, 2004; Reinarman et al., 2004) exhibited a diverse range of rules governing numerous aspects of use. Many of these may be encapsulated under the themes of ‘safe use’ or ‘propriety’ practices (Reinarman & Cohen, Ibid.:14-17), although the present analysis offers a more diverse taxonomy, locating rules in three general categories of user culture—Patterns, General and Harms, as well as specifically under Rules (Figure 13). Some phenomena are less explicitly rule-governed and/or more broadly social, as is the case with a number of the themes listed under Patterns and General. However, there are other aspects of use which relate directly to individuals’ social action or which impact personally on the user. These are more likely to be explicitly associated with Harms and Rules, particularly where these intersect with risk. These latter two categories are considered initially.

As discussed, the cannabis users in this study audited their behaviour against a backdrop of benefit/risk. Hathaway (2004) and Williams & Parker (2001) comment that this auditing reflects a style of contemporary recreational drug taking in which users make reasoned choices by factoring risks to “health, getting caught, and work or school performance”
Risks, therefore, though more frequently perceived as individual than societal, may be usefully categorised as harms associated directly with use, such as those classically comprising much medical discourse on cannabis use (e.g. Arsenault, Cannon, Poulton, Murray, Caspi & Moffitt, 2002; Caspi et al., 2005; Melamede, 2005; Poulton, Moffitt, Harrington, Milne & Caspi, 2001; Taylor et al., 2002) or risks associated with the policy consequences (typically legal) of use, often described as secondary harms.207

8.4.3.1 Work

Nevertheless, while all the study’s participants both recognised the risks/harms they faced and had rules for use reflecting their awareness of negative consequences, when asked directly if they had rules, twenty-five percent replied they did not. Despite this, as in other studies (Reinarman & Cohen, 2004; Hathaway, 2004), more open questioning indicated the universality of users’ rule-governed behaviour, for example, regarding work:

Well it’s a bit like people with alcohol, I mean you wouldn’t go to work drunk. I don’t go to work stoned. It’s that smoking pot is an at home or with a group of friends in the weekend thing, it’s not something that I do to go and work. I don’t believe that you should ever go to work stoned. Just like I would never go to work drunk. I just don’t want to be seen as a pothead teacher I suppose, it wouldn’t be ethical to go to school stoned.
—Female, 25, pakeha, part-time teacher, de facto, dependant: no, law: no

However, while forty-six percent of the total sample identified using at work as inappropriate, for some, this rule was mediated by the type of work and the potential consequences of using at that time:

Generally not, depending on the type of work I’m doing…I just don’t think it’s good to mix work and pleasure with any sort of substance really…especially when I was a roofer for example, a scaffolder, you know, you don’t want to be doing that when you’re ten floors up on a thin piece of steel tube. I knew people who were stoned on jobs like that, but I just didn’t really want to do that.
—Male, 31, pakeha, part-time student, single, father, dependant: no, law: yes

207 It should be emphasised the notions of ‘risks’ discussed here reflect users’ perceptions, and hence are focused on the individual’s comprehension of risk/harm to which they are exposed as consumers. The discussion of risk occurring in medical and policy literature / research generally relates to risk factors conceived as predictive and causative regarding illicit drug use and problematic use, typically not incorporating users’ perspectives. MacCoun and Reuter’s (Ibid.; supra note 77, Chapter Two) analysis, which recognizes four categories of harm: health; social and economic functioning; safety and public order; and criminal justice, represents a broader analysis. For a useful review and critique of formal risk studies see Rhodes, T., Lilly, R., Fernandez, C., Giorgino, E., Kemnessis, U., Osenbaard, H., et al. (2003). Risk Factors Associated With Drug Use: the importance of ‘risk environment’. Drugs: education, prevention and policy, 10(4), 303-329. Regarding risk as socially constructed, see Krimski, S., & Golding, D. (Eds.). (1992). Social Theories of Risk. London: Praeger.
Contrarily a second participant, employed at the time of his interview as a scaffolder, freely acknowledged using while working, estimating that up to seventy percent of his workmates might be similarly affected. He also admitted using during previous employment:

I used to work in a child care centre, and I used to get stoned when I was there—which I feel very bad about because I know this child care centre and I didn’t ask to work there but I kind of got made to work there cause I wasn’t doing anything else with my life and I feel really bad that I was stoned there because it’s illegal and so many people perceive it as being a terrible thing to be stoned around children, but it really enhanced the way that I got into the job and I just had a ball doing all sorts of things with them which I knew I wouldn’t have wanted to do if I was straight.

—57,24:Male, 22, pakeha, scaffolder, de facto, father, dependent: yes, law: yes

This quote raises a number of issues central to the present study and to the phenomenon of cannabis use in general. It reflects the ambiguities and diversity surrounding use and its perception, with the speaker admitting his guilt in response to how he might be perceived, yet simultaneously recognizing what he considers a benefit of using in this context. His language is also of particular note as it reflects a style of drug user discourse described by Davies (1997a:56) as ‘Type 2 discourse’, characterised by its unstable and contradictory nature. Hence this participant’s presence is significant for the following reasons. First, he is the sub-sample’s second outlier, being the only current user to frequently speak negatively about his use, thus offering possibilities of contrasting perspectives on common themes. His presence in the sample also emphasises that the majority of participants expressed perspectives positively aligned with cannabis use. This positionality needs to be borne in mind when considering arguments in favour of the sample’s representativeness and the possibilities for generalising this confers.

In concluding these observations about work, although the majority of participants either avoided use at work or were ambivalent about it, a few enjoyed the experience, even using with the knowledge of their employers:

The last job I worked for, she was full on mate. You started work at half seven. I had to be there by twenty past to get the knives [for “spotting” cannabis] set up you know. And then there was another sess [session] at 10, another sess at 12. Go back to the boss’s house and have a sess up there. And he used to supply.

Davies notes six speech styles into which user discourse may be ‘boxed’. He describes ‘Type 2’ as critical because “at this point the person has to decide whether to proceed to box 3 (often by deciding to seek agency contact) or to reimpose control and return to box 1” (emphasis added).

INTERVIEWER: And that didn’t undermine your work? You weren’t sort of painting over the windows or…?

No. No-no-no, not at all…we did a lot of work for millionaires at that time, and I think it was just because we were so picky and so fussy and if that line wasn’t straight we’d keep doing it until it was straight. And these millionaires were into that and they liked it. They liked the fact that if they got stressed out at their job, they could come round and have a smoke.  
—Male, 35, Māori, tradesman, father, dependent: yes, law: yes

Of note in this last quote is the reference to the participant’s high status employers, providing further support for claims of cannabis use as a normative experience in contemporary New Zealand culture (Fergusson & Horwood, 2000). He also describes their use of it as a de-stressor, and issue discussed below (section 8.6.2). Thus rules concerning cannabis and work were mediated by a variety of factors including personal preference, risks associated with work, notions of ethics and attitudes of colleagues. This variety reinforces the concept of a heterogeneous culture of use.

8.4.3.2 Parenting

Likewise, the rules parents described were similarly varied, though only one admitted to imbibing in the presence of young children. For example, some had clear rules about their use while others responded to partners’ preferences. Still others would make an effort to not smoke in front their children, but sought to avoid unnecessary focus on their behaviour should they be discovered:

[B]y the way I don’t smoke in front of my children, you know they never actually see it, they wouldn’t know what it is if you chucked it on the table in front of them.  
—Male, 31, pakeha, part-time student, single, father, dependant: no, law: yes

and,

I smoke outside anyway. But if they come out I’m not going to go: oooh. Hide it behind my back…because I think once again if you go back to hiding it, it would be a way of saying you’re doing something wrong.  
—Female, 24, pakeha, student/part-time work, married, mother, dependant: no, law: no

210 Not included in the sub-sample.
8.4.3.3 Moderation

In the present chapter Moderation is aligned with Rules due to this style of use being governed, for some users, by certain conventions, as the quotes below suggest. However, in the previous chapter it was grouped under Patterns in the thematic taxonomy (Figure 13). This is because it was neither hugely significant as a theme nor were opinions about it consistent. Users did, however, identify the benefits of Moderation, with a variety of concerns, e.g. safety, commitments, etiquette and pleasure, signalling use should be reduced or would be inappropriate:

I don’t put too much in, because I don’t like having too much. Like it can make you cough and stuff like that, so I don’t know, I’ve sort of just got it down to what I feel comfortable with, like I know when I look at it and see how much smoke is in it, just how much I want.
—Female, 18, pakeha, student, single, dependant: no, law: no

and,

There are certain activities where it shouldn’t be used I think. Like an example could possibly be sport, if you smoked a little too much while playing sport you could easily get distracted by something I guess and not be focused on what you’re doing. But definitely there are situations where you know yourself you shouldn’t use it.
—Male, 21, pakeha, student, single, dependant: no, law: no

8.4.3.4 Driving

Rather than totally proscribing use in some situations, many users would reduce consumption or wait until the effects had subsided to a point where they could safely carry out their chosen activity, as with driving. Of those in the total sample who drove (95%), all but four acknowledged some use while driving (i.e. of drivers, 95% did some driving affected by cannabis only, while 38% also did some driving in combination with cannabis and alcohol). However, as the participant quoted in Chapter Seven noted, most recognized their impairment and claimed they chose to wait until feeling capable of driving safely. Others admitted to no longer driving while affected, while for some the experience was altogether too much:

I did once, in the snow, just for an experiment on a forestry road and it was bloody exciting. But it scared the shit out of me…and every now and again I’d look at my bloody speedo and I was going much, much slower than I thought I was. And then later on I looked back at my tracks in the snow and they were as straight as bloody die.
—Male, 60, pakeha, retired, separated, father, dependant: no, law: no
8.4.3.5 Respect

Respect for the perspectives of nonusers was also commonly mentioned, and mediated decisions to use or not:

It’s like religion. It’s okay that they believe in what they believe in as long as they’re not forcing me to believe in it then I’m okay with it. It’s the same with marijuana use. They might have certain beliefs about what it is and how it affects people...I’ll respect them for that. I’d never try and sway anybody’s judgement because everyone has had different experiences with it.

—Female, 24, pakeha, student/part-time work, married, mother, dependent: no, law: no

Underlying notions of Respect was also the awareness that use is illegal and has harms. Thus Respect by users was often expressed by their decision to use in a particular part of a house, something commonly discussed before using. For this reason, Physical Space is closely associated with Respect in the thematic taxonomy (Figure 13), and is grouped under Rules rather than Etiquette. However, while applying exclusory rules to their use, participants commonly recognized that their respect for nonusers’ preferences, was not necessarily reciprocated, particularly by those hostile to their use:

Whereas people who don’t smoke pot are quite often not accepting of people who do smoke pot, it doesn’t seem to work the other way around.

—Male, 31, pakeha/Māori, unwaged, de facto, dependent: yes, law: no

8.4.3.6 Section Summary

In agreement with both Hathaway (Ibid.:574), and Reinarman and Cohen (Ibid.:18), users deployed a range of rules in response to perceived harms and risks associated with using cannabis. While these were frequently exclusory, many were situational—for example the decision to use or not at work being mediated by both the type of work and the attitudes of one’s workmates and employers and/or out of respect. Similarly with driving, where the evaluation of levels of impairment determined choices. Taken collectively, therefore, it is proposed that for the users in this study the various themes associated with rule-governed behaviour may be grouped under the notion of rules being deployed to reduce social dysfunction. However these descriptions of user behaviour are functional in the most prosaic sense. To gain greater insight into user perceptions we need to engage more fully with notions of meaning, whether these be ‘functionalist’, à la Malinowski (1960), or reflexive, where the act and experience of intoxication take on more symbolic implications in the construction of the self.
8.5 Meaningfulness

The ‘meaningfulness’ discussed here is at the core of the present study, engaging as it does with the subjective meaning of use to users. Thus Personhood, Ritual and Etiquette, and the adjuncts Sharing, Language and Knowledge are discussed. These will then be recontextualised through a discussion of how intoxication may be theorized. This is necessary as despite the focus of preceding sections on behaviours, the use of cannabis or any psychoactive drug ultimately entails an experience rather than merely being confined to actions. As this discussion will argue, intoxication is historically an undertheorized notion, relying significantly on the assumptions of prevailing and pathologizing discourses.

