

## Discourse Analysis for Exploring Bioethics in Biomedical and Medical Sciences Education

**Abstract:** Bioethical debates need to be contextualised within social, political and ideological contexts. Discourse analysis (DA) is an effective method for providing a means of understanding the power systems that construct ‘truth’ within health and health care practices, and the influences motivating health policy. Incorporating DA approaches to Biomedical and Medical Science (BMS) education can offer richer insights into the texts that provide a barometer of sociocultural change. Within the biomedical and medical curriculum, this should include a broad range of perspective on bioethical issues encouraging a more ‘global’ understanding of the range of issues involved in a bioethical debate. The present paper offers an illustration of how DA can be incorporated into BMS education through examining the medical cannabis debate. Using DA approaches allows students to explore the culture, politics, and conflicting values that underpin the medical cannabis positions. In particular, it focuses on how the concepts of ‘addiction’ and ‘prohibition’ associated with certain drugs as defined by institutions and social actors have influenced perceptions of these drugs and their use, and in turn influenced medical cannabis policy.

**Keywords:** *bioethics, cannabis, cannabis user, discourse analysis, drug policy, public policy*

### 1. Introduction

Bioethics aims to establish how best we may deal with ethical controversies that emerge from new situations and possibilities as a result of advances in biology and medicine. It balances the benefits advancements bring for the betterment of health against ensuring moral and legal discernment relating to medical policy, practice and research. Critical in understanding the competing values contained within bioethical debates is recognising that biomedicine functions to “legitimate the existing social order, to conceal the class basis of society, and to create a worldview that is congruent with the interests of the dominant social class”.<sup>1</sup> At best, “bioethics can be seen as a ‘mediating element’ between politics, the public and science within contemporary society”,<sup>2</sup> or perhaps as an “instrument of compromise that serves to placate public and political concerns while establishing legitimacy for remunerative projects”.<sup>3</sup> It is thus important to examine bioethical debate in the context of the social,

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<sup>1</sup> Edwin J. Greenlee, “Discourse, Foucault, and Critical Medical Anthropology”, *Central Issues in Anthropology*, 9.1 (1991), 79-82.

<sup>2</sup> Charles E. Rosenberg, “Meanings, Policies, and Medicine: On the Bioethical Enterprise and History”, *Daedalus*, 128.4 (1999), 27-46.

<sup>3</sup> Brian Salter and Mavis Jones, “Biobanks and Bioethics: The Politics of Legitimation”, *Journal of European Public Policy*, 12.4 (2005), 710-732.

political and ideological domains in which it is conducted<sup>4</sup> in order to encourage a more ‘global’ understanding of the range of issues involved.

Discourse Analysis (DA) offers a particularly useful set of tools to this end. It exposes the relationship between discourse and ideology and the ways in which text encodes theories of reality and relations of power. This paper will put special emphasis onto Foucauldian Discourse Analysis (FDA) and Critical Discourse Analysis (CDA). A Foucauldian framework offers a means to understand how relations of power are determined discursively but also how ‘the ‘natural’ body of the modern period is “created socially and culturally by means of disciplinary techniques and linked into networks of power and knowledge”.<sup>5</sup> Critical Discourse Analysis (CDA) provides techniques to unpack the interconnectedness of discourse, power and ideology and social structure,<sup>6</sup> to reveal how dominant discourses are embedded in institutions, in the behaviour, rituals, and practices that go with those institutions and legitimate existing power relations and social structures. Its critical aspect lies in that it aims to denaturalise the ideologies within the institutional discourses, which would otherwise be hidden.<sup>7</sup> These are rigorous and powerful approaches to discourse that can be used to understand the inner workings of systems of power through which ‘truth’ in biomedical and medical practices is constructed.<sup>8</sup>

This paper aims to illustrate how a Foucauldian influenced approach to discourse and CDA can offer excellent means to explore bioethical issues within Biomedical and Medical Science (BMS) studies in Higher Education (HE). Described here is a sequence of tasks that were used in a series of scientific communication workshops to introduce postgraduate BMS students to DA as an approach to text more generally, and to how it can be applied to deconstruct bioethical debate more specifically. The bioethical topic we focused on was the advancement of the medical cannabis programme in the UK. The term ‘the medical cannabis programme’ refers to the regulation over the importation, prescription and supply of cannabis-based products or preparations. For the purposes of this paper, the term ‘the advancement of the medical cannabis programme’ refers to the potential for increased research into the benefits and harms of cannabis-based medicinal products, with the aim of allowing, where appropriate, access to these products for treatment of illnesses that are otherwise non-responsive to medication. Medical cannabis had received significant media attention in the months prior to the workshops running: the reporting of a number of high profile cases of children with severe epilepsy, controlled only by cannabis oil, garnered public support for amendment to the medical cannabis legislation (discussed later in this paper). Subsequently, renewed discussion regarding the scientific evidence for the efficacy and safety of medical cannabis emerged providing the backdrop for the examination of this topic. In the following section, a brief overview of the cannabis policy in the UK is provided to contextualise the debate. This constitutes a summary of the introductory lecture given to the students prior to the DA tasks described below.

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<sup>4</sup> Roger Cooter, “The Ethical Body”, in Roger Cooter and John V. Pickstone, eds., *Medicine in the Twentieth Century* (Amsterdam Harwood Academic, 2000), 451-67.

<sup>5</sup> Greenlee, *Discourse, Foucault, and Critical Medical Anthropology*, 79-82.

<sup>6</sup> Paul Simpson and Andrea Mayr, *Language and Power* (London: Routledge, 2010), 51.

<sup>7</sup> Norman Fairclough, *Language and Power* (London: Longman, 1989).

<sup>8</sup> Brian David Hodges et al., “Discourse Analysis”, *BMJ*, 337 (2008), a879.

## 2. Cannabis Policy in the UK Context

Following a long history of widespread medicinal application, cannabis use without prescription from a doctor first became prohibited in the UK under the Dangerous Drugs Act (1928). After decades of negotiations, the legal and administrative framework for all international drug control, led by the United States' insistence on an international prohibition-based approach,<sup>9</sup> was finally laid out in three international conventions negotiated under the auspices of the United Nations (UN).<sup>10</sup> In 1964, 172 party states ratified the first of these, the UN 1961 Single Convention, which divided substance control into four Schedules.<sup>11</sup> Schedule IV contains the most highly controlled drugs, followed by Schedule I, then Schedule II and finally Schedule III. Cannabis was placed in Schedule I along with heroin, a classification that included drugs with no medical value and which were perceived to possess great harms. Within this schedule, the cultivation of cannabis was criminalised.

In 1971, the UK introduced a drug classification system along with sentencing guidelines, and the Advisory Council on the Misuse of Drugs (ACMD) was established. Drugs became classified according to a three-tiered system in which they were ranked according to their perceived harmfulness, while penalties for drug use and the offence of 'intent to supply' were introduced proportionately to this system of classification.<sup>12</sup> Cannabis was placed in the middle of the three classes of prohibition. Today cannabis is the most widely used drug in the UK. A recent Home Office survey showed that 7.2% of adults aged between 16 and 59 used cannabis in a 12 month period (around 2.4 million).<sup>13</sup>

In 2004, following independent reviews of the medical evidence for cannabis<sup>14</sup> and of the effectiveness of anti-drug enforcement laws in the UK,<sup>15</sup> the legal classification of cannabis was downgraded from Class B to Class C, in what represented the most significant liberalisation of British

<sup>9</sup> Jay Sinha, *The History and Development of the Leading International Drug Control Conventions* (Canada: Library of Parliament, 2001).

<sup>10</sup> *The Single Conventions on Narcotics, 1961* (Single Convention) as amended by the *Protocol Amending the Single Convention on Narcotic Drugs, 1961*; the *Conventions on Psychotropic Substances* (Psychotropic Conventions); and the *Conventions against Illicit Traffic in Narcotic Drugs and Psychotropic Substances* (Trafficking Convention).

<sup>11</sup> These are detailed in *Article 2 Substances under Control*: Schedule I – these drugs are subject to all measures of control applicable under the Convention and in particular to those prescribed in certain Articles; Schedule II – these drugs are subject to the same measures of control as drugs in Schedule I with the exception of measures presented in Article 30, paragraphs 2 and 5 in respect of retail trade; Schedule III – these drugs are subject to the same measures of control as preparations containing drugs in Schedule II except that specific paragraphs of Article 31 and 34 need not apply and that for the purposes of estimates (Article 19) and statistics (Article 20), the information required shall be restricted to the quantities of the drugs used in the manufacture of such preparations; and Schedule IV – these drugs shall also be included in Schedule I and subject to all measures of control applicable to drugs in the latter Schedule and in addition thereto further measures should the State Party, in its opinion, require such measures.