8.5.1 Personhood

Participants frequently reinforced the notion of the ordinariness of their behaviour by suggesting that using cannabis was just something they did, that it was necessarily not central to their self-perception. This concept of Personhood represented the starting point for most interviews, which would typically commence with the open-ended question: What does it mean to you to be a cannabis user? In response, the sample’s only quit user felt cannabis had not been hugely important for him:

> It was never really a significant thing for me in my life, but it didn’t have a lot of benefits to it.  
> —Male, 37, pakeha, part-time student, single, no children, dependent?, law: no

The idea that cannabis use was not a defining feature of them, was also held by participants with more positive views of it:

> It’s not a primary definition for me, it’s something that I do and I guess depending on the season takes a bit of my time and energy.  
> —Female, 45, Māori, grandmother, self-employed gardener, dependent: no, law: yes

Others readily admitted to seeing cannabis as a significant component of their selfhood:

> Uhm, just because I spend a lot of my time using it with my friends and it’s just a big part of my life and I enjoy it and I don’t want to feel badgered when I’m around people that don’t like it. It sort of adds to my life rather than anything else.  
> —Female, 18, pakeha, student, single, dependent: no, law: no

Still others saw cannabis use as something they presently enjoyed but which they might move beyond as they matured:
Perhaps you know you’ve caught us at this age where we are smoking…perhaps marijuana smoking is a rite of passage—I can see myself growing out of it. Like eventually I’m just going to go: oh I can’t be bothered.
—Male, 21, pakeha, student, single, dependant: no, law: no

In various ways each of these quotes reinforces the argument that in contemporary New Zealand society, as elsewhere (for example Hathaway, 2004), cannabis use is unremarkable, i.e. that it is neither necessarily a major focus of users’ lives (Duff, 2004; Hammersley, 2005), nor is use per se a matter for concern. Rather use might function as a social marker whereby drugs have become symbolically important consumer items for the display of ‘youthfulness’ (Furlong & Cartmel, 1997; Sulkunen, 2002). In this case there should be little surprise at the congruence between the last quote and Rhodes, Lilly, Fernandez, Giorgino, Kemmesis, Ossenbaard et al’s (2003:319-320) discussion of drug use as an emerging ‘rite de passage’ paralleling the decline of more formal rites such as economic independence, starting work, and marriage.

Paradoxically, while the rite of passage might accommodate a youthful enthusiasm for drug taking, it should also recalled that in most cross-sectional studies referred to in the present work, the median age of users is in the early thirties, with careers extending twelve to fifteen years. While for many, use ceases with age, for some of those continuing, if use is perceived as a rite of passage it is a long one indeed. Of relevance here may be noted contemporary societies’ extended transition from adolescence to adulthood, the confusion accompanying this unclear voyage and the exploitation of youth for the ‘adult cult of youthfulness’ (see also Berger, Berger & Kellner, 1974; Sulkunen, Ibid.:269). This extension of youthfulness is further bolstered by the propensity for youth culture to become isolated from the ‘adult’ world (Furlong & Cartmel, Ibid.:73). Of course not all these phenomena are necessarily associated with drug use, nor is the pursuit of ‘youthfulness’ a necessary motivation of the user. However, Reinarman and Cohen’s (Ibid.:19, italics original) argument remains, i.e. that “whether laws normalize or criminalize it, cannabis use is a cultural practice, and to be fully understood, it needs to be viewed as such”.

Finally, although having noted that for many, use may be unremarkable and unproblematic, the discursive style evidenced in the above quotes does not capture the entire range of experience nor the confusion surrounding more ambiguous relationships with cannabis...
experienced by some users. Here Davies’ (1997a) typology of speech styles is instructive. For example, the above quotes (whose style may be characterised as non-contradictory and purposive) may be compared with that of childcare worker (see above in Work, section 8.4.3.1). The latter’s concerns, over his use at work and how cannabis is impacting-on his life, are reflected in his contradictory and ‘mixed purpose’ speech. Interestingly, of the five participants referenced here, he was the only one diagnosed as dependent via the CUQ.

8.5.2 Ritual

In this context of cultural practice, as with all humans, drug users share the need for social interaction, identity and solidarity. For many users, therefore, group drug use is a means by which these may be facilitated (Grund, 1993). Hence the significance of ritual, during which group activity is highly focused. However, while Grund’s (Ibid.) ethnography of Rotterdam heroin and cocaine users provided many examples of drug use as a ritual practice, in the present study ritual appeared less evident to both the researcher and participants:

A lot of it is not so much ritual as etiquette. Like you know that this is the way you pass the joint, this is how you take a toke on a joint.
—Male, 21, pakeha, student, single, dependant: no, law: no

It is likely that this informality surrounding consumption reflects differences between cannabis and so-called ‘harder’ drugs whereby users of the former are not suffering the same physical compulsion to use, nor are the consequences of getting caught so serious. And, neither are the means by which they imbibe as complicated or risky as those of intravenous drug users. In this sense ritual practice is more likely to resemble daily encounters, i.e. the habitus of Bourdieu’s (1990:11-12) “practical mastery of the world’s regularities” than the formal ritual of Durkheim (1971), or those commented on by Armstrong (1990), Douglas (1966; 1992) and Goffman (1984; 1990), who acknowledge ritual’s formative power in our daily lives. Thus, in New Zealand, as elsewhere, our significantly secular existence allows that people habitually engage in ‘ritual’ activities that are remarkable only for their ordinariness—pleasantries with colleagues, the coffee or cigarette break; activities that place one socially and temporally, that affirm the meaningfulness of our social relations. Hence there should be no surprise that for users, the subdued nature of ritual is unremarkable. Even Grund (Ibid.:110) observes that for users, rituals are normally neither explicitly defined nor discussed by participants. This being said, and in accordance with Grund’s (Ibid.:116)
observations, the most explicit social rituals noted by participants revolved around the sharing of drugs:

You know if you grab a bag and you give it a wee squeeze and you feel the density of nice buds: oh yeah, nice buds! You’ll smell it—all of this is...really just ritual because it’s everyone having their say on the type of pot one person has and they haven’t. And in that first few minutes [they] will compare, they’ll talk about stuff.
—Male, 34, pakeha, unwaged, single, dependent: yes, law: no

There are times, however, when ritual’s binding effect, the strong mutual focus of attention and clarity of purpose in the roles of all concerned, combine with shared emotion to produce a powerful group experience:

And I like to be the spotter because I’m really pedantic about it and I like to make sure everybody gets the same sort of size [of spot], everybody is in turn and I just don’t want anybody to think that someone is having more: well that spot was bigger than mine...well I just sort of believe that if you’re going to smoke pot then you smoke pot to get stoned. I just don’t like people missing out. And that can even come down to like people getting confused on whose turn it is and skipping someone. That’s why I like to drive you know, that’s why I like to be the spotter so I know no one is going to miss out and I know that everybody is going to get the same and there’s even things like arranging your spots, you know, that one is a bit bigger so I’ll put that one over there, and put that small one over here. And - like the most I’ve ever done has been like 30 people. All in order. And I always knew whose turn it was.

INTERVIEWER: Were you having a spot at the same time?

Yeah. The spotter always goes last.

INTERVIEWER: So you weren’t affected to the extent that you couldn’t remember the order?

No. No not at all. Because that would be unfair.
—Male, 35, Māori, father, tradesman, dependent: yes, law: yes

8.5.3 Etiquette: Sharing, Language and Knowledge

Along with knowledge of ritual, that of user etiquette observed in sharing and group use situations further locates the significance of cannabis in the lives and self-perceptions of users. However, the relative informality noted previously has prompted some (e.g. Wishnia, 2004:100) to suggest that cannabis etiquette is more a matter of morality than ritual, and that it may be distilled down to three basic rules: do not be rude; share and share alike; and, do not do or say anything that will get someone arrested. As previously discussed, e.g in relation to
respect, some etiquette is even directed at non-users. Much, however, is implicit in the subtle interactions of group use:

[O]ften depending on how someone rolls [a joint] the first hit is the papery bit at the end that someone has twisted round, so it’s not as good as the next [portion]! So my ritual I start it, I smoke that first papery bit and then I hang on to it and just carry on for another little bit and then I pass it round.
—Male, 29, pakeha, teacher, single, dependent: yes, law: no

The results of sharing cannabis may be appreciated on multiple dimensions, not only increasing one’s chance of benefiting from reciprocity, but of also enhancing individual and group experience, with the resultant pleasure potentially being further amplified by the drug effect itself:

Whereas I think actually sharing communal weed, you feel better in yourself and being high you actually feel better as well. Even better. And everyone feels good. And it’s good. And it’s kind of you know, what goes around, comes around, and if you share yours you know that they will share it back.
—Male, 20, pakeha, student, single, dependent: yes, law: no

Shared experiences are reflected in the knowledge accumulated through use (e.g. Becker, 1967:167), where the novice user matures, gaining insight into appropriate comportment in terms of actual using situations, for example where a specific style of consumption is expected and a common language adopted to facilitate safe use:

‘Noah’s Ark’—everyone goes two-by-two. And that’s one where you might do two [spots] in a row. And people will be sitting on the outside listening to us talk and have no idea really. Because we don’t use obvious ones like ‘spliff’ and ‘Marley’.
—Male, 34, pakeha, unwaged, single, dependent: yes, law: no

Similarly, beyond a using situation, a knowledge of the broader culture is demonstrated:

As I said before about some of those learning experiences, sometimes you don’t know—I mean you know, asking a fully tattooed, dreadlocked Mongrel Mob member if it’s okay to buy ganga off him, it’s a bit of a risk. You don’t know whether you’re going to get the: yeah sure. Or you’re going to get a smack in the head.
—Male, 33, pakeha, DJ, divorced, dependent: yes, law: no
8.5.4 Theorizing Intoxication

The following discussion forms a necessary detour from, and a critical recontextualizing of the more descriptive dialogue preceding it. The aim is to problematicize theories of meaningfulness as applied to intoxication. This is important as, despite attempts to free intoxication from its limited theoretical development (e.g. Sulkunen, 2002), theories of intoxication remain framed by notions of pathology and constrained by a failure to differentiate between different substances’ affect, their effects and the relevance of these for users.

8.5.4.1 A Functionalist Perspective

The preceding discussion of users’ self-concept, rules, rituals, etiquette, knowledge, language and experience reinforces Reinarman and Cohen’s (2004) position that the phenomena of cannabis use represent a cultural practice. They also coincide with Malinowski’s (1960) ‘functionalist’ description of culture as an adaptive, ends-oriented mechanism, by which external needs (biological and physical) and internal needs (the harmonizing of conflicting needs and aspirations) are met. This has previously been documented in drug user studies, e.g. Grund’s (Ibid.:109-110) analysis, where he argues the need for drugs drives the drug subculture, with users’ response to prohibition and the stigma attached to use thwarting their participation in conventional social structures, thereby reinforcing involvement in the subculture. While cannabis users appear less marginalised than ‘hard drug’ users, as is the case in Grund’s (1993) study, the need for interaction, solidarity and harmony around drug use promotes the development of rules, ritual and etiquette to ensure drug user needs are met.

As Sulkunen (2002:257) observes, however, functionalist theories tend also to either reduce substance use practices to ‘affect’ or neglect intoxication outright, these proclivities being particularly evident in policy discourse. Along with others he also notes the focus on alcohol and problems of dealing theoretically with functional equivalents (Hugh-Jones, 1995; see also Rhodes et al., 2003; Rudgley, 1993, and Chapter One’s discussion, section 1.2; Sulkunen:Ibid.:253-7).

8.5.4.2 Reflexivity and Symbolism

In response to what he perceives as functionalism’s analytic limitations Sulkunen (Ibid.:261) proposes, following the ‘semiotic turn’ in cultural sociology in the 1980’s (e.g. Bourdieu,
that a focus on the cultural meaning of substance use rather than its norms and functions would provide greater insight. Here, human conduct is not merely observable as objective fact; it is interpreted and thereby given meaning by the agents involved, and therefore classified, explained and interpreted by them (Sulkunen, Ibid.). Agents make conduct meaningful and, as argued in Chapter One (section 1.4.4), the construction of this meaning is participated in by researchers (see also Armstrong, 1990), whose ‘subjectivity’ informs their analyses.

The subjectivist or ‘reflexivity problem’, Sulkunen suggests, may be countered by ‘structuralist’ analyses as these avoid individual cultural accounts in favour of collective cultural representations. This is because for structuralism, culture’s ‘reality’ inheres in relations between individuals. Thus a collective representation of substance use, e.g. an alcohol advertisement where social relations around the use of alcohol are characterised, is “automatically corrected against all sorts of subjective biases introduced either by the subjects themselves or by the researcher” (Ibid.:263).

Despite acknowledging challenges to this view, including Bourdieu’s (1980; cited in Sulkunen, Ibid.), for example that in media messages, meanings are produced by consumers, Sulkunen settles on a structuralist analysis. He does this by invoking Bruno Latour’s (1993) argument that this seeming ‘instability of meanings’ (the chain of interacting, competing meanings, resulting from participants’ and researchers’ interpretations) should be accepted. In defence of this position, we might recall the contested medical-scientific discourse surrounding cannabis harms discussed in Chapter One (sections 1.3-1.3.2).

In theorizing intoxication, Sulkunen (2002) seeks to avoid both its neglect and its reduction to a unidimensional and complete idea, which would fail to account for shifting cultural meanings. In so doing, he proposes that as a transgressive act/state, intoxication ‘translates’ the tension between culture and nature, a role structuralist anthropologist Claude Lévi-Strauss (1964) ascribed to myth. Being cultural products, myths articulate the human relationship

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between culture and nature, characterised as ‘progressive’ from nature to culture and
‘regressive’ from culture to nature (including the world of objects such as food—
cooked/progressed vs rotten/regressed): “the temptation to regress to a state of nature through
what is forbidden and dirty…is always present” (Sulkunen, Ibid.:267).