<sup>12</sup> Drugs classified as Class A (heroin, cocaine, crack cocaine, LSD and magic mushrooms) are considered most harmful. Class B includes amphetamines, barbiturates and codeine, cannabis, while Class C includes anabolic steroids, benzodiazepines, and minor tranquillisers acquired without a doctor's prescription.

<sup>13</sup> Home Office Report, *Drug Misuse: Findings from the 2017/18 Crime Survey for England and Wales* (2018), 4.

<sup>14</sup> House of Lords Select Committee on Science and Technology, *Cannabis: The Scientific and Medical Evidence* (London: House of Lords, The Stationary Office, 1998).

<sup>15</sup> Police Foundation, *Drugs and the Law: Report of the Independent Inquiry into the Misuse of Drugs Act 1971* (London: The Police Foundation, 2000); Advisory Council on the Misuse of Drugs, *Further Consideration of the Classification of Cannabis under the Misuse of Drugs Act 1971* (2005).

drug law in more than three decades.<sup>16</sup> However, within a few years, compelling evidence from large-scale, longitudinal studies emerged of the correlation between cannabis use and psychosis.<sup>17</sup> The media drew attention to this association by focusing on events that linked cannabis to psychosis and violent crime.<sup>18</sup> The government responded, initially by increasing penalties on all Class C drugs, along with a public commitment to fight the ‘war on drugs’, and later in 2009, by reclassifying cannabis as a Class B drug. It is widely thought that this reversal of cannabis classification in 2009 was a response to the populist desire for a government that was “tough on crime, tough on the causes of crime”.<sup>19</sup> It is also rumoured that it was a compromise made by the Prime Minister at the time, Gordon Brown, in order to secure support for his Premiership from the editor of the *Daily Mail*, a newspaper at the forefront of anti-cannabis reporting.<sup>20</sup> The unfortunate consequence of this U-turn and renewed crackdown on importation of cannabis was an increase in the production *within the UK* of hybrid forms of cannabis containing high levels of delta-9-tetrahydrocannabinol (THC),<sup>21</sup> the compound that creates the drug ‘high’ and is linked to psychotic-like experiences and increased dependence.<sup>22</sup>

In 2018, as a result of a number of high-profile cases of children being hospitalised following seizures from epilepsy, the cannabis debate was once again thrust under the media spotlight.<sup>23</sup> Sectors of the press known for traditionally being hostile to cannabis use, this time, took a more sympathetic approach in their reporting of two cases of young children with life threatening epilepsy, Alfie Dingley and Billy Caldwell, whose seizures could be controlled with cannabis oil. When Billy Caldwell’s supply of medical cannabis oil sourced from Canada was seized at customs and his mother was threatened with arrest for importing it, the government buckled under public scrutiny of its hard line stance on medical cannabis and the Home Office granted him an exceptional licence to use the cannabis oil medicine. At the same time, it was announced that the chief medical officer for England would review the status of medical cannabis for such cases.

On 1st November 2018, an amendment to the UK legislation moved cannabis-based products from Schedule I to Schedule II, allowing their use on prescription from doctors on the relevant Specialist Register of the General Medical Council in cases where the clinical needs of patients could not be met by licensed medicines. The media response was to highlight the paucity of evidence on the efficacy of

<sup>16</sup> Michael Shiner, “Drug Policy Reform and the Reclassification of Cannabis in England and Wales: A Cautionary Tale”, *International Journal of Drug Policy*, 26.7 (2015), 696-704.

<sup>17</sup> Jim Van Os et al., “Cannabis Use and Psychosis: A Longitudinal Population-based Study”, *American Journal of Epidemiology*, 156.4 (2002), 319-327.

<sup>18</sup> INCB, *Report of the International Narcotics Control Board for 2002.E/INCB/2002/1* (Vienna: United Nations, 2002).

<sup>19</sup> Robert Reiner and Tim Newburn, “Crime and Penal Policy”, in Anthony Seldon, ed., *Blair’s Britain, 1997-2007* (Cambridge: Cambridge U.P., 2007), 318-340.

<sup>20</sup> Max Daly and Steve Sampson, *Narcomania: How Britain Got Hooked on Drugs* (London: Random House, 2013); Greg de Hoedt, *Written Evidence Submitted by the UK Cannabis Social Club (DP177)*, *Drugs: Breaking the Cycle* (London: Home Affairs Committee, 2012).

<sup>21</sup> David Nutt, “Why Medical Cannabis Is Still out of Patients’ Reach”, *BMJ* (2019), 365.

<sup>22</sup> Marta Di Forti et al., “High-potency Cannabis and the Risk of Psychosis”, *The British Journal of Psychiatry*, 195.6 (2009), 488-491.

<sup>23</sup> Damien Gayle, “Medicinal Cannabis: How Two Heart-Breaking Cases Helped Change Law”, *The Guardian* (26/7/2018); Alfie Dingley, “Amazingly Well After Cannabis Treatment”, *BBC News Online* (27/10/2018).

medical cannabis and to promote concerns about the advancement of the medical cannabis programme. In a reversal of the 2018 amendments, on 8<sup>th</sup> August 2019, the National Institute for Health and Care Excellence (NICE) announced its recommendations that medical cannabis cannot be approved for pain or for use in children with severe epilepsy. In order to address the crucial questions about safety and efficacy of medical cannabis, NICE called for further randomised controlled trials (RCTs),<sup>24</sup> a position criticised for being dismissive of patients' own accounts of medical cannabis treatment.

In the absence of scientific evidence of the efficacy and limitations of harm that are required to legitimise the legalisation of medical cannabis more widely, the government exercises prudence in continuing to rank cannabis at the highest level of prohibition and risk.<sup>25</sup> It argues that the maintenance of the illegal status of cannabis aims to prevent addiction, to promote good health and to help strive towards a civil society. This position invokes the non-maleficence principle (i.e. 'do no harm'), a paternalistic stance assuming trust is vested in the practitioner or policy maker as the one with critical expertise who acts to protect citizens. Yet, it has been difficult for the scientific community to challenge the non-maleficence position when the government's stance is an ideological positioning of a 'war on drugs' that has severely limited possibilities for scientific research aimed at building a body of evidence to elucidate the full potential of both harms and benefits of medical cannabis. However, as the world's largest producer and exporter of legal cannabis for medical and scientific uses, the UK government clearly recognises that cannabis has medical potential.<sup>26</sup>

Since drug control in the UK is vested in the Ministry of Justice, resistance to the advancement of the medical cannabis programme is often based on legal and moral arguments for prohibition rather than on a medical rationale. The prohibition discourse has divided, but also criminalised, individuals according to their use or abuse of particular substances. In this way, discourses of different drug use reflect complementary and contested ideological positions.<sup>27</sup> Competing positions described by Foucault, such as the 'insane' and the 'sane' consisting of processes of 'social objectification and categorization', similarly exist in the predominant cultural discourse about drug prohibition.<sup>28</sup>

From this perspective, the use of medical cannabis for either medical or recreational use, places the user in the category of 'drug-abuser' or criminal and represents a social deviant, who should be castigated, socially excluded and punished, leading to the creation of an underclass of people with criminal records.<sup>29</sup> In contrast, prescription painkillers at the centre of an opioid epidemic, which are highly addictive, and caused 220 deaths in England in 2018 alone, do not produce the same stigma.<sup>30</sup>

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<sup>24</sup> RCTs are thought to be the 'gold standard' of medical trials because they arguably provide the highest certainty that effects can be attributed to the intervention.

<sup>25</sup> Nutt, *Medical Cannabis*, 365.

<sup>26</sup> Report of the International Narcotics Control Board (2018).

<sup>27</sup> Kenneth W Tupper, "Drugs, Discourses and Education: A Critical Discourse Analysis of a High School Drug Education Text", *Discourse: Studies in the Cultural Politics of Education*, 29.2 (2008), 223-238.

<sup>28</sup> Andy Letcher, "Mad Thoughts on Mushrooms: Discourse and Power in the Study of Psychedelic Consciousness", *Anthropology of Consciousness*, 18.2 (2007), 74-98.

<sup>29</sup> From Statista, *Police recorded possession of drugs offences in England and Wales from 2004/05 to 2017/18*, [www.statista.com](http://www.statista.com).

<sup>30</sup> From the Office for National Statistics, [www.ons.gov.uk](http://www.ons.gov.uk).

Yet, according to the *Diagnostic Statistical Manual of Mental Health Disorders (DSM-V)*,<sup>31</sup> a patient requiring opioids for pain treatment could quite easily meet five of the seven listed criteria for drug dependence.<sup>32</sup> The critical difference is that the production and licensing of opioid-based pharmaceuticals is legitimised by the involvement of large multinational companies and by their administration by professionals within the medical establishment.<sup>33</sup>

The dominant discourses of illicit drugs that legitimate existing power relations and social structures serve the interests of those authorities and institutions executing the ‘global drug war’.<sup>34</sup> The media and anti-drugs educationalists transmit and cultivate discourses that perpetuate the continued promotion of the ‘war on drugs’ and demonisation of cannabis, serving the ideological and political interests of those who gain from maintaining these positions.<sup>35</sup> What follows is a description of how applying Discourse Analysis for the exploration of the bioethics of medical cannabis can help postgraduate university BMS students understand how the conceptualisation of cannabis, and of the cannabis user, as a criminal problem has emerged and influenced the debate today, thus exploring the examination of the bioethical debate beyond the pharmacological considerations. This does not claim to be a comprehensive guide to conducting DA in BMS studies. Instead the paper aims to demonstrate how an understanding of bioethics debates can be enriched if contextualised within the social, historical, political and ideological context in which they are conducted,<sup>36</sup> and in turn, facilitate a more ‘global’ understanding of different perspectives, interests and issues involved.

### 3. Incorporating Discourse Analysis in BMS Education

This paper describes a sequence of in-class tasks carried out by postgraduate level BMS students in a series of workshops across a 9 week period, which offered them an opportunity to explore the medical cannabis discourse through DA. The central focus of each task was to unpack the normalisation of behaviours and discourses that construct the notion of a cannabis user as ‘subject’ and cannabis as an ‘evil’, and how these perceptions have influenced the medical cannabis debate and policy. This paper presents the analyses that the students draw out in these tasks and the conclusions they reach.

#### 3.1. A social constructionist orientation: conceptualising addiction

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<sup>31</sup> American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* (5<sup>th</sup> ed.) (Washington, DC: American Psychological Association, 2013).

<sup>32</sup> Howard A. Heit, “Addiction, Physical Dependence, and Tolerance: Precise Definitions to Help Clinicians Evaluate and Treat Chronic Pain Patients”, *Journal of Pain & Palliative Care Pharmacotherapy*, 17.1 (2003), 15-29.

<sup>33</sup> Letcher, *Mad Thoughts on Mushrooms*, 74-98.

<sup>34</sup> Shane Blackman, *Chilling out: The Cultural Politics of Substance Consumption, Youth and Drug Policy* (McGraw-Hill Education, UK, 2004).

<sup>35</sup> Kenneth W Tupper, “Drugs, Discourses and Education: A Critical Discourse Analysis of a High School Drug Education text”, *Discourse: Studies in the Cultural Politics of Education*, 29.2 (2008), 223-238.

<sup>36</sup> Roger Cooter, “The Ethical Body”, in Roger Cooter and John V. Pickstone, eds., *Medicine in the Twentieth Century* (Masterdam: Harwood Academic Publishers, 2000), 451-67.



A key requirement of CDA is that it is critical in its destination,<sup>37</sup> i.e. it aims to unpack and denaturalise the hidden ideologies within institutional discourses.<sup>38</sup> In order to be able to take a critical stance in challenging the notion of objective and unbiased knowledge, students need to be familiar with the assumptions underlying social constructionism, the paradigm that underpins CDA. A social constructionist orientation to knowledge rests on the philosophical assumptions that knowledge is “socially constructed and relative to the language, concepts and apparatus used to create it”,<sup>39</sup> as a consequence, “multiple versions of the world are legitimate ... texts are open to multiple readings; and ... language is non-representational”.<sup>40</sup> The researcher needs to dispense with expectations of “absolute truths or absolute ethical positions”,<sup>41</sup> and instead, acknowledge uncertainty and accept the inevitability of multiple perspectives from which the text can be viewed.<sup>42</sup>

The students explore this idea through looking at perspectives of addiction, a concept that is ideologically sanctioned and classified either as a disease or a moral failing according to its biological or societal context.<sup>43</sup> In a preliminary class discussion prior to carrying out a series of DA tasks (to follow), they were asked to classify definitions of addiction extracted from the medical sciences and psychology literature, and to consider how such classification might impact on potential for intervention.

These definitions vary widely and include notions of loss of control over a substance until it causes harm,<sup>44</sup> disease-like connotation,<sup>45</sup> an imbalance of the central nervous system,<sup>46</sup> having neurobiological underpinnings,<sup>47</sup> phenotypes explicable by gene-environment interactions,<sup>48</sup> and pattern of choices.<sup>49</sup> The students recognised these can be divided into two competing conceptualisations of addiction. According to the disease model, addictive behaviour is a compulsion, of which the addict does not have conscious control, resulting in loss of his/her rational judgment.<sup>50</sup> One obvious problem for the disease model is that addicts can in fact recover from their addiction and

<sup>37</sup> Deborah Lupton, “Discourse Analysis: A New Methodology for Understanding the Ideologies of Health and Illness”, *Australian Journal of Public Health*, 16.2 (1992), 145-150.

<sup>38</sup> Norman Fairclough, *Language and Power* (London: Longman, 1989).

<sup>39</sup> Ian Hacking and Jan Hacking, *The Social Construction of What?* (Cambridge, Mass. and London: Harvard U.P., 1999).

<sup>40</sup> Robert White, “Discourse Analysis and Social Constructionism”, *Nurse Researcher*, 12.2 (2004).

<sup>41</sup> Margaret Wetherall, “Debates in Discourse Research”, in Margaret Wetherall et al., eds., *Discourse Theory and Practice: A Reader* (London: Sage Publications, 2001), 380-399.

<sup>42</sup> Walter Humes and Tom Bryce, “Post-structuralism and Policy Research in Education”, *Journal of Education Policy*, 18.2 (2003), 175-187.

<sup>43</sup> K. Klaue, “Drugs, Addiction, Deviance and Disease as Social Constructs”, *United Nations International Drug Control Programme Vienna Bulletin on Narcotics*, LI.1-2 (New York, 1999), 47.

<sup>44</sup> See *Addiction: What Is It?*, [www.nhs.uk](http://www.nhs.uk).

<sup>45</sup> Jim Orford, “Addiction as Excessive Appetite”, *Addiction*, 96.1 (2001), 15-31.

<sup>46</sup> Roger E. Meyer, “The Disease Called Addiction: Emerging Evidence in a 200-year Debate”, *The Lancet*, 347.8995 (1996), 162-166.

<sup>47</sup> Aviel Goodman, “The Neurobiological Development of Addiction: An Overview”, *Psychiatry Times*, 26 (2009), 1-14.

<sup>48</sup> Barry T. Declan, “The Globalization of Addiction: A Study in Poverty of the Spirit”, *The Journal of Nervous and Mental Disease*, 198.6 (2010), 462.

<sup>49</sup> Gene M Heyman, “Addiction and Choice: Theory and New Data”, *Frontiers in Psychiatry*, 4 (2013), 31.

<sup>50</sup> Alan I. Leshner, “Addiction is a Brain Disease, and it Matters”, *Science*, 278.5335 (1997), 45-47.

become responsive to contingencies.<sup>51</sup> In contrast, within the choice model, addicted persons have volition mechanisms and therefore self-control, but simply make bad choices. The importance of these models and the dominant discourses of addiction is that they influence public and policy makers' perceptions of whether those who are suffering from an addictive illness should be punished for their behaviour, or instead, whether blame should be withheld and compassion exercised. If the disease concept is applied and addicted persons are not viewed as responsible for their behaviour, this may impact on reducing the stigma of addiction, while conversely, adopting a disease model risks stigmatising addicted persons by denying them the opportunity to develop self-control, further eroding their self-esteem.<sup>52</sup> The discussion leads to the conclusion that central to the conceptualisation of addiction and the drug debate more broadly is the idea that, even in the context of a plethora of scientific research, there are multiple ways to perceive addiction, and that our perceptions impact on the way in which people and their actions are sanctioned or judged. This then influences decision making for judicial, medical or social intervention. Examining different models of addiction introduces students to the idea that 'truth' is something that we "create and derive through actively trying to make sense of the world around us, rather than as something that is lying around waiting to be discovered"<sup>53</sup> and that there are implications for how we create 'truth' within our worlds. This idea is advanced in the next task.

We then move to consider the role of discourse in constructing realities, the way they enable and constrain construction of a topic, and their direct consequences for different groups of people. In this stage, students are introduced to Discourse Analysis informed by Foucauldian theory, an approach concerned with a culturally constructed representation of reality, which defines subject framing and positioning. For Foucault, discourse is a system of representations involving the production of power/knowledge through language. He argued that discourse is always productive, constituting human subjects and reality. He was thus interested in how discourse enables and constrains the way in which phenomena can legitimately be spoken about, but also the implications this has on individuals within such a system. For our immediate purposes, FDA therefore offers a means of considering the effects discourses of drugs and addiction have in how we disallow, marginalise or criminalise others.