Sulkunen’s approach allows him to present intoxication/drunkenness as a transgressive
experience in the tension-filled space between culture and nature: the transition to
drunkenness implies an awareness of departure (regression) from the ordered social world of
culture into a state whose extreme boundary is neither ordered nor describable (Ibid.:266-7).
In Nordic societies, cultured, tuxedo-clad men revisit the torturous path from childhood to
adulthood in a drunken haze, while “even for girls, the natural consequence of drinking was to
become helpless: emotionally disturbed, vomiting and sick” (Ibid.:268).

This analysis, though arguably more nuanced than its functionalist cousin, lays itself open to
certain criticisms. We may accept that culture is a collective representation of humanity’s
imposed order on the world; perhaps more accurately, our perceptions of the representation of
imposed order. However, while Sulkunen argues that collective representations of
intoxication—as seen in “films, fiction and everyday narratives of ordinary people”
effectively portray values and beliefs about collective “identities, social relationships and self-
images” (Ibid.:266-7), the question remains: whose perceptions are being portrayed, and
which substances?

In addressing the first portion of this question, we are confronted with evidence that the
predominating cultural representations of intoxication are generated by mainstream society,
either in the form of advertisements (almost exclusively for alcohol, e.g. Sulkunen, 1998) or
in films. These representations are frequently for commercial consumption and thereby
reflect the dominating discourses surrounding intoxication which, as Cape (2003) notes,
particularly in relation to filmic representations of illicits, “continue to transform
commonplace and unexceptional human activity to that of deviant behaviour which supports
and feeds the current political ideology of the ‘war on drugs’” (Ibid.:169). This is a major
source of difficulty for a structuralist examination of substance use claiming to avoid the
problem of subjectivity by favouring analyses of collective representations over those
incorporating individuals’ perceptions.
Of note also in Sulkunen’s analysis is the preceding reference to gender. While intoxicated men enter the “virile world of the drinking boys”, their experience thereby representing “raw masculinity and youth” (Ibid.:268), women—characterized as ‘girls’—become emotionally and physically ill. Again, the ability of structuralism as deployed by Sulkunen (2002) to produce objective and multi-dimensional studies of subjective human experiences by relying on ‘collective representations’ must be questioned. By contrast, Room’s (1996) assessment of gender incorporates a multiplicity of roles, each with their meaning, and also comments on gender’s cultural specificity. He notes, for example, Honkasolo’s (1989) study of Finnish female factory workers’ drinking parties and the ritualised role of controlled alcohol use in combination with an elaborately prepared meal.217

A further problem concerns Sulkunen’s failure to differentiate—or theorize a difference in—the meaningfulness of consumers’ choices of different substances. In part this may be a consequence of a reliance on studies examining intoxication through the lens of alcohol, though to be fair, Sulkunen (Ibid.:260) does reference the use of illicits (though ‘functionally’, in the context of weekend de-stressing by ravers). Interestingly, in a turn away from collective representations, he also notes one study documenting a new sensibility in alcohol use,218 where middle-class individuals and groups identify their preference for an “awareness of self-control, style and individual freedom” (Ibid.:269). These examples, however, neither accommodate the range of alternative substances available to contemporary drug takers, nor actively engage with the symbolic implications of users’ alternative choices.

Neither is there reference to historical and cross-cultural examples of the use of alternative substances as considered in Chapter One (section 1.2.5) where the notion of entheogenic use (e.g. Tupper, 2002b) was examined. As is discussed in the following section, for users the meaning implicit in alternative substances might also have a functional or symbolically transcendent significance, rather than being solely a means to resolving a cultural tension between developmental social poles. This culturally-transcendent meaning imparted by intoxicating substances is particularly evident where the ‘affect’ of certain drugs is recognized by discrete groups of users, whether in the context of the new wave of substance use (Parker

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217 In this example, the female participants exclude their male partners, ‘buying’ their absence with a gift of a bottle of spirits, while each also contributing a bottle to their gathering. See Honkasalo, M.-L. (1989). Have the wives over for a sauna when I go out with the men! In E. Haavio-Mannila (Ed.), Women, alcohol, and drugs in the Nordic countries (Vol. 10, pp. 76-96). Helsinki: Nordic Council for Alcohol and Drug Research. Cited in Room, R. (1996). Gender Roles and Interactions in Drinking and Drug Use. Journal of Substance Abuse, 8, 227-239.
et al., 1998; Williams & Parker, 2001) or that of more traditional substances whose use may even be aligned with contemporary research goals (e.g. psilocybin, see Griffiths, Richards, McCann & Jesse, 2006).

Overall, these lacks are significant as Sulkunen notes specifically (Ibid.:254-5) that substances have distinct physiological effects—yet he fails to explore the implications of potential differentials. This is doubly curious given his invoking Bourdieu, who emphasises the relevance of strategies, and especially the practical role of ‘taste’ as a system of classificatory schemes, where it transmutes “things into distinct and distinctive signs…it raises the differences inscribed in the physical order of bodies to the symbolic order of significant distinctions” (Bourdieu, 1984:174-5).

8.5.4.3 Section Summary

Ultimately, Sulkunen’s (2002) analysis is productive in the sense that it provokes one to think beyond the functionalist plane. Yet it is simultaneously problematic as, by positing intoxication as a regression from culture it regurgitates, however implicitly, a singular vision of the meaning of affect/use, and one that could be interpreted as pathenogenic. His constrained notion of intoxication, and by broader implication substance use, is difficult to accommodate in light of the preceding discussion. This is especially so when this chapter’s earlier sections are recalled, particularly where arguments for self-control and rule-governed behaviour are concerned. Similarly, the examination of personhood, ritual and etiquette indicated how cannabis language, knowledge and experience informed users’ self-perceptions. This can be better appreciated by returning to the perceptions of individual users—“I insisted asking informants the question why” (Bourdieu, 1990:20)—and in particular a notion which captures both a diversity of practice frequently unacknowledged in the characterisation of drug users, as well as an aspect of use that is all but denied: the benefits of using cannabis.

8.6 Diversity: Benefits and Practices

As has been argued throughout, predominating discourses typically offer a pathologized depiction of cannabis use and user, unsurprising given the medical (especially clinical and epidemiological) and legal (e.g. Manderson, 1994) foci of these, and their refraction through
popular media including news and court reports (Goode & Ben-Yehuda, 1994), and film (Cape, 2003). Thus, the circumscribed subjective meanings of substance use reported in the previous section reflect the limited range of perspectives typically applied to their formulation.

8.6.1 Medicinal Use

As Becker (1967:164) observes, it is only by asking the user that a clearer picture of the drug experience emerges. In relation to this, an aspect of illicit drug use rarely touched upon concerns the advantages or benefits accruing to users. In one sense this is quite perplexing, as it is generally accepted that many psychotropic drugs, for instance those in the psychiatrist’s arsenal, provide benefits to those for whom they are prescribed. Of course the immediate retort is that the latter, following many years of development and trial are administered in known dosages by physicians, for specific conditions. This cements medical knowledge with medical power, forming the basis of the medical control of drugs as discussed in Chapter Three (section 3.5.1). Nonetheless, many illicits have recognized therapeutic qualities and some, such as LSD (Lee & Shlain, 1985; Stephens, 1987) have a history of clinical use. Cannabis is also among these, as was noted in Chapter One (sections 1.2.2-5) in archaic and historical contexts. Contemporarily, British pharmaceutical company GW Pharmaceuticals, is successfully developing a whole-cannabis sublingual spray for a range of medical conditions (e.g. Collin, Davies, Mutiboko & Ratcliffe, 2007).

Of the present study’s total sample 55% commented specifically on Medicinal Use, while 47% claimed either to use for some medicinal reason (along with recreational use), or to have a partner, close relative, or friend who used medicinally. If participant references to ‘stress relief’ and ‘relaxation’ are added, 75% of the total sample would claim to have experienced some broadly medicinal benefit from cannabis. One participant used specifically for chronic abdominal pain unrelieved by prescription medications, which he also used. Overall, pain relief was the main explicitly medicinal reason offered for medicinal use, however five reported cannabis’ effectiveness in relieving acute asthmatic symptoms, while others acknowledged its effects as a social ‘tonic’. A number of women reported use for the relief

219 The most recent New Zealand data, a mental health survey of 12,929 respondents, characterises reported phenomena as disorders. There are no published data for overall substance use prevalence though the survey did distinguish cannabis abuse and dependence from other drug diagnoses, these latter defined by DSM-IV-R. See Browne, M. A., Wells, J. E., & Scott, K. M. (2006). Te Rau Hinengaro: The New Zealand Mental Health Survey (Survey). Wellington: Ministry of Health.

220 Stress relief and relaxation are discussed below.

221 The notion of a social tonic has been picked up by a cluster of New Zealand businesses marketing ‘party pills’ containing BZP (benzylpiperazine). In an attempt to promote industry safety and marketing standards in the face of government drug
of menstrual cramps, with three reporting relief from nausea during pregnancy. There were other examples, though possibly the most remarkable concerned a young mother who used twice weekly during her first pregnancy. When her daughter was three months old she was diagnosed with glaucoma, at which point the participant expressed contrition to her specialist, wondering if her use could have caused the condition. She was told that in fact her use might have saved her daughter’s eyesight, as she was advised the condition occurs in only one of 30,000 births, and would therefore not have been tested for. She claimed to have been subsequently advised by her specialist to use through her second pregnancy ‘just to be safe’.

Thus some participants specifically used for medicinal purposes, as in the example below of a woman prescribed antidepressants following the death of her husband:

[W]ell in order for the pills to work you’ve got to take them twice a day, everyday, and to me that seemed insane to be doing that when I could have a cone once or twice a week, instead of putting that shit into my body every single day. You know, for me it was a case of I don’t need it all the time, so therefore the smoke was the answer—plus the drugs half the time worked out just as expensive if not more than the smoke, so to me it made sense to be going with something natural—you know, let’s bring in the natural thing here.

—Female, 37, pakeha, home-maker, de facto, parent, law: no

For many users, the perceived Naturalness of cannabis was considered a benefit, increasing cannabis’ appeal as a medicine:

And it’s a herb, you know. And I’m into herbalism, I grow plants for specific purposes as well as for food. I have a lot of medicinal herbs that I grow and cannabis is one of them. I’ve got a little bit of a reputation, you know, amongst my community that people will quite often say to me: what can I use to deal with this? And I remember one mate coming to me and she had the wickedest stomach bug, it was really, really nasty one and she was so nauseous and vomiting something wicked and she says to me: what shall I do? And I said: have a joint. And she said: don’t be silly, I know I feel like one but I’m saying ‘what should I use herbally’? And I said to her: you should have some cannabis because it’s specific for nausea. And it is. It is the most wonderful—it just relaxes everything and settles your stomach right down.

—Female, 45, Māori, grandmother, self-employed, dependant: no, law: yes


Podolsky (1998:2) defines glaucoma as “a group of ocular diseases characterized by elevated intraocular pressure that causes progressive damage to the optic nerve, resulting in optic nerve atrophy and blindness. The two primary types of disease, open-angle glaucoma and angle-closure glaucoma, are classified according to the anatomy of the anterior chamber angle.” He also notes (Ibid.:6) that cannabis is known to reduce intraocular pressure. See Podolsky, M. M. (1998). Exposing glaucoma: Primary care physicians are instrumental in early detection. Postgraduate Medicine, 103(5), 1-11.
Nonetheless, the inferences regarding cannabis as a natural medicine varied across participants, providing an example of inductive reasoning in a folkbiological sense. As Coley, Medin, Proffitt, Lynch & Atran (1999) note, while the general human tendency to privilege conceptual categories draws out salient organising criteria, how these are constructed varies as much within groups as between them. This leads to the notion that the most basic category, about which an individual may be sure, will form the point of departure for inductive inferences about it. For example, in the first of the two quotes above cannabis is preferred as a medicine in part because it is ‘natural’, though this Naturalness is never defined; it must be inferred from what cannabis is not—a pharmaceutical. Naturalness appears as an adjunct to cannabis’ efficacy (‘a cone once or twice a week’) and its relative cheapness. By contrast, the second participant locates cannabis as a ‘herb’ due to her expertise (‘I’m into herbalism, I grow plants for specific purposes’) and ascribes it particular properties (‘it’s specific for nausea’). Thus in the first case, Naturalness is ‘good’ because pills (‘that shit’) are not natural. In the latter, cannabis is ‘good’ because it belongs to the class of ‘natural’ herbal medicines about which the speaker is familiar.

Finally, two others reported historical use to relieve chronic stress, with one of these claiming he had been given a tin of cannabis from a local chemist in the 1960’s in lieu of the chloroform he had been using to sedate himself as he suffered chronic insomnia due to years of child abuse. The second stated that in the 1970’s her general practitioner had advised her to substitute cannabis for the alcohol and tobacco she was using during a difficult divorce.