Whilst there is no definitive method of FDA, Foucault's theoretical insights have been developed into different methods for analysing discourse from a Foucauldian perspective, the most detailed being Parker's 20 stage process, which focuses on the ways in which discourse functions to construct objects and achieve certain subject positions, subjectivities and ways of being.<sup>54</sup> In this task, the BMS students use Willig's six-stage process, a condensed version of Parker's original 20 stages,<sup>55</sup> a summary of which is as follows: 1. identify the discursive objects in the data; 2. identify the discourses at work in terms of how they discuss the discursive object; 3. identify the 'action orientation' of the talk, i.e.

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<sup>51</sup> Stephen J Morse, "Addiction, Genetics, and Criminal Responsibility", *Law and Contemporary Problems*, 69.1-2 (2006), 165-207.

<sup>52</sup> Lily E Frank and Saskia K Nagel, "Addiction and Moralization: the Role of the Underlying Model of Addiction", *Neuroethics*, 10.1 (2017), 129-139.

<sup>53</sup> Cath Sullivan, "Theory and Method in Qualitative Research", in M. A. Forrester, ed., *Doing Qualitative Research in Psychology* (London: Sage Publications, 2010), 15-38.

<sup>54</sup> Ian Parker, *Discourse dynamics: Critical Analysis for Social and Individual Psychology* (London: Routledge, 1992).

<sup>55</sup> Carla Willig, *Introducing Qualitative Research in Psychology* (Maidenhead: Open U.P., 2013), 115.



those responsible to act by talking about the issue in a particular way; 4. identify the subject positions that are produced through the above stages; 5. identify ‘subjectivity’, i.e. the ways in which individuals come to understand their experience based on how the object is constructed; and 6. identify the implications of the above five stages. Willig’s six stages offer BMS students an accessible introduction to a Foucauldian approach by allowing them to map some of the discursive resources used in a text and the subject positions they contain, and to explore their implications for subjectivity and practice.

The data in this task are extracted from an anti-drugs campaign consisting of 48 sheet posters and press ads, which were launched across 17 boroughs in London in 2004, featuring on beer mats, billboards and flyers. Each poster features one of three American drug addicted people, either Roseanne Holland, Melissa Collara, or Penny Wood<sup>56</sup> in a series of six police mugshots spanning roughly an eight-year period.<sup>57</sup> The deterioration of their health is documented in stages with each mugshot, and in each case ending with a photograph of them clearly physically unwell and unrecognisable from the damage of drug addiction. Above the mugshots is the slogan ‘Don’t let drugs change the face of your neighbourhood’. Beneath is the telephone number and instruction to ‘Call Crime Stoppers’, an independent UK charity that gives people the power to report crime anonymously.<sup>58</sup> Rather than a direct attempt to dissuade people from trying drugs, the campaign “targeted Londoners living in areas affected by drug dealing and associated problems, such as gun crime, burglary, street robbery, prostitution and vehicle crime”,<sup>59</sup> with the aim of rallying their support to act against drug related crime. What follows is a description of the students’ interpretations of the ways in which drugs, drug addiction and the drug user are constructed, negotiated and mobilised through the discourse of this drug campaign.

Drug and drug addiction are the discursive objects. By referring to ‘don’t let drugs change the face of your neighbourhood’, the subjects ‘drug dealers’ and ‘addicted people’ are collapsed into one category, as the social problem being addressed. The addicted persons are themselves not presented as victims of drugs, rather their suffering is irrelevant in the criminal discourse on drugs, and instead they are represented as subjects against whom law-abiding citizens of the neighbourhood are pitted in conflict in the ‘war on drugs’. Rather than making any attempt to discourage people from illicit drug use, the campaign focuses on the criminality of drugs and places the public as the victim of drugs, drug dealers and drug-addicted people. The statement advising the public to call Crime Stoppers serves to place drug addiction in the criminal/judicial domain rather than in the health domain, despite the obvious damage the drug addiction had caused these women. This is not a health campaign that seeks to reach those who are suffering drug misuse, but is a Metropolitan police anti-crime campaign that aims to remove the ‘problem’. The aim is to marshal an allegiance with the police by placing responsibility on citizens for protecting and maintaining the community. Possibilities for action are mapped within the discursive constructions identified in the text by instructing citizens to police their streets by providing information to the state, to act against crime and against drugs, and by licensing ‘the innocent’ to act against ‘the guilty’ in eradicating the ‘social disease’.

<sup>56</sup> The London Metropolitan police were unable to use police images of British addicts because of confidentiality laws.

<sup>57</sup> The Advertising archives, [www.advertisingarchives.co.uk](http://www.advertisingarchives.co.uk).

<sup>58</sup> Joe Lepper, Shocking Images of Addicts Used for Met’s Drugs Push, [www.campaignlive.co.uk](http://www.campaignlive.co.uk).

<sup>59</sup> Lord President of the Council et al., *Tackling Drugs Together: A Strategy for England 1995-98* (London: HMSO, 1995).

The students were asked to consider what the agenda might be that governs the construction of this campaign as conceptualising drugs and drug addiction in such a divisive way. They were then shown the UK Government strategy *Tackling Drugs Together: A Strategy for England 1995-1998*<sup>60</sup> to contextualise the agenda behind this campaign. Within this strategy, drug harms were referred to as “intrinsically linked to criminality as drug-related crime”,<sup>61</sup> consolidating a criminal-justice control over UK drug policy.<sup>62</sup> The strategy aimed to combine accessible treatment with vigorous hard-line law enforcement as the solution.<sup>63</sup> The primary aim was to decrease both the risk of drug use and the amount of drug-related criminal behaviour. This prohibition approach typified the problem of anti-drug campaigns, which have been shown to confirm existing negative images of drug users while using a moralistic tone that tends to intensify drug users' low self-esteem and confirms their belief that public authorities are more interested in judging them than helping them.<sup>64</sup> Such an approach only leads to drug users' increased sense of alienation, but also conforms to the stereotype of the drug user, which can feed into the public's anxieties about drugs.<sup>65</sup> These campaigns are bound up in conventional discourses that claim to represent truths about drugs embedded in prohibitionist policy responses to them.<sup>66</sup>

Health campaigns have often employed the ideas of surveillance, for example when aiming to reduce alcohol consumption, obesity or smoking. Numerous campaigns have employed Foucault's concept of the panopticon surveillance to promote self-regulation as a pre-eminent form of social control by important social institutions,<sup>67</sup> ultimately placing responsibility on individuals to exercise control over their own bodies. This project did not explore this topic further but there is certainly sound pedagogical motivation for developing an additional workshop in the series that might explore this campaign in the wider context of public surveillance and health campaigns. These anti-drug campaigns under discussion differ to those employing self-regulation strategies as a form of social control in that they encourage social control via the surveillance of others, an approach more consistent with Mathiesen's concept of the synopticon, a form of surveillance in which “the many see and contemplate the few” as a means of direct control of our consciousness through a whole system of messages.<sup>68</sup> This reinforces the positioning of the drug user as a criminal rather than a victim, whereby through the criminal discourse on drugs, addiction is moralised, the drug user is conceptualised as part of the evil of the drug itself. Critically, it is this moralising of drug use that carries considerable

<sup>60</sup> The UK Government Strategy Published *Tackling Drugs Together: A Strategy for England 1995-1998*.

<sup>61</sup> Neil Hunt and Alex Stevens, “Whose Harm? Harm Reduction and the Shift to Coercion in UK Drug Policy”, *Social Policy and Society*, 3.4 (2004), 333-342.

<sup>62</sup> Mark Monaghan, “The Recent Evolution of UK Drug Strategies: From Maintenance to Behaviour Change?”, *People, Place & Policy Online*, 6.1 (2012).

<sup>63</sup> Ibid.

<sup>64</sup> Tim Rhodes, “The Politics of Anti-Drugs Campaigns”, *Druglink*, 5.3 (1990), 16-18.

<sup>65</sup> Richard Davenport-Hines, *The Pursuit of Oblivion: A Global History of Narcotics* (WW Norton & Company, 2003).

<sup>66</sup> Tim Rhodes, “The Politics of Anti-Drugs Campaigns”, *Druglink*, 5.3 (1990), 16-18.

<sup>67</sup> Danielle Couch et al., “Public Health Surveillance and the Media: A Dyad of Panoptic and Synoptic Social Control”, *Health Psychology and Behavioral Medicine*, 3.1 (2015), 128-141.

<sup>68</sup> Thomas Mathiesen, “The Viewer Society: Michel Foucault's Panopticon Revisited”, *Theoretical Criminology*, 1.2 (1997), 215-234.

influence on public and policy makers' perceptions of both illicit and medical drugs. In the next stage, the students explore the origins of this conceptualisation of the drug user.

### 3.2. *The international framework for drug policy*

One aspect of a Foucauldian influenced approach to discourse is how the ways of thinking and lines of argument have come to be generally accepted as realities. Important to understanding current drug discourses is thus how they have emerged via historical, political and economic processes, and indeed how the drug user has come to be seen as part of the evil of drugs rather than a victim of them. In this next stage of introducing DA approaches, the students examined the preamble to the 1961 UN Single Convention<sup>69</sup> in order to consider the extent to which this text serves to contextualise the cannabis discourses that exist today. The relevance of this document is that for over half a century of US advocacy for stringent narcotic control, US protagonists were vital in the shaping of the final form of the 1961 Single Convention, led by the long-time head of the US delegation, Harry Anslinger.<sup>70</sup> The convention focused primarily on the law enforcement aspect of control and the duty of international cooperation in stemming drug flow at source. This reflected both the United States' and Anslinger's own long-term obsession with the 'war on drugs'. The US Bureau of Narcotics, keen to vilify cannabis and discourage it from being cultivated for medical use, removed it from the US pharmacopoeia in 1934, in the belief that by disallowing medicinal use, recreational use could be restricted.<sup>71</sup> The purpose of the convention in 1961 was to Transfer to the United Nations the powers exercised by the League of Nations in connections with Narcotic Drugs.<sup>72</sup> The critical aspect of this task was for students to discuss how drug users are represented in the preamble of the framework that has influenced international drug policy for six decades. It begins as follow:

The Parties,  
Concerned with the health and welfare of mankind,  
Recognizing that the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering and that adequate provision must be made to ensure the availability of narcotic drugs for such purposes,  
Recognizing that addiction to narcotic drugs constitutes a serious evil for the individual and is fraught with social and economic danger to mankind,  
Conscious of their duty to prevent and combat this evil,

The students make the following observations. From the first line of the *Single Convention* (1961), its moral stance as one concerned with "the health and welfare of mankind" is established. This is reinforced in the second line, which expresses recognition that drugs can be used for medical purposes and the alleviation of suffering, while suggesting the intention to use drugs for such purposes. This

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<sup>69</sup> Single Convention, *The Single Conventions on Narcotics* (1961).

<sup>70</sup> David Bewley-Taylor and Martin Jelsma, "Fifty Years of the 1961 Single Convention on Narcotic Drugs: A Reinterpretation", *Series on Legislative Reform of Drug Policies*, 12 (2011), 1-20.

<sup>71</sup> Nutt, *Medical Cannabis*, 365.

<sup>72</sup> ECOSOC Official Records, No. 2, First Year Third Session (12 and 17 September 1946), 28.

establishes a moral authority on the use of drugs and the noble intention of the signatories. The next line immediately shifts to a darker tone in representing addiction as a serious “social and economic” danger to mankind. However, the preamble offers no reference to, or concern for, the individuals who experience the addiction, an absence that would seem to imply they are part of the drug ‘problem’. In fact, the expression “effective measures against abuse of narcotic drugs” seems to collapse into one group at the centre of the *evil* of drugs both those who are involved in the illegal production and trade in illicit drugs and those who use drugs, in much the same way they were represented in the 1990’s UK anti-drug campaign, discussed previously. The preamble would seem to suggest that it is these individuals as a collective who create “the need for robust international cooperation”. The students concluded that evident in the convention is the stigmatisation of the drug user. Moreover, by identifying drugs as an evil, it obligates international action in embarking on its ‘war on drugs’. By failing to distinguish between victims of drugs use and those profiteering from the production and supply of drugs, it places both groups as the enemy of the ‘war on drugs’. In responding to the ‘evil of narcotics’, the preamble refers several times to ‘universal action’, ‘calls for international co-operation’ and ‘aimed at common objectives’, all calls for robust action. Their analysis is consistent with that of Lines, who explains:

whatever one’s perspective of the cause(s) of ‘addiction’, it is by definition the individual circumstance of an individual person. A person is ‘addicted’ to a narcotic; not a system, a law, a policy, a society or a government. The ‘evil’ and the ‘danger’ is therefore inextricably linked to the person who is drug dependent, and perhaps by extension to those others involved in the production, transportation and sale of drugs.<sup>73</sup>

Additionally, the students noted how aspects of the language reinforce the way in which the agency is constructed. The verbs are placed first in each clause, focusing on the action being carried out by the ‘parties’ only stated once at the beginning of the preamble. By structuring the clauses in this way, emphasis is placed on each action rather than on the agents. This is a matter of convention in the presentation of UN declarations; however, it is an interesting linguistic observation in this text since it creates a sense of the allegiance to this war on the evil of drugs, belying the considerable reluctance of states to agree this convention, which was signed following immense pressure from the US to pursue a prohibition approach.<sup>74</sup>

The subsequent discussion linking this text back to the aim of the task, i.e. to understand the historical factors in the present day drug discourses, led us to consider the importance of this framework in its underpinning of international drug policy for over 50 years. As a preliminary to this discussion, the students read Lines’ article, which explores the relevance of this discourse within a human rights context. The students discussed the argument put forward by Lines in light of their own analysis. He points out that stigmatising and defining vulnerable individuals as ‘evil’ is inconsistent

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<sup>73</sup> Rick Lines, “Deliver Us from Evil? – The Single Convention on Narcotic Drugs, 50 Years on”, *International Journal on Human Rights and Drug Policy*, 1 (2011), 3-13.

<sup>74</sup> Jay Sinha, *The History and Development of the Leading International Drug Control Conventions* (Canada: Library of Parliament, 2001).

with the inherent dignity of mankind expressed in the Universal Declaration of Human Rights, which states that “the peoples of the United Nations have in the Charter reaffirmed their faith ... in the dignity and worth of the human person”.<sup>75</sup>

Citing Room, he concludes that the impact of this stigmatising language when applied to individuals in the context of the conceptualisation of drugs as evil today “only serves as a justification of the convention regime of control and coercion”,<sup>76</sup> and that “the demonisation of drugs combined with the need of the State to exercise power and control undermine fundamental human rights protections”.<sup>77</sup> It is on an understanding of this historical basis of drug users being stigmatised as ‘evil’ that students then explored in the following series of texts how the representations of drugs, and more importantly, the drug user, has persisted until today in the framing of the debate on medical cannabis and government policy on drugs.

### 3.3. *Illicit drug or medicine?*

The media play a critical role not only in disseminating scientific news but in shaping public understandings of science and influencing attitudes towards it. The media function as “the main source of people’s knowledge, attitudes and ideologies”,<sup>78</sup> through their control in filtering and translating scientific information, for example deciding on which aspects of scientific developments are newsworthy and which information or statistics are represented.

As a result, they have the power to shift public debate via agenda setting and defining public interest; framing issues through selection and salience; indirectly shaping public attitudes towards risk; in turn impacting on public perception of the relevance and scale of the problem presented, and feeding into political debate.<sup>79</sup> At the core of this is the notion of a frame, “a central organizing idea for making sense of relevant events and suggesting what is at issue”,<sup>80</sup> through which ‘facts’ take on meaning.<sup>81</sup> As Entman stated, to frame is to take “some aspects of a perceived reality and make them more salient in a communicating text, in such a way as to promote a particular problem, definition, causal interpretation, moral evaluation, and/or treatment recommendation for the item described”.<sup>82</sup>

Framing is particularly important in shaping public policy as it influences how important questions are problematised, who is held accountable and who is responsible for addressing the problem. Within

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<sup>75</sup> United Nations. General Assembly, *Universal Declaration of Human Rights*, Vol. 3381 (Department of State, United States of America, 1949).

<sup>76</sup> Robin Room, “Addiction Concepts and International Control”, *The Social History of Alcohol and Drugs*, 20 (2010), 276-289, 282.

<sup>77</sup> Lines, “Deliver Us from Evil?”, 3-13.

<sup>78</sup> Teun A. Van Dijk, “News Racism: A Discourse Analytical Approach”, in Simon Cottle, ed., *Ethnic Minorities and the Media* (Buckingham and Philadelphia, PA: Open U.P., 2000), 33-49.

<sup>79</sup> Kari Lancaster et al., “Illicit Drugs and the Media: Models of Media Effects for Use in Drug Policy Research”, *Drug and Alcohol Review*, 30.4 (2011), 397-402.

<sup>80</sup> William A. Gamson, “News as Framing: Comments on Graber”, *American Behavioral Scientist*, 33 (1989), 157-161.

<sup>81</sup> Gamson, *Framing*, 157-161.