8.6.2 Stress Relief and Relaxation

The relief provided by cannabis from the acute stresses of daily life and work (characterised as Stress Relief, Relaxation and Perspective) seemed the most prominent benefit explicitly noted by many users, overshadowing those perceived as explicitly medicinal:

I keep wanting to say ‘it’s just a habit’, but I think it’s—it’s a sign, it’s sort of telling me that work is finished, I’m home, it’s time to just relax then. I think that’s what it is for me, it’s like a sign.
—Male, 35, Māori, tradesman, father, dependent: yes, law: yes

In the context of the previous section’s discussion theorizing intoxication this quote’s relevance is underscored in that it simultaneously supports and challenges Sulkunen’s (2002)

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223 The anti-emetic properties of cannabis are well documented, for example Earleywine,. (Ibid.:179-182).
thesis. For participants the act of using clearly signifies a transitional moment. However, the actual experience of cannabis intoxication—and as the above quoted participant previously noted, use is about intoxication: “I just sort of believe that if you’re going to smoke pot then you smoke pot to get stoned”—does not reflect solely a regression from culture, or a turning away from adult responsibilities. He continues:

I love to go home and put the kettle on and have a coffee while I’m catching up with one of the kids and then once the coffee is finished go and have a couple of spots.
—Male, 35, Māori, tradesman, father, dependent: yes, law: yes

Thus, for users, cannabis embodies a multiplicity of meanings, both symbolic and functional. Its use reflects the exigencies of living in a complex contemporary society:

It sounds sort of silly but I find that some days I get home and I have worked myself up into this really tight little ball. Now some people choose to have a drink and that relaxes them, but I find having a smoke just gives me that ability to shut everything off and go: right, that’s better. And just have that half an hour or whatever, an hour, just to really disconnect from everything and yeah, just have some peace and quiet for my body just to sort of relax and calm down a bit I guess.
—Female, 25, pakeha, part-time teacher, de facto, law: no

This is congruent with other analyses. For example Williams and Parker (Ibid.:410) note contemporary youth’s strategic choices of substances, with preference for drugs facilitating the reduction of stress and being compatible with a ‘work hard—play hard seven day cycle’. Therefore the deployment of certain substances on specific occasions is less consistent with a singular conception embodying abuse, dependency, deficit and passivity than with a qualitative shift in perception of illicit substance use as having a legitimate place in one’s life (e.g. Parker et al., 1998), whether as a brand or social marker (Rhodes et al., 2003), or as a tool assessed for its utility, and objectively perceived as less risky than licit substances like alcohol (Duff, 2004; also Furlong & Cartmel, Ibid.:8).
8.6.3 Diversity: Reflection, Creativity and Perspective

For participants in the present study these benefits were further augmented by notions including: Relaxation unrelated to stress, Creativity, Enhancement, Perspective, celebration and pleasure. Of all these, Pleasure and Celebration were the least mentioned. For example, as noted in Chapter Six (Table 22), ‘feeling creative’ was the most frequently identified (i.e. by 30% of respondents) ‘appropriate state’ in which to use cannabis. A similar proportion (35%) acknowledged the ability of cannabis to shift their perspective, which many identified as a valued quality of the substance, and of their experience while affected:

I find marijuana hugely reflective. That’s partly why I find it useful actually in my work in a way because I have really stressful moments, which on reflection, after having smoked I’ll put things in perspective. I think it allows me to not focus narrowly on say a problem - if I’ve had an incident where it’s maybe on my mind - it allows me to think of the severity of it. How important is it really for me to carry on worrying about it? It allows me to think about it in terms of all my other work that I do, or the day or life in general.

—Male, 29, pakeha, teacher, single, dependent: yes, law: no

and,

I remember smoking when I was a bit younger with my first child and she would have been three or four months and just started playing with her and I thought to myself: oh just for a moment there I could see it from the baby’s perspective. You know little things like sitting down in a moment and putting myself in their shoes and their reality and from their perspective, it’s the little things like bubbles in the bath. What do you find so interesting about them? Oh but if you’re looking at it from their angle and actually—well rainbows!

—Female, 24, pakeha, student/part-time work, married, mother, dependent: no, law: no

By including Control, the range of perceived benefits and advantages of using cannabis increases to twelve (Chapter Seven, Figure 13). This allows a more nuanced and holistic description of the individual and socio-cultural significance of use than might be obtained from perspectives uninformed by user experience. As previously noted, therefore, while many of these attributes of cannabis intoxication suggest a functionalist explanation which, for example Sulkunen (2002) might find disappointing due to its lack of symbolic content, two

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224 In this section cultural diversity, as a theme, rather than Heterogeneity, is discussed. As argued in Chapter Seven (Figure 13 and subsequent text), the notion of Heterogeneity was applied less as a theme than as an organising principle in the analysis to characterise user culture. Thus the culture of user experience, including facets already discussed such as Control, Rules and Meaningfulness, will by definition display a heterogeneity in contrast to non-experienced perceptions of culture, i.e. State constructs of culture represented in policy. In comparison, the ‘diversity’ of user experience was explicitly commented upon by users in their denial of a single overarching culture.
the underlying points are being made. First, the richness of this constellation of cultural elements suggests a complexity and diversity of experience in keeping with the notion of the ‘instability of meanings’ (Sulkunen, Ibid.:265, citing Latour, 1993), even for individuals where use is both recreational and medicinal. Thus, elements of the practice and experience of using cannabis may be interpreted both symbolically (as the quote above indicates: ‘it’s a sign, it’s sort of telling me that work is finished’) and functionally. Secondly, the literal diversity of practice undermines the construction of a uni-dimensional cannabis culture conveyed in prevailing discourses.

This diversity, and the variety of users produced through the interactions between practice, culture and experience are now briefly considered further before this chapter concludes with a discussion of policy.

8.6.4 The Politics of Categories and Subjugated Knowledge

The cultural diversity argued for through Chapter Seven and captured in the ordering principle of Heterogeneity (Figure 13) is reflected in a range of user roles, and is located within and alongside the categorization of users manifested through dominant discourses. Medico-scientific and legal discourses differentiate users in terms of frequency / intensity / duration of use / dependence and abuse diagnoses (sections 6.2.1.2-3), and the criminalized user: those convicted of personal use and possession; the possessor of paraphernalia; the cultivator; the supplier (section 2.9). These categories represent examples of the technologies of ‘biopower’, a means by which populations are controlled, constrained, quarantined, named (Foucault, 1977). Similarly, Bourdieu (1990:24-25) recognizes the essentially political nature of categorization, i.e. that in contemporary society at least, forms of classification are also forms of domination. However, Bourdieu further notes that, while the classificatory systems of anthropologists and sociologists are not necessarily less enmeshed in politics, one should still attempt to theorize the dynamic relationship of agents to their social world, the “relationship with the social world that is the relation of ordinary experience” (Bourdieu, Ibid.:20). It is in this experiential relationship that Foucault’s (1980) notion of subjugated knowledges inheres.

8.6.4.1 Knowledge

Subjugated and by implication denied knowledge manifests generally and specifically. Therefore, while a participant quoted in Chapter Seven commented broadly on the multiplicity of cultural milieus in which the use of cannabis might take place: “I think that it’s
not just one culture. I think there’s many cultures”, users within these varying contexts could also be differentiated in terms of the extent and specificity of their knowledge/experience. Hence, one might differentiate types of knowledge—and thus types of user— for example, that mediated by one’s style of use. For users in the present study, the most explicit differentiation in style occurred around ‘spotting’; where a pair of heated knives is used to compress a small piece or ‘spot’ of cannabis:

Like a lot of people will think if they’re having a joint they’re not really doing too much, but if they’re spotting then you’re right at the edge of the limit, you know. You know that’s fully illegal. Well not so much desperate. Absolutely not desperate, because some people have a preference for spotting, they claim it works better.

—Male, 34, pakeha, unwaged, single, dependent: yes, law: no

and,

Our flat is at the moment a spot-free flat we don’t spot on the stove because we don’t like it. We don’t like to be seen crowding around the hot oven and don’t like the harsh smoke.

—Male, 20, pakeha, student, single, dependent: yes, law: no

However:

I don’t see how that could be healthy—putting smoke into your lungs. And I try and do it as less smokey as possible as I’m a spotter, so I never roll hooters and I don’t have bongs, I don’t have cones, I’ll try—you know I’ll just have three or four spots, which in my mind cuts a lot of the smoking out.

—Male, 35, Māori, tradesman, father, dependent: yes, law: yes

8.6.4.2 Market Location and the Knowledgeable User

A further example of culture and user diversity concerns the experience users may have of the market and particularly the knowledge they derive from this experience, mediated by one’s position in the cannabis market:

You can’t go and buy an ounce from my dealer when I’m selling you ounces, because you get my tax. He has to know another person, that’s another risk factor for him because every person you know or deal with is another level of risk. So you know it’s monitored at all levels by everyone. Because if you have to buy it from me, I get it from him—okay so I buy an ounce from him, I might buy three, because I buy one for me, one for you, and one for all the other guys. So I’m getting not

225 See supra note 10.
only my ounce, but I’m getting percy [perks] on the other two—so I’ll be taxing you maybe, between the two bags, another 50 [dollar] bag. So even if I sell my own ‘o’, I’ve still got a 50 bag percy, plus whatever I take. Because I’m buying three from him he doesn’t give me 28 gram ounces he gives me 32’s, so I’m fleecing four grams at every ounce, as percy anyway. And so you—the bottom line is you get your ounce and you’re going: oh yeah, I’m happy with that. But if you got to see what it was like when it came out of the dealer’s hands or the grower’s hands, you’d be screaming daylight robbery. And there’s definitely a chain of command because this guy trusts me because I stand to lose as much as you. The guy who buys an ounce and breaks it down into tinnies, he’s actually taking a lot of risk, but the guy who is selling him ‘o’s is taking as much risk, because he ain’t going to go down for a bunch of pricks he doesn’t know that he’s sold tinnies to, so he’s going to start squealing like a wee rat. Everyone has to ensure themselves along the line that the guy they’re selling to isn’t going to send the boys in blue back up the line so to speak. So it’s sort of a vetting and an insurance policy all in one and we’re the tax collectors as well, we don’t charge extra for it. You know, the person who actually does the job takes the tax. So—and if you were to go over my head I would imagine in most cases, the chain of command would stay secure and you would actually drop out of the link completely.

—Male, 34, pakeha, unwaged, single, dependent: yes, law: no

This quote captures a range of the cultural knowledge and experiences of users the present section has sought to describe. On an individual level it represents a translation of a person’s experience and expertise. This participant may be categorized as a ‘knowledgeable user’. He has a clear understanding of not only the processes associated with procuring and distributing cannabis, but also of their attendant obligations: notions of comportment, responsibility, etiquette. On a practical level, as was discussed in Chapter Seven (section 7.3), knowledge of the economics of the market place is displayed. His narrative also describes the collective experience and knowledge of his cannabis network, in the roles that are ascribed to each member of that network, whether these roles shift, depending on what one purchases, or remain constant.

However, as Wilkins (2002:10) has noted, not all users have formalised relationships with the market, resulting in less need for, or awareness of, specialised market knowledge:

My brother gives me [cannabis] in dribs and drabs, enough to last me a couple of days. And I’ll visit him most of the time on a Saturday morning and have a smoke. Now when I come home he always gives me a little present, which is really nice. And sometimes I’ll ring him up—or if he’s got some nice magazines and he says to me: you’ll really like something on page 64, I’ll leave the magazines on the doorstep for you. Then I’ll know there’ll be a little envelope on page 64 and it’s got some smoke in it.

—Female, 46, pakeha, mother, separated, dependent: yes, law: no
8.6.4.3 Different Types of Pot

This level of involvement in the market, and in the culture of use per se, is reflected in the likelihood of users gaining other types of knowledge, for example, in staying with the two participants above, knowledge explicitly about cannabis as a substance:

Bush is just basically seeds that they’ve taken and planted outside and that can be anywhere from someone who’s dug trenches and filled them with manure before, right through to people who just throw a bunch of seeds in the ground. Whereas hydro or indoor is stuff that’s been specifically grown in a controlled environment, but that said the two main types I think there’s *Indica* and *Sativa*. One is more suited for indoor and one is more suited for outdoor. But you know it really comes down to ultimately the level of competence of the grower, I believe. You know I’ve had good bush, bad bush, good hydro, bad hydro, but that said, hydro tends to have the higher level of consistency. Hydro always tastes the same though. It always has a scent or a hint of pine needle to it. And I believe it’s to do with the level of nutrients that they’re feeding them. So if it smells like pine needles you know I tend to go hydro. If it smells like sort of slightly dried grass, it’s bush. And if it smells like cat piss, it’s skunk.

—Male, 34, pakeha, unwaged, single, dependent: yes, law: no

and,

My brother I think he gets it from the same person for years and years and years so I think it’s always the same type of smoke—what this guy grows. So I haven’t really experienced a great difference in the last say, 10 years. It’s always been consistent for me. Very, very occasionally I’ve had a smoke in the last 10 years and it’s been mind bending you know.

—Female, 46, pakeha, mother, separated, dependent: yes, law: no

The above two narratives reiterate the diversity of user culture while the former, in particular, also demonstrates how users sustain their positions and identities through discourse. Moreover, the cultural competence reflected in the narratives of this section (and in fact throughout the chapter) clearly resonate with Foucault’s (1980:82) characterisation of subjugated knowledge as ‘popular’ but far from ‘commonsense’, and as ‘differential’ though ‘incapable of unanimity’. Further, while this is a knowledge shared by users to varying degrees in their interactions (recall in the above discussion of Ritual [section 8.5.2] “it’s everyone having their say on the type of pot one person has and they haven’t. And in that first few minutes [they] will compare, they’ll talk about stuff”) Foucault (Ibid.) also reminds us that it is forbidden knowledge, harshly opposed. Perhaps paradoxically, however, the very force of this opposition confers upon users, where they meet in their homes, in parked cars, at
secluded beaches and in known bars, a legitimacy of practice and a maintenance of self-perception as cannabis users.

8.6.4.4 The Grower

Purchasing and being gifted cannabis, however, are not the only means by which one may acquire it. Growing is a popular pastime for New Zealand users and, though Wilkins (Ibid.) found only 10% of current users admitting to growing at least a portion of their supply, in the present study 74% of the total sample reported having grown at some time in their using careers (three were or had been commercial growers). Even here the diversity of the cannabis experience and user is evident.

I’ve got a small cooperative where we try to grow half a dozen plants and balance our losses against some of us getting through. It’s very stressful from the point of view that it takes six months for them to grow [and] that the [weather] in Dunedin is quite problematic. And then you have this mass problem on top of this is that there’s such a shortage. Okay. So the chance of someone knowing that there’s a four-foot or a five-foot plant, no matter how mild they may appear to be, can often be a challenge.
—Male, 48, pakeha, unwaged, de facto, dependent: yes, law: yes

and,

If you’re a financial indoor grower then basically you’d go rent a house somewhere else and you just do a couple of cycles and then you get the hell out of there anyway. I grew commission [on behalf of gangs] for quite a while; anything from 10 to 100 pound [a year, and] if you’re gang affiliated or whatever you just flick it through them.
□Male, 31, pakeha, part-time student, single, father, law: yes

As this same participant comments below, the relationship one has with cannabis, and with the market, has far-reaching implications for one’s lifestyle: for how one looks, for the friends one has, and for one’s relations with family, neighbours, colleagues and officials:

It depends what you’re involved with at the time. If you’re a grower, heavily and there is a lot at stake, then you definitely do make conscious efforts to avoid detection, which means looking like Joe Average. And if you’re not that heavily involved in it, you’re just smoking every now and then, you don’t necessarily care. So you might be a bit more loose with what you’re doing.
—Male, 31, pakeha, part-time student, single, father, dependent: no, law: yes
The large proportion of participants in the present study reporting growing in comparison with Wilkins’ (Ibid.) might also suggest further evidence of a skewed sample. However, one might further speculate that the present study’s method (face-to-face, compared with Wilkins’ [e.g. 2002] telephone interviews) allowed a greater development of trust between participants and researcher. Thus once again method is implicated in the construction of its object (Armstrong, 1990).

8.6.5 Section Summary

This section has extended the limited depiction of cannabis use and user deriving from medical-scientific, legal and popular discourses. It has proposed, instead, a diverse and vigorous culture represented by differing practices and perceptions of use, and by the various meanings ascribed to use, whether functional or symbolic. Users described a range of benefits, feeling they made rational choices based on assessments of risks, advantages and preferences. The culture’s complexity and its ability to ‘produce’ users through a diversity of experience was further expressed via the differing roles users might adopt, whether in relation to the market, or as users with more or less knowledge about types of cannabis and styles of use. While this diversity is also reflected in the relations cannabis users have with the State through drug policy, as Reinarian and Cohen (2004) have argued, policy’s relevance to users is not reflected in its efficacy of dissuading them from use (see also 1980; Erickson, 1989). However, in keeping with Foucault’s (1980) notion of power’s productive capacity, and as argued in Chapter Four (sections 4.6 - 4.6.1) and elsewhere, New Zealand’s policy of total prohibition is relevant to all cannabis users, having far-reaching and often unintended consequences for their lived experience. Of course how these consequences are perceived is determined by the position one occupies within user culture or external to it.

8.7 Positionality: Dominant Discourses, Discursive Practices

This final section revisits the National Drug Policy through user perceptions of its three components: education, treatment and enforcement. Policy is seen to intersect with users’ experience of risk, status and class, and—particularly through enforcement—to generate secondary harms. However, user culture response to policy is one of further diversification rather than diminishment in the face of interdiction.
8.7.1 The National Drug Policy Revisited

As argued in Chapter Four (section 4.5), while governmental responsibility for engaging with cannabis-related issues has always resided with the Ministry of Health, and since the mid 1990’s under the umbrella of harm minimisation, historically most policy-generated resources and actions have been applied directly to cannabis users via enforcement. Thus the entreaty of the ‘Blake-Palmer’ committee (Board of Health, 1973) thirty-four years previously to “place more emphasis on persuasion and co-operation than on coercion” (Ibid.:50), and its recommendation to continue prohibition only “so long as this can be shown to be largely effective” (Ibid.:89) appears to have fallen on deaf ears.

The skewed resourcing and deployment of cannabis policy initiatives is similarly reflected in the experiences of cannabis users as expressed in the perceptions of the present study’s participants. In arguing this, however, it is necessary to recall a potential source of bias in the sample regarding policy in general and enforcement in particular, given the high proportion of respondents suffering cannabis-related arrest (25%) and or conviction (21%) in comparison with other populations (see Chapter Six, i.e. Table 15). Having acknowledged this, it should also be noted that respondents were only asked specifically about policy matters at the conclusion of their open-ended interviews. This facilitated a collective contextualisation of policy’s location in the cannabis experience by not signalling its salience until the interview’s conclusion. Policy representation was also remarkably uniform, across individuals, as described in Chapter Seven and represented graphically in Figure 13. Finally, however, as Chapter Seven also noted, the perceptions of certain aspects of policy, e.g. education, owed their uniformity to users’ lack of direct experience. Perceptions of other areas, such as enforcement, reflected participants’ experience of the State’s singular position on cannabis use.

For users, therefore, the consequences and perceptions of policy are generally experienced consistently, though in various contexts. During interviews, some of these were commented on explicitly, such as remarks about dealing, criminality, the ‘gateway’ effect, gangs and being ‘busted’. Other references to the experience of policy were implicit in comments about paranoia, secrecy, risk and stigma. Further, while a number of these might be described as ‘expected’ or ‘anticipated’ consequences, e.g. being busted, others such as references to the ‘overgrow’ movement (see below) could be explained as unintended outcomes of policy. Collectively these experiences demonstrate Foucault’s (1977) thesis of power’s productive
capacity, as argued in Chapter Two. This generative capacity of power operates independently of the aims and intentions of legislators and their policies.

### 8.7.2 Education

For users, an area of almost unanimous agreement concerned experience of drug education, frequently perceived as biased and ill-informed, and often—as this teacher comments—all but invisible.226

> I’m totally unaware of education—if there were any it would be just that it was bad like as far as to children. And to users, I don’t know, other than you’ve been made to go to some sort of reform group or whatever, you know, like Alcoholics Anonymous. And my personal belief is that if there was more actual awareness about things like the effects—how much quantity and quality; [and it being] regulated better, people would become more responsible in the use of it and the actual real risks and things could be minimised.

—Male, 29, pakeha, teacher, single, dependent: yes, law: no

Although others had personal experience of drug education, they held similar views about it, as with the following perspective offered by the sample’s youngest respondent—arguably most likely to recall such education—who also provides an example of the generative but unintended consequences of policy noted above:

> The main drug education that I remember was from intermediate and at that time it was totally irrelevant to me. I was like: what? What’s pot? I mean there was no way I would have been able to get it for myself. I mean I was just too young for it. I didn’t know anything about that sort of stuff. So I think they [DARE] sort of introduced me to marijuana basically [and] from what I can remember [in high school] it was mostly sex education.227 I can’t even remember drug education from high school to be honest.

—Female, 18, pakeha, student, single, dependent: no, law: no

### 8.7.3 Treatment

Perhaps given that most of the sample was positively disposed towards using cannabis, there were few references to the second arm of policy comprising the official harm minimisation perspective, that of treatment. Appropriately, of the two sub-sample participants commenting explicitly on it, both are sample outliers. The first: “certainly they deal with hundreds of people, drug counselling and that sort of thing”—was the sample’s only quit-user, while the second:

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226 Recall section 4.5’s discussion of sector resourcing. Also supra note 15, Chapter Four.
227 DARE programmes are carried out by the New Zealand Police.
“Yeah. I’d know where to go. And the thought always crosses my mind, but I never do anything about it”—was that participant noted previously as using the equivocal, anhedonic speech style (Davies, 1997a) typical of a person on the brink of seeing themselves as moving from recreational to dependent use. As Davies (Ibid.:56) remarks, this style, represented by unstable and contradictory speech, represents a critical point in the career of use where the individual either moves to recognise their ‘addicted’ state and possibly seeks treatment or returns to a more positive outlook on their use. It is noteworthy that the speech of the great majority of users in the present study exhibited the latter characteristics, designated by Davies (Ibid.) as ‘type 1’ discourse. This provides further evidence that the study has accessed a sample of pro-cannabis users and that this is reflected in their perceptions and experiences.

8.7.4 Enforcement: The Impact of Policy

8.7.4.1 Risk and Status

Most frequently, however, participants’ perceptions of policy were reflected in experiences informed by the mechanisms of harm minimisation’s third component, supply control; that is through their and others awareness of their illegal activities, and as a consequence of enforcement, with the magnitude of effects ranging from the subtle to the dramatic. In regard to the former, many users commented on how risks associated with being discovered as a user might mediate choices about patterns of use, but that risk potential also depended on one’s status:

Christ you imagine the risk to them [his high status friends] is a lot more than the risk to me. I mean you imagine a bloody lawyer getting caught—and prosecuted, it would cost him his career, which he’s getting $100,000 a year for. If I get caught it’s not going to cost me my bloody benefit. So the risk to them is much, much greater than the risk to me. [But] they’re calculated risks. They don’t go walking down George Street smoking a joint. I don’t know where they’d smoke it. But I dare say it’s in the privacy of their own home.

—Male, 60, pakeha, retired, separated, father, dependent: no, law: no

Thus, enforcement does mediate behaviours around use, although, as noted above, there is clear evidence that arrest and conviction has at best only a negligible effect on dissuading use completely (e.g. Erickson, 1980; 1989). In keeping with the latter, no users suggested they would stop using if ‘busted’. In fact several of those who reported being busted claimed to have immediately consumed any cannabis the police had failed to discover, e.g. “And as soon as they took the plants and left, I spotted up the oil. You know, just to calm down.”
8.7.4.2 Class

In returning to status and perceived risk, the issue of class and drug use is an interesting one, with some, e.g. Furlong and Cartmel (1997:73) suggesting that particularly with youth, the significance of class is decreased due to cross-cutting factors such as the influences of peers and youth lifestyles. However they also note the middle class as being most inclined to use, though they acknowledge higher levels of ‘hard drug’ and intravenous use amongst working class populations (Ibid.:77). The issue of class was of particular interest to one participant, an avowed self-identifying Marxist from a working class background who emphasised the class-based nature of enforcement:

INTERVIEWER: We have enforcement…

Yeah. Which is class based. Look at the statistics of people who are convicted, tell me their class location, give me the figures…

INTERVIEWER: Yeah. I think there’s an ethnic component as well…

But then that ethnic component, it’s subdued in the class yeah. You know it’s totally, 100% you know.

—Male, 48, pakeha, unwaged, de facto, dependent: yes, law: yes

For this individual, what he saw as the selective enforcement of cannabis prohibition was taken as evidence of the class war, to some extent borne out by data from the present study, with 63% of those arrested for cannabis offences having non-professional occupations or receiving benefits, as compared with 51% of those not arrested. The above participant’s response to this situation was, given the opportunity, to enter the fray, which in turn mediated his choice of where and when to use:

It depends on the situation. For instance if you’re growing you’ve got to be very careful, you don’t want the coincidence of [the police] coming to your house. Okay. But then another example could be once we had a couple of policeman turn up at our game to play rugby. I smoked one at half time…and my position was: this is a rugby field you’re welcome to come along here, but don’t bring any of your fucking bullshit. I’ve been in situations, large groups of people where I deliberately smoked. For example eighteen months ago I took a bong onto the terraces during a rugby test. You know.

INTERVIEWER: Why did you do that?

Because I was there to have a good time.