<sup>82</sup> Robert M. Entman, “Framing Toward Clarification of a Fractured Paradigm”, *Journal of Communication*, 43 (1993), 53.

biomedical and medical contexts, this can translate into a role in the influencing of policy making,<sup>83</sup> in terms of who benefits from or is excluded from medical or therapeutic interventions,<sup>84</sup> but also the scope for, and public expectations of, government intervention.<sup>85</sup> For example, health problems thought to be arising from individual behaviours come to be framed in individualistic terms, while those thought to emerge from environmental factors, and which have the potential to affect everyone, are less amenable to public policy solutions that burden powerful groups.<sup>86</sup> Whether the media define cannabis as a medicine or as an illicit drug has political, legal and social implications; framing cannabis as the former can encourage public support for treatment and licensing, while framing it as the latter can lead to public disapproval of any advancement of the medical cannabis programme.<sup>87</sup>

Early media and anti-marijuana campaigns in the US offer students an excellent introduction into how framing of cannabis influenced global drug policy. The anti-Chicano movement of the 1920s generated a fertile ground for the emergence of a racially motivated ‘war on drugs’ and for the creation of a new drug hysteria.<sup>88</sup> In the US, since the early 20<sup>th</sup> century, drugs had become associated with minority groups: opium with the Chinese immigrant population, cocaine with African Americans, and cannabis with the Mexican immigrant population. The association of cannabis with Mexican immigrants promoted by the first commissioner of the Federal Bureau of Narcotics, Harry Anslinger, and also the media, was designed as a way of discouraging Mexican-American subcultures from developing. During the 1920s and 1930s, an interweaving of drug discourse and racist propaganda emerged.<sup>89</sup> Newspaper and magazine accounts of the drug problem consistently used negative images and framing to construct a highly fearful rhetoric about drugs.<sup>90</sup> Drugs, users and sellers were depicted as ‘evil’, and authors “often implied that there was a sinister conspiracy at work to undermine American society and values through drug addiction”.<sup>91</sup> Cannabis was presented as a drug used by the Hispanic immigrant population, which caused in the smoker insanity, sexual deviance and violent behaviour towards victims, most typically represented as white American women.<sup>92</sup>

These early campaigns framed the cannabis user as an individual taken over by a demonic force, absent of volition and agency, and ultimately led into a world of violent criminality. As the drug

<sup>83</sup> Karl Lancaster et al., “Illicit Drugs and the Media: Models of Media Effects for Use in Drug Policy Research”, *Drugs and Alcohol Review*, 30.4 (2011), 397-402.

<sup>84</sup> Kaat Louckx and Raf Vanderstraeten, “State-istics and Statistics: Exclusion Categories in the Population Census (Belgium, 1846-1930)”, *The Sociological Review*, 62.3 (2014), 530-546.

<sup>85</sup> Lancaster et al., *Illicit Drugs and the Media*, 397-402.

<sup>86</sup> Jane Mulderrig, “Reframing Obesity: A Critical Discourse Analysis of the UK’s First Social Marketing Campaign”, *Critical Policy Studies*, 11.4 (2017), 455-476.

<sup>87</sup> Sharon R. Sznitman and Nehama Lewis, “Is Cannabis an Illicit Drug or a Medicine? A Quantitative Framing Analysis of Israeli Newspaper Coverage”, *International Journal of Drug Policy*, 26.5 (2015), 446-452.

<sup>88</sup> Steve Fox et al., *Marijuana is Safer: So Why are We Driving People to Drink?* (White River Junction, VT: Chelsea Green Publishing, 2013).

<sup>89</sup> Johann Hari, *Chasing the Scream: The Search for the Truth about Addiction* (USA: Bloomsbury Publishing, 2015).

<sup>90</sup> Susan L. Speaker, “The Struggle of Mankind against its Deadliest Foe: Themes for Counter-subversion in Anti-narcotics Campaigns, 1920-1940”, *Journal of Social History*, 34.3 (2001), 591-610.

<sup>91</sup> Speaker, *Struggle for Mankind*, 591.

<sup>92</sup> Fox et al., *Marijuana Is Safer: So Why Are We Driving People to Drink?*, 45-56.



reformer Hobson warned “addiction and crime go hand in hand”.<sup>93</sup> This is illustrated in Anslinger’s anti-marijuana campaign, which describes a succession of drug-related crimes, concluding with the story of a LA youth high on cannabis. The framing of the story typifies the early construction of the link between the cannabis user and psychosis, and the demonisation of the cannabis user as crazed, dangerous and possessed by the ‘evil’ of the drug transforming him into a dehumanised, other-worldly form:

Suddenly, for no reason, he decided that someone had threatened to kill him and that his life ... was in danger. *Wildly* he looked about him. The only person in sight was an aged bootblack. *Drug-crazed* nerve centers *conjured the innocent old shoe-shiner into a destroying monster*. *Mad with fright*, the addict hurried to his room and got a gun. He killed the old man, and then later, *babbled* his grief over what had been wanton uncontrolled murder That’s Marijuana!<sup>94</sup>

The media drew heavily on the framing of the cannabis user in these campaigns as well as information produced by the Bureau. This is illustrated in an article published on 17<sup>th</sup> October 1933 in The Tampa newspaper reporting the story of Victor Licata, a young man who murdered his family while apparently high on cannabis, but was later discovered to have had a previous history of psychosis and several attempts had been made to admit him to hospital.

#### CRAZED YOUTH KILLS FIVE MEMBERS OF HIS FAMILY WITH AN AXE IN TAMPA

*Dazed* and staring *wild-eyed* [he] was arrested at the scene as officers broke in the home.... Licata was couched in a chair in the bathroom and offered no resistance as officers searched him for weapons. He *mumbled incoherently* when asked about the crime.

W.D. Bush, city detective chief, said he had made an investigation prior to the crime and learned that *the slayer* had been *addicted to smoking marijuana* cigarettes for more than six months.

Entman argued that frames are fashioned by particular words and phrases that consistently appear within a narrative and “convey thematically consonant meanings across time” and that we can detect frames through looking for keywords, metaphors, concepts, symbols, and visual images.<sup>95</sup> The students were given 10 articles linking marijuana use and crime from the *New York Times*<sup>96</sup> published between 1930 (in the wake of renewed agitation for regulation of cannabis) and 1937, the point at which cannabis was being called America’s newest drug menace and the Marihuana Tax Act was passed.<sup>97</sup> They were tasked with identifying how the Licata story and similar stories in the 1930s draw

<sup>93</sup> Hobson, “Peril”, 4090; Brewster, “The Actual Trend of Drug Addiction and its Relation to Crime,” *NE* (July 1927), 11-12; “The National Menace of the Narcotic Traffic”, *Literary Digest* (24/02/1923), 35.

<sup>94</sup> Rowells, *On the Trail of Marihuana*; “Marihuana”, *J. Home Economics* (30 Sept. 1938), 477-79; “Youth Gone Loco”, *Christian Century* (29 June 1938), 812-13; Maud Marshall, “Marihuana”, *American Scholar*, 8 (1939), 95-101; “One More Peril for Youth”, *Forum* (Jan. 1939), 1-2; Harry Anslinger and Cortney Riley Cooper. “Marihuana: Assassin of Youth”, *American Magazine*, 124 (1937), 18-19.

<sup>95</sup> Robert M. Entman, “Framing Toward Clarification of a Fractured Paradigm”, *Journal of Communication*, 43 (1993), 53.

<sup>96</sup> *New York Times*, [www.nytimes.com](http://www.nytimes.com).

<sup>97</sup> Speaker, *The Struggle of Mankind against Its Deadliest Foe*, 594.

on the same phrasing. Additionally, they were shown the trailer from ‘Reefer Madness’, an anti-drugs exploitation film, dealing with ‘the pitfalls of marijuana smoking’, directed by Louis Gasnier in 1936.<sup>98</sup>

The students identified consistent lexical forms ‘drug-crazed’, ‘slayer’, ‘incoherent’, ‘wild’, framing the cannabis user as demonic, savage and violent, their agency arrested by cannabis, as the drug takes control of their actions, e.g. ‘Drug-crazed nerve centers conjured the innocent old shoe-shiner into a destroying monster’, and all volition is absent. The stories present cannabis itself with agency as ‘a deadly menace’ that it ‘enslaves’ the smoker. Both the newspaper stories and the campaign refer to the cannabis user as a threat to the innocent, e.g. ‘dopsters luring children to destruction’, or ‘corrupting the youth’, while the ultimate destination of cannabis use is murder, suicide or insanity. The students also note an optimal fear-inducing feature of these stories, and also the anti-cannabis campaign, is that the change caused in the cannabis user is represented as irreversible and the deterioration of the qualities of the person are complete, or whole.