—Male, 48, pakeha, unwaged, de facto, dependent: yes, law: yes
8.7.4.3 Policy-Induced Harms

This undermining of the law’s authority is only one of many ‘secondary’ or ‘instrumental’ harms attributed to the enforcement of drug laws and previously discussed (sections 3.7.3, 4.5). MacCoun and Reuter (2001:60-61) identify forty-eight harms from illicit substance use, of which thirty-six are generated by aspects of prohibition. Likewise, participants commonly identified policy as both crimenogenic and pathenogenic, claiming police corruption, the gateway effect and harms were directly associated with use as consequences of prohibition:

And I said things to them like: well can you promise me one thing—can you promise me that you don’t heat it [artificially dry it] at least dry out natural before you smoke it? And he had a wee smile on his face. And when I went to court, the police had forgotten to mention in the report how much pot they had scored—how much they took off me, so I got the lightest sentence possible—eighty hours community service or something like that. The Judge said: I don’t know why there’s no amount in here [name] because it’s the amount that determines my sentence of you. But luckily for you the police haven’t put an amount in it, so I’m going to give you the benefit of the doubt, you’ll get a lighter sentence
—Male, 35, Māori, tradesman, father, dependent: yes, law: yes

and,

I mean this whole thing of marijuana leading onto harder drugs and all the rest of it, most of the dealers I know don’t just deal in marijuana, they deal in harder shit too. So if we take marijuana away from them, then the police can go and get them all day long for their hard drugs.
—Female, 37, pakeha, home-maker, de facto, parent, dependent: no, law: no

and,

I can’t understand that they can make tobacco smoke legal and widely available to everybody and that’s worse for you—the long-term health effects. There’s definitely ways instead of smoking marijuana too, if it was decriminalized and I could grow it. I would much rather take it as a tea than smoke it.
—Female, 24, pakeha, student/part-time work, married, mother, dependent: no, law: no

With regard to the last quote, any processing of cannabis automatically raises the legal classification of resultant products to ‘Class B’, thereby increasing the maximum penalties as the higher classification denotes greater harm and risk. Thus the policy-generated harms in this case include potential greater legal risk as well as unnecessary exposure of the lungs to the negative effects of cannabis smoke. This irrationality of drug classification has been the
subject of a recent United Kingdom report and subsequent comment in New Zealand (Nutt, King, Saulsby & Blakemore, 2007; Wehrman, 2007).

8.7.4.4 *Stigma, Fear and the ‘Drug Bust’*

These direct effects of policy on users are accompanied by others, perhaps less obvious but nonetheless impacting on individuals and their work and social circles:

But like there’s people like the foreman at work, you know, before he knew I had started smoking he was really impressed with me you know, he was telling the boss like: great worker and awesome dude. And then he found out I was a smoker and his concept totally changed. You know. Like if my cell phone went off anything like that, he’d drop a wee comment like: oh is that the drug dealer then [name]? Trying for some pot are you?
—Male, 35, Māori, tradesman, father, dependent: yes, law: yes

The issue of stigma associated with cannabis use is, as Hathaway (2004) notes and the above example shows, less aligned with types of user than contexts of use. However, while there is for many, a normativeness associated with cannabis and other illicit use, overall users often acknowledge a sense of fear, a constant concern that they may be discovered. This significantly influences their relationships with family, peers, neighbours, employers and officials, and how they feel about themselves. For many, the ‘paranoia’ commonly attributed to cannabis as an effect intrinsic to its consumption, may be explained by their use of a mood-enhancing drug in an environment where being suspicious of others is a fact of life:

There’s kind of like an unspoken sort of code, you shouldn’t talk about it directly. It’s not really frightening but like I know quite a few people that if you were to call them and say: oh can I have some weed? They’d just hang up the phone.

INTERVIEWER: So is there a thought that the police are constantly looking for people to bust?

Yeah. I know it’s probably not true because I don’t think there’s really enough resources that can be spared for that kind of thing but you know it’s always still there at the back of your mind.

INTERVIEWER: How does that make you feel?

Uhm…persecuted. Basically.
—Male, 21, pakeha, student, single, dependent: no, law: no

Therefore, while cannabis users are frequently recorded as reporting ‘strange thoughts’, ‘anxiety’ and ‘paranoia’ (e.g. Wilkins, Girling, Sweetser & Butler 2005), the significance of
policy’s role in contributing to cannabis’ negative effects—Zinberg’s (1984) classic drug, set and setting—are seldom considered. However, given New Zealand has the world’s highest cannabis arrest rate (Health Select Committee, 2003) with 63% of convictions being for simple use and possession (Soboleva, Kazakova, & Chong, 2006), the concerns expressed by the above participant are arguably justified. Further, despite his suspicion that police resources do not extend to the constant surveillance some users imagine (33% of the sample considered it likely to very likely that they would be arrested for a cannabis offence at some time), as noted at the beginning of this section, a large proportion of participants had in fact had contact with the law regarding their use. The following account expresses the impact such enforcement can have, not just for users, but for those around them, and those involved in carrying out the State’s role:

I was at my daughter’s place, so I came home to it. My partner, he was home through the whole thing and they’d just gone through everything, and it was a real invasion of privacy. It sort of cracked me up in a way—they had a woman there—my partner told me, there were three guys and a woman. So they sent a woman to check the kitchen and the guy went through my drawers…I would have thought you’d send the woman to go through my undies drawer, but no, they send the woman to go through the kitchen cupboards.

—Female, 45, Māori, grandmother, self-employed, dependent: no, law: yes

In a sense, the drug bust and subsequent court appearance are rituals not functionally dissimilar to those described previously (section 8.5.2) with regard to the actual use of drugs. However, rather than engendering solidarity for a small group of users, these more powerful rituals serve to remind individuals of their place in society at large, and of their obligations to it. For cannabis users the transformative power of experiencing these highly structured and dramatic ‘performances’ is considerable. Coercion, humiliation, confession, repentance engage the participants, requiring the manifestation of roles commensurate with one’s location in the drama. Nevertheless, while the aim of initiating these processes might be to focus malefactors’ attentions on appropriate forms of behaviour and to reintegrate them back into society, the outcomes are not always predictable, as the respondent continues:

They woke the baby up and—to search her room—and yeah it was just really, really horrible. They did [participant’s daughter’s] place the next morning after my place. It was the same people, I arrived half way through it, cause my daughter had rung me, and I charged out there. Yeah. There was screaming, the baby was screaming and it was just absolutely horrible. Horrible.
We paused as she had become upset despite the event occurring several years previously. She then continued, describing her granddaughter’s distrust of authority as being associated with the above experience:

To that event. And similar events because she’s seen it happen in other, you know, other members of that extended family. And when you see—she was absolutely disgusted, my cousin was busted. Now he’s a crusty old badger and he lives alone and he’s not great on housework. But that doesn’t give anybody the excuse to walk into the house and just throw everything on the floor in the middle of the room. Empty the bookcases and the cupboards and the flour tin and the sugar tin and everything on the floor in the middle of the room. Now when that happened she [granddaughter] was about five or six I think when that happened. And she was just absolutely disgusted, she couldn’t get her head round—like she kept on coming back to it, and back to it, and back to it for months afterwards…about that’s what police do. That’s what police do. Police wreck houses. And how do you tell a child: if you’re lost you find a policeman? When that’s what police do. If you need help you find a policeman, but what’s a policeman going to do? Policemen trash houses. Policemen take your family away.

—Female, 45, Māori, grandmother, self-employed, dependent: no, law: yes

8.7.4.5 Unintended Outcomes

While the experiences described above remain as a constant backdrop in the lives of many users, as the introduction to this section noted, and as the ‘DARE’ and other examples indicated, the policy mechanisms put in place to undermine cannabis culture have the potential to produce unintended outcomes, some of which directly confront policy goals. ‘Overgrow’ is one example. This is a philosophy articulated by small-time growers, though it also has adherents among commercial growers. The basic principal is that people growing cannabis should actively encourage others to do the same, even setting them up with plants and advising would-be growers about equipment, techniques other requirements, as this grower explains:

A lot of people that I know that grow that’s what they do, they’ll give you a cutting or a seed or something and spread it and encourage other people, and people that have lights I know have given other people lights as well to use, just everybody that does it just seems to be encouraging other people to do it. You know. Get out of the money cycle. Get out of buying it.

INTERVIEWER: It’s interesting isn’t it because you’d think there’d be all these people wanting to sell marijuana to make lots of money?

228 The ‘overgrow’ philosophy was originally articulated through an internet site servicing the interests of marijuana cultivators as a free, community-based clearinghouse offering practical advice and political advocacy for the global marijuana community. The site’s name is a shortening of this movement’s shared strategy of “overgrowing the government”. The site was shut down by the Royal Canadian Mounted Police in 2006 following the arrest of its principals for selling seeds via the internet. Interestingly their seeds were sourced from, amongst other places, New Zealand. canada.com. (2006). RCMP Make Cyberbust. Retrieved March 3, 2007, from http://hightimes.com/ht/news/content.php?bid=482&aid=5
A lot of people don’t grow it commercially—it’s quite hard to grow it commercially, on a big scale to make a lot of money out of it is actually quite difficult and there’s a lot of paranoia involved. I know a [commercial grower], he [produced] about fifteen, twenty ounces every six weeks and he gave me a couple of his plants.

INTERVIEWER: And prior to that were you a client of his?

Sort of yeah. I was buying it from his middle-man. He sells it to some other guy and I got it off him. Like he’s [the grower] given me advice and stuff.

INTERVIEWER: So it’s interesting that a commercial grower also facilitated your growing. And thereby basically undermining part of his client-base. And it didn’t worry him?

Demand exceeds supply like massively. In New Zealand. Especially in Dunedin.

—Male, 31, pakeha/Māori, unwaged, de facto, dependent: yes, law: no

This final example illustrates many of the inefficacies, ambiguities and unforeseen outcomes of policy as applied to cannabis use, thereby exemplifying Foucault’s (1977) thesis regarding power’s productive capacity, an effect not without irony. As Pollan (2002) has observed, during the 1980’s it was the United States’ ‘war on drugs’ that encouraged American cannabis horticulturists skilled in plant genetics to move to Canada and the Netherlands where less punitive policies prevailed. This in turn facilitated the development of diverse and high-potency strains of cannabis, and in the case of the Netherlands, turned indoor growing and hydroponics into an art form. These developments further invigorated cannabis culture, encouraging its global development, for example in the international marketing of seeds available over the internet.229 Thus anti-cannabis policies contributed to the globalizing of cannabis culture and the development of seeds which, again depending on one’s position in the debate, may be seen as posing more risk (or less) than traditional varieties.230

229 A number of participants reported knowledge of seed importation, with three reporting they had personally imported specialised seeds. One of these, formally a commercial grower, claimed his resultant product was so potent it had to be crossed with weaker varieties due to a purchaser becoming unconscious in a local bar after smoking, an event he alleged was reported in the local newspaper. He and his growing partner decided to sell beyond Dunedin so as to avoid the future attentions of the local police. Internationally, an early breeding success story, pre-dating the drug-wars diaspora, is the strain famously known as ‘skunk#1’ or simply ‘skunk’, developed in California in the late 1970’s. See p 120, Wishnia, S. (2004). The Cannabis Companion: The Ultimate Guide to Connoisseurship. Hoo: Grange Books.

230 The counter-argument regarding cannabis potency is that stronger varieties actually reduce a number of harms due to the amounts required to be produced, purchased and consumed. This argument rests on the notion that users titrate their dose as a specific level of effect is preferred. In requiring less due to potency, small-scale growers risk less; purchasers save money and also risk less if caught; and users generally inhale less per ‘session’ thereby reducing the negative impact on lungs. Support for this latter comes from a French study indicating users of higher-potency cannabis inhaled less toxins and were less exposed to tar deposits. See Matthias, P., Tashkin, D. P., Marques-Magallanes, J. A., Wilkins, J., & Simmons, M. (1997). Effects of varying marijuana potency on deposition of tar and delta9-THC in the lung during smoking. Pharmacol Biochem Behav, 58(4), 1145-1150.
8.7.5 Section Summary

This section considered users’ perspectives on the interaction between cannabis use and current New Zealand policy. Although education and treatment were considered along side supply reduction initiatives, users focused mostly on the latter. This likely reflects the sample’s positive disposition towards cannabis use and participants’ limited experience of the former two aspects of policy. Thus policy was generally cast in a negative light, with users suggesting enforcement generated a range of harms while not reducing use. Policy was also shown to produce unintended effects including the facilitation of innovative cultural forms actually extending the culture of use. Hence, policy’s construction as a rational, evidence-informed, effective means of diminishing cannabis culture was countered by users’ portrayal of it as ineffective and reflecting a perspective no less subjective or positioned than their own.

8.8 Summary

This chapter explored, through the narratives of a sub-sample of the study’s participants, a range of themes identified in the previous chapter. Twelve demographic, clinical and legal criteria informed the selection of participants. Two further criteria, the relative ability of participants to articulate experiences, and the inclusion of sample outliers capable of offering contrasting perspectives, completed the sub-sample’s characteristics. These generated a broadly representative group, upon whose experiences the present chapter’s analysis and discussion was based.

The examination of user perceptions and experiences was aligned with the four research questions. Firstly participant notions around social deviancy, control and rules were discussed, with the argument being made that while acknowledging their involvement in criminal activity, participants did not consider themselves morally and ethically deviant. In line with Reinarman and Cohen’s (2004) argument, participants also demonstrated a knowledge of commonsense rules of comportment indicating a preference for a controlled drug experience, and safe use for themselves and other less experienced users.

Secondly, the subjective meaningfulness of participants’ cannabis use was explored in the context of personhood, etiquette, ritual and the experience of intoxication. Here the themes considered in the previous section—normativeness and rule-governed use—were reflected in the various functional and symbolic roles adopted by participants as expressions of cultural
practices broadly aligned with an overarching cannabis culture (Reinarman et al., 2004; Becker, 1967). While a functionalist explanation indicated similarities in ritual practices and etiquette between cannabis and other drug use (Grund, 1993), and with cannabis use elsewhere (Reinarman and Cohen, 2004; Hathaway, 2004), it was proposed that a reflexive analysis might more meaningfully engage with the experience of intoxication. However, Sulkunen’s (2002) reliance on ‘drunkenness’ as an example of this experience posed problems for a more inclusive analysis as it (a) inferred a regressive cultural state, thereby falling back on the standard rhetoric of use/experience conceived as pathological, and (b) it failed to accommodate the diversity of cannabis user experiences.

Thirdly, the significance of user culture diversity was expressed in the third question, which interrogated the notion of cultural homogeneity by focusing on varying benefits and practices of use, thus further enhancing the analysis of meaningfulness. Participants were seen to perceive a range of benefits from their use, some of these being ‘functional’, such as medicinal use. However, use also signified a transition in participants’ daily lives, delineating public and private activities, times, places and experiences. Participants saw their use as enhancing their lives, and this variety of positive experiences challenged the dominant homogeneous construction of users observed in clinical and epidemiological data by classifying users in terms of preferences, knowledge, market location, class and expertise.

Regarding the fourth question, the final section sought to reconcile the gap between policy as developed/deployed by the State, and as experienced by users. This section had three aims. First, it juxtaposed the experience of policy by agents versed in, and positively disposed towards the use of cannabis, with the application of policy measures designed to reduce/eliminate use. This highlighted the hierarchy of legitimate knowledge and practice, or more specifically the delegitimated experience of users, thereby exposing the former as positioned rather than objective knowledge and practice. Second, the participant narratives expressed an implicit (and sometimes explicit) critique of policy, emphasising its skewed nature whereby enforcement strategies and resourcing overshadowed education and treatment, despite little evidence of efficacy in the former. Further, the narratives provided examples of policy-generated harms. Finally, this exploration of policy through the experiences of participants demonstrated power’s generative capacity, whereby the consequences of its articulation extend beyond, and may be independent of, the intentions of individuals, institutions and mechanisms typically assumed to be wielding it. The implications for policy are taken up in the conclusion.
CHAPTER 9.0

SUMMARY AND CONCLUSIONS

Marijuana suppliers were previously prime targets for police, but that focus now broadens to include concentrated efforts on buyers of the drug. Howick police detective sergeant Karyn Malthus says it has far-reaching implications for purchasers. Less than two weeks into the operation, 22 people have been charged in relation to acquiring cannabis. Their occupations include a painter, electrician, nurse, landscaper, labourer, plumber, mechanic, unemployed and students. Ms Malthus says a “shocking number” of people are in employed work. “People also have to remember how it’ll affect their future. Part of our campaign will be following up with the employer, where it’s deemed proper to do so.”
—Howick and Pakuranga Times (Auckland), 19 March 2007

This apparently is harm minimisation at work.
—Chris Fowlie, President, NORML NZ, responds

9.1 Introduction

Animating this study is the notion that prevailing contemporary discourses around substance use reflect a particular, positioned perspective. This perspective is principally informed by a medical-scientific construction of drugs, and consequently a view of the recreational and non-medical use of psychotropics that privileges medical, and frequently, pathological explanations. The study’s intention, therefore, has been to interrogate this construction of drug use through its critique, and by examining alternative perspectives on use, with a specific emphasis on user explanations. The study’s focus has been on cannabis, as this substance is the most commonly used illicit in New Zealand as well as internationally, and as such may be described as emblematic of illicit use.

This final chapter summarizes arguments around the above points, and conclusions coming from these. It commences by reconsidering the contribution of preceding chapters to the critical analysis of drug use discourse. This reiteration is in two parts, with the restated research questions acting as an interlude, i.e. Chapters One to Five—the ‘preparatory’ chapters; research questions; and Chapters Six to Eight—the results chapters. Completing the

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chapter is an assessment of the present study’s weaknesses and future research possibilities, and a discussion of policy options.

9.2 The Preparatory Chapters

Chapter One’s intention was threefold. First, it aimed to show that rather than being a cultural and historical anomaly, the use of psychotropics by humans has a lengthy, rich and varied history (e.g. Goodman et al., 1995). This has been the case for cannabis, as much as for alcohol, arguably the world’s most popular recognized intoxicant. Moreover, which substance comes to prevail is less a matter of its intrinsic qualities, such as perceived appropriateness or safety, than of cultural preference and history. Thus the use of cannabis is neither without historical precedent nor necessarily indicative of underlying pathology or deviance.

Nonetheless Chapter One also confirmed that like any drug, cannabis is not without its harms. Partly in consequence discourses concerning cannabis are frequently polarized or at least conflicted. This is reflected in how the study of cannabis and other illicits may be approached, with it being argued that a medical-scientific perspective typically prevails as most appropriate (Lenson, 1995). Even here, however, the tensions inherent in studying substance use are reflected in a contradictory scientific discourse. Thus, in a sense, the suggestion that there is a singular medical-scientific perspective constructing cannabis use is not sustainable.

This evidence of conflicted knowledge both within and beyond medical science promoted the chapter’s third aim, to examine the significance of method in studying substance use. Armstrong’s (1990) arguments favouring a critical and reflexive method, where both qualitative and quantitative means are assessed for their productive force were used to reinforce this study’s choice of a mixed method approach.

Chapters Two and Three sought to locate the early history of New Zealand cannabis use in law and public health respectively. Chapter Two showed that the criminalizing of cannabis use in the early twentieth century was heavily influenced by the development of global drug control as led by the United States, and for reasons as much aligned with economics and American domestic politics, as with actual drug harm (Dawkins, 2001; Musto, 1987). Yet the legitimacy of legislative actions was assisted, both in New Zealand and internationally, by stereotypical perceptions of drug users, xenophobia and Christian moralism (Booth, 2003; Yska, 1990). The drug laws, however, proved ineffective. Despite aiming to control cannabis’
availability and use, burgeoning legislation, particularly from the 1960’s on, created classes of
cannabis crime and criminals at a rate superseded only by the bloom of users themselves.
Thus power’s creative capacity as argued for by Foucault (e.g. 1977; 1980) is reflected in
conviction tariffs and types of criminals, and the attendant machinery of surveillance, as well
as in such unintended outcomes as the cannabis black market, and consumers proselytizing
use and championing reform.

While cannabis users were initially unsighted in New Zealand’s early public health, Chapter
Three argued historical reliance on coercion (MacLean, 1964) facilitated a close relationship
between public health and law. The emergence of the New Public Health, with its agenda of
promoting a responsible and risk-averse citizenry (Peterson and Lupton, 1996), also
reinvigorated notions of contagion and isolation with regard to drug users that are reminiscent
of earlier times. As with law, the technologies of public health identify and are applied to new
classes of people: the drug user, the dependent, the addict, the abuser. Chapter Three
examined this process in the context of two New Zealand reports (Board of Health
Committee, 1970; 1973), showing how drug use came to be defined in a solely medical
context and controlled by the medical expert. Even so, a preferred cultural aesthetic was seen
to underpin the Committee’s seemingly rational arguments for accepting alcohol’s
intoxication while dismissing that of cannabis. Nevertheless this period in New Zealand’s
drug use history was also arguably its most open, with Committee members acknowledging
user perspectives, and promoting education ahead of coercion.

Chapter Four extended this analysis into the realm of formal drug policy. Though harm
minimisation emerged in the 1980’s and was employed by the architects of New Zealand’s
National Drugs Policy (NDP) in the 1990’s, the philosophy was never fully subscribed to
despite becoming drug policy’s compass. This was evident as illicit drugs policy was tracked
through various drafts to its official release in 1998. Important harm minimisation planks,
including the provision for a cost / benefit analysis of enforcement and specification of safe
use practices, were steadily stripped from the policy. These were replaced by the rhetoric of
abstinence and use prevention, desirable but not principally the philosophy’s goals (Lenton
officials indicated similar confusion over harm minimisation and how different sectors
redefined it to suit individual agency agendas. Further undermining harm minimisation was
the skewed funding of drug policy components, whereby enforcement was shown to apply the
greater amount of resources, as compared with education and treatment. The chapter
concluded by offering additional examples of power’s unintended consequences, with a brief description of user responses to policy, including medical use and proselytizing by growers.

Chapter Five centred on a justification for and description of this study’s deployment of a mixed method analysis. While it was acknowledged that methodological pragmatism is not without its problems (Tashakkori and Teddlie, 1998; Teddlie & Tashakkori, 2003), pragmatism’s emphasis on multiple data modalities and differing strategies of analysis was seen to be most appropriate for the present study. This led to the study’s questions being privileged over the method of study, the decision to pursue exploratory hypotheses (research questions), and the adoption of a specific design: a mixed method QUAL→quan sequential study. These decisions were supported by drawing on Davies’ (1997b) sequenced design, and underpinned by a theoretical approach developed in parallel with Tashakkori and Teddlie (1998). Thus the latter’s philosophical position justifying mixed methods is complimented by Davies’ (Ibid.) arguments based in psychology and psychophysics. The study design was completed by employing a cannabis use questionnaire (CUQ) specifically developed with cannabis users in mind (Cohen and Sas, 1998; Reinarman et al., 2004). This chapter also incorporated a discussion of proceedings leading to the study’s shift from Arts to a Sciences’ Department, an event reinforcing both Lenson’s (1995) comments regarding the perception of non-medical drug studies and Davies’ (1997a; 1997b) concerns pertaining to researchers’ interviews of drug users.

9.3 Research Questions

The research questions were formally posed in Chapter Five, though in fact they were informed by the first phase of fieldwork, the focus groups. They are as follows:

1. To what extent do cannabis users represent a deviant population, exhibiting lack of control regarding their use of a putatively dangerous and destructive substance?

2. How do cannabis users view their behaviour, i.e. what subjective meanings do they ascribe to it?

3. To what extent is it possible to talk about ‘a cannabis user’, i.e. how varied are patterns of cannabis use?
4. To what processes might be attributed the predominance of one perspective over others, i.e. how and why, are cannabis users constructed as above?

9.4 Results Chapters

The quantitative results of Chapter Six (generated via the CUQ) provided a crucial platform for subsequent discussion, as well as the opportunity for data triangulation (Denzin and Lincoln, 2000). By showing the sample to be generally representative of both the Dunedin population and New Zealand cannabis users, the foundations for generalizing the study’s findings were laid. Sample skews (i.e. gender, high proportions of regular users and criminalized users) provided further opportunities to contextualise the subsequent discursive analysis.

Using Reinarman and Cohen’s (2004) study as a template for portions of the chapter enhanced the assessment of representativeness. For example, many of their data, e.g. patterns and styles of use, were matched in the present study, yet their samples’ selection involved more robust processes. Comparing the studies also aided engagement with research questions 1 and 3, those relating to deviancy and cultural diversity respectively. Regarding the former, Reinarman and Cohen’s (Ibid.) argument that cannabis use is significantly rule-governed, and that it represents a set of cultural practices was strongly supported. While one might contend that this reflects the use of the same questionnaire, these results were clearly corroborated by data from the discursive analysis derived from the face-to-face interviews, with the latter preceding the administration of the questionnaire.

Similarly, the range and variety of responses to many of the questions regarding user behaviour and preferences engaged directly with notions of user culture diversity (question 3). As subsequently reflected in the discursive analysis, results described in Chapter Six indicated the types of data typically reported in epidemiological studies of cannabis use (e.g. rates, frequency and intensity of use, DSM diagnoses) are insufficient to capture the complexity of the phenomena of cannabis use. Nor is their reliance on notions of pathology (i.e. DSM diagnoses) sufficient to explain why people continue their use in the face of the enforcement of interdiction and knowledge of putative cannabis harms. Thus the data from the present study support the position taken by others (e.g. Reinarman et al., 2004; Hathaway, 2004; Davies, 1997c; Erickson, 1989; 1980) that punitive, prohibitive policies, have little impact on users’ decisions to commence or continue use.
Chapter Seven developed in combination two of the study’s central concerns: the subjective meaning of drug use for users, and the need to incorporate user voices—so frequently absent—into drug use studies after a fashion allowing their open expression. While this chapter specifically addressed questions 2 and 4 (i.e. meaningfulness and hegemonic discourses respectively), it also further examined questions 1 and 3.

In considering the taxonomy resulting from Chapter Seven’s analysis (Figure 13) it becomes clear that the notion of control, commonly assumed to be an attribute drug use undermines (Room, 1985), featured prominently in users’ perceptions of their behaviour. Similarly, users tended to place a premium on their normalness and generally denied any inherent social deviancy other than that aligned with the fact of cannabis’ illegality. In other words, they saw their deviance from prescribed behaviour as technical and not moral or stemming from a desire to be deviant.

In the place of deviance and dyscontrol, users offered a diverse range of explanations for their use. They frequently considered their behaviour based on rational and reasonable decisions, and not generally driven by need, dependence or habit (Williams and Parker, 2001). The notion of a single cannabis culture was commonly denied. This diversity and rationality stands in contradistinction to the cannabis user as typically constructed in medical-scientific literature, and as held by non-users or portrayed in the media. The tension between the experience of use as reflected in Chapters Six to Eight, and as assumed by those outside of the culture, is evident in the newspaper article heading this chapter.