The students then explored the re-emergence of the connection between cannabis, psychosis and crime in the 21st century.<sup>99</sup> In her study of the cannabis discourses in the period of cannabis reclassification in 2004 and the following year, Acevedo argues that the category of ‘cannabis psychosis’, which emerged around the time of reclassification as a class C drug, redefined cannabis as a contemporary moral panic, “its problems explained as an ‘external’ force taking over the individual”.<sup>100</sup> Using Acevedo’s work as a methodological springboard, the students were asked to compare the framing of the cannabis user in newspaper articles since the emergence of the link between cannabis and psychosis around the time of reclassification in the UK in 2004 with those from the 1920s and 1930s. To summarise briefly, using NexisUK, they collected media messages during two moments of the re-classification discussion: in January 2004, and between February 2004 and March 2005 from *The Guardian*, *The Observer*, *The Times*, *The Independent*, *Daily Mail*, *BBC online*, Scottish newspapers, and other media messages. They were tasked with addressing two questions: how the cannabis user is constructed, and whether/how discourses about cannabis have changed since the 1930’s campaign.

The students again identified parallels in the representations of the cannabis user as ‘deviant’ during the two periods.<sup>101</sup> The cannabis user is still presented as a ‘drug crazed’ individual, e.g. “Widow’s fury at officials who let crazed cannabis addict free to kill”,<sup>102</sup> and the link between cannabis, psychosis and crime is maintained, e.g. “train-rage killer was schizophrenic cannabis-addicted gangster”,<sup>103</sup> and the loss of agency is still prominent, e.g. “skunk cannabis had

<sup>98</sup> *Reefer Madness*, directed by Louis J. Gasnier, 1936. Trailer available at [flashbak.com](http://flashbak.com).

<sup>99</sup> Stanley Cohen, *Folk devils and Moral Panics* (St. Albans: Paladin, 1972).

<sup>100</sup> Beatriz Acevedo, “Creating the Cannabis User: A Post-Structuralist Analysis of the Re-classification of Cannabis in the United Kingdom (2004–2005)”, *International Journal of Drug Policy*, 18.3 (2007), 177–186.

<sup>101</sup> Acevedo, *Creating the Cannabis User*.

<sup>102</sup> Richard Spillett, “Widow’s Fury at Officials Who Left Crazed Cannabis Addict Free to Kill: New Father Was Knifed to Death SIX Days After Assault Case Was Dropped”, *The Daily Mail Online* (11/10/2016).

<sup>103</sup> Martin Robinson, “GUILTY: Train-rage Killer Was Schizophrenic Cannabis-Addicted Gangster with 30 Convictions Who Psychiatrist Had Ruled Was NO DANGER to Himself or Others – Just 24 Hours Before He Stabbed Father 18 Times in front of His Son, 14”, *The Daily Mail Online* (13/07/2019).

altered his brain to make him believe he was being followed by MI5”.<sup>104</sup> The media representation of illicit drugs as one of criminal choice rather than one of a health issue is also maintained and continues to play a role in the moralising and ostracism of drug users from wider society.<sup>105</sup> In addition, these contemporary articles demonstrates intertextuality, i.e. the notion that texts have histories, that they are an amalgam and an echo of ‘past’ texts,<sup>106</sup> realised in the linguistic features.<sup>107</sup> The most pertinent finding is that cannabis discourses established in the 1930s, which represent cannabis through criminal and mental health discourses and criminality were predominant over 60 years later during a brief moment of liberalisation of the UK drug laws.

To contextualise the students’ analysis, as a group, they discussed Acevedo’s article in order to compare their own analysis with her findings of the 2004-2005 newspapers reports.<sup>108</sup> In describing ‘cannabis psychosis’ and its associated problems attributable to an external agent, Acevedo explains that justification is provided for the special powers of the ‘addiction doctor’ required to fight the evil while providing the user with an alibi of loss of agency, a framing that promotes the moral panic. This is heightened by framing stories as attribution of blame. In responding to Acevedo’s point, students re-analysed the articles and identified reports involving attribution of blame in ‘cannabis psychosis’ related articles. Their findings show that these stories consisted of family members’ statements about ‘increasing concern’ about the individual’s behaviour in the context of clinical inaction, emergency services failing by providing ‘chaotic response’,<sup>109</sup> ‘whitewashing’<sup>110</sup> of investigations aiming to determine blame, while portraying the National Health Service Trusts and social services as overburdened, incompetent and ultimately accountable. The moral panic is reinforced by Care in the Community schemes, i.e. supported patient accommodation in the community, being portrayed as inadequate protection for the public against ‘dangerous’ individuals with psychotic disorders, while ‘negligent’ authorities fail to provide adequate support or monitoring of patients in such accommodation. The students conclude that by merging the conceptualisation of cannabis use and psychosis, the legitimacy of the government’s responsibility towards the psychotic patient risks being undermined as the moralising of the cannabis user begins to permeate the discourse of psychosis.

This demonization, castigation and social exclusion of the cannabis user is striking when compared with the symbolic framing of different substances and substances users. Illicit drugs are comparatively more stigmatised based on the social location of their users:<sup>111</sup> those without power and status are disproportionately vilified and linked to deviant behaviour. This point was presented to students and illustrated through the example of the 2019 leadership contest of the Conservative party,

<sup>104</sup> “The Shocking Toll of Attacks Linked to Drugs”, *The Scottish Daily Mail* (05/19/2017).

<sup>105</sup> Stuart Taylor, “Outside the Outsiders: Media Representations of Drug Use”, *Probation Journal*, 55.4 (2008), 369-387.

<sup>106</sup> Mikhail Mikhailovich Bakhtin, *Speech Genres and Other Late Essays* (Austin, TX: University of Texas Press, 2010).

<sup>107</sup> Norman Fairclough, “Discourse and Text: Linguistic and Intertextual Analysis within Discourse Analysis”, *Discourse & Society*, 3.2 (1992), 193-217.

<sup>108</sup> Acevedo, *Creating the Cannabis User*.

<sup>109</sup> Jamie Grierson, “Sister of UK Man Who Died in Custody Hits out over Mental Health Services”, *The Guardian* (11/10/2017).

<sup>110</sup> “The NHS Said This Schizophrenic Hooked On Cannabis Posed No Danger: Weeks Later”, *The Daily Mail* (London, 06/10/2010).

<sup>111</sup> Rebecca Haines-Saah et al., “The privileged Normalization of Marijuana Use: An Analysis of Canadian Newspaper Reporting, 1997-2007”, *Critical Public Health*, 24.1 (2014), 47-61.

when a succession of senior politicians willingly admitted trying illicit drugs, including cannabis and opium. One candidate, MP Dominic Raab stated that not only should such a mistake not disqualify any candidate, but that one candidate, Michael Gove, should be commended for his honesty in confessing his experimentation with cocaine. He stated: “I certainly don't see it barring him from this race in any way... I rather admire his honesty”.<sup>112</sup> Evident here is that the relationship between concepts of addiction and prohibition and particular drugs are constructed by social actors and institutions based on attitudes towards particular drugs and drug use, and the type of drug user.<sup>113</sup> The representation of cannabis by the media has important health policy implications in light of the ongoing political discussions concerning the medical cannabis programme, the merits of decriminalisation of cannabis more widely, and the need for public health and harm reduction approaches to illicit drug use.<sup>114</sup>

### 3.4 Reforming medical cannabis legislation

In November 2018, the UK government announced an amendment of UK legislation on cannabis-based products allowing its use on prescription in cases where the clinical needs of patients cannot be met by licensed medicines. The government argued that this was part of a plan to ensure that those in need of treatment would benefit from the advances in medical cannabis. In the next task, the students analyse one document, a statement by the Secretary of State for the Home Department, Sajid Javid, published on 11<sup>th</sup> October 2018,<sup>115</sup> in which he announces the government's decision. This text was chosen as it represents the government's response to the media attention to the Billy Caldwell case, and similar concurrent cases, in which the government sets out their updated position. We focus on one text in detail because it tells us what the government believes to be important about the medical cannabis reforms in the context of a conflict between growing calls for advancement of the medical cannabis programme and its own well-established prohibition stance.

The students use Fairclough's (1989, 1995) three-level model and conceptual framework of Discourse Analysis,<sup>116</sup> relying on a linguistic analysis of texts, especially Halliday's (1985/1994) Systemic Functional Linguistics (SFL).<sup>117</sup> Fairclough's CDA approach is fundamentally interested in analysing structural relationships of dominance, discrimination, power and control manifested in language, and aims to critically investigate social inequality as it is expressed, constituted, legitimised, and so on, in discourse.<sup>118</sup> This model for CDA is a synergy of three interrelated processes of analysis tied to three interrelated dimensions of discourse. These three dimensions are: 1 the actual text

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<sup>112</sup> Mattha Busby and Damien Gayle, “Michael Gove Admits to Taking Cocaine on ‘Several Occasions’”, *The Guardian* (08/06/2019).