Finally with regard to Chapter Seven, Figure 13’s taxonomy also linked with questions concerning hegemonic discourses implied in question 4. Specifically, the likelihood that one might espouse perspectives supportive of the dominant medicalised view of cannabis use, particularly as portrayed in policy or media discourses, was commonly mediated by one’s experience and knowledge of use. This experiential knowledge, however, was least likely to be found in official and public fora, something accounted for, but not explained, by stigma and the official position against use. In explanation, this study has argued that the experiential knowledge of users is denied knowledge: it is excluded from that which is typically examined as it fails to meet the criteria of legitimate knowledge. This accords precisely with Foucault’s (1980) notion of subjugated knowledges, where these are not merely undermined and opposed with great hostility, but actually denied consideration due to their failure to align with the metric of scientific rationality.
Chapter Eight’s in-depth analysis of twenty users representative of the sample extended Chapter Seven’s analysis via integrating qualitative and quantitative data. Thus sample representivity was achieved through selecting a group of articulate users against a backdrop of quantifiable criteria. Data modalities were further combined through comparing these participants’ narratives with data from the CUQ.

The resultant picture confirms the poverty of contemporary constructions of cannabis use, which privilege deficit models, medicalised explanations and their portrayals in the media, and resultant policy. These fail to accommodate the rational arguments that participants in the present study offered for their use, and which directly challenge many popularly held notions about use and user. A denial of deviancy, the preference for control and a controllable experience (particularly in comparison to using alcohol), and a complex array of rules governing use were consistently expressed by participants. These operational practices were reflected in participants’ self-perceptions and the subjective meaningfulness they ascribed to their use. Thus, whether closely aligning their self-perception with use, or instead perceiving use as merely an adjunct to their personhood, a widely held yet diverse set of knowledge, skills and cultural practices encapsulated users in the present study.

The difficulty with prevailing constructions of use was nowhere more apparent than in Chapter Eight’s consideration of theories of intoxication, where even reflexive explanations (e.g. Sulkunen, 2002) remained unidimensional and pathologizing. By contrast, counter explanations offered by participants emphasized an array of advantages and benefits of use, both functional and symbolic. The discourse around benefits existed along-side participants’ acknowledgement of cannabis harms. Though subjective, this cost-benefit assessment of their behaviour by users substantiates the present study’s argument that for many, the decision to use cannabis is rational and meaningful, and one many feel enhances their lives.

Thus Chapter Eight concluded by arguing that the clear tension between users’ depiction of use and that of prevailing discourses reflects the power of ‘positioned’ knowledge. Prevailing discourses deny or are naïve of the politics of knowledge/experience, resulting in, as noted above, the disqualification of non-legitimate knowledge/experience. This returns us to Foucault’s (1980) notion of subjugated knowledges, with prevailing discourses and users’ experience occupying polar positions along a spectrum of discursivity.
9.5 Assessing the Study and Future Research

With the benefit of hindsight, the study might have been improved in several ways. Revisiting the five research activities described in section 5.5 facilitates this review.

9.5.1 Policy and Regulation Review

The analysis of documents associated with developing drug policy was necessarily discrete, i.e. two brief periods and associated documents were considered. There is no doubt, however, a wealth of other material that could have been examined. Four areas suggest themselves.

Analysis of the early material (i.e. from the 1960’s and 1970’s) could have benefited from more feedback from those involved in its production. In fact, interviews were carried out with Professors Fred Fastier and Dame Joan Metge, respectively pharmacy and social science experts on the Board of Health Committee producing the two reports (1970, 1973). Greater analysis and inclusion of this material would have added depth to the assessment of the reports.

Secondly, there is an interim period in the development of New Zealand’s drug policy—the 1980’s—which, if more closely examined, might have yielded interesting insights into events culminating in the 1996-8 material examined in the present project.

Similarly, there is also likely to be a body of recorded discussion by policy officials around the formulation of the initial National Drug Policy documents. Although some of this material was accessed (e.g. Ministry of Health, 1996e), a broader assessment of it may have provided more insight into policy machinations. Instead, the researcher brought his own focus to the selection and analysis of this material, and with it his own position. Thus an emphasis on the tensions between harm minimisation and enforcement received, particularly where cannabis policy was concerned, a level of attention potentially disproportionate to to their presence in the documents.

Finally, as the study progressed an area becoming significant by its absence was that of the media. There is no doubt the media play a huge role in constructing perceptions of use and user. And certainly the present study would have benefited from a broader analysis of an area referenced only brieflyi (e.g. Sulkunen, 2002; Cape, 2003; Blackman, 2004). However, as with ethnicity (see below), the study of the media is a vast area in itself, and well beyond the
scope of the present project. This having been said, the present work clearly opens the door for more detailed work in this important area.

9.5.2 Government Officials as Key Informants

While the choice of which officials to interview was primarily determined by their committee membership, how this aspect of the study was approached requires critical assessment. The questions posed to Minister Anderton (Appendix IV) provide some insight into the perspective adopted. A particular focus was the researcher’s perception (albeit informed by the literature, e.g. Wodak and Saunders, 1995) of a tension between harm minimisation and enforcement. In interviews this line of questioning was pursued, possibly to the exclusion of other matters and perhaps also resulting in officials responding less openly. Having said this, as was the case during other stages of the study, at least one official spontaneously ‘confessed’ to their use of cannabis during the interview. This and other candid utterances concerning interactions with colleagues suggests officials were generally open to the interviews.

A second weakness of this component of the study concerns the lack of analysis similar to that applied to the narratives of the cannabis-using participants. However, as noted previously (section 5.5.1) the policy component was an adjunct to the larger project. Nonetheless these data remain and are available for more detailed analysis in the future.

9.5.3 Thematic Development: Theory vs practice

Although Chapter Seven emphasized transparency in the analytic process, as was discussed in the method chapter, (section 5.5.3) the issue of positionality remains. How was the researcher perceived, to what extent did participants offer their ‘reality’ and how accurate is its interpretation as presented here?

These are issues the reader must decide. Great attention was paid to achieving an accurate representation of participants’ utterances. These were carefully transcribed and placed. However, despite attempts at objectively assessing the significance of themes (i.e. by noting frequencies, e.g. Figure 13), the significance of these for participants was mediated by their interaction with the researcher. For example, while much has been made of participants’ awareness of cannabis harms, thereby suggesting their assessment of costs as well as benefits of use, the emphasis on harms was to some extent an artefact of questioning.
9.5.4 Use of the CUQ

As noted in Chapter Five (section 5.3.5.1), there were issues of consistency around diagnosing dependence and abuse, and the use of the DSM. Cohen and Sas (1998:91-3) had previously expressed concerns about its use by non-clinically trained personnel in, for example, administering the CUQ. Deploying a non-standard hybrid version also incorporating ICD-10 criteria, and extending the time of inquiry to lifetime use compounded problems. While this approach suited previous applications of the CUQ (e.g. Cohen and Sas, Ibid.) it was less successful for the present study, which sought, via mixed methods, to compare medical and non-medical perspectives of use. Given the significance of the DSM in categorizing users it would have been more useful to deploy a complete non-hybrid version and to focus the survey the previous twelve months of participants’ use. This would have facilitated more critical comparisons between users as constructed via the DSM and through their narratives. Perhaps discussion of this point may concluded by contrasting extremes of interacton. In this regard Lyotard (1998:17-19) draws a distinction not only between ordinary and technical language, with the latter having limitations to promote validity or falsificatioin, but also between ‘good’ and ‘bad will’ in communication. The latter he notes (Ibid.:19) “is the name you give to the fact that the opponent does not have a stake in establishing reality”. Here it is argued that good will, at least, obtained between participant and resarcher.

9.5.5 A Random Qualitative Sample?

As discussed in Chapter Five, despite methodological pragmatism’s utility in studies such as this, the difficulties of combining the two ‘pure’ methods remain. This was particularly apparent when selecting participants for Chapter Eight’s sub-sample. In trying to screen potential participants by using a matrix of ten quantifiable criteria, ethnographically an almost random choice of subjects came to prevail. For a quantitative study this random selection would be considered entirely appropriate. However, much of the material from which Chapter Eight’s analysis proceeded was qualitative and by definition each narrative embodied certain unique qualities. Consequently it was simply not possible to accommodate many excellent narratives and as a result, as an ethnographic work, the final product is ‘ethnographically’ the poorer. This, to an extent, is part of ‘the deal’ one makes when undertaking a mixed method analysis. It perhaps epitomizes the concerns of hermeneutically-orientated researchers, but in so doing emphasises the influential role experience plays in undertaking mixed method research.
9.5.6 A Look to the Future

It could be argued that a further limitation of the present study is its lack of engagement with notions of ethnicity and how these might mediate use. However, ethnicity is a vast and complicated subject in itself, and the literature on it voluminous. The present study sought to examine the perspectives of cannabis users in general in Aotearoa New Zealand, not specifically Moari, Pacific Islander, Asian or pakeha users. This was recognized early in the study with the decision being made that engaging with ethnicity would be beyond its scope. This having been noted, I would suggest that the present study might open the door to future valuable research, which could engage with a topic that is highly relevant to New Zealand and almost completely unexplored from the perspective adopted here.

These issues notwithstanding, the above implies that further mixed method studies incorporating user perspectives would be desirable, and indeed this is the case. The aim of mixed methods is first and foremost to answer the questions. Until drug use research is prepared to seek answers where they reside, particularly with users themselves, the knowledge required to more fully understand issues around drug use will be incomplete.

Insights provided by the present study suggest immediate application in two specific areas for future research in New Zealand. The first of these concerns a recent call by the New Zealand Drug Foundation (Bell, 2007) for a national conversation about cannabis. The Foundation, a state-funded NGO, claims that cannabis has been ignored while politicians and other stakeholders have focused on alternative drug issues. The present study’s emphasis on user discourse sets a platform for an extension of research integrating this strategy into the realm of policy discussion. A likely approach would include the incorporation of user stakeholders into the examination of policy and its formation, as has happened elsewhere, for example in Western Australia (see below).

Likewise, recent New Zealand research on cannabis-affected driving suggests there is a culture of acceptable practice around this behaviour. While the issues are complex and evidence of the consequences of cannabis-affected driving not uncontroversial (Earleywine, 2002), it is clear that an analysis of cannabis users’ beliefs concerning this issue would be useful.

9.6 Policy Options

As Lenton (2004) comments, politically there are windows of opportunity for drug policy reform. This is a direction considered desirable not only by users and their organisations (e.g. NORML), but also by harm minimisationists whose critical analysis of policy, as discussed in Chapter Four, has identified policy-generated harms (MacCoun and Reuter, 2001). Material presented in the current study supports the position that some move towards reform would be appropriate. However, while policy is closely linked with research, it is not primarily determined by it. Thus rather than being evidence-based, policy and the impetus to change it, is evidence-informed (e.g. Ministerial Committee on Drug Policy, 2007:6). Moreover, while numerous cannabis policy options have previously been suggested for New Zealand (e.g. Field and Casswell, 2000; Abel and Casswell, 1998; Walton, 1997), the tendency has been to draw on a range of pre-existing models, often operating elsewhere (e.g. Australia or Europe), with the assumption that imposing one or other of these will suffice.

Unfortunately, while reform opportunities may periodically arise, as the present study has argued, polarized perceptions of use suggest that if existing procedures guiding reform are followed the likelihood of a rational and efficacious change is poor. Nonetheless, one approach congruent with the present study’s arguments concerning perceptions of use and their legislative impact does present itself. Though of interest here is more the means of moving towards a policy shift than a specific option per se, notions informing the following example’s chosen option are also relevant to the present study’s emphasis on education over coercion, and the reduction of policy-related harms.

In Western Australia Lenton and colleagues (i.e. Barratt, Chanteloup, Lenton, & Marsh, 2005; Chanteloup, Lenton, Fetherston, & Barratt, 2005; Fetherston & Lenton, 2005; Lenton, 2004; Sutton & Hawks, 2005) developed a cannabis policy reform scheme which was ultimately progressed into legislative (de jure) reform. The scheme aimed to reduce not only primary cannabis harms (e.g. health and injury related) but also those associated with policy (e.g. criminalisation, compliance costs, barriers to education) by introducing civil penalties linked with education for those using and caught with small amounts of cannabis. The means by which this was achieved is significant for the present study, as the programme involved a community consultation process incorporating input from all stakeholders, including the public at large and cannabis users specifically.
Incorporating user perspectives into the discourse on cannabis recognizes the legitimacy of user knowledge as derived from experience. The advantages of subverting the knowledge hierarchy described in the present study extend from this. In turn this subversion, or insurrection as Foucault (1980) would describe it, may facilitate a pluralistic discourse and hopefully one more productive of pragmatic outcomes. Thus, in societies where a large proportion of the population regularly engages in a behaviour interdicted due to putative harms, strategies aimed at reducing harms are likely to be more effective if they induce a sense of ownership in those at whom they are directed. Moreover, in the context of illicit substance use this approach leads away from ineffective policies and their avoidable negative consequences for users and non-users alike, and towards a genuinely balanced approach informed less by prejudice than evidence. It is only through achieving balance that the myths of cannabis use—whichever these are—may be culled from its reality.
REFERENCES


Dangerous Drugs Bill, Legislative Council and House of Representatives, 2nd Sess. Vol. 212. 636-646


Misuse of Drugs Amendment Act (No 2), 26 (1) (h) (2003).


APPENDICES