<sup>113</sup> Craig Renarman, “Addiction as Accomplishment: The Discursive Construction of Disease”, *Addiction Research and Theory*, 13:7 (2005), 307-320.

<sup>114</sup> Rebecca J. Haines-Saah et al., “The Privileged Normalization of Marijuana Use – An Analysis of Canadian Newspaper Reporting 1997-2007”, *Critical Public Health*, 24.1 (2014), 47-61

<sup>115</sup> Sajid Javid, *Cannabis-based Products: Medicinal Use*, *Hansard* (11/10/2018), *Hansard.Parliament.Uk*.

<sup>116</sup> Norman Fairclough, *Language and Power* (London: Longman, 1989); *Critical Discourse Analysis* (London: Longman, 1985).

<sup>117</sup> Michael AK Halliday, “Systemic background”, *Systemic Perspectives on Discourse*, 1 (1985), 1-15; *An Introduction to Functional Grammar* (London: Edward Arnold, 1994).

<sup>118</sup> Weiss Gilbert and Ruth Wodak, eds., *Critical Discourse Analysis* (New York: Palgrave Macmillan, 2007), 15.

(discourse-as-text); 2 the processes by means of which the object is produced and received by human subjects (discourse-as-discursive practice); and 3 the socio-historical conditions which may have influenced the creation of the texts (discourse-as-social practice). For Fairclough each inter-related dimensions requires a distinct type of analysis, which takes into consideration the underlying socio-cultural and power structures in society: 1 text analysis (description); 2 processing analysis (interpretation); and 3 social analysis (explanation). Fairclough states that there is a continual movement between the descriptive, interpretive and explanatory levels of analysis. A summary of the most salient points identified by the students in regard to the question of interest (i.e. What does the government believe to be the important issue in the medical cannabis reforms?) are summarised below.

Cannabis is never referred to as simply ‘cannabis’ but always as “cannabis based product for medicinal purposes”, which distances it from “the recreational use of cannabis”. This is reinforced with multiple assurances of regulation in clauses that modify or act as concessions to parts of the new legislation, e.g. “to ensure that patients have access to the most appropriate course of medical treatment”, and “while ensuring that the appropriate safeguards were in place to minimise the risks of misuse and diversion”. The amendment is caveated throughout with subordinate clauses to reassure the audience(s) that despite this rescheduling, prohibition against the dangers of abuse, harm and misuse remains intact.

In delivering the process for the decision, Sajid Javid presents a series of sentences using the first person pronoun ‘I’: “I announced a two-part review”; “I have been clear that my intention was”; “I stressed the importance of acting swiftly”; and “I have been clear that this should be achieved at the earliest opportunity”. This gives the impression of authority and decisiveness in the decision rather than a case of the government yielding to media pressure or showing negligence in respecting the public desire for maintenance of the ‘war on drugs’. The use of the present perfect “I have been clear that my intention was always to ensure that patients have access to the most appropriate course of medical treatment” suggests this is part of a long-term noble endeavour to promote health rather than a response to public scrutiny driven by media attention, which in turn triggered the review by the Chief medical advisor.

According to the text, it is a government decision motivated by the ‘commitments’ of the Secretary of State, and with input from various experts, including the chief medical adviser to the UK Government and the Advisory Council on the Misuse of Drugs (ACMD). The opening line of the text announces the government as agents of the action, but draws heavily upon the backing of scientific expertise as the basis of scientific knowledge upon which the decision was been made, e.g. “Building on the expert advice we have received, first from the chief medical adviser to the UK Government and then the Advisory Council on the Misuse of Drugs (ACMD), the regulations we have laid today give effect to my commitments”. This seems designed to mitigate any potential accusation of this decision being a step toward the decriminalisation of cannabis or the promotion of its use, misuse or abuse. The students noted that the ACMD is in fact a Quasi-Autonomous Non-Governmental Organisation (QUANGO), in other words, a semi-public administrative body outside the civil service that receives financial support from the government. The ‘neutrality’ of QUANGOs have frequently been called

into question for various reasons, but primarily because their appointments, often made by government, are accused of being highly political. For example, in 2009, the chair of the ACMD, Professor David Nutt, was asked to resign following the publication of a paper in which he claimed that alcohol and tobacco were more harmful than many illegal drugs, including LSD, ecstasy and cannabis.

In stating that “While the evidence base further develops and clinical expertise builds”, the Home Secretary suggests a body of scientific evidence supporting this view exists. This is inconsistent with the limited research that has been carried out on the effects of cannabis due to prior legislation and robust positioning against the advancement of the programme. The expression ‘further develops’ belies the paucity of research into medical cannabis and the obstacles to research being carried out, while still falling short of making a commitment to future research. Importantly, Sajid Javid maintains that it is the drug users who are the problem, not the drug itself, when he states that they will “take account of the particular risk of misuse of cannabis by smoking and the operational impacts on enforcement agencies, the 2018 regulations continue to prohibit smoking of cannabis, including of cannabis-based products for medicinal use in humans”. However, the statement neither mentions the potential for cannabis addiction nor offers any contingency plans for therapeutic intervention should it be an unwanted consequence of the reforms, perhaps an important consideration given the opioid crisis. By omission, the problem of addiction is left in the criminal domain.

The medical cannabis discourse is held in place by integrating the discourse of regulation with the discourse of prohibition, concerned primarily with the ‘ensuring of safeguards’, ‘strict control’, and ‘unintended misuse and diversion’. This is reinforced by the repeated reference to ‘existing medicines framework’ and ‘well-established mechanisms’. The commitment to prohibition is maintained and the introduction of medical cannabis is accompanied by assurances of stringent regulations and the clear rejection of possible expansion of cannabis for recreational purposes, described here as ‘misuse’, ‘harm’ and ‘diversion’ from the programme. The mixing of these two discourses reiterates the distinction between the use of cannabis for medical use and that for recreational use in order to provide assurances for its commitment to the ‘war on drugs’. Available was an opportunity to discuss medical cannabis as an advance in medicine and one that would serve the needs of thousands of people. Yet a notable absence is any mention of the value of cannabis-based products in the alleviation of otherwise non-treatable illnesses. This is important given the motivation for the review that has led to this amendment and suggests a lack of long-term commitment by the Government to the programme.

The importance of the regulation discourses is to project a sense of governmental control over the situation rather than representing a slippery slope into an advancement of the cannabis programme in recreational terms. Those who abuse and misuse drugs are still presented as posing a threat to a civil society. The invoking of the regulation discourse ensures this new legislation is safely embedded in present prohibition practices of robust controls that maintain the ‘war on drugs’ and offer legal protections from illicit drugs. The prohibition discourse in the text constructs medical cannabis as something that must be treated with caution, reviewed, regulated and highly controlled in light of the persistent problems with illicit drugs.



#### 4. Conclusion

This paper has presented an example of how DA can be used in the BMS curriculum to help students develop a more critical approach to understanding bioethical issues within historical, political and ideological contexts. The aim was not to provide a full-scale exploration into DA, but simply offers a sequence of tasks that have introduced BMS students to some of the techniques, the underlying philosophical assumptions, and the key theorists whose work motivates DA today. More specifically, students were given the opportunity to investigate how prohibition discourses have influenced perceptions of cannabis and the cannabis user in order to understand one aspect of the motivation for the UK medical cannabis health policy. No attempt has been made to challenge the pharmacological discussion, which was a springboard into exploring this topic. We have been interested in drug discourse, the historical conditions that have supported the subject positions that exist today and continue to influence policy. This series of tasks allowed students to discover that effects of framing can be brought about by often small changes in the presentation of an issue, resulting in a relatively large impact on public opinion,<sup>119</sup> but also that representation of socially constructed problems can shift in time.<sup>120</sup>

Time will tell if the predominant cannabis discourses will continue to represent cannabis through ‘traditional’ legal/criminal and mental health discourses that dwell on issues of criminality,<sup>121</sup> or whether discourses will become influenced by the government’s acknowledgment of the financial potential in the development of the medical cannabis programme. As the global cannabis markets expand, those institutions and social actors in the UK leading global medical cannabis exportation will surely benefit from a reconceptualisation of the cannabis user for the purpose of benefiting from the potential of UK markets. Introducing BMS students to DA approaches provides them a means of exploring texts that provide a barometer of such potential sociocultural changes.

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<sup>119</sup> Dennis Chong and James N. Druckman, “Framing Theory”, *Annual Review of Political Science*, 10 (2007), 103-126.

<sup>120</sup> Ibid.

<sup>121</sup> Acevedo, *Creating the Cannabis User*.